



Glofitamab with gemcitabine and oxaliplatin for treating relapsed or refractory diffuse large B-cell lymphoma

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Glofitamab (Columvi) plus gemcitabine and oxaliplatin is available on the NHS. It is a possible treatment for diffuse large B-cell lymphoma not otherwise specified in adults that has come back (relapsed) or stopped responding to treatment (refractory). It can be used:

- after 1 line of treatment only, when
- a stem cell transplant using a person's own cells (an autologous stem cell transplant)
 would not be suitable.

Lines of treatment are a sequence of treatments, starting with the best option and moving to alternatives if the first does not work or the condition gets worse. Each line can be a single drug or a combination of drugs.

If you are not eligible for glofitamab but are already having it, you should be able to continue until you and your healthcare professional decide when best to stop.

Is this treatment right for me?

Your healthcare professionals should give you clear information, talk with you about your options and listen carefully to your views and concerns. Your family can be involved too, if you wish. See our webpage on shared decision making.

Questions to think about

- How well does it work compared with other treatments?
- What are the risks or side effects? How likely are they?
- How will the treatment affect my day-to-day life?
- What happens if the treatment does not work?
- What happens if I do not want to have treatment? Are there other treatments available?

Information and support

The NHS webpage on non-Hodgkin lymphoma may be a good place to find out more.

These organisations can give you advice and support:

- Lymphoma Action, 0808 808 5555
- Blood Cancer UK, 0808 208 0888
- Cancer Research UK, 0808 800 4040
- Macmillan Cancer Support, 0808 808 0000

You can also get support from your local Healthwatch.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

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