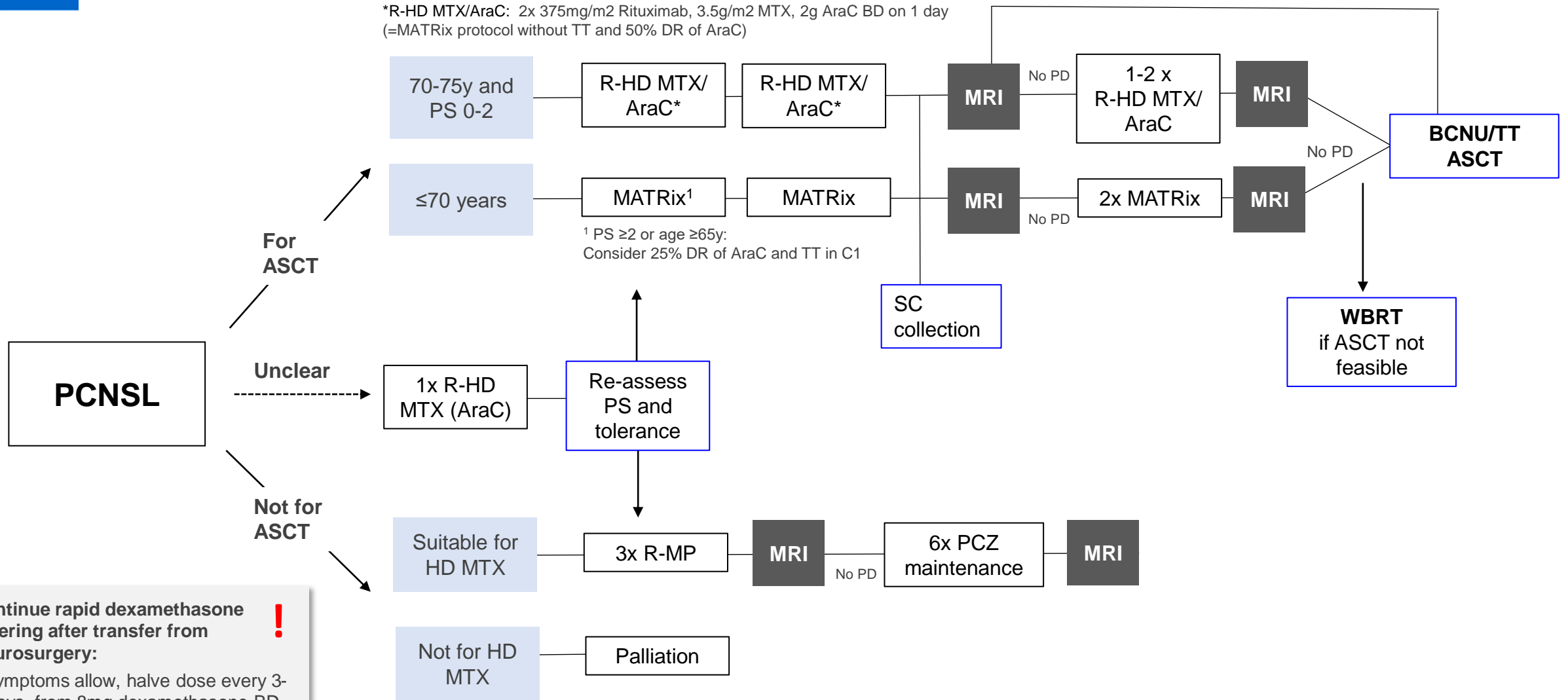


KCH PCNSL front-line treatment pathway

*R-HD MTX/AraC: 2x 375mg/m² Rituximab, 3.5g/m² MTX, 2g AraC BD on 1 day (=MATRix protocol without TT and 50% DR of AraC)



Continue rapid dexamethasone tapering after transfer from Neurosurgery: !
 If symptoms allow, halve dose every 3-5 days, from 8mg dexamethasone BD to 1mg OD.
 Patients should be off steroids before starting cycle 2.

PCNSL - assessments

Baseline investigations:

- EPR orderset “new lymphoma”: Virology, LDH, ect.
- Echo as indicated
- NM GFR, PICC line
- MRI brain (usually performed)
- MRI whole spine
- CT NTAP (usually performed), *if not*: PET scan
- BMAT (unless PET scan done)
- Testicular USS
- Ophthalmology review (EPR referral)
- Neuropsychological assessment (EPR referral)
- CSF incl. protein (biochem.) and immunophenotyping

Remember:

- All patients to start on PJP prophylaxis with pentamidine until end of HD-MTX based treatment
- Repeat NM GFR after cycle 2
- Patients starting MATRix: contact BMT coordinator team for SC harvest off cycle 2
- Remember to dose reduce Thiotepa/AraC according to neutrophil/plt nadir of previous cycle
- Once remission confirmed on MRI: taper of Levetiracetam according to Neurology advice.