**CMG: Classical Hodgkin lymphoma, early stage disease**


Individual patient profiles should be carefully considered when making treatment decisions.

Management of early stage Hodgkin lymphoma
Clinical stage IA/IIA
All patients: baseline PET-CT scan
Consider trial availability

Assess risk factors using EORTC or GHSG (German Hodgkin Study Group)

Consider trials

No trial available

Early favourable disease
- 2 - 3 x ABVD
- 20 - 30 Gy radiotherapy*

Early unfavourable disease
- 4x ABVD
- 30 Gy radiotherapy*

* Patients with early stage Hodgkin disease who do **not** receive radiotherapy should receive at least 3 x ABVD (as per RAPID study). Discuss with patient.

<table>
<thead>
<tr>
<th>EORTC</th>
<th>GHSG</th>
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<tbody>
<tr>
<td>No large mediastinal adenopathy</td>
<td>No large mediastinal adenopathy</td>
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<tr>
<td>ESR &lt;50 without B symptoms</td>
<td>ESR &lt;50 without B symptoms</td>
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<tr>
<td>ESR &lt;30 with B symptoms</td>
<td>ESR &lt;30 with B symptoms</td>
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<tr>
<td>Age ≤50 years</td>
<td>No extranodal disease</td>
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<tr>
<td>1-3 lymph node sites involved</td>
<td>1-2 lymph node sites involved</td>
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EORTC: European Organisation for the Research and Treatment of Cancer; GHSG: German Hodgkin Study Group
CMG: Classical Hodgkin lymphoma, advanced stage disease

CS IIIB, III and IV
Baseline PET-CT scan for all patients
Consider trial availability for patients up to age 75 y eg Millenium;
Consider paediatric trials if age <18 y

- Discuss at MDT
  - Consider radiotherapy alone if very frail

- Age >70 y
  - Frail or poor PS
  - Discuss at MDT
  - Consider VEPEMB / ABVD / CHIVPP

- Age 18-70 y
  - (Patients fit enough to consider escBEACOPP)
  - ABVD x 2
  - PET-CT scan
  - PET negative
    - Consider Omission of bleomycin.
    - AVD x 6-8
  - PET positive
    - Discuss at MDT
    - 4 x escBEACOPP

- CT scan
  - Complete remission
    - Stop treatment
  - Residual mass
    - Option to discuss radiotherapy
  - PET-CT
    - If PET negative, radiotherapy probably not required
CMG: Classical Hodgkin lymphoma, relapsed or refractory disease

Primary refractory disease

Relapsed disease previously treated with chemotherapy or combined modality treatment

Is the patient fit for high-dose chemotherapy and intensive salvage?

Yes

Tissue type siblings VUD form
Work up for allogeneic stem cell transplant in parallel with work up for autograft

No

Palliation chemotherapy: GEMP/ CEP / PECC / Vinblastine / ChlVPP / Radiotherapy
Or consider brentuximab vedotin (3rd line)

Salvage chemotherapy: IVE, DHAP, ESHAP or GDP
PET-CT after 2 cycles

PET negative

PET positive but no evidence of progressive disease

Third cycle of salvage therapy

Consider further salvage including brentuximab vedotin*

PET positive and evidence of progressive disease

Discuss at MDT. Consider brentuximab vedotin, or alternative chemotherapy such as gemcitabine-based treatment, reinduction therapy, radiotherapy or palliative therapy

PET negative

Discuss at MDT pros and cons of autograft vs allograft

* Brentuximab vedotin is a drug that targets Hodgkin lymphoma cells and is approved for use in the treatment of Hodgkin lymphoma.

PET negative = Deauville 1-3
PET positive = Deauville 4, 5
CMG: Classical Hodgkin lymphoma, relapsed following autologous stem cell transplant

Discuss at MDT
Consider age, performance status and time to relapse

Brentuximab vedotin
Consider allograft in suitable, responding patients

Palliation
Brentuximab vedotin
GEMP
CEP
PECC
Vinblastine
ChlVPP
Radiotherapy

Patients with advanced stage Hodgkins who achieve a int-2 negative PET scan.

- In the light of the RATHL study results, it is reasonable to omit bleomycin from subsequent courses of ABVD. Despite the study not strictly meeting the requirements for non-inferiority, no excess of relapses were seen in those receiving ABVD, and a reduction in pulmonary toxicity was demonstrated. (Johnson P et al NEJM (2016) 374(25); 2419-29).

Treatment with brentuximab vedotin

- If a response is seen with brentuximab vedotin after four to six cycles in the bridge to transplant setting*, inform the transplant centre as soon as possible in order for the transplant to be scheduled

- After four cycles of brentuximab vedotin carry out a PET scan. Only continue with brentuximab vedotin if there is a benefit to the patient

Interpreting PET scans

- It is recommended that the Deauville score is used to interpret PET scans