USER GUIDE

NCCN Radiation Therapy Compendium™

Access to the NCCN Radiation Therapy Compendium[™] for non-commercial users is available via subscription.

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About the NCCN Radiation Therapy Compendium[™]

The NCCN Radiation Therapy Compendium[™] includes information designed to support clinical decisionmaking around the use of radiation therapy in patients with cancer and is based directly on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]).

The NCCN Radiation Therapy Compendium[™] includes recommendations pertaining to indications, modalities, clinical scenario, and purpose, as well as dosing regimens used for treatment. Additional information includes the clinical notes related to a specific recommendation.

The NCCN Radiation Therapy Compendium[™] also documents information on disease stage and histology. It now also contains Normal Tissue Dose Constraints for applicable NCCN Guidelines[®].

All radiation therapy recommendations in the NCCN Guidelines, including specific modalities such as External beam radiation therapy (EBRT), Intensity modulated radiation therapy (IMRT), Intra-operative radiation therapy (IORT), Stereotactic radiosurgery (SRS)/Stereotactic body radiotherapy (SBRT)/ Stereotactic ablative body radiotherapy (SABR), Image-guided radiation therapy (IGRT), Low dose-rate (LDR)/High dose-rate (HDR) brachytherapy, Radioisotope, and Particle therapy are included within the NCCN Radiation Therapy Compendium[™]. There are now links available to access the User Guide, and Drug & Biologics Compendium.

The NCCN Radiation Therapy Compendium[™] is accessible through an easy-to-use web-based user interface. The NCCN Radiation Therapy Compendium[™] includes a full complement of radiation therapy recommendations found in the current Guidelines. The NCCN Radiation Therapy Compendium[™] is reviewed on a continual basis to ensure that the recommendations take into account the most current evidence.

NCCN.org/rtcompendium

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| Opl | tions | | | | | | | | | | | |
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| | Clinical Setting: | Select a Clinical Setting | * | | | | Category of Evidence | | C ICD-10 Code | | | |
| | Indication: | - Select a Indication - | | • | | | Rationale for Treatment Histology | nt Technique 🔄 T, M | I, M ge | | | |
| | Purpose: | Select a Purpose | | • | | | Modality | Dis | play All | | | |
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| rs: | Hodgkin Lymphoma v.4.2024 | | | | | | | | | | | |
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| 1 | Clinical Setting Cl | linical Scenario | Page | Evidence | Modalities | Indications | Recommendation | Dosing Regimen | NCCN Notes | | | |
| 1 | Classic Hodgkin Lymphoma (Age 18 – 60 years) | Stage I, IIA Favorable Non-bulky CHL (per GHSG HD16, lf ESR <50, no +elsions, <2 nodal sites per GHSG favorable criteria) Deavrille 1-2 EgT; response after 2 cycles of <u>ABVD</u> Combined modality therapy | HODG- HODG- | 24 | 3D Conformal <u>EBRI</u> MMRI Electrons PBI | Non-bulky Stage I, IIA Favorable | ISRT or <u>ABVD</u> × 1 cycle (total 3) + <u>ISRT</u> | Total dose: • (SRX) (from GHSG HD16) 20 Gy in 1.5-2 Gy p in fraction) • See guideline for QAR dose constraints (HOC 3-page 3-13) or • 0 Gy if given with <u>AEVD</u> (adapted from RAP), H10F) in 1.5-2 Gy per fraction | | | | |
| 1 | Classic Hodgkin Lymphona (Age 18 – 60 yeans) Pears) | | HODG-4 | 2A | 3D Conformal <u>EBRT</u> <u>IMRT</u> Electrons <u>PBT</u> | Non-bulky Stage I, IIA Favorable | ISRT or <u>ABVD × 2 cycles (total</u> 4) + ISRT | Total dose: • ISRT (from GHSG HD16) 20 gy in 1.5-2 gy g ir fraction) • See guideline for QAR dose constraints (HOC 3- page 3-13) or • 30 gy if given with <u>ABVD</u> (adapted from RAP 0) 1.5-2 gy per fraction | Electric Index. E | | | |
| An easy-to-read view of the selected RT recommendations can be made available for printing or saving as a PDF by checking the box in the left most column, and selecting "Print PDF" (see next | | | The filters at the top left allow you to select fields for Modality, Indication, Clinical Setting, Purpose, and ICD-10 codes. The RT recommendations, Notes, and dosing regimens are defaults listed in the table. | | | | You c displa unche field t "Disp data f availa | an customize your by by checking/ ecking the data boxes. Or check lay All" to view for all other able fields. | ^{**} Include steep dose gradients between targets and OAI normal extructions of the increase. Particular attention and adherence to dose constraints is essential to minit OARs such as Type in the Search box to initiate a search for terminology. | | | |



| NGCN National Comprehensive N Cancer Network* | ICCN Radiation Therapy Compend | ium™ |
|---|---|---|
| inted by Susan Kidney on 11/22/2024 10:21 AM. For sit <u>NCCN.org/RTCompendium</u> . | r personal use only. Not approved for distribution. The NCCN Radiation Therapy Co | mpendium" is copyrighted by the National Comprehensive Cancer Network, Inc. All rights reserved. To view the most up-to-date version, plea |
| Disease Information | | |
| Guideline Name: | Hodgkin Lymphoma 4.2024 | |
| Clinical Setting: | Classic Hodgkin Lymphoma (Age 18 – 60 years) | |
| Clinical Scenario: | Stage I, IIA Favorable Non-bulky CHL (per GHSG HD16; if ESR <50, r Deauville 3 PET response after 2 cycles of ABVI Combined modality therapy | o e-lesions, ≤2 nodal sites per GHSG favorable criteria) D |
| Purpose: | Consolidation | |
| Category of Evidence: | 2A | |
| Stage: | Ann Arbor Classification I, IIA | |
| Histology: | Classic Hodgkin Lymphoma (Age 18 - 60 years) | |
| Indications: | Stage I, IIA Favorable, Non-bulky | |
| Guideline Page: | HODG-4, HODG-C | An individual RT recommendation will |
| | | appear here in tabular format. |
| Radiation Therapy Information | | |
| RT Recommendation: | ISRT ABVD x 2 cycles (total 4) + ISRT | |
| Modalities: | 3D Conformal EBRT IMRT Electrons PBT | |
| Rationale for Treatment Technique: | Either 3D Conformal EBRT, proton therapy, or IM Conformal EBRT and IMRT require CT-based si IGRT is used to improve accuracy of radiotheray Proton Therapy is a technology that delivers cor the prescribed target dose while giving a lower or Motion management using respiratory gating or RMM may require a 4D CT simulation. | IRT/VMAT technique could be chosen based on normal tissues included in the vicinity of the target. 3 mulation and treatment planning, y delivery, especially for IMRT. formal EBRT with positively charged atomic particles to a well-defined treatment volume. It can delive lose to normal tissues as compared to photon EBRT. tracking or ABC may be indicated to define the internal target volume and reduce setup margin error. |
| Dosing Regimen: | Total dose: ISRT (from GHSG HD16) 20 Gy in 1.5-2 Gy per See guideline for OAR dose constraints (HODG or 30 Gy if given with ABVD (adapted from RAPID) | fraction) -D. page 3-13) in 1.5-2 Gy per fraction |
| Notes: | IGRT during treatment delivery is essential to er In certain circumstances, the use of protons for potential advantages of tightly conformal do bath" to normal structures is often increased. Pa dose to high-risk OARs such as breast tissue in ISRT includes the originally involved lymph nod GTV = Prechemotherapy or presurgery gross tu CTV = GTV + expansion with concern for questi PTV = CTV + expansion to account for setup va Treatment of extranodal disease is individualize the GTV, Pleural and pericardial effusions are n doses (~15 Gy). All pertinent OARs should be outlined and taker 2 cycles is sufficient if ESR < 50, no extra lymph For or mediastinal Hodgkin Lymphoma, 40-CT sim | sure accurate target localization. mediastinal lymphoma provides dosimetric advantages that may reduce long-term toxicity. The scalization of disease within the mediastinum as well as patient gender and age. se techniques, such as IMRT, include steep dose gradients between targets and OARS, the "low dose tricular attention to treatment technique and adherence to dose constraints is essential to minimize young premenopausal individuals. se prior to chemotherapy or surgery. mor volume onable subclinical disease and uncertainties in imaging. It includes the ITV. riations. 1 using the same treatment planning principles. Regions of chest wall extension should be included in the included in the PTV. Extension into the lung from mediastinal or hilar disease can be treated to low into account during treatment planning. atic disease and 1 or 2 lymph node regions. ulation and respiratory motion management are essential. |
| ICD10: | C81 10 C81 49 C81 70 C81 70 C81 90 C81 99 | |

The top menu of the NCCN Radiation Therapy Compendium[™] also contains links to the Normal Tissue Dose Constraints, User Guide, and Drug & Biologics Compendium.

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| National Comprehensive Cancer Network® | NCCN Radiation Therapy Compend | ium™ | Primate by Susan Kolnwy on 11220024 to 19 AM. For personal use only, Not approved for distribution. The NCOI Radiation Therapy Compendium [®] a copylighted by the National Competencies Career Henroer, Inc. Afrights reserved. About the NCOI Radiation Therapy Compendium [®] | | | | | |
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| ♦ Options | | | | | | | | |
| Use the drop-down menus to search the | a database: | Fields to display/hide: | | | | | | |
| Guideline: | Hodgkin Lymphoma v.4.2024 | Guideline Page | Purpose | | | | | |
| Clinical Setting: | Select a Clinical Setting * | Category of Evidence Rationale for Treatment Technique | CD-10 Code | | | | | |
| Indication: | - Select a Indication - * | Histology | □ Stage | | | | | |
| Purpose: | - Select a Purpose * | Modality | Display All | | | | | |
| Ma dalla | Polati e Madala | Normal Tissue Dose Constraints | | | | | | |
| modality. | - Gelect a modelity - | View the NCCN Padiation Therany Comp | andium TH Llear Cuide | | | | | |
| ICD-10: | - Select an ICD-10 Code - * | ion and court seasons model) court | | | | | | |
| | Reset Filters Print 0 Ready to Print | Search Drugs and Biologics Compendium | | | | | | |
| | Vew in 2024! Click on the Norma with NTD. You may access this use the RT Compert Link to Drug & Biology | I Tissue Dose (NTD) Constraint link to o is User Guide to provide more detailed i ndium ogics Compendium to access drug-rela | open another window information on how to ted information | | | | | |

Comprehensive Cancer Hodakin Level NCCN Guidelines Index NCCN Hodgkin Lymphoma (Age ≥18 years) Network[®]

PRINCIPLES OF RADIATION THERAPY

RT DOSE CONSTRAINT GUIDELINES FOR LYMPHOMA^b

| OAR | | Dose Recommendation (1.5–2 Gy/fraction) | Toxicity | | |
|------|--|---|---|--|--|
| | Parotid glands | Ipsilateral: Mean <11 Gy (recommended); <24 Gy (acceptable) Contralateral: as low as reasonably achievable (ALARA) | Xerostomia ^{15,16} | | |
| Hood | Submandibular glands | Ipsilateral: Mean <11 Gy (recommended); <24 Gy (acceptable) Contralateral: ALARA | Xerostomia ¹⁷ | | |
| and | Oral cavity (surrogate for minor salivary glands) | Mean <11 Gy | Xerostomia, dysgeusia, oral mucositis ¹⁷ | | |
| | Thyroid | V25 Gy <63.5% Minimize V30 Gy | Hypothyroidism ¹⁸ | | |
| | Lacrimal glands | V20 Gy <80% | Dry eye syndrome ¹⁹ | | |
| | Larynx/Pharyngeal constrictors | Mean <25 Gy | Laryngeal edema, dysphagia ²⁰ | | |
| | Carotids | Ipsilateral: Avoid hotspots Contralateral: ALARA | Carotid artery atherosclerosis | | |

Note: The Dose Constraints may be shown as either a table (shown) or bullet format, which will be displayed when you click the link.

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Discussion

When first selecting a disease or resetting the filters, certain fields will be displayed, including: Clinical Setting, Clinical Scenario, Guideline Page, Category of Evidence, Modality, Indications, Radiation Therapy Recommendation, Dosing Regimen, and Notes. With sorting fields applied, the data table displays the selected data in the NCCN Radiation Therapy Compendium[™].



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The NCCN Radiation Therapy Compendium[™] is built on a responsive platform that can be viewed on mobile devices. If the screen size cannot accommodate all data fields simultaneously, the interface will automatically hide certain fields and indicate this with a red numbered icon in the left most column of the data table.

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| Guideline: | Hodgkin Lymp | phoma v.4.202 | 24 | | * | | 🛃 Guideline Page | | Purpose | e | | | | | |
| Clinical Satting | Select a Cli | inical Setting | | | | | Category of Evidence | | 🗹 ICD-10 | Code | | | | | |
| cinical setting. | | inical octaing a | | | | | Rationale for Treatme | nt Technique | Z T, N, M | | | | | | |
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| Modality: | - Select a Mo | odality | | | • | | Normal Tissue Dose Cons | traints | | | | | | | |
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| Iters: Hodgkin Lymphoma v.4.2 | 024 | | | | | | | | | | | | | | |
| Default Sort IL Showing 1 to | 24 of 24 entries | | | | | | | | | | | Search: | | | |
| Clinical Clinical Clinical Scenar | al G ario P | Guideline Page | Category of Evidence | Modalities | Indications | Radiation Therapy Recommendation | Dosing Regimen | NCCN Notes | ICD- 10 Codes | Stage | Purpose | T | NO | н | listol |
| Classic - SI Hodgkin Fr Lymphoma - N. (Age 18 - (p 60 years) H ie nr, G G fa fa fa fa fa fa fa fa fa fa fa fa fa | tage I, IIA H avorable H ere GHSG D16; if ESR 50, no e- sions, ≤2 odal sites per HSG vorable iteria) eauville 1-2 ET response tar 2 ourder | IODG-4 IODG-C | 2A | 3D Conformal EBRI IMRI IRCI Electrons PBI | Non-bulky Stage I, IIA Favorable | • LSRI or (total 3) + <u>LSRI</u> | Total dose: • (SRI (from GHSG HD10) 20 Qy in 1.5-2 Gy per fraction) • See guideline for OAR dose constraints (HODG-I), page 3- 13) or • 30 Gy if given with | LGRT during treatment delivery is essential to ensure accurate target localization In certain circumstances, the use of protons for mediastinal hymphoma provides dosimetric advantages that may reduce long-term toxicity. The retential advantage of protons is related to the localization of disease within the mediastinum as well as eatient energies and series. | C81.10- C81.49, C81.70- C81.79, C81.90- C81.99 | (,IIA | Consolidation | | | CI He Ly (A ye | Classie lodgk ymph Age 1 ears) |
| of • Cr m th | ABXD ombined iodality ierapy | | | | | | ARVD (adapted from RAPID, H10F) in 1.5-2 Sy per fraction | Although the advantages of tightly conformal dose techniques, such as <u>IMRT</u> , include steep dose gradients | | | | | | | |
| A red numbere | ABXQ ombined iodality ierapy | | | | ICD-10 Codes Stage: | : C81.10-C81.49 | ABXQ (adapted from RAPID, HIOF) in 15.2 Gy per fraction | Although the advantages of Although the advantages of highly conformal dose techniques, such as <u>MBC</u> include steep dose gradients | _ | | | | | | |
| A red numbered | ABX/Q ombined iodality lerapy | | | | ICD-10 Codes Stage: | : C81.10-C81.49 ,IIA | ABXQ (edapted from RAPID, H10F) in 1.5.2 Gy per fraction | Allhough the advantages of sightly conformal dose techniques, such as <u>MIST</u> include sleep dose gradients include sleep dose gradients (C81.90-C81.99) | _ | _ | | | | | |
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| A red numbere con indicates idden fields v riewed on mol levices, tablet or reduced scr sizes. | ed vhen bile s, reen | | | | ICD-10 Codes Stage: I Purpose: 0 T: N: M: Histology: 0 | : C81.10-C81.49 ,IIA Consolidation | ABXQ (adapted from RAPID, H10F) in 15-2 Gy per fraction | Although the advantages of highly conformal dose techniques, such as <u>MBC</u> include sleep dose gradients C81.90-C81.99 8 - 60 years) | | | | | | | |