Protocol for Planning and Treatment

The process to be followed when a course of chemotherapy is required to treat:

Hodgkin's Lymphoma

Patient information given at each stage following agreed information pathway

1. DIAGNOSIS

Lymph node biopsy is mandatory. 2 histological subtypes are recognised:-

- Classical Hodgkin's disease.
- Lymphocyte predominant disease. This is a low grade B cell NHL with an indolent course and should be treated as such.

2. STAGING

Diagnosis, staging and treatment to be discussed at MDT (BCSH recommendation). Patients to be defined as follows:

A. Early Stage Disease (Ia or IIa, non-bulky).

B. Advance Stage Disease (bulky I or II, stages III or IV).

C. Relapsed/Refractory Disease-Patient Fit For High Dose Therapy

D. Relapsed/Refractory Disease In Patients Unfit For High Dose Therapy

References

(i) Scottish Haematology Society Guideline. Online at www.scothaem.org.

3. INVESTIGATIONS

Patients require a lymph node biopsy to make the diagnosis. Staging investigations required include CT scan of neck, chest, abdomen and pelvis and bone marrow aspirate and trephine. Routine PET scanning is not currently recommended unless within the auspices of a clinical trial, but occasional cases where it may be appropriate should be discussed at the MDT. CT is repeated to assess response at the mid-point and following the end of planned chemotherapy.

4. RADIOTHERAPY

Radiotherapy is currently the standard following chemotherapy in early stage disease. The NCRI RAPID study investigated the role of PET scanning in avoiding radiotherapy and has recently recruited the target number of patients. Results are awaited. Advanced stage patients could have radiotherapy following radiological response to chemotherapy if there is a localised persisting lymph node enlargement . In some cases there might be sufficient concern

about long term effects that it is desirable to avoid radiotherapy eg in a young women where the involved field includes breast tissue. In such cases a negative PET scan might support this approach. Discussion at the MDT and with the patient regarding the current uncertainties around this is mandatory.

5. CHEMOTHERAPY

A. Early Stage Disease

(i) No trial currently available. RAPID trial results awaited.
(ii) Combined modality therapy with 3 courses of ABVD followed by involved field radiotherapy.
(iii) Patients unfit for ABVD: radiotherapy or palliation should be considered following discussion with patient. An extended radiotherapy field (mantle or inverted Y) might still be curative.

B. Advance Stage Disease (Ib/IIb or stages III/IV)

(i) Consider suitability for RATHL trial. Evaluates whether a PET scan after 2 of a planned 6 courses of ABVD can predict outcome and guide therapy. Protocol is available at www.haematologyclinicaltrials.co.uk/trials/24
(ii) Outwith trial 6 cycles of ABVD is standard of care.
(iii) Patients unsuitable for ABVD because of concerns about toxicity/age consider ChLVPP as reasonable alternative.

C. Relapsed/Refractory Disease-Patient Fit For High Dose Therapy

Consider eligibility for high dose treatment: biologically fit; responds to salvage therapy. IVE recommended, but if concerns about cumulative anthracycline toxicity following ABVD or patient has low serum albumen, ESHAP is an alternative. BEAM as conditioning agent is more likely to be effective in those who respond to salvage treatment, but even those who fail to respond to IVE can obtain long-term disease control (15-20%).

D. Relapsed/Refractory Disease In Patients Unfit For High Dose Therapy

Consider oral PECC or palliative treatment eg Dexamethasone.

E. Allogeneic Transplant

Occasional patient may be eligible. Discuss at MDT prior to referral.

6. TREATMENT DEFINITIONS

ABVD
ChLVPP

IVE

ESHAP

BEAM
Carmustine 300mg/m² IV Infusion Day 1
Cytarabine 200mg/m² BD IV Infusion Days 2 to 5
Etoposide 200mg/m² IV Infusion Days 2 to 5
Melphalan 140mg/m² IV Infusion Day 6
Conditioning regimen prior to autologous stem cell transplantation

PECC
Prednisolone 40mg PO Daily Days 1-7
Etoposide 200mg/m² PO Daily Days 1-3
Lomustine (CCNU) 100mg/m² PO Daily Day 1
Chlorambucil 20mg/m² PO Daily Days 1-4
Repeated every 42 days

Author: …… Signature: …….. Date: ……

Chair: …… Signature: …….. Date: ……
(on behalf of OHMMG)

This document is uncontrolled when printed