

**SWOG S0816 - A Phase II Trial of Response-Adapted Therapy of Stage III-IV Hodgkin Lymphoma using Early Interim FDG-PET Imaging**

*Fast Facts*

**No drugs provided**

**ELIGIBILITY CRITERIA**

1. All patients must have previously untreated Stage III or IV classical Hodgkin lymphoma (nodular sclerosing, mixed cellularity, lymphocyte-rich, or lymphocyte depleted). **Nodular lymphocyte predominant Hodgkin Lymphoma is not eligible.** All histology will be reviewed centrally.
2. Pathology Review: Adequate sections and a paraffin block from the original diagnostic specimen must be available for submission for review by the lymphoma pathology group as outlined in Section 12.0. If the entire paraffin block cannot be sent, cores or punches from these blocks are acceptable. An adequate biopsy requires sufficient tissue to establish the architecture and a WHO histologic subtype with certainty. Thus, core biopsies, especially multiple core biopsies MAY be adequate; whereas, needle aspirations or cytologies are not adequate.
3. Patients must be offered the opportunity to consent to the correlative science studies as outlined in Section 15.0. Patients are encouraged to submit tissue and serum for the correlative science studies as outlined in Section 15.0; however, specimen submission is not a requirement for participation in the study.
4. Patients must be age 18-60, inclusive. Due to concerns about the toxicity of the BEACOPP regimen, patients over the age of 60 are not eligible.
5. All patients must have bidimensionally measurable disease (defined in Section 10.1a) documented on the Lymphoma Baseline Tumor Assessment Form (Form #48010) within 28 days prior to registration. Patients with non-measurable disease (defined in Section 10.1b) in addition to measurable disease must have all non-measurable disease assessed with 42 days prior to registration.
6. Patients must have a unilateral or bilateral bone marrow biopsy performed within 42 days prior to registration.
7. Patients must have a diagnostic quality CT scan of the chest/abdomen and pelvis AND baseline FDG-PET scan (see Section 7.4) performed within 28 days prior to registration. **Low resolution "localization" CT scans performed as part of a combined PET/CT scan are not adequate for enrollment or response determination on this protocol.** However, if the CT scan of a PET/CT hybrid is performed with both oral and IV contrast with contrast enhancement in the arterial and/or portal venous phase, is at least a 2-slice CT, is acquired with at least 80 mAs and CT scans are obtained with contiguous sections, with a maximum of 5 mm slice thickness, then the pre-treatment and any post therapy PET/CT scan alone will suffice for patients enrolled on this trial.
8. Patients must not have received prior chemotherapy, radiation, or antibody therapy for lymphoma.
9. Patients must have a Zubrod performance status of 0 - 2 (see Section 10.4).
10. Serum erythrocyte sedimentation rate (ESR), LDH, hemoglobin, albumin, WBC, and lymphocytes must be measured within 28 days prior to registration.
11. Patients with a history of hypertension or cardiac symptoms must have a MUGA scan or an echocardiogram (ECHO) with no significant abnormalities and a cardiac ejection fraction  $\geq 45\%$  within 42 days prior to registration.
12. Patients must not be sero-positive for Hepatitis B (Hepatitis B surface antigen positive or anti-hepatitis B core antigen positive) or sero-positive for Hepatitis C (anti-Hepatitis C antibody positive). However, patients who are immune to hepatitis B (anti-Hepatitis B surface antibody positive) are eligible (e.g. patients immunized against hepatitis B).
13. Patient HIV status must be known prior to registration. HIV-positive patients must not have multi-drug resistant HIV infection, CD4 counts  $< 350/\text{mcL}$  or other concurrent AIDS-defining conditions. HIV-positive patients are eligible if they have CD4 counts  $\geq 350/\text{mcL}$ , but will be analyzed separately in an independent cohort.
14. Patients must not have significant lung disease with abnormal lung function tests (DLCO  $> 25\%$  below predicted after correction for hemoglobin) unless it is attributable to lymphoma. Patients must not be requiring continuous supplemental oxygen therapy.
15. Patients must not have had prior solid organ transplantation.
16. No other prior malignancy is allowed except for the following: adequately treated basal cell or squamous cell skin cancer, in situ cervical cancer, adequately treated Stage I or II cancer from which the patient is currently in complete remission, or any other cancer from which the patient has been disease-free for 5 years.

17. Patients must not be pregnant or nursing due to the potential for congenital abnormalities and the potential of this regimen to harm nursing infants. Women/men of reproductive potential must have agreed to use an effective contraceptive method during the study period and for at least 6 months after the completion of therapy.
18. All patients must be informed of the investigational nature of this study and must sign and give written informed consent in accordance with institutional and federal guidelines.
19. At the time of patient registration, the treating institution's name and ID number must be provided to the Data Operations Center in Seattle in order to ensure that the current (within 365 days) date of institutional review board approval for this study has been entered into the data base.

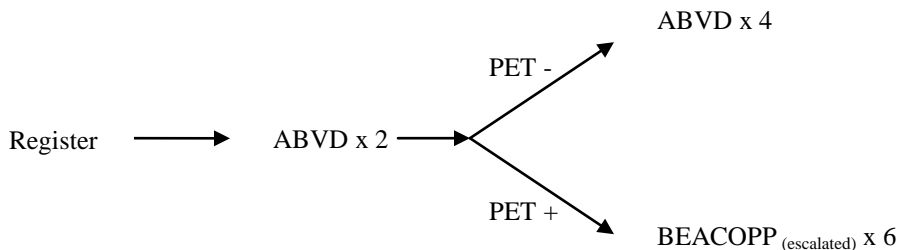
**SECOND REGISTRATION**

1. Patients must have completed 2 cycles of ABVD with no evidence of disease progression.
2. Baseline and interim PET/CT scans must have been submitted promptly for centralized review to the CALGB Imaging Core Laboratory (CALGB ICL) as outlined in Sections 7.5, 15.5, 15.6 and 19.2.
3. Patients must be planning to begin either continued ABVD or BEACOPP (escalated dose for HIV-negative patients, standard for HIV-positive patients) within 10 days after interim PET/CT (see Sections 7.6-7.8) is done.

**Pre-study Parameters**

1. History and physical including weight, performance status, tumor assessment
2. Labs including electrolytes, absolute lymphocytes count, Albumin, LDH, Erythrocyte sedimentation rate, hepatitis B and C screening, HIV screening, bone marrow biopsy. The following are for good medical practice: CBC with differential, serum Creatinine, Bilirubin, FSH, LH, estradiol or testosterone level, urinalysis, uric acid, AST/ALT/Alk phos, fertility consultation. For HIV + patients, HIV viral load and CD4 count.
3. Pulmonary function tests (including DLCO)
4. Scans including CT chest/abdomen/pelvis (diagnostic quality with contrast), FDG-PET/CT\*, EKG, Echo or MUGA if clinically indicated.  
\* See section 15.5, 15.6 and 19.2 for specifications.

**Treatment**



HIV positive patients will receive standard BEACOPP treatment.  
 No drugs provided.  
 See section 7.0 for complete treatment plan.