Where possible, patients should be offered entry into a clinical trial. If a trial is not open at the site but is open elsewhere in the Network, consideration should be given to referring the patient appropriately.

**Staging and decision to treat**

- **YES**
  - p53 normal
    - NICE TA 174 FCR
    - NICE TA 216 Bendamustine +/- Rituximab (if fludarabine not appropriate)
    - Chlorambucil +/- Prednislone
  - 17p deletion
    - Alemtuzumab* + Methylprednisolone
      - Discuss with Stem Cell Transplant Team

- **NO**
  - Watch and wait or Best supportive care

**Relapse / refractory**

- **Relapse < 6 to 12 months**
  - Alemtuzumab* +/- Methylprednisolone
    - Discuss with Stem Cell Transplant Team

- **Relapse > 12 months to 2-3 years**
  - Bendamustine + Rituximab
    - Discuss with Stem Cell Transplant Team

- **Relapse > 2 years if no prior Rituximab**
  - Relapse > 3 years if prior Rituximab
  - No standard 2nd line treatment Options:
    - Re-challenge with first line therapy
    - NICE TA 193 Rituximab if not previously received rituximab
    - Chlorambucil + Rituximab
    - Bendamustine + Rituximab
      (if fludarabine not appropriate)

  - Second Relapse Alemtuzumab*

* Drug is not licensed for this indication