

National Imaging Associates, Inc. *	
Clinical guidelines: HODGKIN LYMPHOMA	Original Date: June 2013
Radiation Oncology	Last Revised Date: January 2022
Guideline Number: NIA_CG_132	Implementation Date: January 2023

INDICATIONS FOR RADIATION THERAPY AND TREATMENT OPTIONS

2D and 3D conformal radiation therapy techniques are considered medically necessary for treatment of Hodgkin Lymphoma.¹

Stage I-II (nonbulky disease)

- Chemotherapy + radiation therapy (20-30Gy) up to 20 fractions

Stage IB-IIB (nonbulky disease)

- Chemotherapy + radiation therapy (30Gy) up to 20 fractions

Stage I-IV (bulky disease)

- Chemotherapy + radiation therapy (30-36Gy) up to 24 fractions

Palliative

- Up to 10 fractions of external radiation may be indicated for symptom control

Radiation therapy alone is uncommon (except for lymphocyte predominant Hodgkin lymphoma). If used, doses of 30-36Gy (up to 20 fractions) is recommended for uninvolved regions, 25-30Gy (up to 17 fractions)

TREATMENT OPTIONS REQUIRING PHYSICIAN REVIEW

Intensity Modulated Radiation Therapy (IMRT)

IMRT is not indicated as a standard treatment option and should not be used routinely for the delivery of radiation therapy for Hodgkin lymphoma. IMRT is strictly defined by the utilization of inverse planning modulation techniques. IMRT may be appropriate for limited circumstances in which radiation therapy is indicated and 3D conformal radiation therapy (3D-CRT) techniques cannot adequately deliver the radiation prescription without exceeding normal tissue radiation tolerance, the

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delivery is anticipated to contribute to potential late toxicity or tumor volume dose heterogeneity is such that unacceptable hot or cold spots are created.

Clinical rationale and documentation for performing IMRT rather than 2D or 3D-CRT treatment planning and delivery will need to:

- Demonstrate how 3D-CRT isodose planning cannot produce a satisfactory treatment plan (as stated above) via the use of patient-specific dose volume histograms and isodose plans.
- Provide tissue constraints for both the target and affected critical structures.

NCCN panel recommends limiting Mean Lung Dose to < 13.5Gy, V20 <30%, and V5 <55%.

Stereotactic Body Radiation Therapy

Stereotactic Body Radiation Therapy (SBRT) is not currently a routine treatment option for the treatment of Hodgkin's lymphoma. SBRT may be appropriate for patients with tumors arising in or near a previously irradiated region to minimize risk to surrounding normal tissues.² If requested, this would require peer to peer review to determine medical necessity.

Proton Beam Radiation Therapy

Proton beam is not an approved treatment option for Hodgkin Lymphoma. Proton beam has not been proven superior treatment to conventional radiation therapy.

THE FOLLOWING APPLIES TO CMS (MEDICARE) MEMBERS ONLY

For Proton Beam and Stereotactic Radiotherapy, refer to Local Coverage Determination (LCD), if applicable.

BACKGROUND

Due to the significant improvement in treatment for this disease, Hodgkin disease is further classified into classical Hodgkin lymphoma (that accounts for 95% of all Hodgkin cases) and lymphocyte predominant Hodgkin lymphoma. Staging for Hodgkin lymphoma is based on the Ann Arbor staging system (stage I-IV), further subdivided into "A" (no systemic symptoms presents) and "B" (weight loss of >10%, fevers, or night sweats). Unfavorable prognostic factors include bulky mediastinal disease, nodal mass >10 cm, numerous sites of disease, significantly elevated erythrocyte sedimentation rate, or B symptoms. Treatment recommendations are typically based on three subgroups of Hodgkin lymphoma: early stage favorable (stage I-II with no unfavorable factors), early stage unfavorable (stage I-II with any unfavorable factors as mentioned above), and advanced stage disease (stage III and IV). When radiation therapy is used for the treatment of Hodgkin disease, it is usually in combination with chemotherapy. If chemotherapy is used alone, radiation therapy can be used for relapse.

POLICY HISTORY

Date	Summary
February 2022	Added NCCN panel recommends limiting Mean Lung Dose to < 13.5Gy, V20 <30%, and V5 <55%.
February 2021	Added content to clarify SBRT
February 2020	Updated references
February 2019	Added and updated references

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ADDITIONAL RESOURCES

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Reviewed / Approved by NIA Clinical Guideline Committee

GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

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