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Do you believe the updated Lugano Classification System for Hodgkin and Non-Hodgkin Lymphomas will lead to substantial change in how clinicians practice today?

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 Guidelines Committee. The updated Lugano Classification System for Hodgkin and non-Hodgkin lymphomas has recently been published. As a result, I am frequently asked, “Do you believe these changes lead to a substantial change in how clinicians practice today?” Well, first of all, I am not so sure how well disseminated this staging classification has become. Although it has been published in the *Journal of Clinical Oncology*, it is not clear that the average practitioner is aware of the changes incorporated into the Lugano System as they relate to Hodgkin lymphoma. So, it is worthwhile to review these. Just as a reminder, the Ann Arbor System includes stage I to IV and incorporates the concept of B symptoms, that is fever, night sweats, and weight loss, and the E lesion which means extralymphatic or extranodal disease. The Cotswold modification of Ann Arbor System introduced the concept of the X subscript for patients with large mediastinal adenopathy and included recommendations for CT imaging and bone marrow biopsy as components of the initial staging evaluation. The new Lugano Staging Classification retains the same I through IV concept and retains B symptoms for Hodgkin lymphoma but actually not in the non-Hodgkin lymphomas. They remain for Hodgkin lymphoma because these B symptoms continue to be used to stratify patients for assignment to protocols or treatment algorithms. The Lugano System mandates the use of PET-CT as initial diagnostic imaging for staging purposes, something that the NCCN has actually incorporated into its guidelines for several years. It also advises that a bone marrow biopsy is no longer necessary. PET-CT imaging suffices to identify marrow involvement in advanced disease, and it is not necessary in stage I or II, even in patients who have large mediastinal adenopathy, something incorporated previously into the NCCN guidelines but often overlooked in the community. Finally, the Lugano System drops the X designation for large mediastinal adenopathy. Instead, it recommends the inclusion of the maximum size of the disease, whether it is mediastinal, abdominal, or peripheral, into the staging designation. Thank you for viewing this activity. For additional resources, please view the other educational activities on *ManagingHodgkinLymphoma.com*.