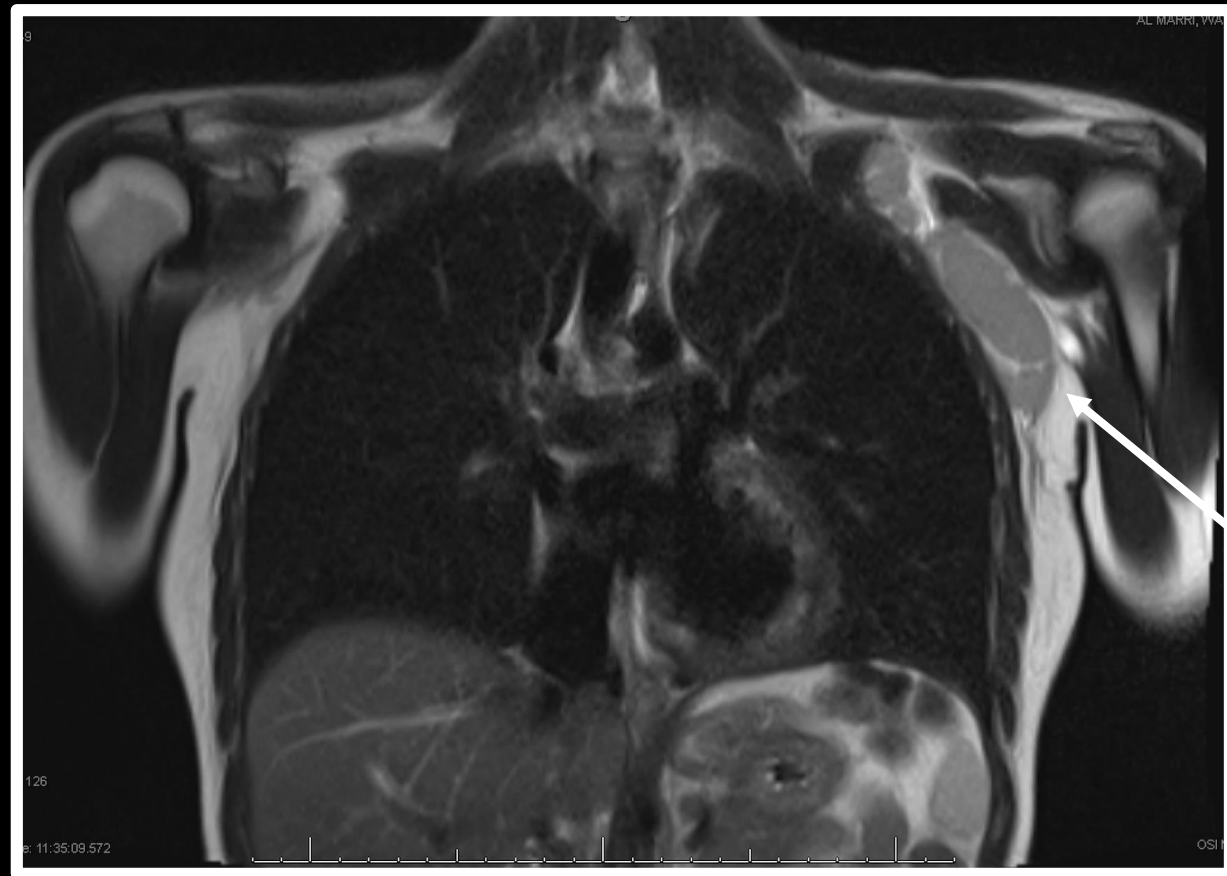


# ILROG Mini-Atlas: Lymphocyte Predominant Hodgkin's Lymphoma axillary Location

21-year-old female, presenting with lymphocyte predominant Hodgkin lymphoma involving the left axilla.

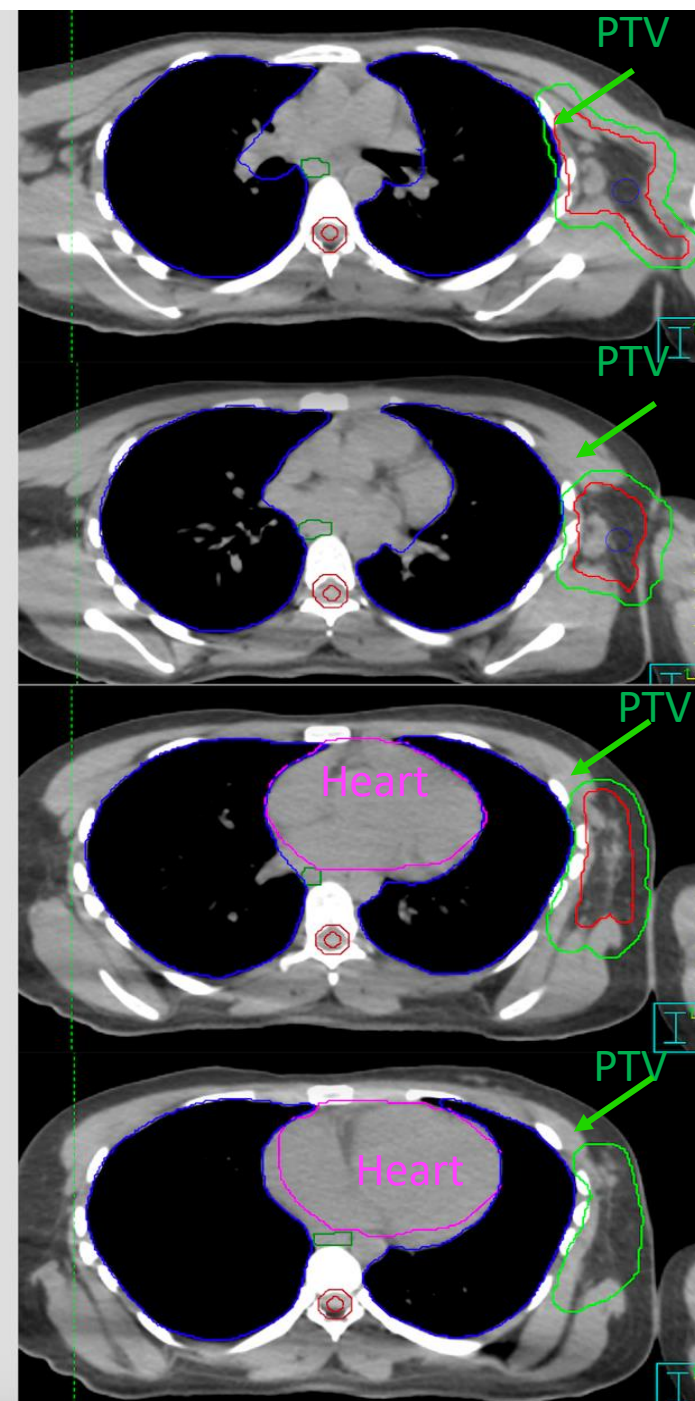
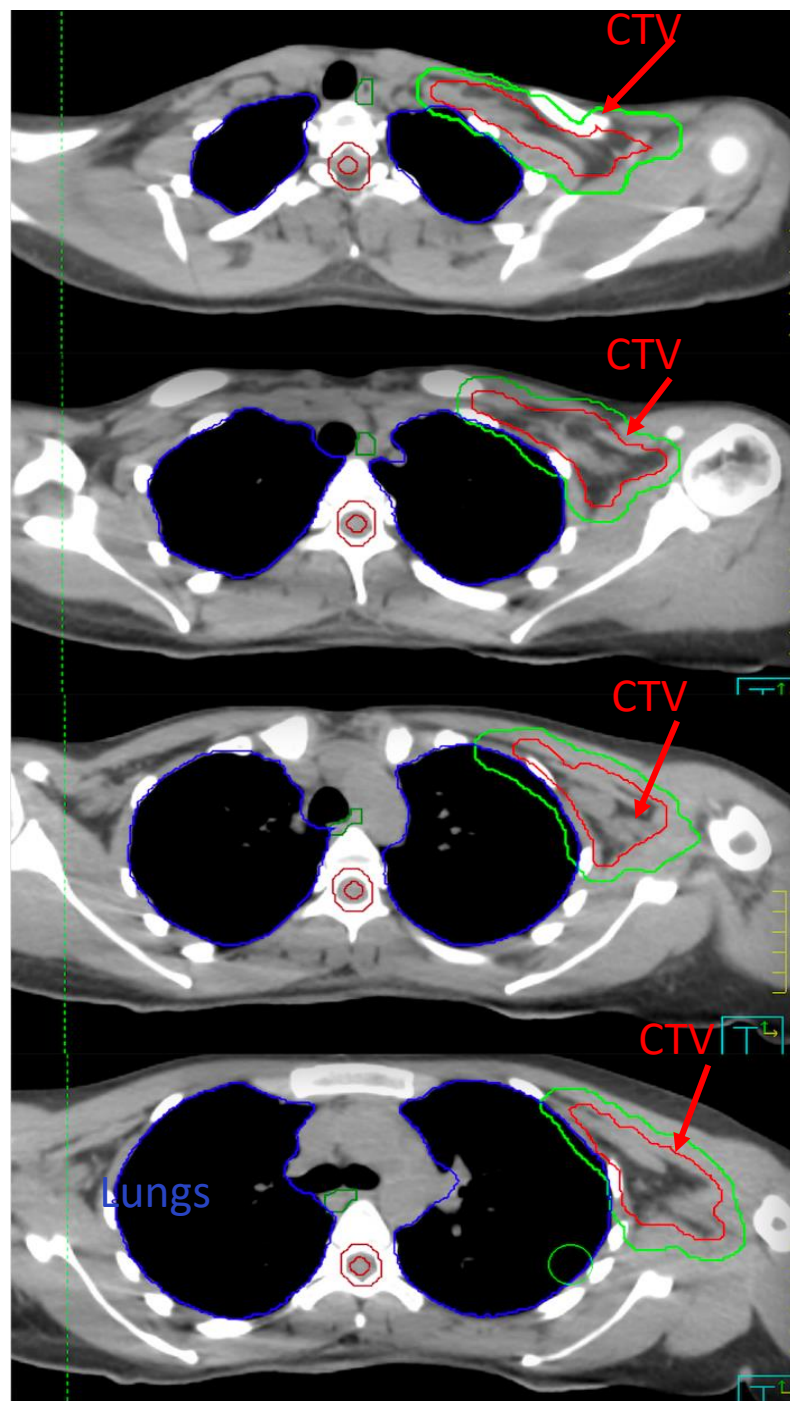
She was pregnant at the time of diagnosis and had a diagnostic MRI revealing left axillary adenopathy.

She received Rituximab during pregnancy, and after delivery presented for definitive radiation using ISRT to 3060 cGy<sup>1</sup>.



Multilobulated axillary lymph nodes

Axial images showing the **CTV (red)** and a 5-mm added margin to create the **PTV (green)** using the non-contrasted CT simulation. Other contoured organs at risk include: **esophagus**, **heart**, **lungs**, and **spinal cord**.



Coronal images showing the **CTV** (red) and a 5-mm added margin to create the **PTV** (green) using the non-contrasted CT simulation that shows the disease. Other contoured organs at risk include: thyroid, esophagus, lungs, heart, breasts and spinal cord.

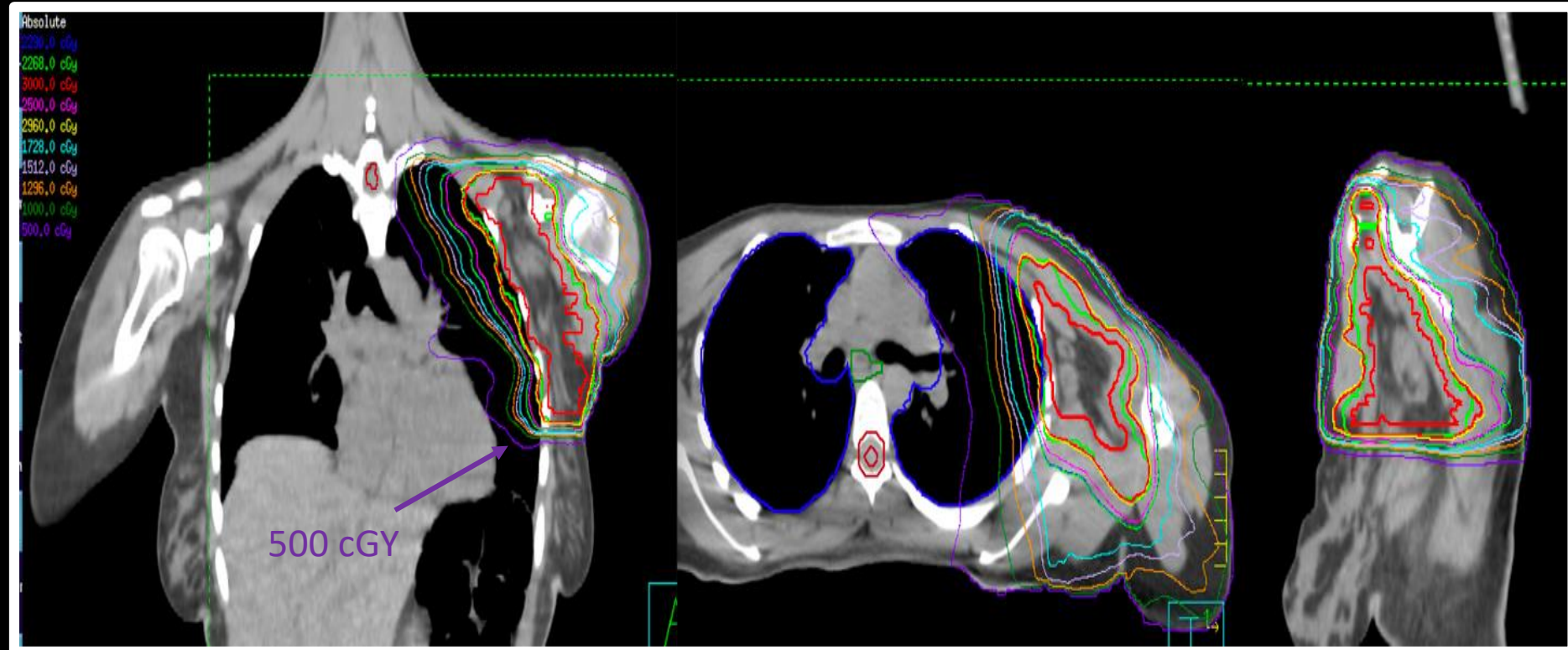




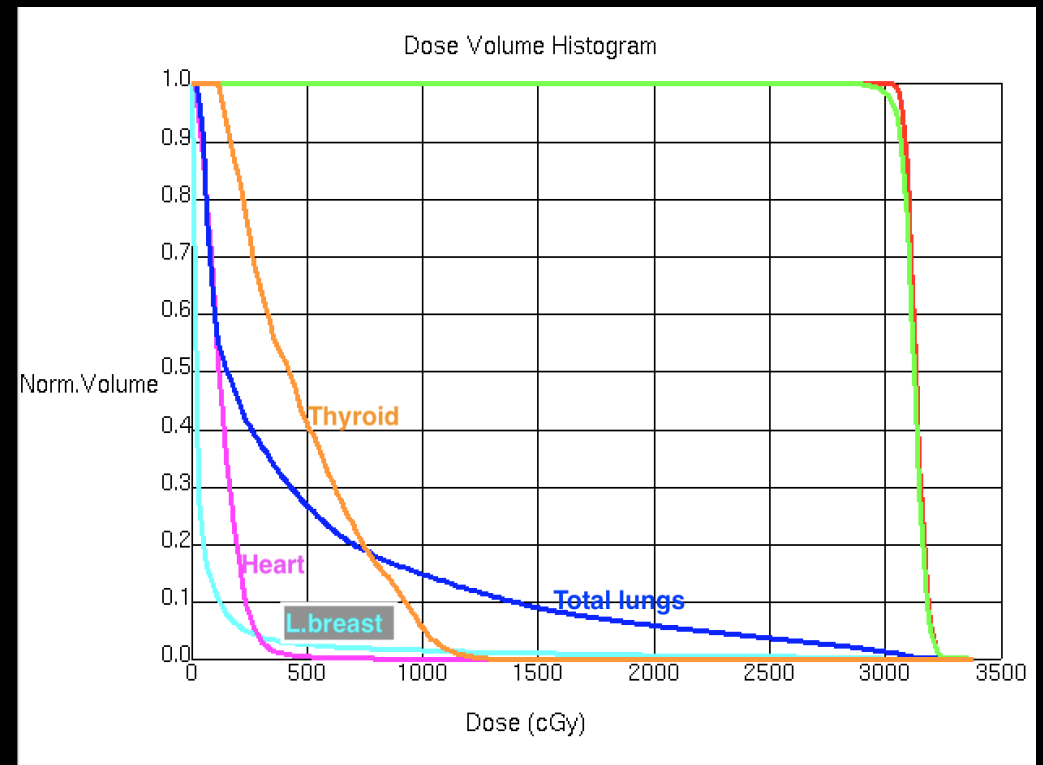
Planning using IMRT with efforts to keep the 500cGy isodose line off the breast glandular tissue (a priority in this young female)

Simulation was done with arm down and akimbo to avoid pulling the breast tissue into the target volume. This will be at the expense of a higher lung dose.

Arms up might be appropriate in male patients, where breasts are not an issue, to decrease excess lung dose.



Dose volume histogram showing how critical organs are kept well under tolerance.



#### ROI Statistics

Line Type	ROI	Min.	Max.	Mean	Std. Dev.
<input type="radio"/>	pCTV_3000	2935.6	3338.1	3134.0	38.2
<input checked="" type="radio"/>	pPTV_3000	2573.1	3357.8	3122.2	49.2
<input type="radio"/>	left breast	--	2977.8	74.1	244.0
<input type="radio"/>	heart	22.1	794.2	134.5	80.2
<input type="radio"/>	Total lung	11.1	3227.0	467.1	675.0
<input type="radio"/>	thyroid	120.2	1277.4	480.8	278.5

Take home message:

In cases of nodular lymphocyte predominant Hodgkin lymphoma ISRT is an appropriate field even if radiation is the only modality used.

There is no need to include uninvolved nodal regions, i.e. use of involved field radiation therapy (IFRT) is unnecessary.