

NCCN Guidelines for Hodgkin Lymphoma V.1.2019 – Meeting 08/24/18

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>HODG-4 Internal request:</p> <p>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.</p>	<p>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.</p>	9	8	0	11
<p>HODG-9 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:</p> <ul style="list-style-type: none"> • 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.” 	<p>Based on a review of data and discussion, the panel consensus was not to make changes to the current recommendations.</p> <ul style="list-style-type: none"> • 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. 	12	4	0	10
<p>HODG-9 Internal request:</p> <p>Institutional review comment to review the data for Stanford V as a primary treatment option for stage III-IV CHL.</p>	<p>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.</p> <p>Reference: Gordon LI, Hong F, Fisher RI, et al. Randomized phase III trial of ABVD versus Stanford V with or without radiation therapy in locally extensive and advanced-stage Hodgkin lymphoma: an intergroup study coordinated by the Eastern Cooperative Oncology Group (E2496). J Clin Oncol 2013;31:684-691.</p>	17	1	0	10
		18	0	0	10

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<p>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.”</p>	<p>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.</p>	0	18	0	10
<p>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.</p>	<p>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:</p> <ul style="list-style-type: none"> • Brentuximab vedotin + bendamustine <ul style="list-style-type: none"> ○ This has been added as a category 2A option. • Brentuximab vedotin + nivolumab <ul style="list-style-type: none"> ○ This has been added as a category 2B option. <p>Panel consensus did not support the inclusion of the following second-line systemic therapy options for relapsed or refractory CHL:</p> <ul style="list-style-type: none"> • BV + ESHAP • BV + ICE • BV + DHAP • BV + gemcitabine/bendamustine/vinorelbine • BV + GVD • BV + IGEV <p>References:</p> <ul style="list-style-type: none"> • O'Connor OA, Lue JK, Sawas A, et al. Brentuximab vedotin plus bendamustine in relapsed or refractory Hodgkin's lymphoma: an international, multicentre, single-arm, phase 1-2 trial. <i>Lancet Oncol</i> 2018;19:257-266. • Herrera AF, Moskowitz AJ, Bartlett NL, et al. Interim results of brentuximab vedotin in combination with nivolumab in patients with relapsed or refractory Hodgkin lymphoma. <i>Blood</i> 2018;131:1183-1194. 	12	0	1	15
		9	6	1	12
		2	13	1	12
		1	12	1	13
		0	15	1	12
		0	15	1	12
		0	15	1	12
		0	15	1	12

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<p>HODG-B (3 of 4) Internal request: Institutional review comment to consider clarifying the recommended indications for nivolumab, and pembrolizumab for relapsed/refractory CHL.</p>	<p>Panel consensus supported modifying the indications for checkpoint inhibitors for relapsed/refractory CHL. Nivolumab, and pembrolizumab are recommended options for:</p> <ul style="list-style-type: none"> 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 	16	0	0	12
<p>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.</p>	<p>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:</p> <ul style="list-style-type: none"> Stage I-II unfavorable CHL Stage III-IV CHL <p>References:</p> <ul style="list-style-type: none"> Friedberg JW, Forero-Torres A, Bordoni RE, et al. Frontline brentuximab vedotin in combination with dacarbazine or bendamustine in patients aged ≥60 years with HL. Blood 2017;130:2829-2837. Friedberg JW, Forero-Torres A, Holkova B, et al. Long-term follow-up of brentuximab vedotin ± dacarbazine as first line therapy in elderly patients with Hodgkin lymphoma [abstract]. J Clin Oncol 2018;36 (Suppl 15): Abstract 7542. 	13	0	1	10