23rd INTERNATIONAL ULTMANN CHICAGO LYMPHOMA SYMPOSIUM

APRIL 10-11, 2026

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23rd INTERNATIONAL ULTMANN CHICAGO LYMPHOMA

Surveillance of the Lymphoma Survivor

Mini Symposium on Long-Term Care

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4/10/26

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Disclosures

- No relevant financial disclosures

Clinical vignette

A 34-year-old F completes RCHOP for advanced stage DLBCL. She achieves a complete metabolic response by PET/CT. She is recommended to return every 3 months for labs a physical exam and CT scans.

At 9 month follow up CT imaging shows a 1.4cm lymph node.

On PET is it is mildly avid.

Biopsy is negative for lymphoma

This work up results in 6 weeks of anxiety, missed work, and an invasive procedure.

She never relapses.

For many years, this was considered excellent surveillance care.

Today, we might manage her very differently.

What is surveillance trying to achieve?

- Detect relapse early, improve survival, provide reassurance
- Lymphoma is not just one disease
- This heterogeneity fundamentally determines whether surveillance imaging can meaningfully impact outcomes

Disease type	Intent	Typical relapse pattern	Implications for surveillance
Aggressive B cell lymphoma	Cure	Early relapse	Maybe imaging matters early
Indolent lymphoma	Disease control	Repeated relapse	Imaging rarely changes survival
Hodgkin lymphoma	Cure+ long survivorship	Early relapse uncommon after 2-3 years	Late effects may matter more

The Era of Intensive Surveillance

- Historical practice
  - Routine CT every 3 months became common
  - PET/CT sometimes used in surveillance
- Why?
  - Fear of missing relapse
  - Technologic optimism
  - Lack of good relapse biomarkers
  - Early retrospective data suggesting asymptomatic relapse detection

Lliedtke et al. Ann Oncol 2006

What We Learned

- The reality that emerged
  - Most relapses detected by symptoms or physical exam
  - Survival benefit unclear
  - Rising concerns: radiation exposure, false positives, *Scanxiety*, cost

"Almost all of the lymphoma survivors (n=30) surveyed experience the fear of recurrence and reported that this fear became heightened around the time of follow-up scans."

"Even if you know that the statistics are in your favor, and you know that you're feeling all right, you still have a huge amount of anxiety that goes away, oddly enough, it goes away immediately when you hear that it's fine. It's a complete relief."

Thompson et al. Ann Oncol 2010; Shenoy et al. Clin Lymphoma Myeloma Leuk 2010; Thompson et al. JCO 2014; Cohen et al. Blood 2017

Choosing Wisely

- American Society of Hematology 2013
  - Key message: No role for surveillance CT imaging in asymptomatic patients with aggressive lymphoma in remission
- What changed?
  - Shift from technology driven surveillance → value driven surveillance
  - Emphasis on:
    - Clinical follow-up
    - Risk-adapted imaging
    - Time-limited surveillance

ASH Choosing Wisely 2013: https://doi.org/10.1182/blood-2013-07-518423

Modern Surveillance Principles

We are finally practicing intentional surveillance

- NCCN guidelines
  - PET/CT
    - Essential for response assessment
    - Limited role in surveillance
  - **DLBCL**
    - up to 2 years CT scans q 6 months then no surveillance
    - After that: clinical visits dominate and imaging becomes selective
  - **Indolent lymphoma**
    - FL/MZL/MCL CT scans q 6 months up to 2 years then no surveillance
    - Symptom driven imaging
  - **Hodgkin lymphoma**
    - only if significant concern for relapse (or trial) or as clinically indicated q 6 months for up to 2 years
    - Survivorship care emphasis

b-cell.pdf
hodgkins.pdf

How Relapse is Actually Detected

- Some patients relapse:
  - Clinically
  - Radiographically
  - Biologically before either
    - If scan are imperfect and symptoms are late…. Can we detect relapses earlier in the blood?
- Majority detected by:
  - New symptoms
  - Exam findings
  - Incidental imaging - NOT planned surveillance scans

Thompson et al. JCO 2014

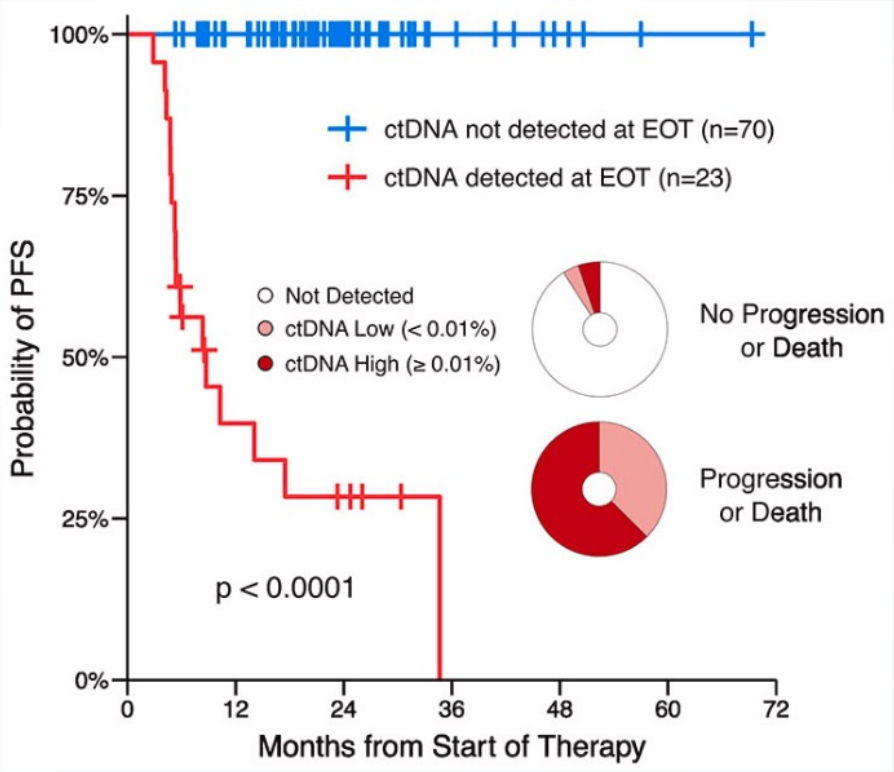
Biological Relapse

- Molecular relapse may precede imaging or symptomatic relapse
- Potential in:
  - DLBCL
  - Follicular lymphoma
  - Hodgkin lymphoma
- Reality check:
  - Assay heterogeneity
  - Unclear intervention thresholds
  - Insurance/access issues
  - Limited prospective survival benefit data
  - Subtype variability

Kurtz et al. JCO 2018; Spina et al. Blood 2018; Roschewski et al. JCO 2025 (EOT prognostic); Claudel et al. Blood 2025 (EOI prognostic);

The New Frontier: minimal residual disease (MRD) and circulating tumor DNA (ctDNA)

- DLBCL
  - ctDNA detectable months before clinical relapse
  - Prognostic after completion of therapy (May identify high risk patients after PET CMR)
  - Limitations: no standard intervention threshold, unclear survival benefit, not guideline mandated



Kurtz et al. JCO 2018; Roschewski et al. JCO 2025 (EOT prognostic)

The New Frontier: minimal residual disease (MRD) and circulating tumor DNA (ctDNA)

- Follicular lymphoma
  - MRD strongly prognostic in trials
  - May guide duration or intensity of therapy
  - Limitation: surveillance role unclear
  - * If disease is defined by repeated relapse, knowing relapse is coming may not always change what we do next.

Table 2. Prognosis according to EOI ctDNA MRD status

	ctDNA at EOI				
	ctDNA MRD⁻ n = 112	ctDNA MRD⁺ n = 12	*P* value	HR ctDNA⁺ (95% CI)	*P* value
Median PFS (95% CI)	NR	17.7 (1.4 to NR)	Log rank .0038	3.18 (1.4-7.2)	.015
POD24	9 (8%)	7 (58.3%)	Fisher exact <.001		
NPV for POD24	92%				
PPV for POD24		58.3%			
Median OS (95% CI)	NR	NR (41.5 to NR)	NA*	8.4 (2.5-31)	NA*

Claudel et al. Blood 2025 (EOI prognostic);

The New Frontier: minimal residual disease (MRD) and circulating tumor DNA (ctDNA)

- Hodgkin lymphoma
  - Emerging sequencing approaches
  - Potential for response prediction
  - Limited prospective validation
  - Limitation: not yet ready for routine surveillance

Promise	Current Limitation/Reality
Earlier relapse detection	No consensus action
Risk stratification	Not guideline-mediated
De-escalating of imaging	Not yet standard
Personalized surveillance	Still investigational
Patient reassurance	May increase anxiety

Kurtz et al. JCO 2018; Spina et al. Blood 2018; Roschewski et al. JCO 2025 (EOT prognostic); Claudel et al. Blood 2025 (EOI prognostic);

The Future of Surveillance

The future will likely involve:

- Less routine imaging
- Biomarker guided surveillance
- Digital symptom monitoring
- Personalized survivorship pathways

Take Home messages

- We have moved from fear-based surveillance to evidence-based surveillance
- Surveillance must reflect lymphoma biology
- Routine imaging has diminishing returns
- Clinical follow up remains central
- Molecular monitoring is promising but evolving
- Precision survivorship is the future

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Thank you for your attention!

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