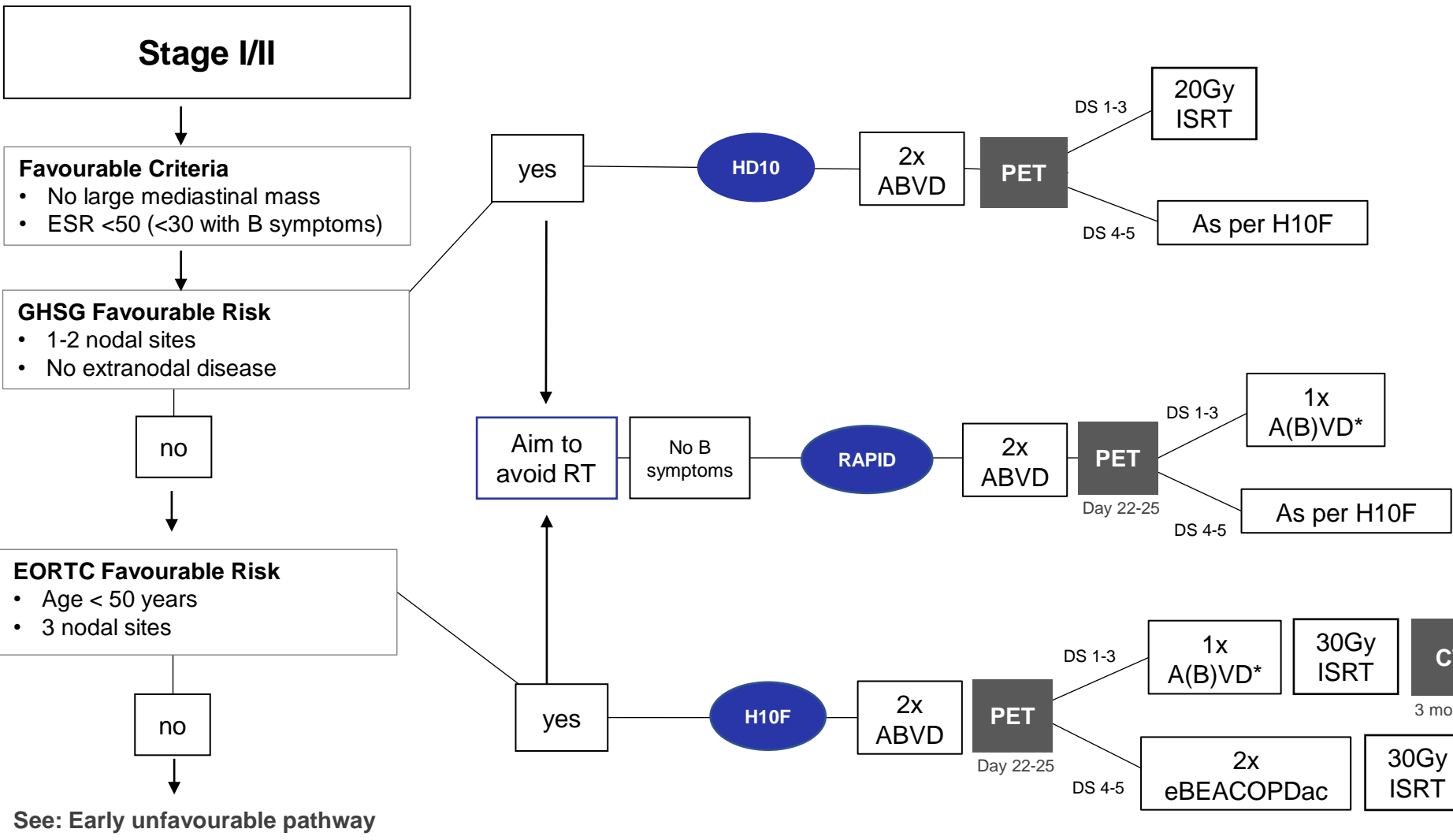


KHP Early stage favourable cHL pathway

(Fit patients, ≤ 60 years)

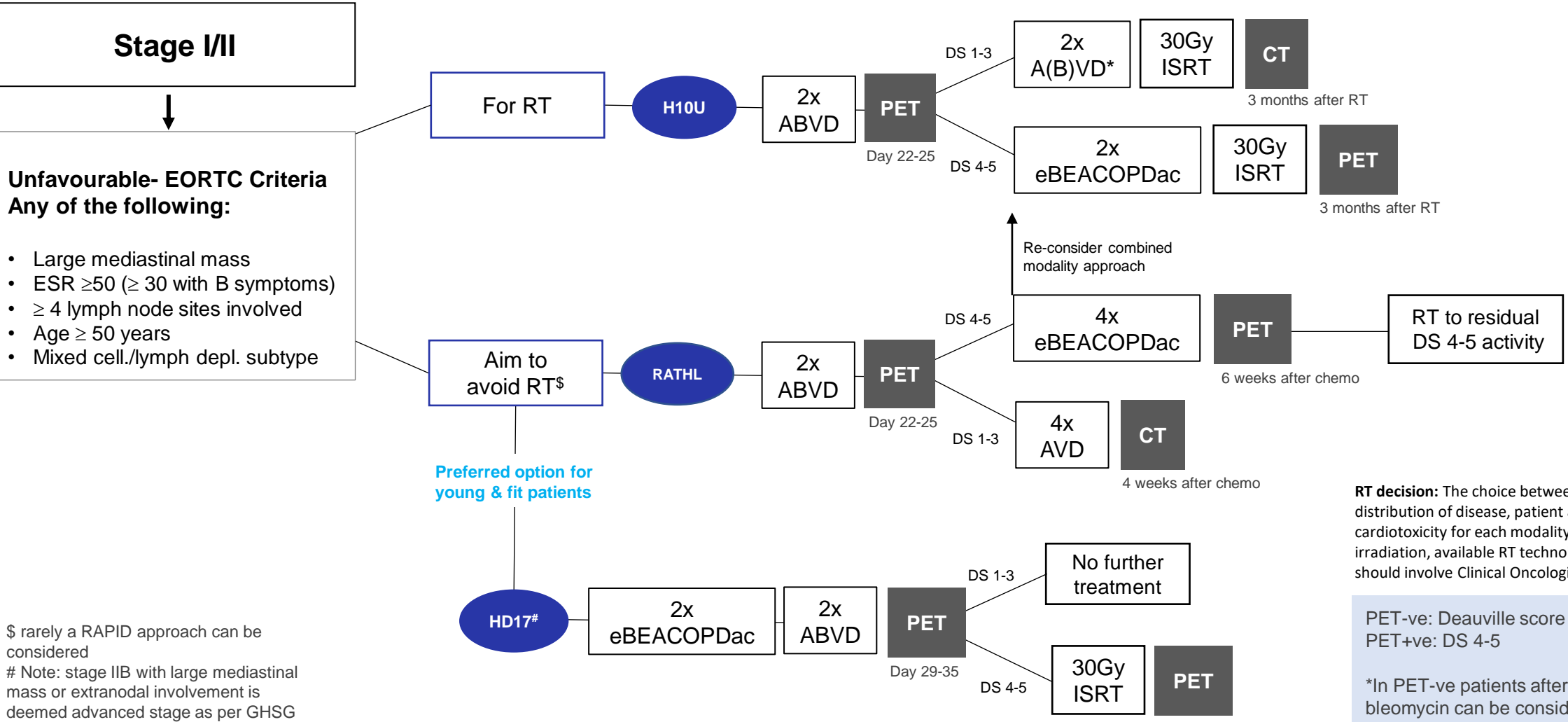


RT decision: The choice between options should consider distribution of disease, patient age and sex, likelihood of cardiotoxicity for each modality and extent of breast tissue irradiation, available RT technology and patient choice and should involve Clinical Oncologists.

PET-ve: Deauville score (DS) 1-3
 PET+ve: DS 4-5
 *In PET-ve patients after 2x ABVD, omission of bleomycin can be considered if clinical concern

KHP Early stage unfavourable cHL pathway

(Fit patients, ≤ 60 years)



- Unfavourable- EORTC Criteria**
Any of the following:
- Large mediastinal mass
 - ESR ≥50 (≥ 30 with B symptoms)
 - ≥ 4 lymph node sites involved
 - Age ≥ 50 years
 - Mixed cell./lymph depl. subtype

RT decision: The choice between options should consider distribution of disease, patient age and sex, likelihood of cardiotoxicity for each modality and extent of breast tissue irradiation, available RT technology and patient choice and should involve Clinical Oncologists.

PET-ve: Deauville score (DS) 1-3
PET+ve: DS 4-5

*In PET-ve patients after 2x ABVD, omission of bleomycin can be considered if clinical concern

\$ rarely a RAPID approach can be considered
Note: stage IIB with large mediastinal mass or extranodal involvement is deemed advanced stage as per GHSG