

# PIFU Pathways

**Aim** - To identify disease groups appropriate for PIFU and develop pathways for management.

## Disease groups:

**Cancer** - High Grade B-Cell Lymphoma, High Grade T-Cell Lymphoma, Hodgkins Lymphoma, Low grade Lymphoma

**Non-Cancer** - Immune Thrombocytopenic Purpura, Haemolytic Anaemia

High Grade Lymphoma	Low Grade Lymphoma	Non-Cancer
<p><b>Diffuse large B-Cell Lymphoma &amp; Burkitts Lymphoma in CR1 post R-Chemo</b></p> <p>In Metabolic Complete Remission (mCR) by PET or Complete Remission (CR) by CT post R-chemo.</p> <p>Follow up in clinic (Face to Face or Teleconsult) at 4, 8, 12 months post treatment</p> <p>PIFU 12-24 months post treatment Discharge 24 months post treatment</p>	<p><b>Follicular Lymphoma</b></p> <p><b>Stage 1 FL-NHL post IFRT.</b> In Metabolic Complete Remission (mCR) by PET or Complete Remission by CT. Follow up in clinic (Face to Face or Teleconsult) at 3 months (with PET outcome). PIFU 3-24 months Discharge 24 months post IFRT</p> <p><b>Stage 2 – 4 (advanced) FL-NHL post R-Chemo +/- Maintenance</b> In Metabolic Complete Remission (mCR) by PET or Complete Remission by CT. Follow up in clinic (Face to Face or Teleconsult) at 6 &amp; 12 months post treatment PIFU 12-60 months post treatment Discharge 60 months post treatment</p> <p><b>Stage 2 – 4 FL-NHL. Low disease burden for W/W</b> Follow up in clinic (Face to Face or Teleconsult) at 6 &amp; 12 months post treatment PIFU 12-60 months post treatment Discharge 60 months post treatment</p>	<p><b>Immune Thrombocytopenic Purpura</b></p> <p><b>In remission post 1<sup>st</sup> line corticosteroid or 2<sup>nd</sup> line Rituxmab therapy</b></p> <p>Follow up with consultant or CNS (Face to Face or Teleconsult) as required during corticosteroid wean.</p> <p>Follow up in clinic (Face to Face or Teleconsult) at 4, 8, 12 months post corticosteroids PIFU 12-24 months post Discharge 24 months post</p>
<p><b>Diffuse large B-Cell Lymphoma &amp; Burkitts Lymphoma in CR2 post ASCT</b></p> <p>In Metabolic Complete Remission (mCR) by PET or Complete Remission (CR) by CT post ASCT.</p>	<p><b>Marginal Zone Lymphoma</b></p> <p><b>Gastric MALT Lymphoma</b> Limited to gastric mucosa (by OGD) with no dissemination (by CT), post H. Pylori eradication, Rituximab or R-Chemo. Follow up in clinic (Face to Face or Teleconsult) at 3-6 months post treatment with repeat OGD. Discharge if OGD negative</p>	<p><b>Haemolytic Anaemia</b></p> <p><b>In remission post 1<sup>st</sup> line corticosteroid therapy.</b> Follow up with consultant or CNS (Face to Face or Teleconsult) as required during corticosteroid wean.</p>

<p>Follow up with consultant or CNS (Face to Face or Teleconsult) as required until 8-12 weeks post ASCT.</p> <p>Follow up in clinic (Face to Face or Teleconsult) at 4, 8, 12 months post ASCT</p> <p>Consider PIFU 12-24 months post ASCT</p> <p>Discharge 24 months post ASCT.</p>	<p><b>Marginal Zone Lymphoma</b></p> <p><b>Orbital &amp; Limited cutaneous or Extra-Nodal MZL post IFRT</b>  Limited disease by PET or CT post IFRT.  Follow up in clinic (Face to Face or Teleconsult) at 3 months post treatment with repeat PET or CT.  Discharge if in Metabolic Complete Response.</p>	<p>Follow up in clinic (Face to Face or Teleconsult) at 4, 8, 12 months post corticosteroids</p> <p>PIFU 12-24 months post</p> <p>Discharge 24 months post</p>
<p><b>Peripheral T-Cell Lymphoma</b></p> <p>In Metabolic Complete Remission (mCR) by PET or Complete Remission (CR) by CT post CHOP / CHOEP (or equivalent).</p> <p>Follow up in clinic (Face to Face or Teleconsult) at 4, 8, 12 months post treatment</p> <p>PIFU 12-36 months post treatment</p> <p>Discharge 36 months post treatment</p>	<p><b>Marginal Zone Lymphoma</b></p> <p><b>Cutaneous or Extra-Nodal MZL. Post R-Chemo</b>  In Metabolic Complete Remission (mCR) by PET or Complete Remission by CT.  Follow up in clinic (Face to Face or Teleconsult) at 6 &amp; 12 months post treatment  PIFU 12-60 months post treatment  Discharge 60 months post treatment</p> <p><b>Cutaneous or Extra-Nodal MZL. Low disease burden for W/W</b>  No advanced / bulky features by CT  Follow up in clinic (Face to Face or Teleconsult) at 6 &amp; 12 months post treatment  PIFU 12-60 months post treatment  Discharge 60 months post treatment</p>	
<p><b>Hodgkins Lymphoma</b>  Favourable &amp; unfavourable, limited or advanced stage.  In Metabolic Complete Remission (mCR) by PET post ABVD +/- IFRT  Follow up in clinic (Face to Face or Teleconsult) at 4, 8, 12 months post treatment  PIFU 12-24 months post treatment  Discharge 24 months post treatment</p>	<p><b>Small Lymphocytic Lymphoma</b></p> <p><b>Stage 2-4 SLL. Low disease burden for W/W.</b>  No advanced / bulky features by CT  Follow up in clinic (Face to Face or Teleconsult) at 6 &amp; 12 months post treatment  PIFU 12-60 months post treatment  Discharge 60 months post treatment</p> <p><b>Stage 1 / 1E SLL inc incidental diagnoses.</b>  No evidence of dissemination by CT.  Discharge</p>	