Oncology Clinical Pathways

Classic Hodgkin Lymphoma

August 2024 – V2.2024

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Classic Hodgkin Lymphoma – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

Vietnam Veterans – Agent Orange Exposure or Specified Locations
- Hodgkin Lymphoma

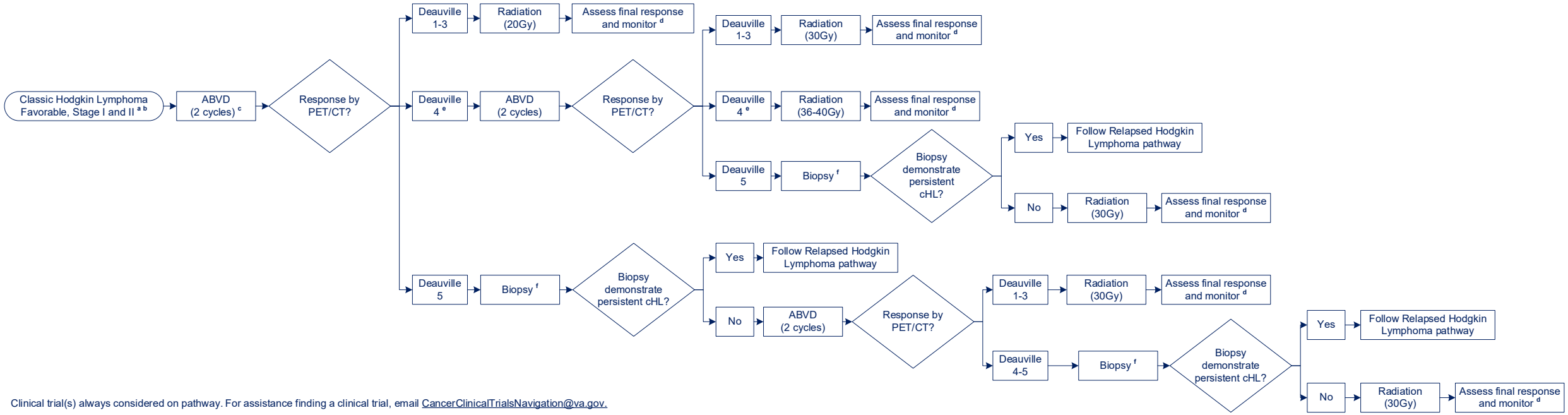
Gulf War and Post 9/11 Veterans

If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if the patient served in the *Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:
- Lymphoma of any type

* The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit U.S. Department of Veterans Affairs - Presumptive Disability Benefits (va.gov)

Classic Hodgkin Lymphoma – Favorable Stage I and II



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Classic Hodgkin Lymphoma** does not apply to nodular lymphocyte predominant Hodgkin lymphoma; prior to therapy initiation, refer to fertility specialist if desired by patient

[b] **Favorable per HD16** defined as no bulky disease (<10 cms or < 33% of the thorax), no extranodal sites, ESR <50 if no B symptoms, ESR <29 if B symptoms, and 1-2 nodal sites

[c] **ABVD** evaluation of adequate ejection fraction and pulmonary function required prior to chemotherapy; growth factor support is not typically used; dose reductions and frequency modifications should be minimized to maintain therapy intensity; supportive care includes antiemetics and laxatives; administration via central venous catheter highly encouraged; patients with ongoing smoking or pulmonary disease should receive non-bleomycin containing therapy off-pathway

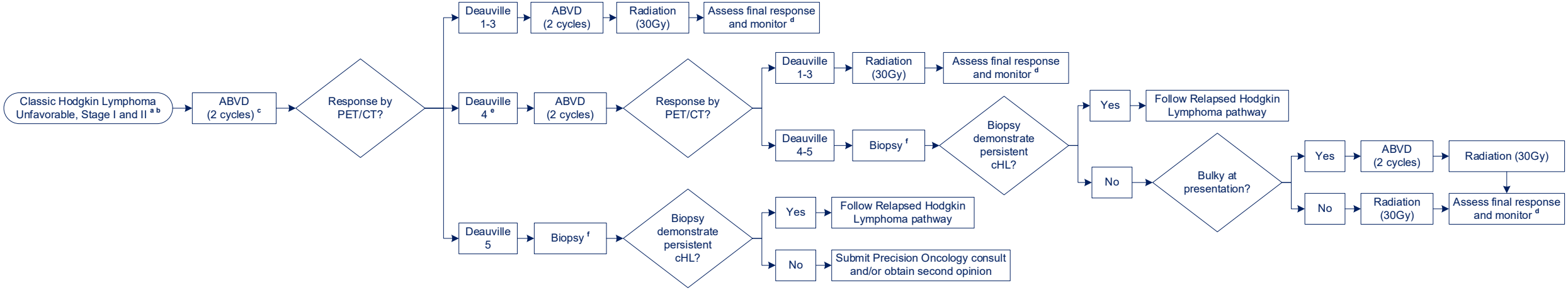
[d] **Monitor** includes physical exam, laboratory tests (CBC, CMP, ESR, TSH if radiation to neck), and cross-sectional imaging as clinically indicated; frequency depends on time since completion of therapy; long-term survivorship issues include fertility, cardiovascular, skin and other secondary malignancies depending on site of radiation if used; breast MRI and mammography should be used for screening for female survivors who received radiation to chest at age <30; consider transthoracic echocardiogram for all survivors and carotid ultrasound for survivors who received neck radiation at 10-year intervals or if clinically indicated

[e] **Deauville-4** if the patient is responding clinically and radiographically to ABVD, with a good but incomplete response by interim or post chemotherapy PET-CT (Deauville 4), continuing with ABVD or proceeding with radiation therapy is appropriate; if response after 2-4 cycles is deemed suboptimal, then follow Deauville 5 pathway recommendations

[f] **Biopsy** if it is not feasible to perform a biopsy, then escalation of therapy is recommended

ABVD Doxorubicin Bleomycin Vinblastine Dacarbazine
ESR Erythrocyte Sedimentation Rate

Classic Hodgkin Lymphoma – Unfavorable Stage I and II



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Classic Hodgkin Lymphoma** does not apply to nodular lymphocyte predominant Hodgkin lymphoma; prior to therapy initiation, refer to fertility specialist if desired by patient

[b] **Unfavorable per HD16** defined as bulky disease, extranodal sites, high ESR based on B symptoms, and number of nodal sites

[c] **ABVD** evaluation of adequate ejection fraction and pulmonary function required prior to chemotherapy; growth factor support is not typically used; dose reductions and frequency modifications should be minimized to maintain therapy intensity; supportive care includes antiemetics and laxatives; administration via central venous catheter highly encouraged; patients with ongoing smoking or pulmonary disease should receive non-bleomycin containing therapy off-pathway

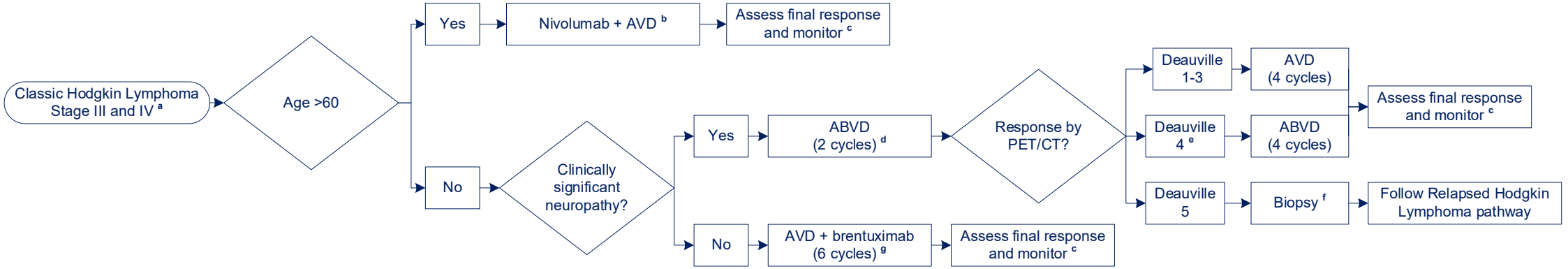
[d] **Monitor** includes physical exam, laboratory tests (CBC, CMP, ESR, TSH if radiation to neck), and cross-sectional imaging as clinically indicated; frequency depends on time since completion of therapy; long-term survivorship issues include fertility, cardiovascular, skin and other secondary malignancies depending on site of radiation if used; breast MRI and mammography should be used for screening for female survivors who received radiation to chest at age <30; consider transthoracic echocardiogram for all survivors and carotid ultrasound for survivors who received neck radiation at 10-year intervals or if clinically indicated

[e] **Deauville 4** if the patient is responding clinically and radiographically to ABVD, with a good but incomplete response by interim or post chemotherapy PET-CT (Deauville 4), continuing with ABVD or proceeding with radiation therapy is appropriate; if response after 2-4 cycles is deemed suboptimal, then follow Deauville 5 pathway recommendations

[f] **Biopsy** if it is not feasible to perform a biopsy, then escalation of therapy is recommended

ABVD Doxorubicin Bleomycin Vinblastine Dacarbazine
ESR Erythrocyte Sedimentation Rate

Classic Hodgkin Lymphoma – Stage III and IV



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Classic Hodgkin Lymphoma** does not apply to nodular lymphocyte predominant hodgkin lymphoma; prior to therapy initiation, refer to fertility specialist if desired by patient

[b] **Nivolumab** patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including pred equiv > 10mg/d) or prior HSCT/solid organ transplant

[c] **Monitor** includes physical exam, laboratory tests (CBC, CMP, ESR, TSH if radiation to neck), and cross-sectional imaging as clinically indicated; frequency depends on time since completion of therapy; long-term survivorship issues include fertility, cardiovascular, skin and other secondary malignancies depending on site of radiation if used; breast MRI and mammography should be used for screening for female survivors who received radiation to chest at age <30; consider transthoracic echocardiogram for all survivors and carotid ultrasound for survivors who received neck radiation at 10-year intervals or if clinically indicated

[d] **ABVD** evaluation of adequate ejection fraction and pulmonary function required prior to chemotherapy; growth factor support is not typically used; dose reductions and frequency modifications should be minimized to maintain therapy intensity; supportive care includes antiemetics and laxatives; administration via central venous catheter highly encouraged; patients with ongoing smoking or pulmonary disease should receive non-bleomycin containing therapy off-pathway

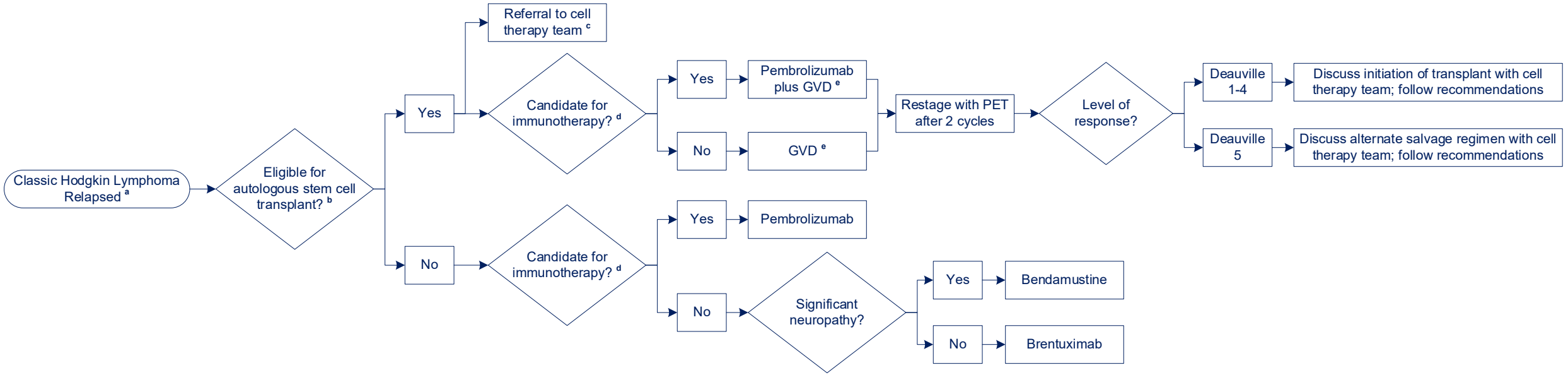
[e] **Deauville 4** if the patient is responding clinically and radiographically to ABVD, with a good but incomplete response by interim PET-CT (Deauville 4), continuing with ABVD is appropriate; if response after 2 cycles is deemed suboptimal, then follow Deauville 5 pathway recommendations

[f] **Biopsy** if it is not feasible to perform a biopsy, then escalation of therapy is recommended

[g] **AVD + Brentuximab** evaluation of adequate ejection fraction and pulmonary function tests required prior to chemotherapy; primary prophylaxis growth factor support is recommended due to increased rate of febrile neutropenia (FN); dose reductions and frequency modifications should be minimized to maintain therapy intensity; administration via central venous catheter highly encouraged

ABVD Doxorubicin Bleomycin Vinblastine Dacarbazine
AVD Doxorubicin Vinblastine Dacarbazine
PVAG Prednisone Vinblastine Doxorubicin Gemcitabine
XRT Radiotherapy

Classic Hodgkin Lymphoma – Relapsed



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Classic Hodgkin Lymphoma** does not apply to nodular lymphocyte predominant Hodgkin lymphoma; prior to therapy initiation, refer to fertility specialist if desired by patient

[b] **Eligible for Autologous Stem Cell Transplant** physical and mental fitness, which includes younger age and few comorbidities

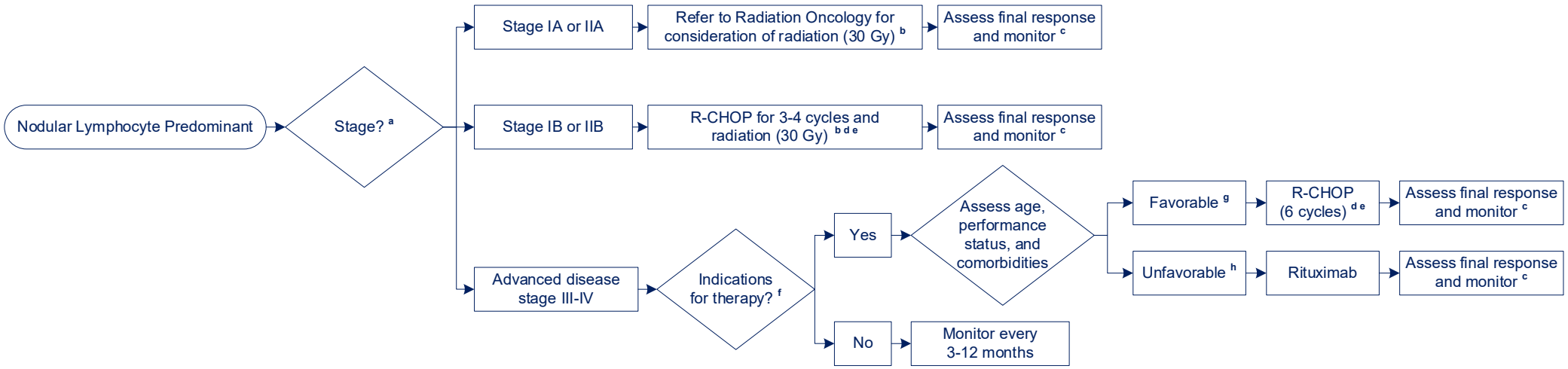
[c] **Referral to Cell Therapy Team** requires pre-transplant evaluation and review through TRACER

[d] **Candidate for Immunotherapy** patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including pred equiv > 10mg/d) or prior HSCT/solid organ transplant

[e] **GVD** discuss appropriate supportive care with Transplant Team

GVD Gemcitabine, Vinorelbine, Liposomal Doxorubicin

Classic Hodgkin Lymphoma – Nodular Lymphocyte Predominant



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Stage** bone marrow biopsy and PET/CT should be performed to confirm limited stage

[b] **Radiation** risk-benefit consideration should include assessment of side effect profile and goal of therapy (low dose of XRT, low side effects, expected very lengthy duration of response) together with consideration of life expectancy from non-lymphoma causes as survival from limited stage lymphocyte predominant Hodgkin lymphoma is generally excellent

[c] **Monitor** includes physical exam, laboratory tests (CBC, CMP, ESR, TSH if radiation to neck), and cross-sectional imaging as clinically indicated; frequency depends on time since completion of therapy; long-term survivorship issues include fertility, cardiovascular, skin and other secondary malignancies depending on site of radiation if used; breast MRI and mammography should be used for screening for female survivors who received radiation to chest at age <30; consider transthoracic echocardiogram for all survivors and carotid ultrasound for survivors who received neck radiation at 10-year intervals or if clinically indicated

[d] **R-CHOP** requires pre-chemotherapy testing of hepatitis B serologies, HIV, and ejection fraction (by MUGA or echocardiogram) with EF >50%; requires administration via central venous catheter

[e] **Supportive Care** consider empiric GCSF support should be used if age >65 years, cytopenias at diagnosis, bone marrow involvement; GCSF should be added if not already used if infections or febrile neutropenia occurs during therapy; anti-infection prophylaxis: VZV/HSV recommended; stimulant laxatives and anti-emetics recommended; consider inpatient monitoring and management for tumor lysis syndrome at cycle 1 in patients with high burden of disease, renal dysfunction, rapidly growing lymphoma; use allopurinol, intravenous fluids, and rasburicase as needed; consider inpatient monitoring for patients with intestinal involvement in cycle 1 due to risk of perforation; consider referral for fertility preservation for appropriate and interested patients; immunizations with pneumococcal and COVID vaccines recommended after chemotherapy; referral to Registered Dietitian for medical nutrition therapy

[f] **Indications** local symptoms due to nodal disease, reduced organ function due to nodal disease, B-symptoms (fever, weight loss, night sweats), cytopenias (Hgb < 10 g/dL, platelets <100,000/mm3), or an increase in disease tempo

[g] **Favorable** defined as age <70 years, ECOG PS 0-2, fewer/compensated comorbidities

[h] **Unfavorable** defined as age ≥70 years, ECOG PS 3 not due to lymphoma, more/uncompensated comorbidities

R-CHOP Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisone

Classic Hodgkin Lymphoma – Molecular Testing Table

No molecular testing is currently required for standard prognostication and therapy.