

# Hodgkin Lymphoma Treatment Regimens

**Clinical Trials:** The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The National Comprehensive Cancer Network Guidelines<sup>®</sup> are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines<sup>®</sup> is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

**Note:** All recommendations are category 2A unless otherwise indicated.

## ► CHL (Age ≥18 years)<sup>1,a</sup>

REGIMEN	DOSING
<b>Stage IA, IIA Favorable (Non-Bulky) CHL<sup>1,a</sup></b>	
<b>Primary Treatment</b>	
ABVD (Doxorubicin/Bleomycin/Vinblastine/Dacarbazine) (Category 1) <sup>2,6,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 2 cycles followed by additional therapy.
<b>Additional Therapy</b>	
ABVD (Doxorubicin/Bleomycin/Vinblastine/Dacarbazine) <sup>2,6,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 1–2 cycles or combined modality (based on Deauville score).
AVD (Doxorubicin/Vinblastine/Dacarbazine) <sup>7,c</sup>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 4 cycles following 2 cycles of ABVD.
<b>Stage I-II Unfavorable (B symptoms or bulky mediastinal disease or &gt;10cm adenopathy) CHL<sup>1,a</sup></b>	
<b>Primary Treatment</b>	
ABVD (Doxorubicin/Bleomycin/Vinblastine/Dacarbazine) <sup>3,4,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 2 cycles followed by additional therapy.
<b>Additional Therapy</b>	
ABVD (Doxorubicin/Bleomycin/Vinblastine/Dacarbazine) <sup>3,4,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 2 cycles following 2 cycles of ABVD.
AVD (Doxorubicin/Vinblastine/Dacarbazine) <sup>7,c</sup>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 4 cycles, following 2 cycles of ABVD.
Escalated BEACOPP (Bleomycin/Etoposide/Doxorubicin/Cyclophosphamide/Vincristine/Prednisone/Procarbazine) <sup>5,7,b-e</sup> (for patients aged 18-59 years) <i>Consider premedication with Bleomycin.</i>	<b>Day 1:</b> Doxorubicin 35mg/m <sup>2</sup> IV push <b>Day 1:</b> Cyclophosphamide 1,250mg/m <sup>2</sup> IV over 1 hour <b>Day 1:</b> Mesna 250mg/m <sup>2</sup> IV over 15 minutes three times daily (one dose before cyclophosphamide, then at 4 and 8 hours from the start of each cyclophosphamide dose) <b>Days 1-3:</b> Etoposide 200mg/m <sup>2</sup> IV over 1 hour daily <b>Days 1-14:</b> Prednisone 40mg/m <sup>2</sup> orally daily <b>Days 1-7:</b> Procarbazine 100mg/m <sup>2</sup> orally daily <b>Day 8:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Day 8:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2mg) IV over 5-10 minutes. Repeat cycle every 3 weeks for 2–4 cycles following 2 cycles of ABVD dependent on Deauville score.

continued

# Hodgkin Lymphoma Treatment Regimens

## ▶CHL (Age ≥18 years)<sup>1,a</sup> (continued)

REGIMEN	DOSING
<b>Stage III-IV CHL<sup>1,a</sup></b>	
<b>Primary Treatment</b>	
<b>Preferred</b>	
ABVD (Doxorubicin/Bleomycin/Vinblastine/Dacarbazine) <sup>7,9,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 2 cycles.
<b>Other Recommended Regimen</b>	
Brentuximab vedotin + AVD (Doxorubicin/Vinblastine/Dacarbazine) (use with caution in patients aged >60 years; contraindicated in those with neuropathy). <sup>11,12,c,d,f</sup> <i>Consider premedication with Brentuximab vedotin.</i>	<b>Days 1 and 15:</b> Brentuximab vedotin 1.2mg/kg (maximum dosing weight is 100kg) IV over 30 minutes within 1 hour after completion of AVD <b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 6 cycles.
<b>Useful in certain circumstances</b>	
Escalated BEACOPP (Bleomycin/Etoposide/Doxorubicin/Cyclophosphamide/Vincristine/Prednisone/Procarbazine) (in select patients if IPS ≥4, age 18-59 years). <sup>7,10,13,b-e</sup> <i>Consider premedication with Bleomycin.</i>	<b>Day 1:</b> Doxorubicin 35mg/m <sup>2</sup> IV push <b>Day 1:</b> Cyclophosphamide 1,250mg/m <sup>2</sup> IV over 1 hour <b>Day 1:</b> Mesna 250mg/m <sup>2</sup> IV over 15 minutes three times daily (one dose before cyclophosphamide, then at 4 and 8 hours from the start of each cyclophosphamide dose) <b>Days 1-3:</b> Etoposide 200mg/m <sup>2</sup> IV over 1 hour daily <b>Days 1-14:</b> Prednisone 40mg/m <sup>2</sup> orally daily <b>Days 1-7:</b> Procarbazine 100mg/m <sup>2</sup> orally daily <b>Day 8:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Day 8:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2mg) IV over 5-10 minutes. Repeat cycle every 3 weeks for 2 cycles.
<b>Additional Therapy</b>	
A(B)VD (Doxorubicin/Bleomycin/Vinblastine/Dacarbazine) (in select patients if IPS >4, aged <60 years). <sup>7,9,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 4 cycles <b>OR</b> repeat cycle every 4 weeks for a total of 6 cycles (if Bleomycin is omitted) following 2 cycles of escalated BEACOPP with Deauville 1-3 after restage with PET/CT.
AVD (Doxorubicin/Vinblastine/Dacarbazine) <sup>7b</sup>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 4 cycles following 2 cycles of ABVD or 2 cycles of BEACOPP.
Escalated BEACOPP (Bleomycin/Etoposide/Doxorubicin/Cyclophosphamide/Vincristine/Prednisone/Procarbazine) <sup>7,10,13,b-e</sup> <i>Consider premedication with Bleomycin.</i>	<b>Day 1:</b> Doxorubicin 35mg/m <sup>2</sup> IV push <b>Day 1:</b> Cyclophosphamide 1,250mg/m <sup>2</sup> IV over 1 hour <b>Day 1:</b> Mesna 250mg/m <sup>2</sup> IV over 15 minutes three times daily (one dose before cyclophosphamide, then at 4 and 8 hours from the start of each cyclophosphamide dose) <b>Days 1-3:</b> Etoposide 200mg/m <sup>2</sup> IV over 1 hour daily <b>Days 1-14:</b> Prednisone 40mg/m <sup>2</sup> orally daily <b>Days 1-7:</b> Procarbazine 100mg/m <sup>2</sup> orally daily <b>Day 8:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Day 8:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2mg) IV over 5-10 minutes. Repeat cycle every 3 weeks for 2-4 dependent on Deauville score.
<b>Refractory and Suspected Relapse CHL<sup>1,a</sup></b>	
<b>Second-line and Subsequent Therapy</b>	
Brentuximab vedotin <sup>11,14,15,f</sup> <i>Consider premedication with Brentuximab vedotin.</i>	<b>Day 1:</b> Brentuximab vedotin 1.8mg/kg (maximum dosing weight is 100kg) IV over 30 minutes. Repeat cycle every 3 weeks.

continued

# Hodgkin Lymphoma Treatment Regimens

## ► CHL (Age ≥18 years)<sup>1,a</sup> (continued)

REGIMEN	DOSING
Refractory and Suspected Relapse CHL <sup>1,a</sup> (continued)	
Second-line and Subsequent Therapy (continued)	
Brentuximab vedotin + Bendamustine <sup>11,16,17,f</sup> <i>Consider premedication with Brentuximab vedotin.</i>	<b>Day 1:</b> Brentuximab vedotin 1.8mg/kg (maximum dosing weight is 100kg) IV over 30 minutes <b>Day 1-2:</b> Bendamustine 90mg/m <sup>2</sup> IV over 10-60 minutes (based on product selection) daily. Repeat cycle every 3 weeks for 6 cycles.
Brentuximab vedotin + Nivolumab <sup>11,18,19,g</sup> <i>Consider premedication with Brentuximab vedotin.</i>	<b>Day 1:</b> Brentuximab vedotin 1.8mg/kg (maximum dosing weight is 100kg) IV over 30 minutes, <b>followed by:</b> <b>Day 8, Cycle 1:</b> Nivolumab 3mg/kg IV over 30 minutes, <b>followed by:</b> <b>Day 1, Cycles 2-4:</b> Nivolumab 3mg/kg IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles.
DHAP (Dexamethasone/Cisplatin/ High-dose Cytarabine) <sup>20,21,d,h</sup>	<b>Days 1-4:</b> Dexamethasone 40mg orally or IV daily <b>Day 1:</b> Cisplatin 100mg/m <sup>2</sup> IV continuous infusion over 24 hours <b>Day 2:</b> Cytarabine 2,000mg/m <sup>2</sup> IV over 3 hours every 12 hours. Repeat cycle every 3 to 4 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates).
ESHAP (Etoposide/ Methylprednisolone/High-dose Cytarabine/Cisplatin) <sup>22-24,d,h</sup>	<b>Days 1-4:</b> Etoposide 40mg/m <sup>2</sup> IV over 60 minutes daily <b>Days 1-4:</b> Methylprednisolone 500mg IV over 15 minutes daily <b>Days 1-4:</b> Cisplatin 25mg/m <sup>2</sup> IV continuous infusion over 24 hours daily <b>Day 5:</b> Cytarabine 2,000mg/m <sup>2</sup> IV over 3 hours. Repeat cycle every 3-4 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates).
Gemcitabine/Bendamustine/ Vinorelbine <sup>16,25,d</sup>	<b>Days 1 and 4:</b> Gemcitabine 800mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Vinorelbine 20mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 2 and 3:</b> Bendamustine 90mg/m <sup>2</sup> IV over 10-60 minutes (based on product selection) daily <b>Days 1-4:</b> Prednisolone 100mg orally daily. Repeat cycle every 3 weeks for 4 cycles.
GVD (Gemcitabine/Vinorelbine/ Liposomal Doxorubicin) <sup>26,c,i</sup>	<b>Days 1 and 8:</b> Vinorelbine 20mg/m <sup>2</sup> IV over 5-10 minutes, <b>followed by:</b> <b>Days 1 and 8:</b> Gemcitabine 1,000mg/m <sup>2</sup> IV over 30 minutes, <b>followed by:</b> <b>Days 1 and 8:</b> Liposomal doxorubicin 15mg/m <sup>2</sup> IV. Repeat cycle every 3 weeks for 2-6 cycles (transplant-naïve). <b>OR</b> <b>Days 1 and 8:</b> Vinorelbine 15mg/m <sup>2</sup> IV over 5-10 minutes, <b>followed by:</b> <b>Days 1 and 8:</b> Gemcitabine 800mg/m <sup>2</sup> IV over 30 minutes, <b>followed by:</b> <b>Days 1 and 8:</b> Liposomal doxorubicin 10mg/m <sup>2</sup> IV. Repeat cycle every 3 weeks for 2-6 cycles (prior transplant).
GVD (Gemcitabine/Vinorelbine/ Liposomal Doxorubicin) + Pembrolizumab <sup>27,28,a,c,d,g,i</sup>	<b>Day 1:</b> Pembrolizumab 200mg IV over 30 minutes, <b>followed by:</b> <b>Days 1 and 8:</b> Vinorelbine 20mg/m <sup>2</sup> IV over 5-10 minutes, <b>followed by:</b> <b>Days 1 and 8:</b> Gemcitabine 1,000mg/m <sup>2</sup> IV over 30 minutes, <b>followed by:</b> <b>Days 1 and 8:</b> Liposomal doxorubicin 15mg/m <sup>2</sup> IV. Repeat cycle every 3 weeks for 2-4 cycles followed by evaluation for HDT/AHCT if complete response.
ICE (Ifosfamide/Carboplatin/ Etoposide) <sup>21,29-31,d,j</sup>	<b>Inpatient:</b> <b>Days 1-3:</b> Etoposide 100mg/m <sup>2</sup> IV over 1 hour daily <b>Day 2:</b> Carboplatin AUC 5 IV over 30 minutes <b>Day 2:</b> Ifosfamide 5,000mg/m <sup>2</sup> IV continuous infusion over 24 hours, <b>concurrent with:</b> <b>Day 2:</b> Mesna 5,000mg/m <sup>2</sup> IV continuous infusion over 24 hours. Repeat cycle every 2-3 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates). <b>Outpatient:</b> <b>Days 1-3:</b> Etoposide 100mg/m <sup>2</sup> IV over 30 minutes daily <b>Day 1:</b> Carboplatin AUC 5 IV over 1 hour <b>Days 1-3:</b> Ifosfamide 1,667mg/m <sup>2</sup> IV over 2-3 hours daily (total dose 5000mg/m <sup>2</sup> over 3 days), <b>concurrent with:</b> <b>Days 1-3:</b> Mesna 1,667mg/m <sup>2</sup> IV over 2-3 hours daily (total dose 5000mg/m <sup>2</sup> over 3 days). Repeat cycle every 3 weeks for 2 cycles.
IGEV (Ifosfamide/Gemcitabine/ Vinorelbine) <sup>32,d,j</sup>	<b>Days 1-4:</b> Mesna 400mg/m <sup>2</sup> IV over 15 minutes three times daily (one dose before ifosfamide, then at 4 and 8 hours from the start of each ifosfamide dose) <b>Days 1-4:</b> Ifosfamide 2,000mg/m <sup>2</sup> IV over 3 hours daily <b>Days 1 and 4:</b> Gemcitabine 800mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Vinorelbine 20mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1-4:</b> Prednisone 100mg orally daily. Repeat cycle every 3 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates).

continued

# Hodgkin Lymphoma Treatment Regimens

## ►CHL (Age ≥18 years)<sup>1,a</sup> (continued)

REGIMEN	DOSING
<b>Refractory and Suspected Relapse CHL<sup>1,a</sup></b> (continued)	
<b>Second-line and Subsequent Therapy</b> (continued)	
<b>Pembrolizumab<sup>27,33-35,g</sup></b> (nontransplant candidates)	<b>Day 1:</b> Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks until up to 2 years of therapy has been completed. <b>OR</b> <b>Day 1:</b> Pembrolizumab 400mg IV over 30 minutes. Repeat every 6 weeks until up to 2 years of therapy has been completed.
<b>Third-Line and Subsequent Systemic Therapy</b>	
<b>Bendamustine<sup>16,36</sup></b>	<b>Days 1-2:</b> Bendamustine 90-120mg/m <sup>2</sup> IV over 10-60 minutes (based on product selection) daily. Repeat cycle every 4 weeks for a maximum of 6 cycles.
<b>Bendamustine/Carboplatin/ Etoposide<sup>16,37,d</sup></b>	<b>Days 1-2:</b> Bendamustine 60-120mg/m <sup>2</sup> IV over 10-60 minutes (based on product selection) daily <b>Day 1:</b> Carboplatin AUC 5 IV over 30 minutes <b>Days 1-3:</b> Etoposide 100mg/m <sup>2</sup> IV over 1 hour daily. Repeat cycle every 3 weeks for a maximum of 2 cycles.
<b>C-MOPP (Cyclophosphamide/ Vincristine/Procarbazine/ Prednisone)<sup>38-41,e</sup></b>	<b>Day 1:</b> Cyclophosphamide 650mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2mg) IV over 5-10 minutes <b>Days 1-14:</b> Prednisone 40mg/m <sup>2</sup> orally daily <b>Days 1-7:</b> Procarbazine 100mg/m <sup>2</sup> orally daily. Repeat cycle every 4 weeks for 4-8 cycles (nontransplant candidates) <b>OR</b> <b>Days 1 and 8:</b> Cyclophosphamide 500mg/m <sup>2</sup> IV over 30 minutes <b>Days 1 and 8:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2mg) IV over 5-10 minutes <b>Days 1-3 and 8-10:</b> Prednisone 40mg/m <sup>2</sup> orally daily <b>Days 1-14:</b> Procarbazine 100mg/m <sup>2</sup> orally daily. Repeat cycle every 4 weeks for 4-8 cycles (nontransplant patients).
<b>Everolimus<sup>42,43</sup></b>	<b>Days 1-28:</b> Everolimus 10mg orally daily. Repeat cycle every 4 weeks.
<b>GCD (Gemcitabine/Cisplatin/ Dexamethasone)<sup>44,h</sup></b>	<b>Days 1 and 8:</b> Gemcitabine 1,000mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Cisplatin 75mg/m <sup>2</sup> over 2 hours <b>Days 1-4:</b> Dexamethasone 40mg orally daily. Repeat cycle every 3 weeks for 2-3 cycles.
<b>GEMOX (Gemcitabine/ Oxaliplatin)<sup>45</sup></b>	<b>Day 1:</b> Gemcitabine 1,000mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Oxaliplatin 100 mg/m <sup>2</sup> IV over 2 hours. Repeat cycle every 15 or 21 days for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates).
<b>Lenalidomide<sup>46,47</sup></b>	<b>Days 1-21:</b> Lenalidomide 25mg orally daily. Repeat cycle every 4 weeks.
<b>MINE (Etoposide/Ifosfamide/ Mesna/Mitoxantrone)<sup>48,d,j</sup></b>	<b>Days 1-3:</b> Mesna 300 mg/m <sup>2</sup> IV over 15 minutes three times daily (one dose before ifosfamide, then at 4 and 8 hours from the start of each ifosfamide dose) <b>Days 1-3:</b> Ifosfamide 1,330 mg/m <sup>2</sup> IV over 3 hours daily <b>Day 1-3:</b> Etoposide 65mg/m <sup>2</sup> IV over 1 hour daily <b>Day 1:</b> Mitoxantrone 8mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 3 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates).
<b>Mini-BEAM (Carmustine/ Cytarabine/Etoposide/ Melfhalan)<sup>49,d</sup></b>	<b>Day 1:</b> Carmustine 60mg/m <sup>2</sup> IV over 2 hours <b>Days 2-5:</b> Etoposide 75mg/m <sup>2</sup> IV over 1 hour daily <b>Days 2-5:</b> Cytarabine 100mg/m <sup>2</sup> IV over 3 hours every 12 hours <b>Day 6:</b> Melfhalan 30mg/m <sup>2</sup> IV over 15 minutes. Repeat cycle every 4-6 weeks for 2-4 cycles (transplant and nontransplant candidates).
<b>Nivolumab<sup>18,51-53,g</sup></b>	<b>Day 1:</b> Nivolumab 240mg IV over 30 minutes. Repeat cycle every 2 weeks. <b>OR</b> <b>Day 1:</b> Nivolumab 480mg IV over 30 minutes. Repeat cycle every 4 weeks.
<b>Pembrolizumab<sup>27,33-35,g</sup></b>	<b>Day 1:</b> Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks until up to 2 years of therapy has been completed. <b>OR</b> <b>Day 1:</b> Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 6 weeks until up to 2 years of therapy has been completed.

continued

# Hodgkin Lymphoma Treatment Regimens

## ►CHL (Age ≥18 years)<sup>1,a</sup> (continued)

REGIMEN	DOSING
Refractory and Suspected Relapse CHL <sup>1,a</sup> (continued)	
Maintenance Therapy	
Brentuximab vedotin <sup>11,14,15,f</sup> <i>Consider premedication with Brentuximab vedotin.</i>	<b>Day 1:</b> Brentuximab vedotin 1.8mg/kg (maximum dosing weight is 100kg) IV over 30 minutes beginning within 4-6 weeks post-transplant or upon recovery from transplant. Repeat cycle every 3 weeks for up to 16 cycles.

## ►CHL (Age >60 years)<sup>1,a</sup>

Stage I-II Favorable Disease in Older Adults (Age >60) <sup>1,a</sup>	
Preferred Regimen	
A(B)VD (Doxorubicin/Bleomycin/Vinblastine/Dacarbazine) <sup>2,7,54,55,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 2 cycles with subsequent ISRT.
A(B)VD (Doxorubicin/Bleomycin/Vinblastine/Dacarbazine) + AVD (Doxorubicin/Vinblastine/Dacarbazine) <sup>2,7,54,55,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 2 cycles with subsequent ISRT <b>followed by:</b> <b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 2 cycles. Alternatively, the bleomycin may be omitted and patients may receive a total of 4 cycles of AVD alone.
Other Recommended Regimen	
CHOP (Cyclophosphamide/Doxorubicin/Vincristine/Prednisone) <sup>56,c,e</sup>	<b>Day 1:</b> Cyclophosphamide 750mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Doxorubicin 50mg/m <sup>2</sup> IV push <b>Day 1:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2 mg) IV over 5 - 10 minutes <b>Days 1-5:</b> Prednisone 100mg orally daily. Repeat cycle every 3 weeks for 4 cycles with subsequent ISRT.
Stage I-II Unfavorable or Stage III-IV Disease in Older Adults (Age >60)	
Suggested Treatment Regimens	
A(B)VD (Doxorubicin/Bleomycin/ ]Vinblastine/Dacarbazine) <sup>2,7,54,55,b,c</sup> <i>Consider premedication with Bleomycin.</i>	<b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 2 cycles, <b>followed by:</b> <b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 4 cycles if PET scan is negative after 2 cycles of ABVD. Alternatively, the bleomycin may be omitted and patients may receive a total of 6 cycles (or consider a total of 4 cycles for State I-II Unfavorable) of AVD alone.
Brentuximab vedotin followed by AVD (Doxorubicin/Vinblastine/Dacarbazine) <sup>11,57,c,f</sup> <i>Consider premedication with Brentuximab vedotin.</i>	<b>Day 1:</b> Brentuximab vedotin 1.8mg/kg (maximum dosing weight is 100kg) IV over 30 minutes. Repeat cycle every 3 weeks for 2 cycles, <b>followed by:</b> <b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 6 cycles, conditionally followed by consolidation in responding patients: <b>Day 1:</b> Brentuximab vedotin 1.8mg/kg (maximum dosing weight is 100kg) IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles.

continued

# Hodgkin Lymphoma Treatment Regimens

## ▶ CHL (Age >60 years)<sup>1,a</sup> (continued)

REGIMEN	DOSING
<b>Stage I-II Unfavorable or Stage III-IV Disease in Older Adults (Age &gt;60)</b> (continued)	
<b>Suggested Treatment Regimens</b> (continued)	
Brentuximab vedotin + DTIC (Dacarbazine) <sup>11,58,59,f</sup> <i>Consider premedication with Brentuximab vedotin.</i>	<b>Day 1:</b> Brentuximab vedotin 1.8mg/kg (maximum dosing weight is 100kg) IV over 30 minutes <b>Day 1, Cycles 1-12:</b> Dacarbazine 375mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 3 weeks.
CHOP (Cyclophosphamide/ Doxorubicin/Vincristine/ Prednisone) <sup>56,c,e</sup>	<b>Day 1:</b> Cyclophosphamide 750mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Doxorubicin 50mg/m <sup>2</sup> IV push <b>Day 1:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2 mg) IV over 5-10 minutes <b>Days 1-5:</b> Prednisone 100mg orally daily. Repeat cycle every 3 weeks for 6 cycles with or without subsequent ISRT.
<b>Relapsed or Refractory Disease in Older Adults (Age &gt;60)</b>	
<b>Suggested Palliative Therapy Treatment Regimens</b>	
Bendamustine <sup>16,36</sup>	<b>Days 1-2:</b> Bendamustine 90-120mg/m <sup>2</sup> IV over 10-60 minutes daily. Repeat cycle every 4 weeks for a maximum of 6 cycles.
Brentuximab vedotin <sup>11,14,15,f</sup> <i>Consider premedication with Brentuximab vedotin.</i>	<b>Day 1:</b> Brentuximab vedotin 1.8mg/kg (maximum dosing weight is 100kg) IV over 30 minutes. Repeat cycle every 3 weeks.
Nivolumab <sup>18,51-53,g</sup>	<b>Day 1:</b> Nivolumab 240 mg IV over 30 minutes. Repeat cycle every 2 weeks. <b>OR</b> <b>Day 1:</b> Nivolumab 480mg IV over 30 minutes. Repeat cycle every 4 weeks.
Pembrolizumab <sup>27,33-35,g</sup>	<b>Day 1:</b> Pembrolizumab 200mg IV over 30 minutes. Repeat cycle every 3 weeks until up to 2 years of therapy has been completed. <b>OR</b> <b>Day 1:</b> Pembrolizumab 400mg IV over 30 minutes. Repeat cycle every 6 weeks until up to 2 years of therapy has been completed.

Second-line, third-line and subsequent therapy options (only for CHL) can be used.

## ▶ NLPHL<sup>1,a</sup>

<b>CS IB, IIB or CS 1A (Bulky)/CS IIA (Bulky or noncontiguous) NLPHL<sup>1,a</sup></b>	
<b>Primary Treatment</b>	
R-ABVD (Rituximab + Doxorubicin/ Bleomycin/Vinblastine/ Dacarbazine) <sup>60-63,b,c,k,l</sup> <i>Rituximab requires premedication and consider premedication with Bleomycin.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375 mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 6 cycles.
R-CHOP (Rituximab + Cyclophosphamide/ Doxorubicin/ Vincristine/ Prednisone) <sup>60,64,65,c,e,k,l</sup> <i>Rituximab requires premedication</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Day 1:</b> Cyclophosphamide 750mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Doxorubicin 50mg/m <sup>2</sup> IV push <b>Days 1:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2 mg) IV over 5-10 minutes <b>Days 1-5:</b> Prednisone 100mg orally daily. Repeat cycle every 3 weeks for 6 cycles.
R-CVbP (Rituximab + Cyclophosphamide/ Vinblastine/ Prednisolone) <sup>60,66,e,k,l</sup> <i>Rituximab requires premedication</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Day 1:</b> Cyclophosphamide 500mg/m <sup>2</sup> IV over 30 minutes <b>Days 1 and 8:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1-8:</b> Prednisolone 40mg/m <sup>2</sup> orally daily. Repeat cycle every 3 weeks for 3 cycles.
Rituximab <sup>60,63,67-70,k,l</sup> <i>Rituximab requires premedication</i>	<b>Days 1,8,15,22:</b> Rituximab 375mg/m <sup>2</sup> IV. Administer for one 4-week cycle, <b>followed by maintenance therapy with:</b> <b>Days 1,8,15,22:</b> Rituximab 375mg/m <sup>2</sup> IV. Repeat cycle every six months for 2 years.

continued

# Hodgkin Lymphoma Treatment Regimens

## ► NLPHL<sup>1,a</sup> (continued)

REGIMEN	DOSING
<b>CS II-IV (Based on Clinical Judgement) NLPHL<sup>a</sup></b>	
<b>Primary Treatment</b>	
R-ABVD (Rituximab + Doxorubicin/ Bleomycin/Vinblastine/ Dacarbazine) <sup>60,63,b,c,k,l</sup> <i>Rituximab requires premedication and consider premedication with Bleomycin.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5–10 minutes <b>Days 1 and 15:</b> Dacarbazine 375 mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 6 cycles.
R-CHOP (Rituximab + Cyclophosphamide/Doxorubicin/ Vincristine/Prednisone) <sup>60,64,65,c,e,k,l</sup> <i>Rituximab requires premedication.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Day 1:</b> Cyclophosphamide 750mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Doxorubicin 50mg/m <sup>2</sup> IV push <b>Days 1:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2 mg) IV over 5-10 minutes <b>Days 1-5:</b> Prednisone 100mg orally daily. Repeat cycle every 3 weeks for 6 cycles.
R-CVbP (Rituximab + Cyclophosphamide Vinblastine/ Prednisolone) <sup>60,66,e,k,l</sup> <i>Rituximab requires premedication.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Day 1:</b> Cyclophosphamide 500mg/m <sup>2</sup> IV over 30 minutes <b>Days 1 and 8:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5–10 minutes <b>Days 1–8:</b> Prednisolone 40mg/m <sup>2</sup> orally daily. Repeat cycle every 3 weeks for 3 cycles.
Rituximab <sup>60,63,67-70,k,l</sup> <i>Rituximab requires premedication.</i>	<b>Days 1,8,15,22:</b> Rituximab 375mg/m <sup>2</sup> IV. Administer for one 4-week cycle, <b>followed by maintenance therapy with:</b> <b>Days 1,8,15,22:</b> Rituximab 375mg/m <sup>2</sup> IV. Repeat cycle every 6 months for 2 years.
<b>Refractory and Suspected Relapse NLPHL<sup>a</sup></b>	
<b>Primary Treatment</b>	
Rituximab <sup>60,63,67-70,k,l</sup> <i>Rituximab requires premedication.</i>	<b>Days 1,8,15,22:</b> Rituximab 375mg/m <sup>2</sup> IV. Administer for one 4-week cycle, <b>followed by maintenance therapy with:</b> <b>Days 1,8,15,22:</b> Rituximab 375mg/m <sup>2</sup> IV. Repeat cycle every six months for 2 years.
Rituximab + Bendamustine <sup>16,60,71,72,k,l</sup> <i>Rituximab requires premedication</i>	<b>Days 1-2:</b> Bendamustine 90-120mg/m <sup>2</sup> IV over 10-60 minutes (based on product selection) daily <b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV. Repeat cycle every 4 weeks for a maximum of 6 cycles.
Rituximab + DHAP (Dexamethasone/Cisplatin/ High-dose Cytarabine) <sup>20,21,60,68 d,h,k,l</sup> <i>Rituximab requires premedication.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Days 1-4:</b> Dexamethasone 40mg orally or IV daily <b>Day 1:</b> Cisplatin 100mg/m <sup>2</sup> IV continuous infusion over 24 hours <b>Day 2:</b> Cytarabine 2,000mg/m <sup>2</sup> IV over 3 hours every 12 hours. Repeat cycle every 3-4 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates).
Rituximab + ESHAP (Etoposide/ Methylprednisolone/High-dose Cytarabine/Cisplatin) <sup>22-24,60,68,d,h,k,l</sup> <i>Rituximab requires premedication.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Days 1-4:</b> Etoposide 40mg/m <sup>2</sup> IV over 60 minutes daily <b>Days 1-4:</b> Methylprednisolone 500mg IV over 15 minutes daily <b>Days 1-4:</b> Cisplatin 25mg/m <sup>2</sup> IV continuous infusion over 24 hours daily <b>Day 5:</b> Cytarabine 2,000mg/m <sup>2</sup> IV over 3 hours. Repeat cycle every 3-4 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates).
Rituximab + ICE (Ifosfamide/ Carboplatin/ Etoposide) <sup>21,29,31,60-68,l,l</sup> <i>Rituximab requires premedication.</i>	<b>Inpatient:</b> <b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Days 1-3:</b> Etoposide 100mg/m <sup>2</sup> IV over 1 hour daily <b>Day 2:</b> Carboplatin AUC 5 IV over 30 minutes <b>Day 2:</b> Ifosfamide 5,000mg/m <sup>2</sup> IV continuous infusion over 24 hours, <b>concurrent with:</b> <b>Day 2:</b> Mesna 5,000mg/m <sup>2</sup> IV continuous infusion over 24 hours. Repeat cycle every 2-3 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates). <b>Outpatient:</b> <b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Days 1-3:</b> Etoposide 100mg/m <sup>2</sup> IV over 30 minutes daily <b>Day 1:</b> Carboplatin AUC 5 IV over 1 hour <b>Days 1-3:</b> Ifosfamide 1,667mg/m <sup>2</sup> IV over 2-3 hours daily (total dose 5000mg/m <sup>2</sup> over 3 days), <b>concurrent with:</b> <b>Days 1-3:</b> Mesna 1,667mg/m <sup>2</sup> IV over 2-3 hours daily (total dose 5000mg/m <sup>2</sup> over 3 days). Repeat cycle every 3 weeks for 2 cycles.

continued

# Hodgkin Lymphoma Treatment Regimens

## ► NLPHL<sup>1,a</sup> (continued)

REGIMEN	DOSING
<b>Refractory and Suspected Relapse NLPHL<sup>a</sup> (continued)</b>	
<b>Primary Treatment (continued)</b>	
<b>Rituximab + IGEV (Ifosfamide/ Gemcitabine/Vinorelbine/ Prednisone)</b> <sup>32,60,68,d,j-l</sup> <i>Rituximab requires premedication.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Days 1-4:</b> Mesna 400mg/m <sup>2</sup> IV over 15 minutes three times day (one dose before ifosfamide, then at 4 and 8 hours from the start of each ifosfamide dose on Days 1-4) <b>Days 1-4:</b> Ifosfamide 2,000mg/m <sup>2</sup> IV over 3 hours daily <b>Days 1 and 4:</b> Gemcitabine 800mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Vinorelbine 20mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1-4:</b> Prednisone 100mg orally daily. Repeat cycle every 3 weeks for 2-4 cycles (transplant candidates) or 4-8 cycles (nontransplant candidates).
<b>If Not Previously Used:</b>	
<b>R-ABVD (Rituximab + Doxorubicin/Bleomycin/ Vinblastine/Dacarbazine)</b> <sup>60-63,b,c,k,l</sup> <i>Rituximab requires premedication and consider premedication with Bleomycin.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Days 1 and 15:</b> Doxorubicin 25mg/m <sup>2</sup> IV push <b>Days 1 and 15:</b> Bleomycin 10units/m <sup>2</sup> IV over 10 minutes <b>Days 1 and 15:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1 and 15:</b> Dacarbazine 375 mg/m <sup>2</sup> IV over 30 minutes. Repeat cycle every 4 weeks for 6 cycles.
<b>R-CHOP (Rituximab + Cyclophosphamide/Doxorubicin/ Vincristine/Prednisone)</b> <sup>60,64,65,c,d,k,l</sup> <i>Rituximab requires premedication.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Day 1:</b> Cyclophosphamide 750mg/m <sup>2</sup> IV over 30 minutes <b>Day 1:</b> Doxorubicin 50mg/m <sup>2</sup> IV push <b>Days 1:</b> Vincristine 1.4mg/m <sup>2</sup> (maximum 2 mg) IV over 5 - 10 minutes <b>Days 1-5:</b> Prednisone 100mg orally daily, Repeat cycle every 3 weeks for 6 cycles.
<b>R-CVbP (Rituximab + Cyclophosphamide/Vinblastine/ Prednisolone)</b> <sup>60,64,66,k,l</sup> <i>Rituximab requires premedication.</i>	<b>Day 1:</b> Rituximab 375mg/m <sup>2</sup> IV <b>Day 1:</b> Cyclophosphamide 500mg/m <sup>2</sup> IV over 30 minutes <b>Days 1 and 8:</b> Vinblastine 6mg/m <sup>2</sup> IV over 5-10 minutes <b>Days 1-8:</b> Prednisolone 40mg/m <sup>2</sup> orally daily. Repeat cycle every 3 weeks for 3 cycles.

<sup>a</sup> AHCT = autologous hematopoietic cell transplant; CHL = classic Hodgkin Lymphoma; CS = clinical stage; HDT = high-dose therapy; NLPHL = nodular lymphocyte predominant Hodgkin Lymphoma.

<sup>b</sup> Consider premedication for anaphylactoid reaction for Bleomycin: acetaminophen 650mg orally 30-60 minutes pre-bleomycin and/or diphenhydramine 12.5-50mg IV or orally 30-60 minutes pre-bleomycin.

<sup>c</sup> Doxorubicin is an anthracycline. Cumulative anthracycline dosage should be monitored.

<sup>d</sup> Administration of myeloid growth factors are recommended for this regimen.

<sup>e</sup> Oral hydration is strongly encouraged with Cyclophosphamide; poorly hydrated patients may need supplement IV hydration. Patients should attain combined oral and IV hydration of 2,000 to 3,000mL/day on day of chemotherapy.

<sup>f</sup> Consider premedication for Brentuximab vedotin for hypersensitivity: acetaminophen 650-1,000mg orally 30-60 minutes pre-brentuximab vedotin AND diphenhydramine 12.5-50mg IV or orally 30-60 minutes pre-brentuximab vedotin WITH OR WITHOUT corticosteroid per institution protocol 30-60 minutes pre-brentuximab vedotin (consider for subsequent infusions if prior reaction).

<sup>g</sup> Early- and late-onset immune-related adverse events affecting multiple organ systems can occur in patients receiving immune checkpoint inhibitors. Patients with neurologic or life-threatening autoimmune disorders as well as those receiving high levels of immunosuppression for their underlying disease should be approached with caution when considering immunotherapy. All patients will require extensive resources including ongoing intensive monitoring and supportive care.

<sup>h</sup> Hydration is required with supplemental electrolytes pre- and post-administration of Cisplatin.

<sup>i</sup> Do not substitute with standard Doxorubicin on a mg per mg basis. Product doses are different.

<sup>j</sup> Hydration is required pre- and post-administration of Ifosfamide.

<sup>k</sup> An FDA-approved biosimilar is an acceptable substitution for Rituximab.

<sup>l</sup> For Rituximab: Premedication for infusion reactions is required. The recommended dosing is: Diphenhydramine 12.5-50mg IV/orally 30-60 minutes pre-Rituximab AND Acetaminophen 650mg orally 30-60 minutes pre-Rituximab.

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# Hodgkin Lymphoma Treatment Regimens

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# Hodgkin Lymphoma Treatment Regimens

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