Overview
Non-Hodgkin’s lymphomas (NHL) are a heterogeneous group of lymphoproliferative disorders originating in B-lymphocytes, T-lymphocytes or natural killer (NK) cells. In the United States, B-cell lymphomas are diagnosed in 80% to 85% of people with 15% to 20% being T-cell lymphomas. NK-cell lymphomas are very rare. In 2015, an estimated 71,850 people will be diagnosed with NHL and there will be approximately 19,790 deaths due to the disease. Cases of chronic lymphocytic leukemia (CLL) are estimated separately. NHL is the seventh leading site of new cancer cases among men and women, accounting for 4% of new cancer cases and 3% of cancer-related deaths.

The incidence of NHL has increased dramatically between 1970 and 1995; the increase has moderated since the mid-90s. This increase has been attributed partly to the human immunodeficiency virus (HIV) epidemic and the development of AIDS-related NHL. However, much of the increase in incidence has been observed in patients in their sixth and seventh decades; a large part of this increase incidence has paralleled a major decrease in mortality from other causes. The median age of individuals with NHL has risen in the last two decades. As a result, patients with NHL may also have significant comorbid conditions, which complicate treatment options.

The National Comprehensive Cancer Network (NCCN®) Guidelines for NHL were developed as a result of meetings convened by a multidisciplinary panel of NHL experts, with the aim to provide recommendations on the standard diagnostic and treatment approaches based on the current evidence. The NCCN Guidelines and the following discussions focus on the recommendations for diagnostic workup, treatment, and surveillance strategies for the most common subtypes of NHL, in addition to a general discussion on the classification systems used in NHL and supportive care considerations.

Previous versions of the NCCN Guidelines for NHL included treatment recommendation for the management of patients with lymphoblastic lymphoma. The NCCN Guidelines for Acute Lymphoblastic Leukemia (ALL) should be consulted for the management of patients with lymphoblastic lymphoma.

The most common NHL subtypes that are covered in these NCCN Guidelines are listed below:

**Mature B-cell lymphomas**
- Chronic lymphocytic leukemia (CLL)/Small lymphocytic lymphoma (SLL)
- Follicular lymphoma (FL)
- Marginal Zone lymphomas (MZL)
  - Extranodal MZL of mucosa associated lymphoid tissue (MALT lymphoma)
    - Gastric MALT lymphoma
    - Non-gastric MALT lymphoma
  - Nodal MZL
  - Splenic MZL
- Mantle cell lymphoma (MCL)
- Diffuse large B-cell lymphoma (DLBCL)
- Burkitt lymphoma (BL)
- AIDS-related B-cell lymphoma
- Hairy cell leukemia (HCL)
- Primary Cutaneous B-cell Lymphomas

**Mature T-cell and NK-cell lymphomas**
• Peripheral T-cell lymphoma (PTCL)
• Mycosis fungoides (MF) and Sezary syndrome (SS)
• Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders
• Adult T-cell leukemia/lymphoma (ATLL)
• T-cell prolymphocytic leukemia (T-PLL)
• T-cell Large Granular Lymphocytic Leukemia
• Extranodal NK/T-cell lymphomas, nasal type (ENKL)

Post-Transplant Lymphoproliferative Disorders (PTLD)

Castleman’s Disease