



Effective Health Care

Optimal Number of Chemotherapy Cycles for Non-Hodgkin's Lymphoma

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Optimal number of chemotherapy cycles for non-Hodgkin's lymphoma is not feasible for a full systematic review due to the limited data available for a review at this time.

Topic Description

Nominator: Individual

Nomination Summary: The nominator is interested in the comparative effectiveness and risks associated with 6 versus 8 rounds of chemotherapy in patients with non-Hodgkin's lymphoma.

Staff-Generated PICO

Population(s): Adults with non-Hodgkin's lymphoma (NHL) receiving standard chemotherapy

Intervention(s): 8 cycles of chemotherapy

Comparator(s): 6 cycles of chemotherapy

Outcome(s): Recurrence, adverse effects from chemotherapy, rates of secondary leukemia and other long-term survival, adverse effects, and development of refractory disease.

- Key Questions from Nominator:**
1. For patients with non-Hodgkin's lymphoma receiving chemotherapy after surgery, what are the comparative risks and benefits of receiving additional chemotherapy cycles after tests show no remaining cancer?
 2. What is the optimum number of additional cycles, if any, to minimize risk and maximize benefits?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Only one randomized study was identified that addresses varying numbers (6 versus 8) of cycles following a complete response in elderly patients with NHL. Additional randomized studies examining the risks and benefits of 6 versus 8 rounds of chemotherapy in NHL patients are needed to assess whether one regimen is superior to the other with respect to health outcomes. Therefore, the topic is not feasible for a full systematic review due to the limited data available for a review at this time.