

# ILROG Lymphoma Mini-Atlas

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Funding: None

Conflicts of Interest: None

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## Introduction

Treatment of patients affected with hematologic malignancies is challenging owing to the various sites to be treated and the challenges associated with avoiding different organs-at-risk. Owing to the introduction of chemotherapy that improved the outcome of patients across majority of disease sites, by controlling the systemic disease, the role of radiation had to adapt to and radiation now needs to be limited to only the target at the initial disease site. Therefore, the old large involved fields had to be abandoned and replaced by reduced fields that became what we now refer to as Involved Site Radiation Therapy (ISRT). New guidelines on how to apply ISRT have been recently published by ILROG to guide clinicians (1,2,3,5). The main goal of ISRT is to modernize our use of radiation especially in the setting of combined-modality therapy to contribute to patients' cure while achieving minimal treatment-related toxicity.

It is important to remember that the doses we use in hematological malignancies are consistently lower than any other malignancy, and add to this that avoiding normal critical organs is a

priority, for patients are young and have many years to live after cure; therefore, we commonly looked at the 5 Gray line to emphasize that we cannot use same constraints accepted for the treatment of solid tumors, and to encourage clinicians to push harder off the critical organs.

The following examples are short illustrations of actual scenarios, with a brief summary of the presentation, but mostly detailing the contouring and planning method of each of the sites presented. These examples are a collaborative work gathered with the consensus of what is considered the best accepted practice on how to apply the new ILROG guidelines, by the experts authors who put forth this document.

These examples are to serve as a handy quick practical guide to everyday clinical practice. Readers need to use these examples only as a guide and should assume that both the techniques and doses used here can be appropriately changed on a case-by-case basis.

#### Table of Contents

- Head and neck (diffuse large B cell lymphoma)
- Nasal (NK T cell lymphoma)
- Sinus (diffuse large B cell lymphoma)
- Orbits (marginal zone lymphoma, mantle cell lymphoma)
- Axilla (lymphocyte predominant Hodgkin's disease)
- Stomach (diffuse large B cell lymphoma)
- Mesenteric (diffuse large B cell lymphoma)
- Groin (follicular lymphoma)
- Bones (multiple myeloma)
- Skin (CD30+ anaplastic large cell lymphoma, marginal zone lymphoma)