



The young side of
LYMPHOMA

gli under 40 a confronto

Pescara, Auditorium Petruzzi
11-12 ottobre 2024

**Terapia di prima linea nel
linfoma di Hodgkin classico,
localizzato sfavorevole**

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Disclosures of Name Surname

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Kyowa Kirin					x		

Clinical case

- Male, 38 years old.
- March 2022: left inguinale node biopsy with diagnosis of classical Hodgkin lymphoma, mixed cellularity
- PET/CT: Stage II A, early unfavorable (3 infradiaphragmatic nodal areas, VES).

- **Therapeutic program 4 ABVD + RT 30Gy**
- PET2 (June 2022): DS4 (positive left obturator LN, decreased in size) discussed in the Tumour Board Meeting (TBM). Symptoms absent.

What would you chose?

a) Continue ABVD until PET4: if negative consolidate with RT

b) Escalate to BEACOPPesc

c) Continue ABVD and early check after 3° cycle

d) Switch to BEGEV

BEACOPPesc was started for 2 cycles

(dose reduction during C2 due to febrile neutropenia)

- PET4 (August 2022): DS4 in the left obturator area.
Discussed in TBM, possibile urethral localization.

What would you do?

a) Rescan with PET/CT in a month

b) Proceed to RT, with extra RT boost of 36 Gy

c) Proceed to RT, with standard dose of 30 Gy

d) Start II line with BEGEV + ASCT

30 Gy RT was performed

(September-October 2022)

EOT PET/TC (January 2023): DS5 lesions in left supraclavicular LN and in the Glisson's capsule (VII hepatic lobe). Suspected sternal and retro renal localization. No CT alterations.

How would you proceed?

- a) PET/TC in 1 month***
- b) Avoid biopsy and directly start BEGEV***
- c) Needle biopsy in the most accessible site***

CT scan was performed after 1 month

14x11mm left supraclavicular LN and 13x19mm area in the Glisson's capsule (VII hepatic lobe); retro renal nodule; suspected sternum localization.

Left supraclavicular LN biopsy confirmed relapsed classic HL.

Stage IV A (bone, liver).



4 BEGEV + ASCT