

Evidence Discussion (ONC 27.5)

Mantle Cell Lymphoma)

Initial Staging

Diagnostic CT with contrast OR PET/CT is supported. PET/CT is the preferred modality particularly when systemic therapy is planned, in order to prevent under treatment (Barrington 2016, Zelenetz 2024).

Restaging

Interim restaging with PET/CT has not been shown to change outcomes, thus CT alone is supported every two cycles unless the sites of disease are only visible on PET/CT. However, PET/CT is supported at end of planned therapy as a lack of complete metabolic response may require maintenance treatment (Zelenetz 2024).

Surveillance

Late relapses, as far as 15 years out, can occur with Mantle cell Lymphoma. The benefit of detection of with imaging vs clinical detection remains unclear, and some studies have shown no significant advantage in survival for relapses after first remission detected by surveillance imaging (Guidot 2018). However, this is still an active point for discussion among treating providers, and the NCCN still supports surveillance imaging with CT scan (Guidot 2018, Zelenetz 2024). Given that most providers consider the NCCN the standard of care, eviCore has aligned our surveillance guidelines with the more conservative NCCN recommended timeframe, to acknowledge this data while maintaining a patient and provider centric approach. Surveillance scanning with PET/CT has a positive predictive value of only 24% in this entity and is not supported (Guidot 2018, Zelenetz 2024, ASCO 2024).

References

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