

Maintenance therapy (including rituximab maintenance)

This information is about maintenance therapy, which is used to help make remission last longer after successful treatment of some types of lymphoma.

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What is maintenance therapy?

Maintenance therapy is sometimes given after initial treatment has put lymphoma into **remission** (where lymphoma has been reduced or there is no evidence of lymphoma left in your body). It is used to keep under control any lymphoma cells that can't be detected by **scans** but may be left in your body after the main treatment has finished. This aims to make the remission last as long as possible.

Antibody therapy is the most common type of maintenance therapy used for people with lymphoma.

Chemotherapy is sometimes used as maintenance therapy. **Children and young people** with **lymphoblastic lymphoma** may be given maintenance treatment with chemotherapy to prevent their lymphoma relapsing. This is a less intensive course of chemotherapy, usually given as an outpatient at regular intervals over a couple of years.

Who can have maintenance therapy?

Maintenance therapy is given to people who go into remission after chemotherapy. **Rituximab** is an antibody therapy that is given as maintenance treatment to people with some types of advanced **low-grade non-Hodgkin lymphoma**. Maintenance rituximab is given once every 2 to 3 months.

- People with **follicular lymphoma** have maintenance for up to 2 years.
- Most people with **mantle cell lymphoma** have maintenance for a couple of years, but it can be shorter or longer than this depending on your individual circumstances and availability on the NHS.

There are clinical trials testing whether maintenance should continue for longer for everyone. Current evidence suggests there is no benefit to continuing maintenance beyond 2 years for most people with follicular lymphoma.

For maintenance therapy, rituximab may be given **intravenously** (by injection into a vein) or **subcutaneously** (by injection under the skin).

Other antibodies are also beginning to be used as maintenance treatments.

There are many **targeted treatments for lymphoma** that are being tested to see if using them as maintenance therapy reduces the risk of the lymphoma **relapsing** (coming back). Find out more about the importance of clinical trials in improving treatments and search for a trial that might be suitable for you at [Lymphoma TrialsLink](#).

Risks and benefits of rituximab maintenance

Having rituximab maintenance treatment for follicular lymphoma or mantle cell lymphoma can delay the need for more treatment. On average, remissions last significantly longer in people with these types of lymphoma who are given maintenance treatment than in people who do not have any maintenance.

There is currently not enough evidence of benefit for rituximab maintenance to be routinely used in other types of lymphoma.

Most people do not have troublesome side effects whilst on rituximab maintenance, but it isn't suitable for everyone. Some people have bad reactions to rituximab. Other people have problems with side effects over time, such as **infections**. Your lymphoma specialist should discuss the risks and benefits of maintenance therapy with you if they recommend this treatment.

References

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

Acknowledgements

- With thanks to Dr Graham Collins, consultant haematologist, Oxford, for reviewing this information. Dr Graham Collins has received honoraria from Roche for speaker and consultancy fees.
- We would like to thank the members of our Reader Panel who gave their time to review this information.

Content last reviewed: February 2019

Next planned review: February 2022

LYMweb0045MaintenanceTherapy2019v3



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