Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
HODG-15 Internal request: Institutional review comment requesting revisions to the recommendations for maintenance therapy with brentuximab vedotin following HDT/ASCR for select patients with refractory CHL.	Panel consensus supported removing "consider" and making brentuximab vedotin a recommended maintenance therapy for patients with a high risk of relapse after HDT/ASCR for biopsy-proven refractory CHL, if Deauville 1-4 prior to HDT/ASCR. The following footnote has been added to define who would be considered high-risk for relapse: • Patients with 2 or more of the following risk factors are considered high risk: Remission duration less than 1 year, extranodal involvement, PET+ response at time of transplant, B symptoms, and/or >1 salvage regimen.	18	0	0	10
HODG-15 External request: Submission from Seattle Genetics requesting a revision to the recommended use criteria for maintenance brentuximab vedotin to clarify that it is an option in patients who previously received brentuximab vedotin.	Panel consensus supported the removal of the following footnote: • "The value of brentuximab maintenance for a patient who previously received brentuximab vedotin is not known. It does not provide a survival benefit." In addition, a new page has been included with further information on the recommendations for checkpoint inhibitors. See HODG-E (2 of 3).	18	0	0	10
HODG-16 Internal request: Panel comment requesting the second-line therapy options after rebiopsy for suspected relapse be separated for those with initial stage IA-IIA (no prior RT with failure in initial sites), based on those who received abbreviated chemotherapy without RT versus those who received full-course chemotherapy.	Panel consensus supported revising the second-line therapy options, after a positive rebiopsy for suspected relapse, for patients with initial stage IA-IIA disease (no prior RT with failure in initial sites). The recommended second-line therapy options are outlined below. • For patients who received abbreviated chemotherapy without RT: Second-line systemic therapy + RT or RT alone in highly selected cases or HDT/ASCR +/- ISRT • For patients who received full-course chemotherapy: Second-line systemic therapy + RT or HDT/ASCR +/- ISRT	18	0	0	10
HODG-E Internal request: Institutional review comment requesting the addition of gemcitabine/bendamustine/vinorelbine as a second-line systemic therapy option for relapsed or refractory CHL.	Based on data in the noted reference, panel consensus supported the addition of gemcitabine/bendamustine/vinorelbine as a second-line systemic therapy option for relapsed or refractory CHL. Reference: Santoro A, Mazza R, Pulsoni A, et al. Bendamustine in combination with gemcitabine and vinorelbine is an effective regimen as induction chemotherapy before autologous stem-cell transplantation for relapsed or refractory Hodgkin lymphoma: final results of a multicenter phase II study. J Clin Oncol 2016;34:3293-3299.	18	0	0	10

NCCN Guidelines for Hodgkin Lymphoma V.1.2018 – Web teleconference on 07/28/2017

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
HODG-E Internal request: Panel comment requesting the following revisions: • For brentuximab vedotin add "alone or in combination with the second-line regimens" • Move the following regimens to the list of subsequent systemic therapy options: C-MOPP, GCD, MINE, Mini-BEAM	Panel consensus supported the following revisions to the systemic therapy options for relapsed/refractory CHL: • For brentuximab vedotin, added "alone or in combination with the second-line regimens" • Moved the following regimens to the list of subsequent systemic therapy options: C-MOPP (cyclophosphamide, vincristine, procarbazine, prednisone), GCD (gemcitabine, carboplatin, dexamethasone), MINE (etoposide, ifosfamide, mesna, mitoxantrone), Mini-BEAM (carmustine, cytarabine, etoposide, melphalan)	18	0	0	10
HODG-E External Request: Submission from Merck & Co., Inc. requesting revisions to the recommended indications for pembrolizumab based on the FDA approved indications.	Based on data in the noted reference, panel consensus supported revising the indications for pembrolizumab. Pembrolizumab is recommended as a subsequent systemic therapy option for relapsed or refractory disease CHL after ≥3 prior lines of therapy. Reference: Chen, et al. Phase II Study of the Efficacy and Safety of Pembrolizumab for Relapsed/Refractory Classic Hodgkin Lymphoma. J Clin Oncol. 2017 Jul 1;35(19):2125-2132.	18	0	0	10
HODG-E External Request: Submission from Merck & Co., Inc. requesting the addition of pembrolizumab as a systemic treatment option for adult and pediatric patients with unresectable or metastatic, microsatellite instability-high or mismatch repair deficient solid tumors that has progressed following prior treatment and who have no satisfactory alternative treatment options.	Panel consensus was not to include pembrolizumab as a systemic treatment option for adult and pediatric patients with unresectable or metastatic, microsatellite instability-high or mismatch repair deficient solid tumors, based on limited data for hematologic malignancies.	0	18	0	10

NCCN Guidelines for Hodgkin Lymphoma V.1.2018 – Web teleconference on 07/28/2017

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
HODG-E External Request: Submission from Bristol-Myers Squibb Company requesting that the indications for nivolumab be changed from “as an option for CHL that has relapsed or progressed following HDT/ASCR and post-transplant brentuximab vedotin” to “an option for CHL that has relapsed or progressed following HDT/ASCR”.	Based on the noted reference, panel consensus supported revising the recommended indications for nivolumab to “for relapsed or refractory CHL following HDT/ASCR”. Reference: Product Information, OPDIVO® (nivolumab) injection for intravenous infusion. Bristol-Myers Squibb Company, Princeton, NJ. April 2017.	18	0	0	10
HODG-F Internal request: Panel comment requesting the addition of pembrolizumab as a palliative therapy option for relapsed or refractory CHL in older adults (age >60).	Panel consensus supported the addition of pembrolizumab as a palliative therapy option for relapsed or refractory CHL in older adults (age >60).	18	0	0	10