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What are the most significant updates to the recently published NCCN Hodgkin Lymphoma Guidelines?

Welcome to *Managing Hodgkin Lymphoma*. My name is Richard Hoppe. I am a professor of radiation oncology at the Stanford Cancer Center. I specialize in the management of patients with lymphoma, and I chair the NCCN Hodgkin Lymphoma Guideline Committee. I am frequently asked, "What are the most significant updates to the recently published NCCN Hodgkin Lymphoma Guidelines?" There are a number of significant updates in the NCCN Hodgkin Lymphoma Guidelines, and I would like to focus on those related to the management of patients with stage I or IIA favorable disease. The guidelines acknowledge the importance of reduced treatment intensity for patients with very favorable stage I or IIA disease in order to minimize the late effects of therapy. The criteria for defining this most favorable group are based upon the German Hodgkin Study Group trials. These criteria include a erythrocyte sedimentation rate less than 30, no more than two sites of disease, and no extranodal disease. In the German Hodgkin Study Group, HD-10 trial, published in *The New England Journal of Medicine*, the least intensive regimen, ABVD x2 plus 20 Gy involved-field radiation achieved excellent outcomes with a 5-year freedom from treatment failure of 91%. These results were as good as the most intensive regimen of ABVD x4 plus 30 Gy involved-field radiation. At the same time, the guidelines introduced a new option for the management of patients with chemotherapy alone based upon the UK RAPID Trial. In this study, patients were treated with 3 cycles of ABVD then restaged with a PET-CT scan. If negative, they were randomized plus or minus involved-field radiation 30 Gy. The design of the trial was non-inferiority, that is to exclude the possibility that the ABVD alone arm was 7% inferior to the combined modality approach. The non-inferiority criteria were not met with the 3-year event-free survival in the as-treated group of 92% versus 97%. However, based upon the overall very good outcome for patients treated with ABVD alone, this management approach was included in the guidelines. Nevertheless, since the event-free survival was superior in the combined-modality arm and the study had not yet been published in complete form at the time the guidelines were developed, the recommendation for this treatment approach was not endorsed as strongly as the approach with conventional combined-modality therapy. Thank you for viewing this activity. For additional resources, please view the other educational activities on *ManagingHodgkinLymphoma.com*.