Adult (≥18) Classic Hodgkin Lymphoma (cHL) Guidance

The American Society of Clinical Oncology offers the following clinical guidance on treatment alternatives during shortages of antineoplastic agents. Decisions should be based on specific goals of the therapy where evidence-based medicine has shown survival outcomes and life-extending benefits in both early and advanced stages. For more information on ASCO’s general principles during drug shortages, please visit ASCO’s Clinical Guidance page. For further consideration of ethical guidance, please visit ASCO’s Ethical Principles and Implementation Strategies page.

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General Principles for Hodgkin Lymphoma

1. Systemic treatment protocols for classic Hodgkin lymphoma in adult patients are provided below and in Table 1, including treatment for both early-stage and advanced-stage disease. Treatment of relapsed/refractory disease is not covered, as recommended treatment regimens are not currently in shortage.
2. While combined modality therapy that includes systemic and radiation therapy (RT) is indicated for some patients with cHL, the intent of this guidance is to offer treatment alternatives for agents in limited supply. RT therapy is not covered here.
3. Decisions about the number of cycles of therapy are based on risk status and interim PET scans. Ranges are offered in Table 1.
4. If R-ABVD (rituximab plus doxorubicin, bleomycin, vinblastine, and dacarbazine) is being considered for patients with nodular lymphocyte-predominant Hodgkin lymphoma, R-CHOP (rituximab-cyclophosphamide, doxorubicin, vincristine, prednisone) is a reasonable alternative.
5. Once vinblastine and/or dacarbazine supplies are restored, initiate/resume standard treatment with ABVD or BV-AVD (brentuximab vedotin plus doxorubicin, vinblastine, and dacarbazine).

Classic Hodgkin Lymphoma (cHL)

Adults 18–60 Years

Originally Planned or Intended Primary Systemic Therapy

- ABVD, including PET-adapted ABVD-AVD, number of cycles depending on stage and risk factors.
- BV-AVD
Alternatives may include:
- CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone)
- BV-CHP (brentuximab vedotin plus cyclophosphamide, doxorubicin, prednisone); Note: use with caution in patients with existing neuropathy.
- For patients with advanced cHL and IPS ≥4, BrECADD (brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, and dexamethasone) is an option.¹ Consider omitting dacarbazine from BrECADD, when dacarbazine is in short supply. The incremental benefit of dacarbazine in this regimen is unknown.

Adults Age >60 Years or Adults with Poor Performance Status or Substantial Comorbidities

Originally Planned or Intended Systemic Therapy
- AVD
- Sequential BV-AVD² in unfavorable/advanced disease.

Alternatives may include:
- CHOP
- Sequential BV-CHP in patients who can tolerate anthracycline based chemotherapy.
- BV monotherapy³,⁴ or BV + nivolumab⁵ for frail/unfit patients, those with poor left ventricular function, and/or for palliative intent.
Table 1. Adult Classic Hodgkin Lymphoma (cHL) Treatment Regimens

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Doxorubicin</th>
<th>Bleomycin</th>
<th>Vinblastine</th>
<th>Dacarbazine</th>
<th>Cyclophosphamide</th>
<th>Vincristine</th>
<th>Brentuximab vedotin</th>
<th>Etoposide</th>
<th>Prednisone</th>
<th>Dexamethasone</th>
<th>Nivolumab</th>
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<tbody>
<tr>
<td><strong>Early-stage and advanced-stage disease in adult patients</strong></td>
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<tr>
<td>ABVD</td>
<td>28-day cycle 2-6 cycles</td>
<td>25 mg/m²</td>
<td>10 IU/m²</td>
<td>6 mg/m²</td>
<td>375 mg/m²</td>
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<tr>
<td>BV-AVD*</td>
<td>28-day cycle 4-6 cycles</td>
<td>25 mg/m²</td>
<td>6 mg/m²</td>
<td>375 mg/m²</td>
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<tr>
<td>CHOP</td>
<td>21-day cycle 4 cycles</td>
<td>50 mg/m²</td>
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<td></td>
<td>750 mg/m²</td>
<td>1.4 mg/m²</td>
<td>100 mg</td>
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<tr>
<td>BV-CHP</td>
<td>21-day cycle 4-6 cycles</td>
<td>50 mg/m²</td>
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<td></td>
<td>750 mg/m²</td>
<td>1.8 mg/kg</td>
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<td>100 mg</td>
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<td>BrECADD</td>
<td>21-day cycle 4-6 cycles</td>
<td>40 mg/m²</td>
<td>250 mg/m²</td>
<td>1250 mg/m²</td>
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<td>150 mg/m²</td>
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<td><strong>Early-stage and advanced-stage disease in adult patients &gt; 60 Years or adults with poor performance status/substantial comorbidities</strong></td>
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<tr>
<td>AVD</td>
<td>28-day cycle 2-4 cycles</td>
<td>25 mg/m²</td>
<td>6 mg/m²</td>
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<td>Sequential BV-AVD*</td>
<td>28-day cycle 28-day cycle 28-day cycle 2-4 cycles</td>
<td>25 mg/m²</td>
<td>6 mg/m²</td>
<td>375 mg/m²</td>
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<tr>
<td>Sequential BV-CHP</td>
<td>21-day cycle 21-day cycle 21-day cycle 21-day cycle 2-4 cycles</td>
<td>50 mg/m²</td>
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<td>750 mg/m²</td>
<td>1.8 mg/kg</td>
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<td>BV monotherapy§</td>
<td>21-day cycle 21-day cycle 21-day cycle 4-16 cycles</td>
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<td>1.8 mg/kg</td>
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<td>BV + nivolumab§</td>
<td>21-day cycle 21-day cycle 21-day cycle Up to 16 cycles</td>
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<td>1.8 mg/kg</td>
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<td>3.0 mg/kg</td>
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*In unfavorable/advanced disease; §For frail/unfit patients, those with poor left ventricular function, and/or for palliative intent.
References:


