<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
</tr>
</thead>
<tbody>
<tr>
<td>HODG-4 Internal request:</td>
<td>Panel consensus supported including ABVD x 2 cycles (total 4) as an option for stage I-II favorable, non-bulky classic Hodgkin lymphoma (CHL), if Deauville 3 after ABVD x 2 cycles and interim restaging. This is a category 2B recommendation.</td>
<td>YES 8 NO 0 ABSTAIN 11</td>
</tr>
<tr>
<td>HODG-9 External request:</td>
<td>Based on a review of data and discussion, the panel consensus was not to make changes to the current recommendations.</td>
<td>YES 12 NO 4 ABSTAIN 0 ABSENT 10</td>
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<td>HODG-9 Internal request:</td>
<td>Based on the data in the noted reference and discussion, the panel consensus was to remove Stanford V from the primary therapy options for stage III-IV CHL due to limited clinical use in this setting.</td>
<td>YES 18 NO 0 ABSTAIN 0 ABSENT 10</td>
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**Panel Discussion/References**

- Panel comment to consider ABVD x 2 cycles (total 4) (without ISRT) as an option for those with stage I-II favorable, non-bulky classic Hodgkin lymphoma (CHL), if Deauville 3 after ABVD x 2 cycles and interim restaging.

- Panel consensus supported including ABVD x 2 cycles (total 4) as an option for stage I-II favorable, non-bulky CHL, if Deauville 3 after ABVD x 2 cycles and interim restaging. This is a category 2B recommendation.

- External request: Submission from Seattle Genetics, Inc. to consider the following modifications to the brentuximab vedotin (BV) + AVD (doxorubicin, vinblastine, dacarbazine) primary therapy option for stage III-IV CHL:
  - Change the option to a category 2A recommendation
  - Add the following footnote: “BV plus chemotherapy is approved by the FDA as frontline treatment of patients with previously untreated stage III or IV CHL based on improved modified PFS over ABVD in the phase 3 ECHELON-1 study. Given that BV+AVD has a different safety profile than that of ABVD, patient-specific factors such as presence of neuropathy or bleomycin contraindication should be considered.”

- Based on a review of data and discussion, the panel consensus was not to make changes to the current recommendations.

- Panel consensus supported BV + AVD as an acceptable primary therapy option for all patients with stage III-IV CHL as a category 2B recommendation.

- Panel consensus supported BV + AVD as an acceptable option for select patients (eg, no known neuropathy, IPS ≥4 or bleomycin contraindicated) as a category 2A recommendation.

- Institutional review comment to review the data for Stanford V as a primary treatment option for stage III-IV CHL.

- Based on the data in the noted reference and discussion, the panel consensus was to remove Stanford V from the primary therapy options for stage III-IV CHL due to limited clinical use in this setting.

**Reference:**
**Guideline Page and Request**

**HODG-B (3 of 4)**

External request:
Submission from Bristol-Myers Squibb Company to consider including the following footnote with nivolumab: "Nivolumab FDA approved dose is 240mg IV every 2 weeks or 480mg IV every 4 weeks administered over 30 minutes until disease progression or unacceptable toxicity."

**Panel Discussion/References**

Based on the discussion, the panel consensus did not support the addition of these specific dosing recommendations into the Guidelines. Dosing recommendations are not included for any of the second-line/subsequent therapy options for relapsed/refractory disease.

**Institution Vote**

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<tr>
<th>YES</th>
<th>NO</th>
<th>ABSTAIN</th>
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<tr>
<td>0</td>
<td>18</td>
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<td>10</td>
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**HODG-B (3 of 4)**

Internal request:
Institutional review comment to consider the clarifying the recommended brentuximab vedotin combination therapy options for second-line systemic therapy for relapsed or refractory CHL.

Based on data in the noted references, panel consensus supported the addition of the following second-line systemic therapy options for relapsed or refractory CHL:

- Brentuximab vedotin + bendamustine
  - This has been added as a category 2A option.
- Brentuximab vedotin + nivolumab
  - This has been added as a category 2B option.

Panel consensus did not support the inclusion of the following second-line systemic therapy options for relapsed or refractory CHL:

- BV + ESHAP
- BV + ICE
- BV + DHAP
- BV + gemcitabine/bendamustine/vinorelbine
- BV + GVD
- BV + IGEV

**References:**

### HODG-B (3 of 4)
**Internal request:** Institutional review comment to consider clarifying the recommended indications for nivolumab, and pembrolizumab for relapsed/refractory CHL.

Panel consensus supported modifying the indications for checkpoint inhibitors for relapsed/refractory CHL. Nivolumab, and pembrolizumab are recommended options for:
- Any patient with CHL that has relapsed or progressed after autologous HSCT +/- brentuximab vedotin
- Patients with relapsed/refractory CHL who are transplant-ineligible based on comorbidity or failure of second-line chemotherapy
- Post-allogeneic transplant

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<tr>
<td>YES</td>
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<td>16</td>
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### HODG-E (1 of 2)
**Internal request:** Institutional review comment to consider the addition of brentuximab vedotin + DTIC (dacarbazine) as an option for older adults (age >60) with stage I-II unfavorable CHL, and stage III-IV CHL.

Based on data in the noted references, panel consensus supported the addition of the brentuximab vedotin + DTIC (dacarbazine) as an option for older adults (age >60) with:
- Stage I-II unfavorable CHL
- Stage III-IV CHL

References: