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Guideline 6-20 Version 2

A Quality Initiative of the Program in Evidence-Based Care (PEBC), Cancer Care Ontario (CCO)

Management of Early-Stage Hodgkin Lymphoma

Members of the Hematology Disease Site Group

Report Date: May 26, 2023

An assessment conducted in October 2025 deferred review of Guideline 6-20 Version 2. This means that the document remains current until it is assessed again next year. The PEBC has a formal and standardized process to ensure the currency of each document (PEBC Assessment & Review Protocol)

Guideline 6-20 Version 2 is comprised of 6 sections. You can access the summary and full report here:
https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/171

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PUBLICATIONS RELATED TO THIS REPORT

Part of the evidentiary basis for this guideline has been published as a journal article in:

1. Crump M, Herst J, Baldassarre F, Sussman J, MacEachern J, Hodgson D et al. Evidence-based focused review of the role of radiation therapy in the treatment of early-stage Hodgkin lymphoma. Blood. 2015 Mar 12;125(11):1708-16. Epub 2015 Jan 20.

Guideline Report History

GUIDELINE VERSION	SYSTEMATIC REVIEW		PUBLICATIONS	NOTES AND KEY CHANGES
	Search Dates	Data		
Original version December 8, 2015	2003 to 2015	Full Report	Web publication	NA
Current Version 2 May 26, 2023	2015 to 2022	New data found in Section 6: Document Assessment and Review	Updated Web publication	2015 recommendations are **ENDORSED**

Management of Early-Stage Hodgkin Lymphoma

Section 1: Recommendations

This section is a quick reference guide and provides the guideline recommendations only. For key evidence associated with each recommendation, The systematic review, and the guideline development process, see the Full Report.

GUIDELINE OBJECTIVES

To make recommendations on management strategies for patients with early-stage Hodgkin lymphoma (HL).

TARGET POPULATION

Patients with early-stage Hodgkin Lymphoma.

INTENDED USERS

Clinicians involved in the management of patients with early-stage Hodgkin lymphoma, including radiation oncologists and clinical hematologists/oncologists.

RECOMMENDATIONS

Recommendation 1
Patients with early-stage classical Hodgkin lymphoma should not be treated with radiotherapy alone.

Qualifying Statements for Recommendation 1

May 2023: The recommendation pertaining to patients with early-stage nodular lymphocyte predominant Hodgkin lymphoma has been retired. See Section 6 for details.

No phase III clinical trials have focused exclusively on NLPHL, therefore, no strong evidence for one particular treatment strategy over another is currently available. In some settings (such as low bulk disease, older patients), expert opinion suggests that involved-field radiation alone may be appropriate.

Recommendation 2
Chemotherapy plus radiotherapy or chemotherapy alone are recommended treatment options for patients with early-stage nonbulky Hodgkin lymphoma.

Qualifying Statements for Recommendation 2

The decision on which treatment option to use should involve a patient-centred discussion with a hematologist/medical oncologist and a radiation oncologist. Patients should be aware of inferior progression-free survival (PFS) with chemotherapy alone, and of the possibility of late radiotherapy toxicity.

Recommendation 3

May 2023: The recommendation pertaining to involved field radiation therapy (IFRT) when delivered as part of a planned combined modality treatment approach has been retired because some aspects of the recommendation are out of date. See Section 6 for details.

Recommendation 4
The dose of involved field radiation should be 20 Gy for patients with favourable characteristics and between 30 to 36 Gy for patients with unfavourable characteristics (see Appendix 1 for definitions of favourable and unfavourable characteristics).

Recommendation 5
The Working Group does not recommend the use of a negative interim positron emission tomography scan alone to identify patients with early-stage HL for whom radiotherapy can be omitted without a reduction in PFS.

Qualifying Statements for Recommendation 5
May 2023: The working group does not recommend using results of an interim PET scan to identify patients in whom radiation can be omitted if treated with ABVD; however, a negative PET scan after 2 cycles of escBEACOPP + 2 cycles of ABVD (4 cycles of chemotherapy in total) for early unfavourable HL, identifies a group of patients in whom radiation can safely be omitted without a reduction in PFS. [see also recommendation 8].

Recommendation 6A
Patients with early-stage, favourable risk Hodgkin lymphoma who are being treated with combined modality therapy should receive two cycles of chemotherapy before radiotherapy.

Recommendation 6B
Patients with early-stage, unfavourable risk Hodgkin lymphoma, who are being treated with combined modality therapy, should receive four cycles of chemotherapy before radiotherapy.

Recommendation 7
Doxorubicin, bleomycin, vinblastine, and dacarbazine (ABVD) should be the regimen of choice when administered before radiotherapy, except under the circumstances that follow in Recommendation 8.

Recommendation 8
Patients with early-stage, unfavourable risk Hodgkin lymphoma may be considered for treatment with either four cycles of ABVD, or two cycles of escalated bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine and prednisone (escBEACOPP) followed by two cycles of ABVD before radiotherapy.

Qualifying Statements for Recommendation 8
May 2023: Radiation can be safely omitted in patients with unfavourable early stage Hodgkin lymphoma who are PET negative after 2 cycles of escBEACOPP + 2 cycles of ABVD (4 cycles of chemotherapy in total).
Comparing 2 escBEACOPP/2ABVD +/- radiation to 4ABVD + radiation, the escBEACOPP approach improves FFTF and PFS but is associated with more short-term adverse effects. Overall survival rates at 112 months follow-up did not differ, but available data are not sufficiently mature to assess some of the late effects and long-term outcomes (particularly risks of secondary malignancies).