

Marginal Zone Lymphomas

Initial Staging

Diagnostic, contrasted CT of chest, abdomen and pelvis is supported for all patients to assess extent of disease in. PET avidity of extranodal marginal zone lymphoma is unreliable, as only 50-75% of these tumors are FDG avid (Barrington 2014). A baseline PET/CT is useful for comparison for treatment response and to determine if further treatment intensification is necessary, and so is recommended if systemic therapy is planned. PET/CT is particularly important in the setting of localized disease with a plan for RT only, to rule out any other systemic disease and to serve as a baseline for treatment response (Zelenetz 2024, Barrington 2016, Barrington 2016 PMID: 27095319,Cheson 2014).

Restaging

There is no clear role for PET in interim restaging of marginal zone lymphoma, CT is supported every 2 cycles in alignment with the NCCN. End of therapy PET/CT is supported to identify patients without a complete metabolic response who are candidates for extended therapy, to prevent over- or under- treatment. (Zelenetz 2024, Barrington 2014).

Surveillance

There is little data on the role of surveillance imaging in indolent lymphomas including marginal zone lymphoma. Extranodal marginal zone lymphoma typically remains localized, and asymptomatic surveillance with advanced imaging is not supported (Zucca 2020). The majority of relapses occur within the first 2 years post completion of therapy. Our guidelines align with the NCCN support of CT no more than every 6 months in the first two years and no more than annually following. Given that indolent lymphoma is considered a chronic condition, there is no endpoint for this imaging if requested (Zelenetz 2024). PET/CT surveillance is generally not supported, due to a false positive rate as high as 20%, with no documented survival benefit, and increased radiation, invasive procedures, anxiety and cost (Zelenetz 2024, ASCO 2024, Lynch 2014).

References

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