

## Maintenance therapy

Maintenance therapy is sometimes given after an initial course of treatment has put lymphoma into remission. The most common maintenance therapies for lymphoma are rituximab and obinutuzumab. This information explains what maintenance therapy is, who might have it and how it is given.

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We have separate information about the topics in **bold font**. Please get in touch if you'd like to request copies or if you would like further information about any aspect of lymphoma. Phone 0808 808 5555 or email [information@lymphoma-action.org.uk](mailto:information@lymphoma-action.org.uk).

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## What is maintenance therapy?

Maintenance therapy is a long-term treatment that usually lasts several years. It is sometimes given after an initial course of treatment has put your lymphoma into **remission** (your lymphoma has shrunk or gone away completely). Maintenance therapy aims to keep any lymphoma cells that might be left in your body under control. This helps make your remission last as long as possible.

Some **targeted treatments** are also given long-term – sometimes for as long as you continue to benefit from them. However, this is a continuation of your main treatment and is not the same as maintenance therapy.

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## Who might have maintenance therapy?

Maintenance therapy is currently recommended for:

- people with **follicular lymphoma** who are in remission after initial treatment with **antibody therapy** and **chemotherapy**
- people with **mantle cell lymphoma** who are in remission after high-dose chemotherapy and a **stem cell transplant**
- people with mantle cell lymphoma who are in remission after initial treatment with antibody therapy and chemotherapy, and who aren't able to have a stem cell transplant.

People with other subtypes of **low-grade non-Hodgkin lymphoma** might also be offered maintenance treatment, although the benefits of this are less clear.

For people with these types of lymphoma, maintenance therapy can make remissions last longer and delay the need for more treatment. However, it isn't suitable for everyone. Your lymphoma specialist should discuss the risks and benefits of maintenance therapy with you if they think it might be right for you.

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## What maintenance therapies are available for people with lymphoma?

**Antibody therapy** is the most common type of treatment used as maintenance therapy for people with lymphoma. At the time of writing, two antibody therapies are available for maintenance therapy:

- **Rituximab** is available as maintenance therapy for adults with **follicular lymphoma, mantle cell lymphoma** and some other forms of **low-grade non-Hodgkin lymphoma**.
- **Obinutuzumab** is available as maintenance therapy for adults with follicular lymphoma.

**Chemotherapy** is sometimes used as maintenance therapy for **children or young people** with **lymphoblastic lymphoma**, a type of non-Hodgkin lymphoma. This is a less intensive course of chemotherapy than the course of initial treatment. It is usually given as an outpatient at regular intervals over a couple of years.

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## How is maintenance therapy given?

If you are having **rituximab** as maintenance therapy, you have it once every 2 to 3 months, usually for 2 years. You have it in one of the following ways:

- As an injection just underneath your skin (subcutaneously). This takes a few minutes and is the most common way of having rituximab maintenance therapy.
- Through a drip into a vein (intravenously). This takes a few hours.

With intravenous treatment, you have pre-medication first, to help prevent any reactions to the medicine. You might also have this if treatment is given subcutaneously.

If you are having **obinutuzumab** maintenance therapy, you have it through a drip into a vein. You have pre-medication first, to help prevent any reactions to the medicine. You are then given obinutuzumab, which takes a few hours. You have obinutuzumab every 2 months for up to 2 years.

Rituximab and obinutuzumab don't usually cause serious side effects in most people. You might get redness, soreness or swelling where the medicine went in. However, rituximab and obinutuzumab can sometimes cause severe reactions. They also increase your chance of getting an **infection**. If you have severe or repeated infections, your medical team might recommend stopping maintenance therapy.

If you are having rituximab or obinutuzumab maintenance therapy, you should not have any vaccines that are 'live'. Live vaccines are made using weakened versions of living viruses or bacteria. They could cause serious infections in people who are on maintenance therapy.

You can have vaccines that are not live (also called 'non-replicating'), although you might not respond to them as well as people who are not having maintenance therapy. There is emerging evidence that ongoing or recent rituximab lowers the effectiveness of the **COVID-19 vaccination** – speak to your medical team for advice

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## References

The full list of references for this page is available on our website. Alternatively, email [publications@lymphoma-action.org.uk](mailto:publications@lymphoma-action.org.uk) or call 01296 619409 if you would like a copy.

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