Management of unicentric Castleman disease

UCD diagnosed on partially or fully resected lymph node

Imaging to assess if involved lymph nodes remain*

- No involved lymph nodes remain
- Involved lymph nodes remain

Annual surveillance for five years with serum biomarkers and imaging¶

Are involved lymph nodes resectable?

Yes
- Resection followed by annual surveillance for five years with serum biomarkers and imaging¶

No
- Is the patient symptomatic?

Yes
- Treatment options include:
  - Embolization
  - Rituximab
  - Immunomodulatory/immunosuppressant therapyΔ
  - Siltuximab◊
  - Surgery, if the lymph node becomes resectable

Symptoms controlled

No
- Annual surveillance for five years with serum biomarkers and imaging¶

UCD: unicentric Castleman disease; FDG PET/CT: fluorodeoxyglucose positron emission tomography/computed tomography; CT: computed tomography.

* Imaging with whole body FDG PET/CT is preferred. CT of the chest, abdomen, and pelvis with contrast is an acceptable alternative.

¶ Serum biomarkers include complete blood count, blood chemistries, and C-reactive protein.

Δ Potential immunomodulatory/immunosuppressant therapies include cyclosporine and sirolimus.

◊ Siltuximab should be used only if the patient has laboratory abnormalities.
consistent with systemic inflammation (eg, elevated C-reactive protein and erythrocyte sedimentation rate, anemia) and constitutional symptoms.

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