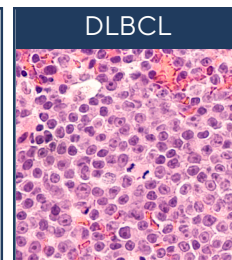


[ACT]IVATED DLBCL

RESOURCE GUIDE

An [ACT]IVATED patient is informed, empowered, and engaged in their care.

- Get information about choosing an DLBCL specialist or treatment center
- If you have relapsed DLBCL, discuss your treatment options and make the decision that best fits your personal needs
- Ask your doctor what stage of DLBCL you have and how that relates to treatment options
- Talk openly with your doctor about your fears or concerns
- Determine if financial assistance is available



STAGES OF DLBCL

Providers typically use the Ann Arbor staging system. Staging lymphoma is a little bit different because it's a blood cancer that involves lymph nodes, and so how providers stage it is based on the location and the number of lymph nodes

- If only one lymph node is present = stage I
- More than one lymph node but on half of body = stage II
- Lymph nodes on both halves of the body = stage III
- Organ (bone marrow, liver, kidney, or lung) involvement = stage IV

GCB = Germinal center B-cell-like

ABC = Activated B-cell-like

HGBL = with MYC and BCL2 and/or BCL6, double/triple HIT

DEL = Double expresser

[Source](#)

SUB-TYPES OF DLBCL

- High-risk and low-risk ABC (activated B-cell)
- Double-hit or triple-hit, also called high-grade B-cell lymphoma
- High-risk and low-risk GCB (germinal center phenotype) lymphoma

TREATMENT OPTIONS

- Standard of care is R-CHOP, which is a five-drug regimen, given once every three weeks for up to six cycles
- Pola-R-CHP, regimen uses polatuzumab in lieu of vincristine (Oncovin), which is part of the R-CHOP regimen. This was tested against R-CHOP and showed improvement by about 5%-6% in terms of long-term remission. Not currently FDA approved but could be front-line therapy option once approved
- Dose-adjusted EPOCH
- CAR-T Therapy, targets CD19 or dual-targeted CAR-T, targets both CD19 and CD20
 - Studies show that for patients who relapse within the first 12 months of initial treatment, the best option is a clinical trial with a CAR T-cell therapy type of treatment
- Bispecific antibodies: Takes targeting front-end regions of two different antibodies and combining them to create a product that can bind to two different targets
- Stem cell transplantation
 - Particularly beneficial for patients who relapse after the first 12 months of initial treatment

DLBCL EXPERT TIPS

[ACT]IVATION TIP: "Ask about clinical trials. They may not be appropriate for you. But I think it's good to learn about the options and be able to make that choice as to whether or not a clinical trial is a right option for you and your disease." - Dr. Nirav Shah

[ACT]IVATION TIP: "Understand your stage of disease and review the treatment options available for that stage and sub-type of diffuse large B-cell lymphoma to best optimize your individual regimen." - Dr. Nirav Shah

[ACT]IVATION TIP: "Don't discard autologous or allogeneic transplantation because it's an older therapy. It's just one that needs to be used in the right scenario for each patient." - Dr. Nirav Shah

[ACT]IVATION TIP: "Your doctor will provide a number for 24/7 contact. I tell my patients, 'Call us. Let us know what's going on. We can't help you with your symptoms if we're not aware', and we don't mind those phone calls, because we want to help patients through that journey." - Dr. Nirav Shah

DLBCL FACTS

- DLBCL is the most common form of lymphoma
- Typically starts as a quickly growing mass in a lymph node deep inside the body
- This is fast-growing (aggressive) lymphoma, but it often responds well to treatment.

DLBCL RESOURCES

- [ACCC](#)
- [DLBCL Support](#)
- [CancerCare](#)
- [Cancer Support Community](#)
- [Cancer Grace](#)
- [LLS](#)
- [Family Reach](#)
- [Triage Cancer](#)