National Comprehensive Cancer Network®

2026

NCCN Guidelines for Patients®

Cancer care recommendations from leading experts at the National Comprehensive Cancer Network® (NCCN®)

Peripheral T-Cell Lymphoma



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NCCN Guidelines for Patients®

The essential guide for people facing cancer.

Based on care recommendations from leading cancer experts.

Explains high-quality cancer care provided at state-of-the-art cancer centers.

Reviewed and revised every year.

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Because cancer care is always evolving, NCCN develops and frequently updates evidence-based cancer care recommendations used by health care providers worldwide. These recommendations are known as the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

The NCCN Guidelines for Patients plainly explain these expert recommendations, so you can talk with your care team about the best care for you.

These NCCN Guidelines for Patients are based on the NCCN Guidelines® for T-Cell Lymphomas, Version 2.2026 — February 13, 2026

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About PTCL

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7 How is PTCL found and treated?

8 How can I get the best care?

Peripheral T-cell lymphoma (PTCL) is an uncommon blood cancer. Unlike other cancers that start in a single organ or area, such as lung cancer, PTCL can grow throughout the body. This guide describes tests, treatments, and information about care for people with this cancer.

What is PTCL?

Peripheral T-cell lymphoma (PTCL) is a cancer that starts in white blood cells called T lymphocytes (also called T cells). T cells are found throughout the body in the lymphatic system, which is part of the immune system (the body's germ-fighting network). In uncommon cases, something goes wrong with the T cells, and a group of them change from infection-fighting cells to cancer cells.

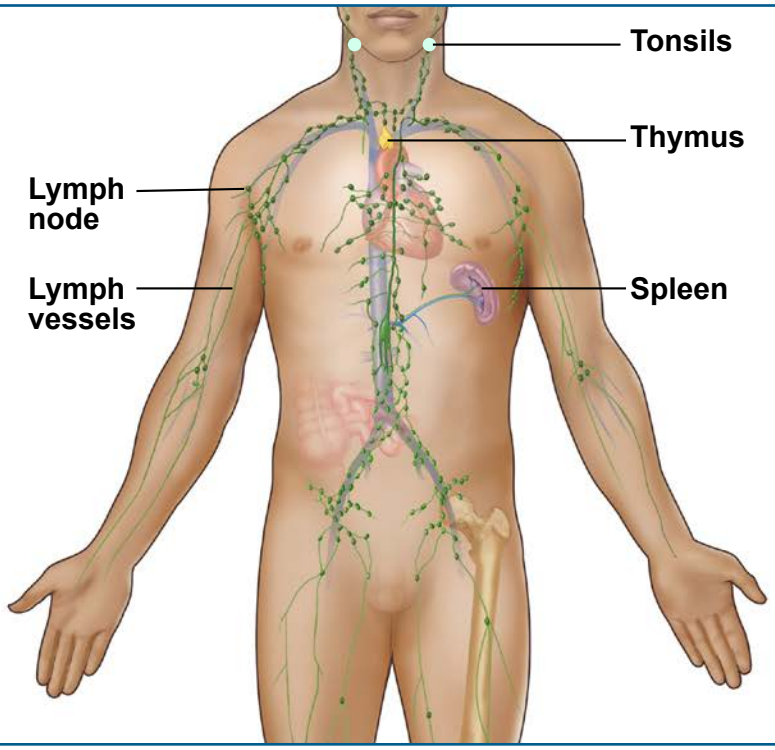
Eventually, the cancer cells fill up parts of the lymphatic system. This can cause certain symptoms, such as swelling in the lymph nodes, spleen, liver, or other organs. Cancer cells can also enter the skin and cause a rash.

What are the subtypes of PTCL?

There are many subtypes of PTCL that can be very different from each other. It's important to figure out what subtype you have to make sure you get the most appropriate care and treatment. In the United States, the 3 most common subtypes are PTCL not otherwise specified (PTCL-NOS); nodal TFH cell lymphoma, angioimmunoblastic-type (this subtype was formerly called AITL); and

Lymphatic system

The lymphatic system includes the lymph nodes, lymph vessels, bone marrow, tonsils and adenoids, spleen, and thymus. There are hundreds of lymph nodes in the body and many are in the neck, armpits, and groin.



anaplastic large cell lymphoma (ALCL). The more common subtypes of PTCL are listed in **Guide 1.**

Guide 1
Common subtypes of PTCL

Abbreviation	Subtype
ALK– ALCL	ALK-negative anaplastic large cell lymphoma
ALK+ ALCL	ALK-positive anaplastic large cell lymphoma
EATL	Enteropathy-associated T-cell lymphoma
FTCL	Follicular T-cell lymphoma
MEITL	Monomorphic epitheliotropic intestinal T-cell lymphoma
No abbreviation	Nodal TFH cell lymphoma, angioimmunoblastic-type (this subtype was formerly called AITL)
PTCL-TFH	Nodal peripheral T-cell lymphoma with T-follicular helper phenotype
PTCL-NOS	Peripheral T-cell lymphoma not otherwise specified

These subtypes are listed in alphabetical order, not in order of importance.

PTCL-NOS

PTCL-NOS is PTCL that doesn't clearly fit into any of the other defined subtype categories. It's the most common subtype—about 1 in 4 people with PTCL have PTCL-NOS.

Nodal TFH cell lymphoma, angioimmunoblastic-type (formerly called AITL)

About 1 in 5 people with PTCL have this subtype. It's the second most common subtype.

ALCL

ALCL is another one of the more common subtypes. It's grouped into 4 categories:

- Systemic ALK-negative ALCL (the cancer doesn't have an abnormal ALK gene)
- Systemic ALK-positive ALCL (the cancer has an abnormal ALK gene)
- Primary cutaneous ALCL (the cancer is in the skin)
- Breast implant-associated ALCL (the cancer is associated with a current or prior breast implant)

In addition to these common subtypes of PTCL, many other less common subtypes also exist.

What are the symptoms of PTCL?

Enlarged lymph nodes, tiredness (fatigue), an itchy rash, and B symptoms are symptoms of PTCL. **B symptoms** is a general term used to describe the 3 symptoms of fever, night sweats, and unexplained weight loss. These symptoms can affect people with autoimmune disorders, cancer, and other conditions.

PTCL can also affect the gastrointestinal (GI) tract, which includes the stomach, esophagus, and intestines. So you may have GI symptoms, such as diarrhea and pain in your belly. PTCL can affect other organs in the body, too, and symptoms are different depending on what organs are affected by the cancer.

Let your care team know if you have any of these symptoms or other symptoms. They can be a sign of cancer, but they can also be a sign of something else.

What are B symptoms?

Three common symptoms that people who have lymphoma usually experience. Tell your doctor if you have any of these symptoms:

Fever



Night sweats



Unexplained weight loss



How is PTCL found and treated?

PTCL is usually found when a person notices a painless lump or swelling in their neck, armpit, or groin. A lump like this is caused by a swollen lymph node.

But the only way to be sure you have cancer is to test fluids or tissue from your body. Your tissue samples will be sent to a lab where a doctor called a pathologist will view the samples under a microscope. Pathologists are experts at diagnosing diseases such as cancer. Receiving the correct diagnosis (identification of an illness or disease) is important to get the right treatment.

Treatment for PTCL is focused on you and is based on your age, your current health, how advanced the cancer is, what type of PTCL you have, and other factors. The most common treatment for PTCL is a combination of chemotherapy drugs. You'll likely receive chemotherapy, chemotherapy and radiation therapy, or clinical trial therapy first. Other treatments include a hematopoietic cell transplant (also called a bone marrow or stem cell transplant) and certain drug therapies. *Chapter 3: Types of treatment* explains more about the different kinds of treatments.

How can I get the best care?

Advocate for yourself. You have an important role to play in your care. Many people feel more satisfied when they actively take part in planning their cancer care.

The NCCN Guidelines for Patients will help you play a larger role in your care. Discuss the recommendations in this guide with your care team. Ask questions about your options and share your goals and concerns.

Don't know what to ask? You're not alone. That's why we include suggested questions to ask at the end of chapters.

Keep reading to find the best care for you.

"Listen to your body. If something feels different or you have a question about symptoms or medications, please reach out to your care team."

How this guide can help you

Making decisions about cancer care is stressful. There's a lot to learn, and you don't know what the future holds.

Use this guide to get the information and support you need.

Patients, doctors, and other health care professionals trust the NCCN Guidelines for Patients. This guide uses clear, everyday language to explain current cancer care recommendations made by respected experts in the field. Their recommendations are based on the latest research and practices at leading cancer centers.

Your health is unique to you, so your cancer care should be, too. As you read this guide, you'll learn which treatments are likely to provide the best results for you. And you'll be better prepared to talk with your care team

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Testing for PTCL

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If your care team thinks you have peripheral T-cell lymphoma (PTCL), you'll need to have a number of tests done before you receive treatment. All of these tests help diagnose PTCL and figure out what treatment is best for you. This chapter describes the tests you might receive and what to expect.

Tests to diagnose PTCL

The essential tests and procedures NCCN experts use to diagnose peripheral T-cell lymphoma (PTCL) are a lymph node biopsy and an immunophenotyping test.

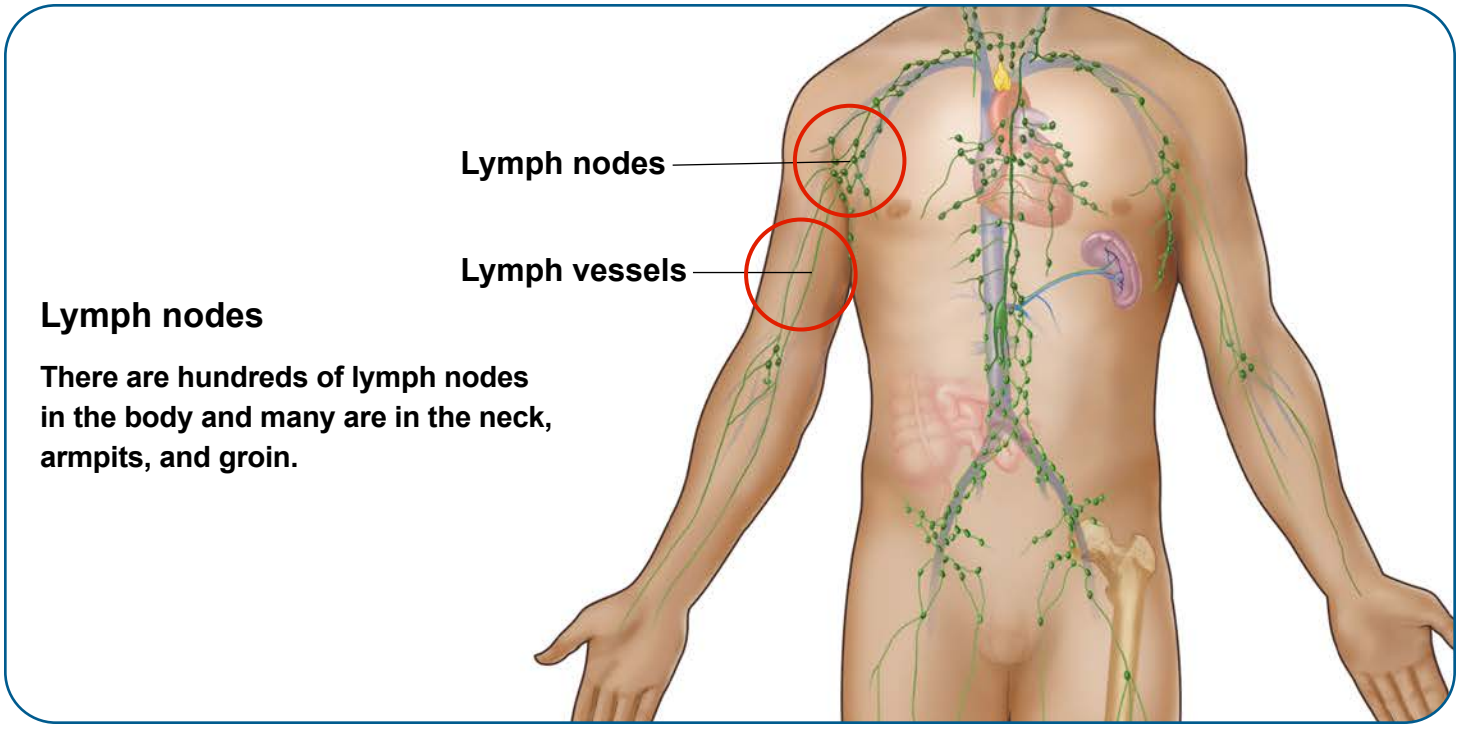
Lymph node biopsy

A lymph node biopsy is done because PTCL typically affects lymph nodes. This biopsy removes all or part of a lymph node through a cut into your skin. After the biopsy is done, the sample is sent to a lab and examined.

The location of the lymph node affects how long the biopsy procedure takes and how complex it is. The types of biopsies that may be done to get a sample of the lymph node are:

- An incisional biopsy, which removes a part of the lymph node that may have cancer.
- An excisional biopsy, which removes the entire lymph node that may have cancer.

A fine-needle aspiration biopsy (may be called an FNA biopsy or needle biopsy) is also an option to do a lymph node biopsy, but it's not usually used alone to diagnose lymphoma. In certain cases when the lymph node is difficult



Lymph nodes

There are hundreds of lymph nodes in the body and many are in the neck, armpits, and groin.

to reach, a core needle biopsy may be done, and sometimes it's done in combination with a needle biopsy. For a core needle biopsy, a doctor uses a hollow needle to remove a tissue sample (core) from the lymph node.

Immunophenotyping test

Immunophenotyping is a lab test that looks for specific proteins on white blood cells. Certain proteins that are found or missing on the surface of the cells can be a sign of cancer. Each subtype of PTCL has its own pattern or signature of proteins, and looking at these proteins helps diagnose PTCL.

Immunophenotyping can also be used to suggest which treatment might work best. For example, anaplastic large cell lymphoma (ALCL) is a subtype of PTCL that has a lot of CD30 protein. Brentuximab vedotin (Adcetris) is a newer treatment that targets and destroys cancer cells with the CD30 protein on the cell surface. So the preferred treatment for people with the ALCL subtype of PTCL now includes brentuximab vedotin.

"The start of a cancer diagnosis feels a lot like beginning to climb a mountain: It's unfamiliar terrain and you can't see the summit. It's important to build your support team—clinicians, family, and friends—and to take things one day at a time."

Tests to learn more about the cancer and/or help plan treatment

Blood cancers such as lymphomas are difficult to tell apart, and certain tests can help your care team figure out which type of cancer you have. The tests and health exams that can be used to diagnose PTCL, learn more about the cancer, and prepare you for treatment are described in this chapter and listed in **Guide 2.**

Importantly, not everyone will need all of these tests.

Health history

Your care team needs to have all of your health information. They'll ask about the health problems and treatments you've had during your lifetime. A complete report of your health is called a medical history. When you meet with your care team, be ready to talk about:

- Illnesses
- Surgeries
- Injuries
- Health conditions
- Symptoms
- Medications and supplements

Family history

Some cancers and other health conditions can run in families (hereditary). Although T-cell lymphomas typically don't run in families, be prepared to discuss the health of your close

Guide 2 Health exams and tests you may need	
Health history and exams	• Medical history, including B symptoms • Physical exam, including lymph nodes, liver, spleen, nasopharynx (part of your throat), and skin • Pregnancy test, if chemotherapy or radiation therapy is planned
Tests done using a sample of your blood	• Complete blood count (CBC) with differential • Comprehensive metabolic panel • Lactate dehydrogenase (LDH) levels • Uric acid levels • Peripheral blood immunophenotyping, if needed
Infectious and/or autoimmune disease tests	• Epstein-Barr virus-encoded RNA in situ hybridization (EBER-ISH) • HIV test, if needed • Hepatitis B and C tests, if needed • Human T-cell lymphotropic virus (HTLV) test, if needed • Celiac disease testing, if you have the enteropathy-associated T-cell lymphoma (EATL) subtype of peripheral T-cell lymphoma
Imaging	• FDG-PET/CT scan (preferred) and/or CT scan of chest, abdomen, and pelvis with contrast • CT scan of neck with contrast, if needed • CT or MRI scan of head with contrast, if needed
Biopsies	• Lymph node biopsy • Bone marrow biopsy with or without aspiration • Skin biopsy, if needed
Genetic tests	• Immunohistochemistry panel and flow cytometry panel for immunophenotyping • Additional various genetic tests, if needed
Heart tests	• Echocardiogram or multi-gated acquisition (MUGA) scan, if certain chemotherapy is planned
Neurological tests	• Central nervous system evaluation, if needed

blood relatives. This includes your siblings, parents, and grandparents.

Physical exam

A physical exam of your body is done to look for signs of cancer. It's also used to help determine what treatments may be options for you. During this exam, your doctor or health care professional will check:

- Your body temperature, blood pressure, and weight
- Your pulse and breathing rate
- Any swelling in your lower legs and any numbness in your arms or legs
- How your lungs, heart, and gut sound
- How your eyes, skin, nose, ears, and mouth look
- The size of your organs
- The level of pain when you're touched

Checking for swelling

Swollen lymph nodes are usually one of the first signs of PTCL, so certain parts of your body should be checked for swelling. Lymph nodes may be so swollen that they're easily seen or felt under the skin, and your lower legs might be swollen if the lymph nodes in your groin area are enlarged. Your care team will also feel your spleen and liver to assess their size.

Checking your skin

A rash is sometimes a symptom of PTCL. Your oncologist (a doctor who specializes in cancer) or dermatologist (a doctor who specializes in skin diseases) may examine your skin.

Checking your physical ability

Your doctor or care team will also check your overall health and ability to do basic daily activities like walking, cleaning, bathing, and more. This is known as performance status. Doctors rate your performance status to determine if your body can tolerate certain

Swollen lymph nodes

Your doctor will gently press on the areas of your body that have lymph nodes, such as your neck and armpits, to check for swelling.



treatments. This helps find the best treatment for you.

Bone marrow biopsy and aspiration

Sometimes PTCL grows in bone marrow, which is the spongy tissue in the center of most bones where blood cells are made. A bone marrow biopsy and aspiration are done to see if there's cancer in the bone marrow.

A bone marrow biopsy removes a sample of bone marrow tissue, and a bone marrow aspiration removes liquid bone marrow. Both bone marrow samples are usually taken from the back of the hip bone at the same time. After the samples are taken, they're sent to a lab for testing.

Blood tests

Because cancer and other health problems can cause abnormal blood cell counts, your care team will test your blood. They'll check the counts and look for signs of cancer. Blood tests can also be used to see how treatment is working. Some common tests that may be done with a sample of your blood include:

CBC with differential

A complete blood count (CBC) measures parts of the blood, including white blood cells, red blood cells, and platelets. A differential counts the number of each type of white blood cell.

Comprehensive metabolic panel

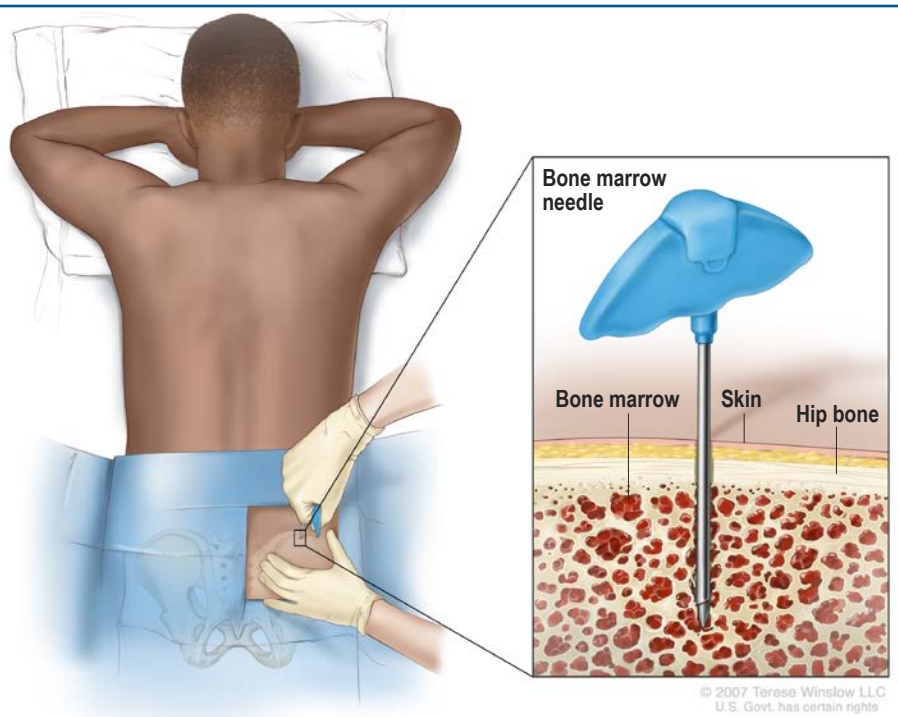
A comprehensive metabolic panel measures 14 substances that are in your blood, including blood sugar levels and electrolyte balance. It can also show how well your liver and kidneys are working.

LDH levels

Levels of the lactate dehydrogenase (LDH) protein are measured because they can be higher in people with PTCL.

Bone marrow biopsy and aspiration

Doctors use a bone marrow biopsy and aspiration to remove samples of solid bone marrow and liquid bone marrow for testing.



Uric acid levels

Uric acid levels are also tested since they can be high if you have a fast-growing cancer, kidney disease, or other health problems. High levels of uric acid can also be a side effect of chemotherapy or radiation therapy.

Imaging tests

Imaging scans are used to find cancer in lymph nodes, organs, and other parts of the body. Imaging makes pictures of the inside of your body and provides useful information on where the cancer is and how much of it there is.

When the imaging scans are done, a radiologist will review them and send the results to your care team. A radiologist is a doctor who is an expert in reading the images.

PET/CT scan

Positron emission tomography (PET) and computed tomography (CT or CAT) scans are 2 types of imaging. These scans can be used together to help diagnose PTCL.

- **PET scans** – Produce images of your body and highlight abnormal cells. For PTCL, an FDG-PET scan is given. Fluorodeoxyglucose (FDG) is a substance called a radiotracer that's injected into your bloodstream before the scan. During the scan, the radiotracer makes cancer cells appear brighter on the images. Afterward, the radiotracer leaves your body in your urine.
- **CT scans** – If a PET scan isn't available or if you're allergic to the radiotracer used in a PET scan, a CT scan of your chest, belly area (abdomen), and hip area (pelvis) may be used instead. CT scans use x-rays to take many images of your body from different angles. A computer then combines the pictures to make a 3D image. A contrast agent (also called

FDG-PET/CT scan

Imaging tools, like this PET/CT scanner, can show what's going on inside of your body. During the scan, you'll lie on a table that moves into the tunnel of the machine. The scan can detect even small amounts of cancer.



contrast dye) is given to make the pictures clearer. Like the radiotracer given with PET scans, contrast leaves your body in your urine.

Additional tests and procedures that may be needed

These are the tests and procedures that your care team may recommend in certain cases:

CT or MRI scan of the neck/head area

If you don't get a PET scan, you may need to get a CT scan of your neck to look for cancerous lymph nodes. A CT or magnetic resonance imaging (MRI) scan of your head is sometimes done, too.

Skin biopsy

Because PTCL can sometimes involve the skin, you may have a skin biopsy done if your doctor thinks it's needed based on your skin exam. For the biopsy, a small sample of skin will be removed and then sent to a lab to check for cancer.

Heart tests

Some cancer treatments can damage your heart, so your care team may do an echocardiogram or a multi-gated acquisition (MUGA) scan to see how well your heart is working. If your heart isn't working well, your doctor may not give you certain chemotherapy drugs that could cause damage.

Genetic and biomarker tests

Your care team will use your biopsy sample to do biomarker tests so they can look for biological clues of cancer. Biomarkers can be genes, proteins, or genetic changes (such as mutations and rearrangements). For example, ALK-positive ALCL is a subtype of PTCL where the ALK gene is rearranged. There are treatments available that work well in people with the ALK biomarker, so it's important to know if you have this subtype.

Biomarker testing can be used to:

- Confirm or support the diagnosis of cancer
- Tell the difference between 1 type of cancer and another
- Help choose the most appropriate treatment

More blood tests

Your blood may also be tested to see if you have any viruses that are commonly associated with PTCL or any viruses that may complicate treatment. These viruses include Epstein-Barr virus, hepatitis, human T-cell lymphotropic virus (HTLV), and HIV.

Hepatitis test

Some types of cancer treatments can weaken your immune system, which increases your chance of getting infections. Hepatitis B and hepatitis C infections can become active again after certain cancer therapies are given. So it's important to be tested for hepatitis viruses and treated if you have an active infection before you start cancer treatment.

HTLV test

In uncommon cases, HTLV can cause adult T-cell leukemia/lymphoma. This type of T-cell lymphoma can look similar to PTCL, but it's treated differently. It's important to be tested for HTLV to make sure you're being treated for the right type of cancer.

HIV test

Cancer treatment works better in people who get treated for their HIV. An HIV test can be done with a sample of your blood, urine, or saliva to see if you have HIV.

Pregnancy test

A pregnancy test will be given if you could be pregnant and are going to receive chemotherapy or radiation therapy. Some cancer treatments can affect your ability to conceive or have children, so your care team may discuss fertility preservation with you before your treatment starts.

The most common fertility preservation options include sperm banking, egg freezing, ovarian tissue freezing, and in vitro fertilization (IVF). Sperm banking is when sperm is frozen and stored until after cancer treatment. Similarly, eggs can be removed from ovaries and stored for later use. IVF puts sperm and eggs together in the lab to make an embryo that can later be transferred to a uterus.

Diagnosis vs. prognosis

What's the difference between your diagnosis and your prognosis? These 2 words sound alike but they're very different.

Diagnosis: The identification of an illness based on tests. The diagnosis names what illness you have.

Prognosis: The likely course and outcome of a disease. The prognosis predicts how your disease will turn out.

"I've learned over the years to not gloss over anything that's going on in my body whenever I meet with my doctors."

After testing: Staging the cancer

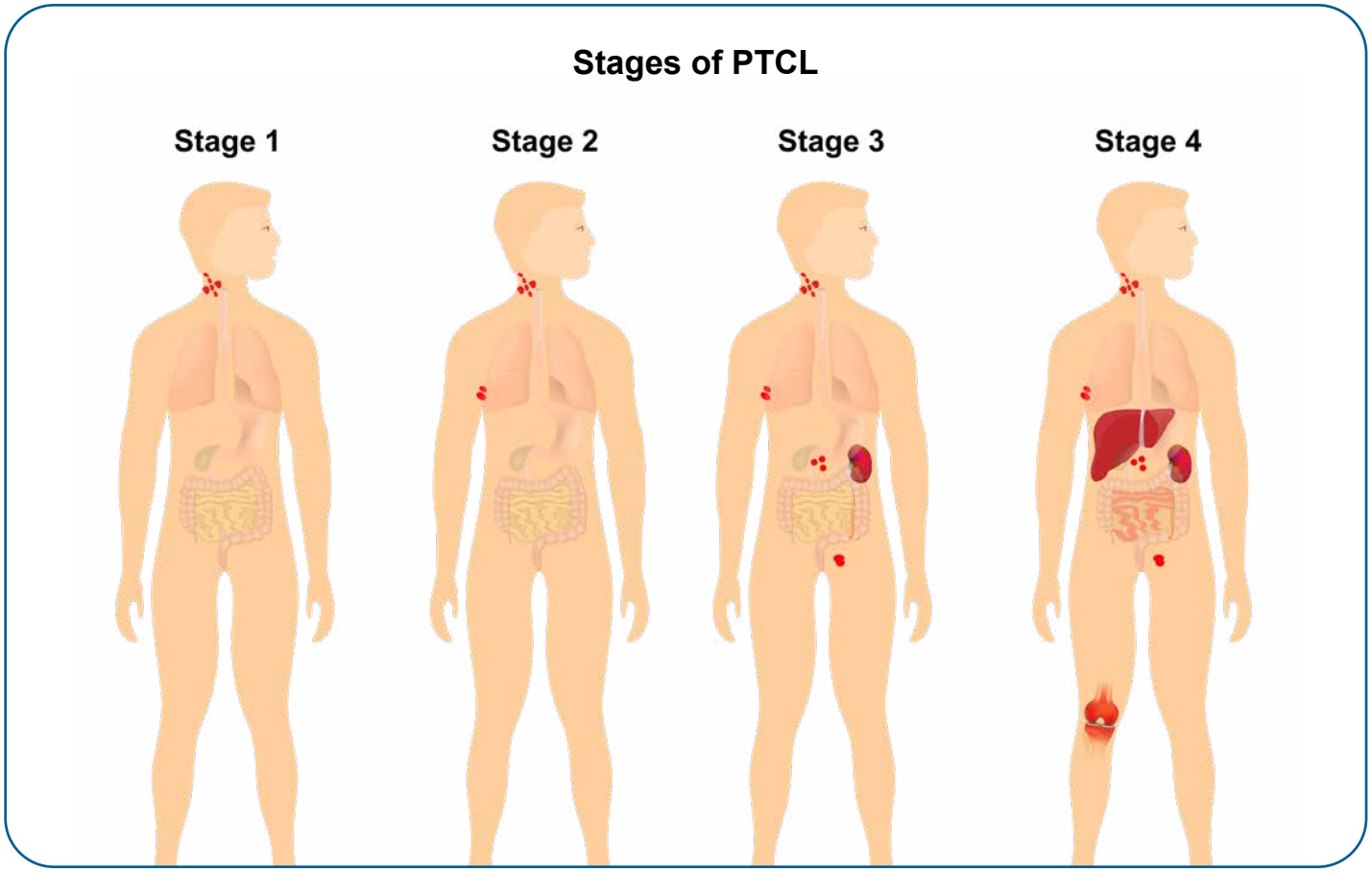
Staging is a method used to describe how much cancer is in the body. The stage of cancer is based on the results of your physical exam and the other tests you had done.

Cancer can be at an early or a late (advanced) stage. For PTCL, the cancer stages are:

- **Stage 1** – Cancer is in 1 lymph node or 1 lymph node area
- **Stage 2** – Cancer is in 2 or more lymph node areas in the same area of the body
- **Stage 3** – Cancer is in lymph nodes in different areas of the body, or cancer is in lymph nodes in the same area of the body and the spleen
- **Stage 4** – Cancer has spread outside of the lymph nodes and is found in other organs, like the liver, lung, or bone marrow

Importantly, PTCL that originates in the skin has its own staging system and may be treated differently, too.

The treatment you'll receive is based on the stage and type of PTCL you have. The stage of the cancer will also be used to help figure out the prognosis, which is the likely outcome of the cancer. Your care team will use the International Prognostic Index (IPI) score to determine prognosis.



Key points

- Many different tests are needed to diagnose peripheral T-cell lymphoma (PTCL). The tests NCCN experts use for diagnosis are a lymph node biopsy and immunophenotyping test.
- Other tests will be done to learn more about the cancer and help plan treatment. These tests can include a bone marrow biopsy and aspiration, blood tests, and imaging tests.
- Your care team will also do a physical exam to check for swelling and look for signs of cancer. They'll ask about your health history, too.
- Additional tests and procedures may be needed to learn more about the cancer or to help plan treatment. This can include a skin biopsy, genetic and biomarker tests, heart tests, different blood tests, and more.
- After testing, your care team will figure out the stage of the cancer (how much cancer is in the body). Treatment options are based on the stage of the cancer and the type of PTCL.
- Cancer stage is also used to determine the prognosis (the likely outcome of the disease).

Questions to ask

- Where will all of my recommended tests be done? Can I get all of my blood tests done at the same time?
- How long will it take to get the test results back and who will explain them to me?
- Will you give me a physical copy of my test results?
- How soon can I start treatment after the test results are back? Who will talk with me about the next steps and when?
- Will my biopsy tissue be saved for further testing? Can I have it sent to another facility for additional testing?

What's next?

Now that your care team knows what type of PTCL you have, they can start planning treatment. The next chapter describes the different types of available treatments. It also explains what supportive care is and how it can help you.

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Types of treatment

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22 Chemotherapy

22 Targeted therapy

23 Corticosteroids

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23 Hematopoietic cell transplant

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26 Supportive care

26 Supportive care specific to PTCL

28 Key points

28 Questions to ask

There are several different treatment options for peripheral T-cell lymphoma (PTCL). The treatment you'll receive is personalized based on the stage and subtype of the cancer. Treatments can include chemotherapy, targeted therapy, corticosteroids, radiation therapy, a hematopoietic cell transplant, supportive care, and clinical trials.

Many people with peripheral T-cell lymphoma (PTCL) receive a combination of chemotherapy drugs. Chemotherapy is also given in combination with other types of drugs, such as targeted therapy. There are additional treatment options, too. It's important to have regular talks with your care team about the treatment plan and your goals for treatment.

What is systemic therapy?

Systemic therapy is treatment that works throughout the entire body, such as chemotherapy and targeted therapy. These therapies travel through the bloodstream to destroy cancer cells all over the body.

All treatments listed in this guide are recommended and appropriate. When helpful, NCCN experts also assign a level of preference to their recommendations for systemic therapies:

- **Preferred therapies** have the most evidence they work better and may be safer than other therapies.
- **Other recommended therapies** can provide effective results but may have less evidence, more side effects, or may not work quite as well as preferred therapies.

Who's on your care team?

Treating PTCL takes a team approach. Some members of your care team will be with you throughout your treatment, while others will be there for parts of it. Your team should communicate and work together to bring the best knowledge from each specialty together.

Your care team may include:

- Medical oncologists
- Radiation oncologists
- Dermatologists
- Nurses
- Pharmacists
- Physician assistants
- Patient navigators
- Social workers
- Other specialists

- **Therapies used in certain cases** work best for individuals with specific cancer features or health circumstances.

Chemotherapy

Chemotherapy is a standard treatment for PTCL. Different types of chemotherapy drugs work in different ways to kill cancer cells or to stop new ones from being made. Many chemotherapy drugs are liquids that are injected slowly into a vein (IV infusion). Some are pills or capsules that are swallowed.

Usually, a few chemotherapy drugs are given together to treat PTCL (known as multi-agent or combination chemotherapy). The advantage of combination chemotherapy is that each drug has its own way of attacking the cancer.

How often will I get chemotherapy?

Chemotherapy is given in cycles that include treatment days and rest days. This allows your body to recover before you start the next treatment cycle. Cycles vary in length depending on which drugs are used, but a cycle is usually 14, 21, or 28 days. The number of treatment days per cycle and the total number of cycles you'll have varies based on which chemotherapy you receive.

Targeted therapy

Targeted therapy is a type of treatment that targets specific features of cancer cells. If you have PTCL with the CD30 biomarker, you might receive the targeted therapy brentuximab vedotin (Adcetris). Brentuximab vedotin is given alone or is combined with chemotherapy.

What is radiation therapy?

Radiation therapy is the use of high-energy radiation to kill cancer cells in a certain part of the body.



Corticosteroids

Corticosteroids (often called steroids) can be used as part of cancer treatment for many reasons. They can reduce swelling and inflammation, reduce side effects, and help treat PTCL. Steroids may be given as a pill, a liquid, an injection, or through an IV.

Radiation therapy

Radiation therapy treats cancer cells in a specific area of the body. It can be given alone (in select cases) or combined with chemotherapy to treat PTCL. When you get radiation therapy, you lay on a table and a large machine sends out radiation beams to a certain part of your body. You won't see, hear, or feel the radiation. It passes through your skin and other tissues to reach the cancer.

Radiation therapy usually requires a series of treatment sessions over many days or weeks.

What is palliative radiation therapy?

The main purpose of palliative radiation therapy is to reduce cancer symptoms like pain or bleeding. Palliative therapy is meant to improve your quality of life by relieving symptoms caused by cancer or other treatment-related side effects. In general, lower doses of radiation can be used and the treatment cycle can be shorter with palliative therapy.

Hematopoietic cell transplant

A hematopoietic cell transplant uses chemotherapy or radiation therapy to destroy cancer cells in the bone marrow and then replaces them with new, healthy blood-producing cells ("hematopoietic" means "blood-forming"). The healthy blood stem cells will grow, form new bone marrow and blood cells, and attack remaining cancer cells.

Side effects from therapy are common and can be different depending on what treatment you receive. They may also vary from person to person. Your care team can help you manage and even prevent some side effects. Ask them if they have a list of possible side effects they can give you.



The 2 types of hematopoietic cell transplants are called autologous and allogeneic.

An autologous hematopoietic cell transplant uses your own blood stem cells to regrow your bone marrow. First, some of your healthy stem cells will be removed from your bone marrow or blood. Next, you'll receive chemotherapy and/or radiation therapy to kill cancer cells. Then your stem cells will be infused back into you.

An allogeneic hematopoietic cell transplant uses healthy blood stem cells from another person (a donor) to regrow your bone marrow. First, you'll receive treatment with chemotherapy and/or radiation therapy to kill the cancer cells in the bone marrow. Next, you'll receive an infusion of healthy stem cells from a donor.

Clinical trials

A clinical trial is a type of medical research study. After being developed and tested in a lab, potential new ways of fighting cancer need to be studied in people.

If found to be safe and effective in a clinical trial, a drug, device, or treatment approach may be approved by the U.S. FDA.

Everyone with cancer should carefully consider all of the treatment options available for their cancer type, including standard treatments and clinical trials. Talk to your doctor about whether a clinical trial may make sense for you.

Phases

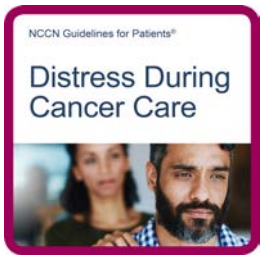
Most cancer clinical trials focus on treatment and are done in phases.

- **Phase 1** trials study the safety and side effects of an investigational drug or treatment approach.
- **Phase 2** trials study how well the drug or approach works against a specific type of cancer.
- **Phase 3** trials test the drug or approach against a standard treatment. If the results are good, it may be approved by the FDA.
- **Phase 4** trials study the safety and benefit of an FDA-approved treatment.

It's normal to feel worried

Depression, anxiety, fear, and distress are very common in people with cancer. These feelings can make it harder to deal with cancer and its treatment. Getting help when you're feeling worried is an important part of cancer care. If you're feeling anxious or overwhelmed, ask your care team for help.

Read more about cancer and distress in *NCCN Guidelines for Patients: Distress During Cancer Care,* available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Who can enroll?

It depends on the clinical trial's rules, called eligibility criteria. The rules may be about age, cancer type and stage, treatment history, or general health. They ensure that participants are alike in specific ways and that the trial is as safe as possible for the participants.

Informed consent

Clinical trials are managed by a research team. This group of experts will review the study with you in detail, including its purpose and the risks and benefits of joining. All of this information is also provided in an informed consent form. Read the form carefully and ask questions before signing it. Take time to discuss it with people you trust. Keep in mind that you can leave and seek treatment outside of the clinical trial at any time.

Will I get a placebo?

Placebos (inactive versions of real medicines) are almost never used alone in cancer clinical trials. It is common to receive either a placebo with a standard treatment, or a new drug with a standard treatment. You will be informed, verbally and in writing, if a placebo is part of a clinical trial before you enroll.

Are clinical trials free?

There is no fee to enroll in a clinical trial. The study sponsor pays for research-related costs, including the study drug. But you may need to pay for other services, like transportation or childcare, due to extra appointments. During the trial, you will continue to receive standard cancer care. This care is often covered by insurance.



Finding a clinical trial

In the United States

NCCN Cancer Centers
NCCN.org/cancercenters

The National Cancer Institute (NCI)
cancer.gov/about-cancer/treatment/clinical-trials/search

Worldwide

The U.S. National Library of Medicine (NLM)
clinicaltrials.gov

Need help finding a clinical trial?

NCI's Cancer Information Service (CIS)
1.800.4.CANCER (1.800.422.6237)
cancer.gov/contact

Supportive care

Supportive care is an important part of cancer care. The goal is to improve your quality of life during and after cancer treatment. Supportive care is for everyone with cancer and their families, not just for those at the end of life.

Supportive care includes a wide range of services. It prevents or manages the symptoms of cancer and the side effects of cancer treatment, like pain and cancer-related fatigue. It also addresses the mental, social, emotional, and spiritual concerns faced by people with cancer.

Supportive care provides help with additional needs too, such as:

- Making treatment decisions
- Coordinating your care
- Paying for care
- Planning for advance care and end of life

Read more about the types of support you may receive in *NCCN Guidelines for Patients: Palliative Care,* available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Supportive care specific to PTCL

Supportive care can help improve your quality of life by reducing symptoms and side effects caused by PTCL and its treatment. Side effects depend on many factors, such as the type of drug and dose received, how long treatment is given, and the person. Ask your care team for a list of your treatment's side effects, and tell them about any symptoms you have that are new or getting worse. There may be ways to help you feel better and prevent some side effects before they happen or get worse.

Tumor lysis syndrome

Tumor lysis syndrome is a serious side effect of cancer treatment that can cause symptoms such as nausea, vomiting, shortness of breath, and an irregular heartbeat. Tumor lysis syndrome happens when the cancer cells being killed by treatment release their contents into the body faster than it can get rid of them. The bloodstream is then filled with toxic substances and other substances aren't balanced too.

There are different options to treat or prevent tumor lysis syndrome, such as hydration with IV fluids and drug treatments. A drug called rasburicase is usually given to treat tumor lysis syndrome in people with lymphoma. Other medicines, such as allopurinol, may be given to try to prevent it.

Virus reactivations

If you've had cytomegalovirus (CMV) before, there's a chance the virus will be reactivated if you're treated with certain drugs, including duvelisib (Copiktra) and alemtuzumab (Campath). Screening for reactivation should be done. Sometimes the antiviral drug

ganciclovir is given to help stop CMV from coming back.

If you receive treatment with brentuximab vedotin, there is a very small chance the John Cunningham (JC) virus will be reactivated. This is a common virus that many people get infected with in childhood, and it can flare up again if your immune system is exposed to certain drugs, including brentuximab vedotin. JC virus reactivation can cause problems with your thinking and memory, and unfortunately there is no known treatment for this virus. Be sure to tell your treatment team if you have any new memory issues or other new symptoms.

Preventing infections

Many treatments increase the risk of infections. Fever can be the first sign of an infection. It's very important to contact your treatment team immediately if you have a fever.

NCCN experts recommend taking medicine to prevent infections if you're receiving certain treatments. Talking with an infectious disease expert might be needed, too.

Sore or dry mouth (mucositis)

Treatment with pralatrexate and chemotherapy can result in mucositis, which is when certain cells that are inside of the digestive tract (including those in the mouth and stomach) become painful, swollen, or irritated. To prevent mucositis, your care team may give you medicine to take (leucovorin or folic acid), or you might get an injection of vitamin B12.

Supportive care resources

More information on supportive care is available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Treating tumor flare reactions

A tumor flare reaction is when lymph nodes become enlarged and painful after treatment. Tumor flare reactions are also associated with inflammation and a swollen spleen, low-grade fever, and/or rash. Steroids can be given to prevent tumor flare reactions in certain people, and steroids or drugs called antihistamines can treat the reactions. NCCN experts recommended that care teams manage tumor flare reactions, particularly in people receiving lenalidomide (Revlimid).

Key points

- Your care team will consist of several medical professionals from different specialties who will work together to help you make treatment decisions.
- Your treatment plan will likely include several types of treatment over time. This can include chemotherapy, targeted therapy, corticosteroids, radiation therapy, a hematopoietic cell transplant, supportive care, and even a clinical trial.
- Clinical trials are a recommended treatment option for people with peripheral T-cell lymphoma (PTCL). Clinical trials can give people access to treatment that they couldn't usually receive otherwise.
- NCCN recommends systemic therapy treatments under the categories of preferred therapies, other recommended therapies, and therapies used in certain cases. Systemic therapies are treatments that work throughout the whole body, such as chemotherapy and targeted therapy.
- Supportive care is an important part of cancer care, and it includes a wide range of services. The goal of supportive care is to improve your quality of life during and after cancer treatment.

Questions to ask

- Can you explain the treatment options and side effects as simply as possible?
- Will I get radiation therapy with chemotherapy or chemotherapy alone? Why?
- What can I expect from treatment?
- Are there resources to help pay for treatment or other care I may need? How can I find and use any resources?
- Do I need a referral to access additional support resources? Who in the cancer clinic would be best to help me find and access support resources?

4
First treatment options

30 How is my first treatment chosen?

32 Combination chemotherapy options

32 Radiation therapy options

32 What’s next: Restaging

33 Key points

33 Questions to ask

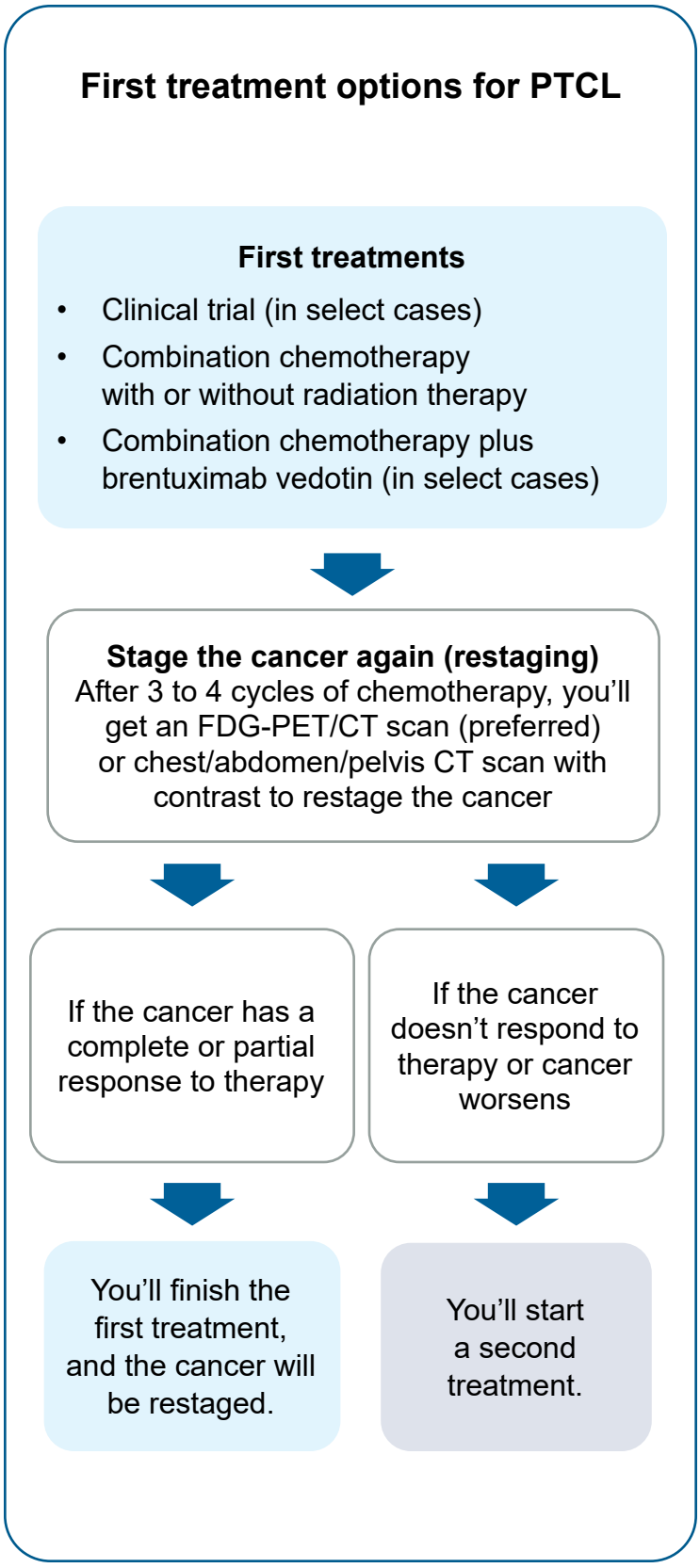
There are many different treatment options for people with peripheral T-cell lymphoma (PTCL). Chemotherapy is usually given in combination with other drugs. This chapter explains all of the therapies that are given first to treat PTCL.

How is my first treatment chosen?

Your care team will consider many different factors when picking treatments for you. The treatment you receive depends on the stage of the cancer, its size and location, and how it's affecting your body.

For peripheral T-cell lymphoma (PTCL), a few different treatments can be given first. These options include a clinical trial (preferred) and different combination therapy treatments. The figure on this page explains the first treatment options, which include a clinical trial, combination chemotherapy with or without radiation therapy, and combination chemotherapy plus brentuximab vedotin (Adcetris). The combination therapies that can be given are detailed in **Guide 3.**

Importantly, there are different recommendations for people with the anaplastic large cell lymphoma (ALCL) subtype of PTCL. Additionally, some of the less common types of PTCL may have different recommendations for first treatments that are not included in **Guide 3.**



Guide 3
First treatment recommendations: Combinations with chemotherapy

Treatment name	Drugs in combination treatment	PTCL	ALCL subtype
CHEP plus Brentuximab vedotin (also called BVCHEP) (Only given if you have CD30-positive PTCL or ALCL)	• Brentuximab vedotin • Cyclophosphamide • Doxorubicin • Etoposide • Prednisone	●	●
CHP plus Brentuximab vedotin (also called BVCHP) (Only given if you have CD30-positive PTCL or ALCL)	• Brentuximab vedotin • Cyclophosphamide • Doxorubicin • Prednisone	●	●
CHOEP	• Cyclophosphamide • Doxorubicin • Vincristine • Etoposide • Prednisone	●	●
CHOP	• Cyclophosphamide • Doxorubicin • Vincristine • Prednisone	●	●
CHOP followed by IVE alternating with methotrexate (Only given if you have the enteropathy-associated T-cell lymphoma subtype)	• CHOP • Ifosfamide • Epirubicin • Etoposide	●	
EPOCH	• Etoposide • Prednisone • Vincristine • Cyclophosphamide • Doxorubicin	●	●

● Preferred therapy ● Other recommended therapy

These regimens are listed in alphabetical order, not in order of importance.

Combination chemotherapy options

Chemotherapy drugs can be combined with other chemotherapy drugs, and chemotherapy can also be given with different types of drugs. For example, one of the preferred first treatment options for PTCL includes a targeted therapy (brentuximab vedotin), 2 chemotherapy drugs (cyclophosphamide and doxorubicin), and a corticosteroid (prednisone).

Radiation therapy options

In certain situations, radiation therapy is given with chemotherapy to destroy cancer cells. Radiation therapy can also be given by itself to:

- People who are not able to receive other treatments
- Treat skin tumors
- Relieve pain and other symptoms of cancer

What's next: Restaging

Restaging means checking on the cancer after you've received some or all of your treatment. A PET/CT scan or other imaging can be done after you've received 3 or 4 cycles of chemotherapy to see how well the treatment is working. A PET/CT scan should also be done to restage the cancer after you've completed treatment.

The responses the cancer can have to treatment are:

- **A complete response,** which means all of the signs of cancer have gone away.
- **A partial response,** which means some of the signs of cancer have gone away.
- **Stable disease,** which means the cancer hasn't changed significantly after treatment (it didn't grow, but it didn't shrink).
- **Progressive disease,** which means the cancer is growing and/or spreading despite treatment.

What happens after restaging depends on how the lymphoma responded to treatment:

If the cancer responded to treatment

If the cancer is responding to the first treatment, you'll finish that treatment and then restaging will be done again. You might get more treatment after restaging.

If the cancer didn't respond to treatment or spread

If the cancer didn't respond to the first treatment or grew/spread, you'll receive more treatment.

To read about the next treatment options, go to *Chapter 5: More treatments and follow-up care.*

Key points

- The first treatments for peripheral T-cell lymphoma (PTCL) are a clinical trial (preferred), combination chemotherapy, combination chemotherapy plus radiation therapy, and combination chemotherapy plus brentuximab vedotin.
- The preferred chemotherapy combinations that are given first to treat PTCL are CHP plus brentuximab vedotin (in certain cases), CHOEP, CHOP, and EPOCH. CHP plus brentuximab vedotin is the preferred chemotherapy combination if you have the anaplastic large cell lymphoma (ALCL) subtype of PTCL.
- Restaging means checking on the cancer after some treatment has been given. Your care team will do imaging tests to figure out how much cancer is currently in your body.

Questions to ask

- How do I prepare for treatment? Do I have to stop taking any of my medicines? Are there foods I should avoid?
- What's the first treatment I'll get? Why am I getting this treatment?
- How long will I receive treatment? Will I miss work or school?
- What are the side effects of this treatment and what should I do if I experience side effects? What number should I call if I have side effects after hours or on weekends?
- Can you tell me how I'll feel or see the side effects happening in my body? When should I call my care team to tell them about the side effects?



Don't disregard a fever

Chemotherapy can weaken your immune system and make you more likely to get infections. One sign of an infection is a fever. If you have a fever while receiving chemotherapy, you need to contact your treatment team. Make sure to ask for a phone number you can call if you get a fever or have another urgent problem.

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More treatments and follow-up care

35 What happens after I get my first treatment?

35 Additional treatment options

37 Preferred single-drug therapies

38 Other recommended single-drug therapies

38 Combination chemotherapy treatments

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Additional treatments for peripheral T-cell lymphoma (PTCL) depend on the type of PTCL you have, how it responded to treatment, and if you're going to get a hematopoietic cell transplant. This chapter describes preferred single-drug therapies, other recommended single-drug therapies, combination therapies, and follow-up care.

What happens after I get my first treatment?

After you've received all of your first treatment and your care team has restaged the cancer again, you may get more treatment.

If restaging shows that the cancer had a complete response to the first treatment, the next options are:

- Observation, which means your care team will keep an eye on everything. You'll start the follow-up part of care, too.
- An autologous hematopoietic cell transplant (in select cases). Radiation therapy might be given before or after the transplant.
- A clinical trial (in select cases).

After you receive treatment or observation, you'll start the follow-up part of care, which is described on page 42.

If the cancer had a partial response to treatment, didn't respond to the first treatment, or grew/spread:

- You'll receive more treatment

Additional treatment options

If PTCL didn't have a complete response to the first treatment, the next preferred treatment option for everyone is a clinical trial. NCCN experts strongly encourage people to enroll in a clinical trial if one is open and is the right fit.

There are also many other treatments that can be given. The second treatment you receive depends on what subtype of PTCL you have and if you're planning to get a hematopoietic cell transplant later on. Other factors will also be considered. Talk to your care team about the different options and their risks and benefits.

Second treatment options include:

- A clinical trial
- Single-drug (also known as single-agent) chemotherapy
- Single-drug anti-cancer therapy
- Combination chemotherapy treatments (for people who are planning on getting a hematopoietic cell transplant)
- Palliative radiation therapy for symptom relief (for people who aren't planning on getting a hematopoietic cell transplant)
- Supportive care

Next treatment options for PTCL

Hematopoietic cell transplant is planned

Second treatment options

- Clinical trial (preferred)
- Single-drug chemotherapy
- Single-drug anti-cancer therapy
- Combination chemotherapy treatments

Complete or partial response to therapy	No response to therapy or cancer worsens
Clinical trial or hematopoietic cell transplant	Different second therapy

No hematopoietic cell transplant is planned

Second treatment options

- Clinical trial (preferred)
- Single-drug chemotherapy
- Single-drug anti-cancer therapy
- Radiation therapy
- Supportive care

Response to therapy or clinical benefit	No response to therapy or cancer worsens
Continue treatment or be under observation	Clinical trial, different second therapy, palliative radiation therapy, or supportive care

Preferred single-drug therapies

The preferred single-drug therapies for PTCL and for the nodal TFH cell lymphoma, angioimmunoblastic-type (formerly called AITL) and ALCL subtypes of the cancer are listed in **Guide 4.**

These therapies are also described below. Importantly, all of these therapies can be given whether or not you're going to receive a hematopoietic cell transplant later on.

Belinostat (Beleodaq)

Belinostat is a targeted therapy that's given as an IV infusion into a vein.

What is relapsed or refractory cancer?

When cancer **relapses**, that means the cancer went away but came back.

When cancer is **refractory**, that means the cancer didn't get better after treatment.

When PTCL relapses or is refractory to treatment, a different treatment will be given.

Guide 4
Preferred single-drug therapies that can be given regardless of if a transplant is planned

Drug	PTCL	Nodal TFH cell lymphoma, angioimmunoblastic-type subtype	ALCL subtype
Belinostat	●	●	
Brentuximab vedotin for CD30-positive cancer	●	●	●
Duvelisib	●	●	
Pralatrexate	●		
Romidepsin	●	●	

● Preferred therapy

These regimens are listed in alphabetical order, not in order of importance.

Brentuximab vedotin (Adcetris)

Brentuximab vedotin is a drug that targets cancer cells with the CD30 protein, so it's only given to people who have cancer cells with this protein. It's given as an IV infusion into a vein.

Duvelisib (Copiktra)

Duvelisib is a targeted therapy that's given orally as capsules.

Pralatrexate (Folotyn)

Pralatrexate is anti-cancer treatment that's given by IV push. An IV push delivers the medicine very quickly.

Romidepsin (Istodax)

Romidepsin is a targeted therapy that's given as an IV infusion into a vein.

Other recommended single-drug therapies

The other recommended single agents you might receive also depend on the type of PTCL you have and if you're going to receive a transplant later on. These therapies are detailed in **Guide 5.**

Additionally, several drugs known as ALK inhibitors are available if you have ALCL with a mutation on the ALK gene (known as ALK-positive ALCL). All of the ALK inhibitors are drugs you can take orally, too. These are the drugs that are available to treat ALK-positive ALCL whether a transplant is planned or not:

- Alectinib (Alecensa)
- Brigatinib (Alunbrig)
- Ceritinib (Zykadia)
- Crizotinib (Xalkori)
- Lorlatinib (Lorbrena)

Radiation therapy is also used in certain situations. Palliative radiation therapy can be given in certain cases to improve your quality of life and prevent or relieve symptoms caused by cancer and the side effects of treatment.

Combination chemotherapy treatments

The combination therapy you can receive depends on what subtype of PTCL you have and if you're planning on getting a hematopoietic cell transplant. There aren't any recommended combination chemotherapies that can be given after the first treatment for people who aren't going to get a transplant. However, there are many single-drug therapies that can be used.

If a transplant is planned

Combination chemotherapy is given if you're planning on getting a transplant after your second therapy (options are shown in **Guide 6**). Importantly, treatments can be different for people with the ALCL subtype of PTCL.

Guide 5
Other recommended single-drug therapies that can be given

Drug	PTCL	Nodal TFH cell lymphoma, angioimmunoblastic-type subtype	ALCL subtype
ALK inhibitors (described in text)			●
Azacitidine		●	
Belinostat			●
Bendamustine	●	●	●
Duvelisib			●
Gemcitabine	●	●	●
Lenalidomide	●	●	
Pralatrexate		●	●
Romidepsin			●
Alemtuzumab (not recommended if you may get a hematopoietic cell transplant)	●	●	
Cyclophosphamide and/or Etoposide (not recommended if you may get a hematopoietic cell transplant)	●	●	●
Cyclosporine (not recommended if you may get a hematopoietic cell transplant)		●	

● Other recommended therapy

Guide 6
Combination therapies that can be given when a transplant is planned

Name of combination treatment	Drugs in combination treatment	PTCL	ALCL
DHA plus platinum chemotherapy	• Dexamethasone • Cytarabine • Platinum chemotherapy (Cisplatin, Carboplatin, or Oxaliplatin)	●	●
Duvelisib and Romidepsin	• Duvelisib • Romidepsin	●	
ESHA plus platinum chemotherapy	• Etoposide • Methylprednisolone • Cytarabine • Platinum chemotherapy (Cisplatin or Oxaliplatin)	●	●
GDP	• Gemcitabine • Dexamethasone • Cisplatin	●	●
GemOx	• Gemcitabine • Oxaliplatin	●	●
GVD	• Gemcitabine • Vinorelbine • Liposomal Doxorubicin	●	●
ICE	• Ifosfamide • Carboplatin • Etoposide	●	●

● Preferred therapy ● Other recommended therapy

These regimens are listed in alphabetical order, not in order of importance.

What happens after I get more treatment?

After you've received your second treatment, the next steps depend on if the cancer responded to treatment and if you're going to get a hematopoietic cell transplant.

If there was a complete or partial response to treatment, you can:

- Receive treatment in a clinical trial or get a hematopoietic cell transplant.
- Continue your current treatment or be under observation (this is an option if you aren't planning on getting a hematopoietic cell transplant).

Afterward, you'll start the follow-up part of care.

If the cancer didn't respond to treatment or grew after you received your second treatment, other options are available:

- If you planned on getting a hematopoietic cell transplant, you can receive a different therapy that was recommended as a second treatment option. Afterward, if the cancer responded to treatment, you can get a transplant and then go to follow-up care.
- If you did not plan on getting a hematopoietic cell transplant, you can receive a different therapy that was recommended as a second treatment option, supportive care, palliative radiation therapy, or treatment in a clinical trial.



Hematopoietic cell transplant: To proceed or not to proceed?

A clinical trial is the preferred treatment option for relapsed or refractory PTCL. But the choice of what therapy to receive is also based on whether you can get a hematopoietic cell transplant.

A hematopoietic cell transplant is a procedure that replaces damaged or destroyed stem cells with healthy stem cells. The healthy stem cells help to grow new blood cells.

A hematopoietic cell transplant is an intense treatment. It's not for everyone. It tends to be more successful in people whose cancer had a complete or partial response to therapy. Therefore, a hematopoietic cell transplant is an option when the cancer has responded to treatment.

If you have relapsed or refractory PTCL and aren't able to get a hematopoietic cell transplant, there are other treatment options.

Follow-up care

Follow-up care occurs after you complete treatment so your care team can check on you and your health. During follow-up, you'll have regular visits with your care team or oncologist.

Here's the usual follow-up schedule for PTCL:

- Doctor's visit for a medical history and physical exam every 3 to 6 months for 2 years.
- Imaging scan to look for cancer (a PET scan is preferred) about every 6 months for 2 years and then every year for 5 years. Imaging may be done more or less often, too.

If you have any symptoms or aren't feeling well, contact your doctor right away.

"As a survivor of a rare cancer, I learned early in my journey the value of being an advocate for myself. I learned that it was OK to ask questions about decisions that were being made about my treatments. I also learned the value of having a caregiver with me at my appointments and my treatments. Keeping notes and schedules and copies of test results are important details and it takes a huge load off of the patient."

"Patient organizations often offer a wide variety of support services and additional educational opportunities that might be of interest to you and your loved ones as you navigate your journey."



Key points

- The preferred treatment option for relapsed or refractory peripheral T-cell lymphoma (PTCL) is a clinical trial. Single agents and combination therapies with chemotherapy are also options for certain people.
- The choice of using a single agent or combination chemotherapy is based on if you plan to get a hematopoietic cell transplant, what type of PTCL you have, and other factors.
- Combination chemotherapy is an option for people who are planning on getting a hematopoietic cell transplant. There are also many single-drug therapies that are options for people who are and aren't planning on getting a transplant.
- Drugs called ALK inhibitors are also used to treat people with ALK-positive ALCL.
- Follow-up care is very important, and imaging will be done about every 6 months for 2 years after you've completed treatment.

Questions to ask

- Is a hematopoietic stem cell transplant a good option for me?
- Are there any clinical trials I would be able to join?
- Should I get a single medicine or a chemotherapy combination? Which treatment of all of these would be best for me? Why?
- How can my side effects be managed? Who can I call if I experience side effects when the doctor's office is closed?
- What doctors will I see during follow-up visits?



Let us know what you think!

Please take a moment to complete an online survey about the NCCN Guidelines for Patients.
NCCN.org/patients/response

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Other resources

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45 What else to do

45 Where to get help

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Want to learn more? Here's how you can get additional help.

What else to know

This guide helps you know your options so you can make informed decisions and improve your cancer care. But it's not the only resource that you have.

Ask for as much information and help as you need. Many people are interested in learning more about:

- What subtype of peripheral T-cell lymphoma (PTCL) they have and what treatments are available for the specific subtype
- What a hematopoietic cell transplant does and how it works
- How to treat B symptoms and other symptoms of PTCL
- What supportive care is available
- If a combination therapy or single-drug therapy is best for them

What else to do

Your health care center can help you with next steps. It often has on-site resources to help meet your needs and find answers to your questions. Health care centers can also inform you of resources in your community.

In addition to help from your providers, the resources listed in the next section provide support for many people like yourself.

Where to get help

Look through the list below and visit the provided websites to learn more about these organizations.

Blood & Marrow Transplant Information Network
bmtinfonet.org

Blood Cancer United
bloodcancerunited.org

Cancer*Care*
cancercare.org

Imerman Angels
imermanangels.org

Lymphoma Research Foundation
lymphoma.org

National Bone Marrow Transplant Link (nbmtLINK)
nbmtLINK.org

NMDP
nmdp.org

Stupid Cancer
stupidcancer.org

Triage Cancer
triagecancer.org

Questions to ask

- What resources are available to help me pay for care, get transportation to care, find childcare while I'm getting care, and more?
- What are the differences between all of the combination chemotherapy treatments?
- What supportive care services are available to me during and after treatment?
- What side effects should I look out for during treatment, and what should I do if I experience them?
- What should I do on weekends or non-office hours if I have an urgent problem with my cancer or my cancer treatment? Who do I call when you're off duty? Should I go to the emergency room?



We want your feedback!

Our goal is to provide helpful and easy-to-understand information on cancer. Take our survey to let us know what we got right and what we could do better.
NCCN.org/patients/feedback



Words to know

allogeneic hematopoietic cell transplant
Cancer treatment that destroys cells in the bone marrow and replaces them with healthy blood-producing (hematopoietic) stem cells from a donor.

anaplastic large cell lymphoma (ALCL)
A common subtype of PTCL that can be further classified as systemic ALK-positive, systemic ALK-negative, primary cutaneous, or breast implant-associated ALCL.

autologous hematopoietic cell transplant
Cancer treatment that destroys cells in the bone marrow and replaces them with your own healthy blood-producing (hematopoietic) stem cells.

biopsy
A procedure that removes tissue or fluid samples to be tested for disease.

bone marrow
A soft, spongy material inside of bones where most blood cells are made.

B symptoms
The 3 symptoms of fever, night sweats, and weight loss. These are common symptoms in people with lymphoma.

chemotherapy
Treatment that kills cancer cells throughout the body.

clinical trial
A type of research that studies investigational tests or treatments in people.

combination chemotherapy
Treatment that combines several chemotherapy medications, with or without other types of therapies.

dermatologist
A doctor who specializes in skin disorders. Many specialize specifically in cancer diagnosis and the treatment of conditions that appear in the skin.

diagnosis
Identification of an illness based on tests.

follow-up care
Health care that starts once treatment has ended and there are no signs of cancer.

gastrointestinal (GI) tract
The group of organs (including the stomach, intestines, and others) through which food passes after being eaten.

hematologist
A doctor who is an expert in blood diseases and cancers.

hematopathologist
A doctor who diagnoses diseases of blood cells.

immune system
The body's natural defense against infection and disease.

immunophenotyping
A lab test used to help diagnose PTCL that looks for specific proteins on white blood cells. Certain proteins that are found or missing on the surface of the cells can be a sign of cancer.

lymphatic system
Part of the immune system that includes lymph nodes and other organs and vessels. The lymphatic system helps fight infections and disease.

lymph node
A small, bean-shaped, disease-fighting structure in the immune system.

nodal TFH cell lymphoma, angioimmunoblastic-type subtype
The second most common subtype of PTCL. This subtype used to be called angioimmunoblastic T-cell lymphoma (AITL).

observation
A period of watching for cancer growth while not receiving treatment.

oncologist
A doctor who is an expert in diagnosing and treating cancer.

pathologist
An expert who tests cells and tissues to find disease.

performance status
A rating of a person's ability to do daily activities.

peripheral T-cell lymphoma not otherwise specified (PTCL-NOS)
The most common subtype of PTCL.

positron emission tomography and computed tomography (PET/CT) scan
An imaging test that uses 2 picture-making methods to show the shape and function of organs and tissues inside of the body.

prognosis
The likely course and outcome of a disease based on tests and responses to treatment.

progression
When cancer spreads, grows, or gets worse.

radiation therapy
Treatment that uses high-energy rays (radiation) to kill cancer cells.

refractory cancer
Cancer that doesn't get better with treatment.

relapse
The return or worsening of cancer after a period of improvement.

restaging
The process of rating the extent of cancer in the body after therapy.

side effect
An unhealthy or unpleasant physical or emotional response to treatment.

staging
The process of rating the extent of cancer in the body.

supportive care
Health care for the symptoms of cancer and the side effects of cancer treatment.

symptom
A feeling or problem that can indicate a disease or condition.

targeted therapy
A drug that finds and attacks specific cancer cells.

T cell
A type of white blood cell (lymphocyte) that defends the body from infection.

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This patient guide is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for T-Cell Lymphomas, Version 2.2026. It was adapted, reviewed, and published with help from the following people:

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