B-cell lymphoma, unclassifiable, (BCLU) is a subtype of lymphoma first recognized by the World Health Organization in 2008. Patients with this lymphoma have a very poor prognosis, with a rapidly progressive and refractory clinical course despite intensive therapy. Clinical data remain sparse, and no established therapeutic approach exists for the treatment of BCLU. Although BCLU may currently be under-recognized, its incidence is expected to increase with improved detection. Diagnostic accuracy is critical to prevent under- or overtreatment of patients. Treatments may need to be more intensive and include central nervous system prophylaxis. Development of clinical trials evaluating immunochemotherapy is recommended for this challenging lymphoma subtype. Nurses play a critical role in providing disease and treatment education and assessment, monitoring during therapy, and managing treatment-related side effects. Nurses need to emphasize prevention of chemotherapy complications and timely communication with the oncology healthcare team.

The World Health Organization's 2008 classification of NHL included a new diagnostic category: B-cell lymphoma, unclassifiable, (BCLU), with features intermediate between DLBCL and Burkitt lymphoma (Swerdlow et al., 2008). Before the classification was changed, BCLUs were diagnosed as high-grade lymphomas, Burkitt-like lymphoma, or assigned to either Burkitt lymphoma or DLBCL. Poor reproducibility in diagnosis exists among pathologists when features overlap (de Leval & Hasserjian, 2009). BCLU, also referred to as double (or dual) hit DLBCL, occurs when BCL2 and c-MYC translocations are present (Johnson et al., 2009). This category is not considered a new, separate disease entity but instead is reserved for challenging diagnostic cases (Bellan, Stefano, de Giulia, Rogena, & Lorenzo, 2009; Gurbuxani, Anastasi, & Hyjek, 2009).

The etiology of NHL, including BCLU, remains unknown, although a variety of factors have been associated with increased risk. Immunodeficiency conditions from HIV or AIDS, immunosuppressive medications after transplantation, and autoimmune disorders (e.g., Sjögren's syndrome, rheumatoid arthritis) demonstrate defects in adaptive and innate immunity (Hoffbrand et al., 2006; Peranski, 2007). Oncogenic viruses, such as the Epstein-Barr virus and human herpesvirus 8, are associated with