### NCCN Guidelines for Hodgkin Lymphoma V.2.2014 – Follow-Up– 02/14/2014

<table>
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<th>Guideline Page and Request</th>
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| **HODG-E 2 of 2**  
**Internal request:**  
Consider making bendamustine a third-line therapy that is only recommended for classical Hodgkin lymphoma (CHL). | Based on the noted reference and a panel consensus, bendamustine was moved to the list of third-line therapy regimens (only for CHL). | Moskowitz AJ, Hamlin PA, Perales M-A, et al. Phase II Study of Bendamustine in Relapsed and Refractory Hodgkin Lymphoma. J Clin Oncol 2013; 31:456-460. | YES: 12, NO: 0, ABSTAIN: 2 |
| **HODG-E 2 of 2**  
**Internal request:**  
Consider adding lenalidomide as a third-line therapy that is only recommended for classical Hodgkin lymphoma (CHL). | Based on the noted reference and a panel consensus, lenalidomide was moved to the list of third-line therapy regimens (only for CHL). | Fehniger TA, Larson S, Trinkaus K, et al. A phase 2 multicenter study of lenalidomide in relapsed or refractory classical Hodgkin lymphoma. Blood 2011; 118:5119-5125. | YES: 12, NO: 0, ABSTAIN: 2 |
| **HODG-E 2 of 2**  
**Internal request:**  
Consider recommending everolimus as a second-line therapy for classical Hodgkin lymphoma (CHL) only. | Based on the noted reference and a panel consensus, everolimus is recommended as a second-line therapy option only for CHL. | Johnston PB, Inwards DJ, Colgan JP, et al. A Phase II trial of the oral mTOR inhibitor everolimus in relapsed Hodgkin lymphoma. Am J Hematol 2010; 85:320-324. | YES: 12, NO: 0, ABSTAIN: 2 |