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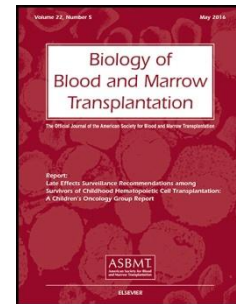
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Maintenance Rituximab after High-Dose Therapy and Autologous Stem Cell Transplantation in Mantle Cell Lymphoma

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Mantle cell lymphoma (MCL) is an aggressive B-cell lymphoma, which is characterized by early dissemination and an unfavorable clinical course. Treatment with conventional chemotherapy resulted in unsatisfactory outcomes and a median survival of less than 3 years after diagnosis of MCL [1]. During recent years, the prognosis of patients with MCL has improved considerably and the refinement of dose-intensified approaches such as autologous stem-cell transplantation (ASCT) has contributed significantly to this development. A prospective randomized trial by European Mantel Cell Lymphoma Network (EMCLN) has demonstrated the superiority of ASCT consolidation over interferon maintenance [2] in the pre-rituximab era. The introduction of rituximab [3] and the addition of high-dose cytarabine to the induction treatment before ASCT has further improved progression free (PFS) and overall survival (OS) of MCL patients [4]. Rituximab and high dose cytarabine based

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