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## Follicular lymphoma: maintenance strategies in the spotlight

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**F**ollicular lymphoma (FL) is the second most common type of non-Hodgkin's lymphoma (NHL), accounting for 20–30% of cases. FL typically has a long natural history and often responds well to initial therapy, however, relapses are common and remission times become shorter with successive treatments. Few patients, if any, are cured and most patients die within 8–10 years of diagnosis.

Rituximab is well tolerated and, in combination with different chemotherapy regimens, produces high response rates and durable remissions in patients with FL.<sup>1–4</sup> The characteristics of rituximab such as its long-half life, minimal toxicity and response rate following re-treatment (40–50%), coupled with the fact that CD20 persists on residual or recurrent lymphoma cells, make it an ideal candidate for use as a maintenance therapy to provide prolonged freedom from disease. Five, large, prospective, randomised trials have demonstrated that rituximab maintenance therapy significantly increases the duration of

remission achieved with induction therapy in patients with FL.<sup>5–9</sup> In most cases, remission duration was doubled versus observation regardless of the schedule of rituximab maintenance or which induction therapy was utilised. These data strongly support the use of rituximab to maintain remissions, thus reducing the distressing effects of relapse and further treatment for the patient, and hopefully prolonging survival.<sup>6,7</sup>

Important questions still to be answered relate to the optimal type of induction therapy to use prior to rituximab maintenance as well as the optimal schedule and duration of rituximab maintenance treatment.

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