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-AVD[2] in unfavorable/advanced disease.

Alternatives may include:

- CHOP
- Sequential BV-CHP in patients who can tolerate anthracycline based chemotherapy.
- BV monotherapy[3,4] or BV + nivolumab[5] for frail/unfit patients, those with poor left ventricular function, and/or for palliative intent.

Table 1. Adult Classic Hodgkin Lymphoma (cHL) Treatment Regimens

Regimen	Doxorubicin	Bleomycin	Vinblastine	Dacarbazine	Cyclophosphamide	Vincristine	Brentuximab vedotin	Etoposide	Prednisone	Dexamethasone	Nivolumab
Early-stage and advanced-stage disease in adult patients											
ABVD 28-day cycle 2-6 cycles	25 mg/m^2	10 IU/m^2	6 mg/m^2	375 mg/m^2							
BV-AVD* 28-day cycle 4-6 cycles	25 mg/m^2		6 mg/m^2	375 mg/m^2			1.2 mg/kg (max dose 120 mg)				
CHOP 21-day cycle 4 cycles	50 mg/m^2				750 mg/m^2	1.4 mg/m^2 (max dose 2 mg)			100 mg		
BV-CHP 21-day cycle 4-6 cycles	50 mg/m^2				750 mg/m^2		1.8 mg/kg (max dose 180 mg)		100 mg		
BrECADD 21-day cycle 4-6 cycles	40 mg/m^2			250 mg/m^2	1250 mg/m^2		1.8 mg/kg (max dose 180 mg)	150 mg/m^2		40 mg	
Early-stage and advanced-stage disease in adult patients > 60 Years or adults with poor performance status/substantial comorbidities											
AVD 28-day cycle 2-4 cycles	25 mg/m^2		6 mg/m^2	375 mg/m^2							
Sequential BV-AVD* 28-day cycle Phase 1: BV x 2 Phase 2: AVD x 6 Phase 3: BV × 4	25 mg/m^2		6 mg/m^2	375 mg/m^2			1.8 mg/kg (max dose 180 mg)				
Sequential BV-CHP 21-day cycle Phase 1: BV x 2 Phase 2: CHP x 4-6 Phase 3: BV × 2-4	50 mg/m^2				750 mg/m^2		1.8 mg/kg (max dose 180 mg)		100 mg		
BV monotherapy[§] 21-day cycle 4-16 cycles							1.8 mg/kg (max dose 180 mg)				
BV + nivolumab[§] 21-day cycle Up to 16 cycles							1.8 mg/kg (max dose 180 mg)				3.0 mg/kg

**In unfavorable/advanced disease; [§]For frail/unfit patients, those with poor left ventricular function, and/or for palliative intent.*

References:

1. Borchmann P, Moccia AA, Greil R, et al. BRECADD is non-inferior to EBEACOPP in patients with advanced stage classical Hodgkin lymphoma: Efficacy results of the GHSG phase III HD21 trial. Hematological Oncology 2023;41(S2):881–2.
2. Evens AM, Advani RH, Helenowski IB, et al. Multicenter Phase II Study of Sequential Brentuximab Vedotin and Doxorubicin, Vinblastine, and Dacarbazine Chemotherapy for Older Patients With Untreated Classical Hodgkin Lymphoma. J Clin Oncol. 2018;36(30):3015-3022.
3. Yasenchak CA, Bordoni R, Patel-Donnelly D, Larson T, Goldschmidt J, Boccia RV, Cline VJ, Sacchi M, Forero-Torres A, Sims RB, Liu J. Frontline brentuximab vedotin as monotherapy or in combination for older Hodgkin lymphoma patients. Blood. 2020 Nov 5;136:18-9.
4. Gibb A, Pirrie SJ, Linton K, Warbey V, Paterson K, Davies AJ, Collins GP, Menne T, McKay P, Fields PA et al. Phase II study of brentuximab vedotin using a response-adapted design in the first-line treatment of patients with classical Hodgkin lymphoma unsuitable for chemotherapy due to age, frailty or comorbidity (BREVITY). Br. J. Haematol. 2021, 193, 63–71.
5. Friedberg JW, Bordoni RE, Patel-Donnelly D, et al: Brentuximab vedotin with dacarbazine or nivolumab as frontline cHL therapy in older patients ineligible for chemotherapy. Blood:blood.2022019536, 2023, https://doi.org/10.1182/blood.2022019536