

Evidence Discussion (ONC 27.6)

Burkitt's Lymphoma

Initial Staging/Diagnosis

In alignment with the NCCN, both diagnostic quality CT scan with contrast and PET/CT are supported in Burkitt's Lymphoma. Diagnostic, contrasted CT is helpful for clarifying node bulk (individual nodes vs conglomerates), anatomic relationships of bulky disease, abdominal and Waldeyer's ring involvement, as well as abdominal visceral involvement, all of which are relevant to treatment decisions and emergency management in Burkitt's lymphoma. Baseline metabolic activity is useful for comparison at end of therapy, where FDG avidity defines treatment response (Zelenetz 2024, Cheson 2024).

Treatment Response

CT alone (rather than PET/CT) should be used to assess response between cycles, as complete response is not defined until completion of upfront therapy regimen. At the end of all planned upfront therapy a PET/CT is supported, even in addition to diagnostic contrasted CTs. Metabolic response at this time point determines whether therapy can be considered complete or whether local therapy or intensification of treatment will be necessary (Zelenetz 2024, Cheson 2024, Barrington 2024).

Surveillance

The role of surveillance in Burkitt's Lymphoma is somewhat controversial. Clinically evident symptoms of recurrence develop quickly in this aggressive entity, and recurrence is as likely to be diagnosed based on symptoms as by surveillance imaging in some studies (Lynch 2014). PET-CT surveillance of Burkitt's Lymphoma is widely discouraged as it increases false positive findings, radiation exposure, and does not improve outcomes (Lynch 2014, Barrington 2024, ASCO 2021). The NCCN is considered the standard for care in the U.S. and NCCN supports CT with contrast every 6 months for 2 years, with which our guidelines align for a patient and provider centric approach. Relapse after 2 years is rare, imaging after this point for asymptomatic surveillance has not been shown to improve outcomes (Zelenetz 2024, Lynch 2014).

References

1. Zelenetz A, Gordon L, Abramson J, et al. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for B-Cell Lymphomas Version 1.2024 — January 18, 2024. All rights reserved. Accessed [March 12, 2024]. To view the most recent and complete version of the guideline, go online to NCCN.org.

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