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What to Do With Deauville 3 Interim Positron Emission Tomography/Computed Tomography Response in a Young Woman With Classic Unfavorable Hodgkin's Lymphoma: To Irradiate or Not to Irradiate?

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A 29-year-old woman with stage IIBX classic Hodgkin's lymphoma presented with a 5.1×7.6 -cm (mass to mediastinal ratio 0.34) anterior mediastinal mass and additional involvement of the subcarinal, posterior mediastinal, and right infraclavicular lymph nodes (Fig. 1). The patient was otherwise healthy, a lifelong nonsmoker, and European Cooperative Oncology Group performance status 0. She had a National Comprehensive Cancer Network International Prognostic Score of 1. She received 2 cycles of adriamycin, bleomycin, vinblastine, and dacarbazine (ABVD), and interim positron emission tomography demonstrated Deauville 3 response (Fig. 1).

Question

1. What is your treatment recommendation?
  - a. Intensify treatment to 2 cycles of escalated bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, and prednisone for a total of 4 cycles, followed by involved-site radiation therapy (ISRT) to 30–36 Gy.
  - b. Continue with a total of 4 cycles of ABVD, followed by ISRT to 30–36 Gy.
  - c. Continue with a total of 6 cycles of ABVD without ISRT.
  - d. Continue with a total of 6 cycles of ABVD, followed by ISRT to 30–36 Gy.
  - e. Continue with a total of 4 cycles of AVD without ISRT.

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Fig. 1. Positron emission tomography/computed tomography imaging of Hodgkin's lymphoma, visualizing the anterior mediastinal mass and subcarinal lymph nodes. Before chemotherapy (top) and after 2 cycles of adriamycin, bleomycin, vinblastine, and dacarbazine (bottom), demonstrating Deauville 3 response with maximal standard uptake value of 2.9 for the anterior mediastinal mass, mediastinal blood pool 2.6, and liver 3.2.