

23rd

INTERNATIONAL
ULTMANN
CHICAGO
LYMPHOMA
SYMPOSIUM

APRIL 10-11, 2026

JW MARRIOTT CHICAGO
#IUCLS2026



Hodgkin Lymphoma Case Presentation

Max Kelsten, MD

This activity is jointly provided by:



Conflict of Interest

I have no financial disclosures

65yo F with Incidental Lymphocytosis

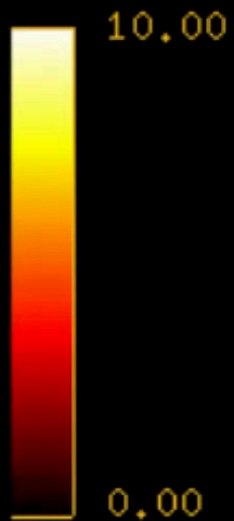
- 2016: ALC 11k, PB flow c/w CLL, FISH del 13q and trisomy 12, IgHV unmutated
- 5/2020: AIHA with Hb 5.4, Hb improves with IVIG and steroids. Starts acalabrutinib
- 11/2023: Develops slowly enlarging left neck mass
- 5/2024: Mass biopsy consistent with CLL/SLL with occasional large atypical cells. Continues acalabrutinib with close monitoring
- 2/2026: Rapidly enlarging L neck mass, otherwise asymptomatic; obtains PET-CT

I: 82.0

Ex: Feb 05 2026

Im: 1

DFOV 49.4 cm



L
2
4
7

50 % PET

3.3/

3.3mm /3.3sp

m=0.00 M=10.00 g/ml

P 247

-999999.000000

I: 417.8

Ex: Feb 05 2026

Im: 104

DFOV 49.4 cm

10.00

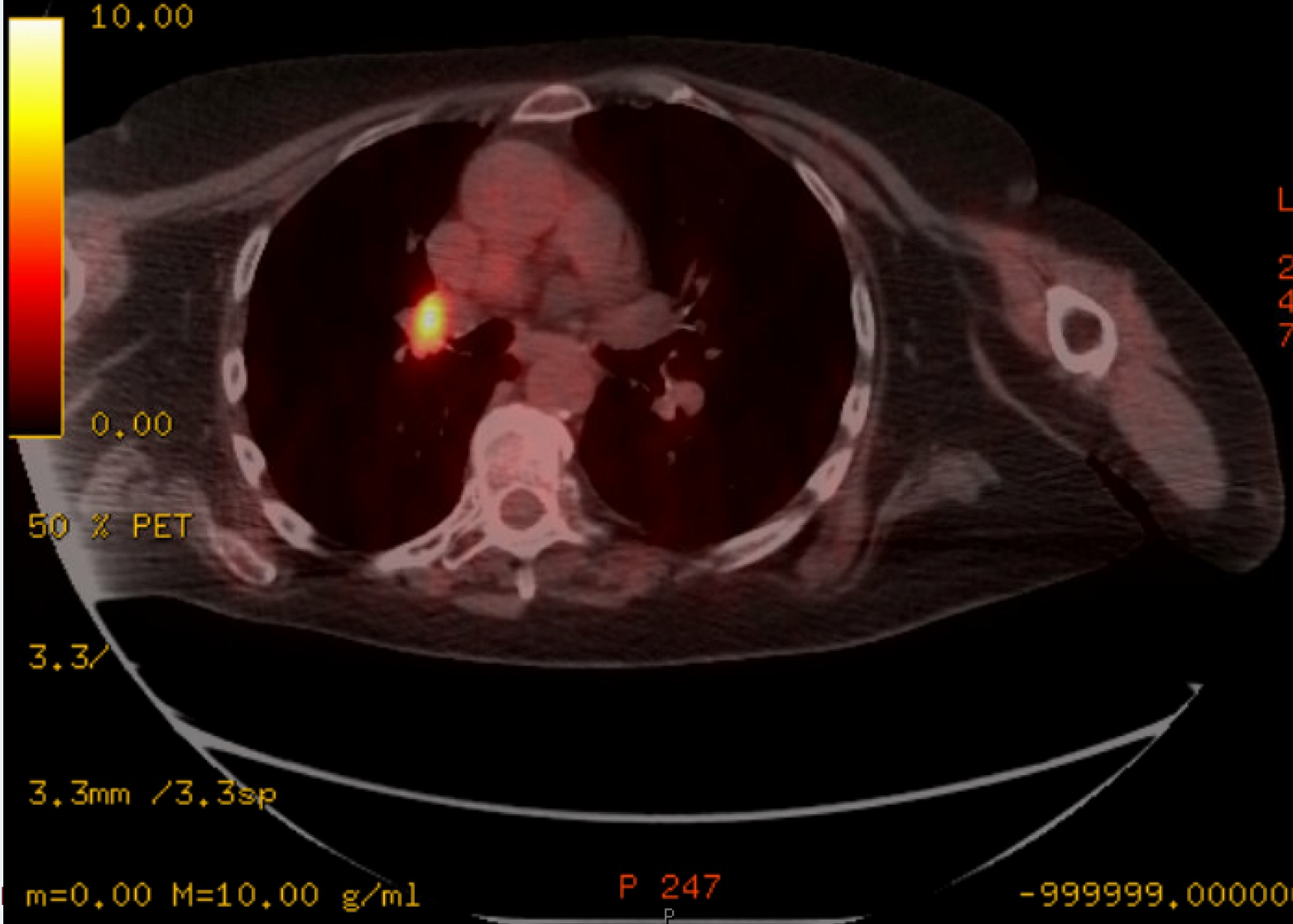
0.00

50 % PET

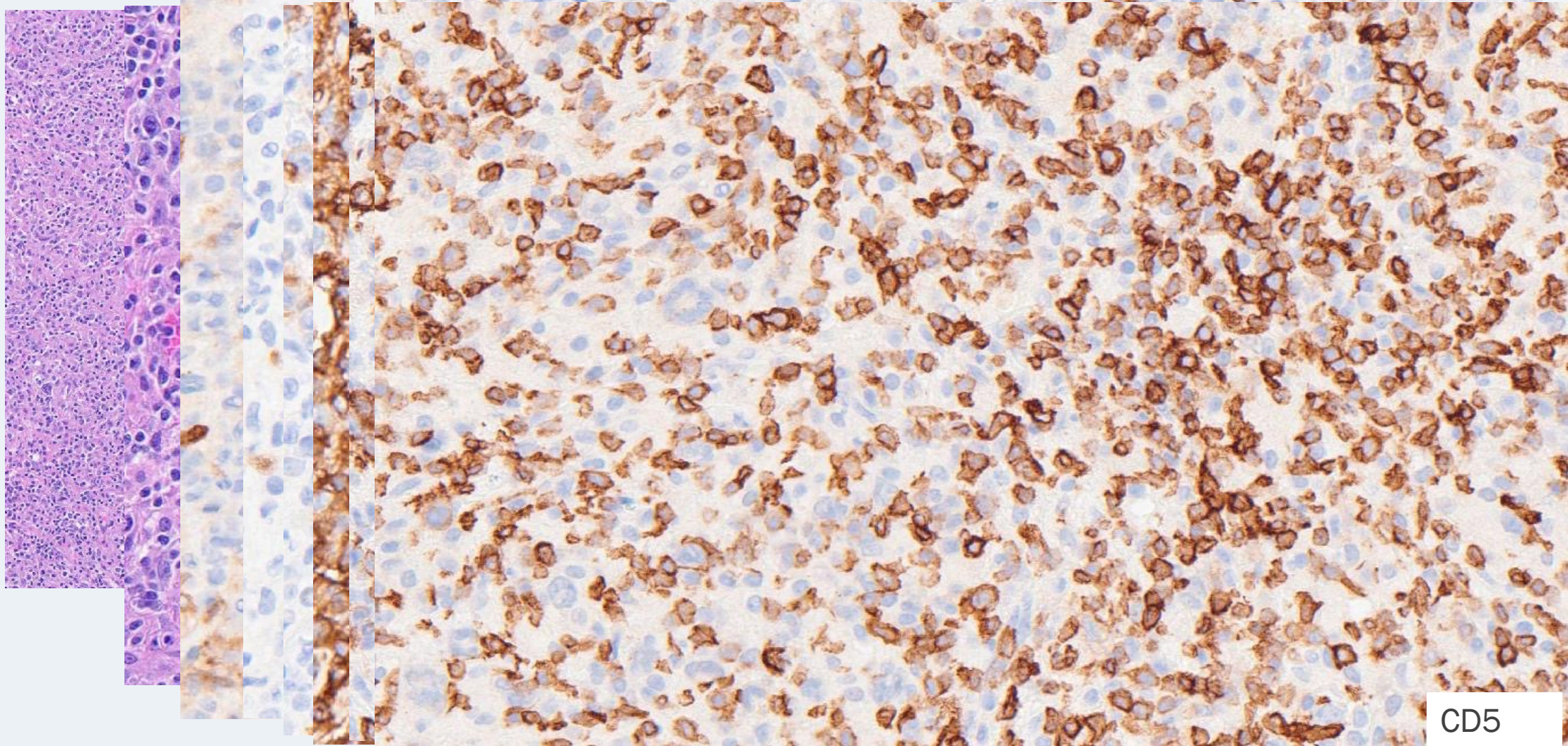
3.3/

3.3mm /3.3sp

L
2
4
7



Pathology



Discussion

- Regimen selection in early stage cHL? Inclusion of ISRT?
- Approach to management in older patients?
- Approach to management of Richter's Transformation to Hodgkin Lymphoma?



Defining Disease Risk: E-HIPI

- 2-year PFS risk stratification model for early cHL published in 2025
- Model developed from 3000 patients and validated in two cohorts
- Includes sex, maximum tumor diameter, albumin, hemoglobin
- Outperformed EORTC favorable/unfavorable status re: association with PFS

https://rtools.mayo.edu/holistic_ehipi/

Enter the patient's clinical characteristics below:

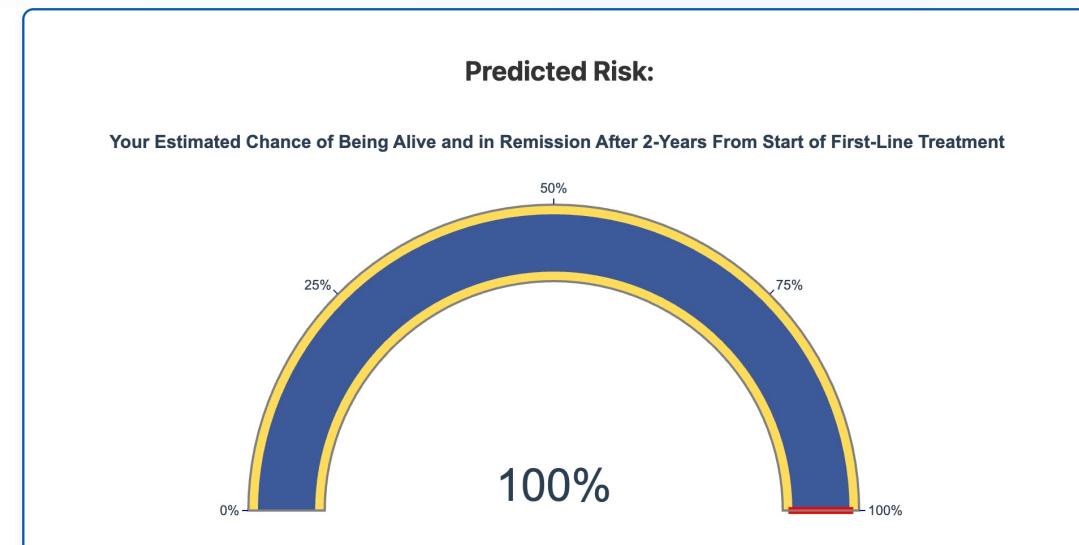
Sex:
 Female Male

Maximum Tumor Diameter (cm):
1.5 2.9 4.3 5.7 7.1 8.5 9.9 11.3 12.7 14.1 15
5

Albumin (g/dL):
2.5 2.9 3.3 3.7 4.1 4.5 4.9 5.3 5.7 6
4

Hemoglobin (g/dL):
5 6.2 7.4 8.6 9.8 11 12.2 13.4 14.6 15.8 16.5
13

Calculate Risk

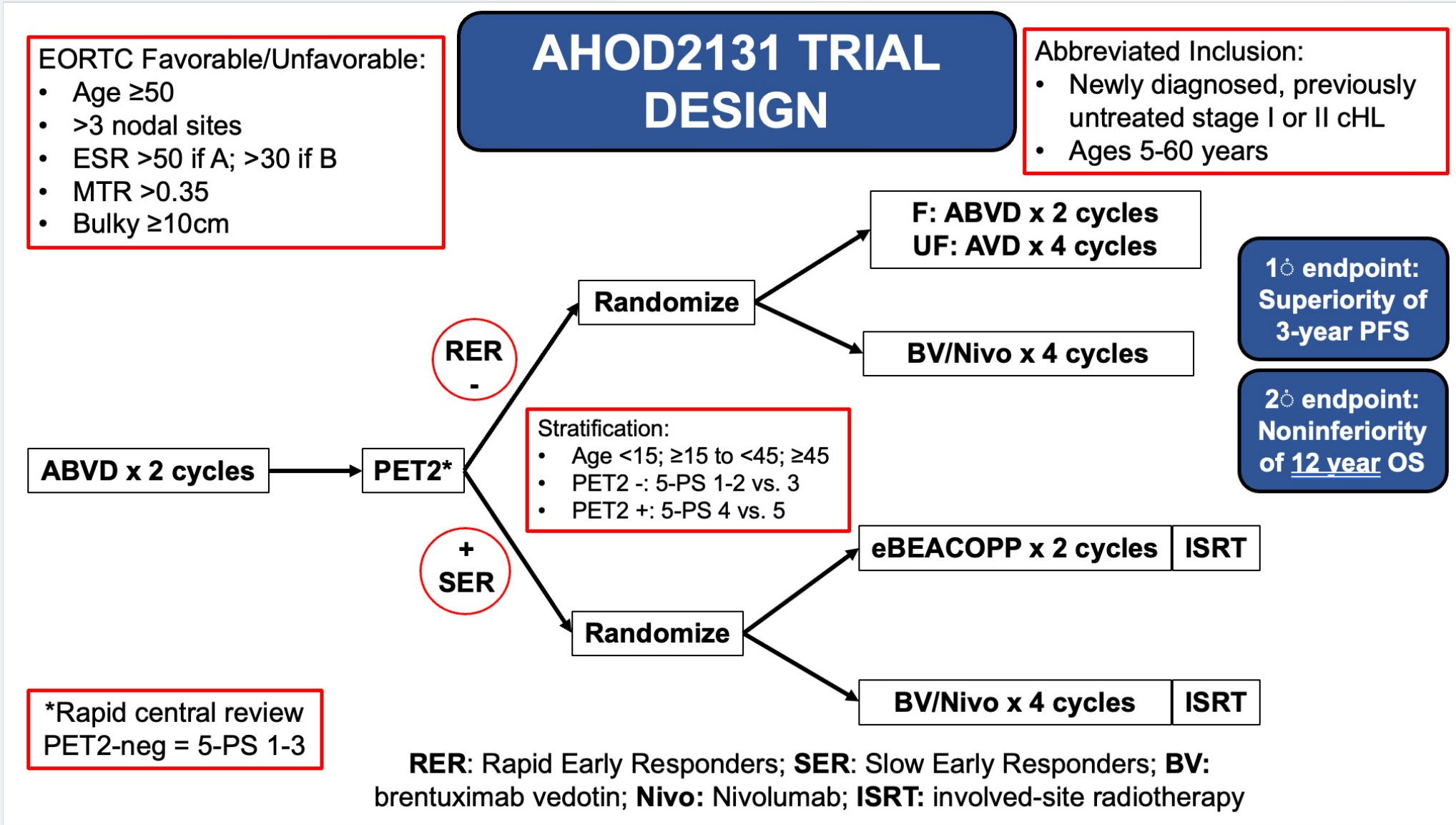


Treatment of Early Stage cHL

- Favorable vs Unfavorable
- Favorable: ABVD (2-4C) +/- ISRT, PET-adapted therapy/escalation¹⁻³
- Unfavorable: ABVD (4-6C) +/- ISRT, PET-adapted therapy/escalation^{2,4}
- Unfavorable alternative: N- or BV-AVD x4 + ISRT or BrECADD PET-adapted 4-6C⁵⁻⁷
- S1826 showed excellent superiority of N-AVD with excellent tolerability in advanced stage disease⁸

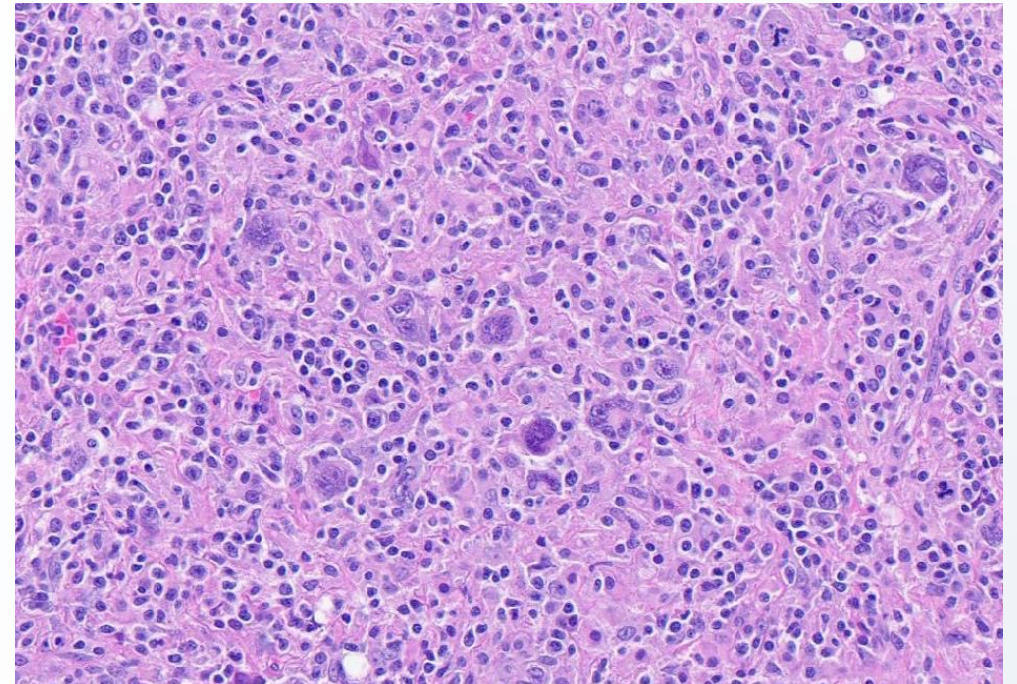
1. N Engl J Med 2010;363:640-652. 2. J Clin Onc 2017;35(16):1786-1794. 3. N Engl J Med 2015;372:1598-1607 4. J Clin Onc 2010;28(27):4199-206. 5. J Clin Onc 2023;41(2):27-335. 6. J Clin Onc 2023;41(6):1193-1199. 7. Lancet 2024;404(10450):341-352. 8. N Engl J Med. 2024 Oct 17;391(15):1379-1389.

Treatment of Early Stage cHL – AHOD2131



Treatment of Richter's Transformation

- Classically treated with histology-concordant therapy if clinical trial is not available/appropriate
- Emerging data for immune checkpoint inhibitors in DLBCL-type RT¹⁻³
- Limited data on Hodgkin RT, recommended to treat with cHL regimens



1. Blood 2017;129(26):3419-3427. 2. Lancet Haematol 2019;6(2):e67-78. 3. Lancet Oncol 2024;25(10):1298-1308.

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Thank you!
