LETTER TO THE EDITOR

End-of-treatment PET in early-stage Hodgkin lymphoma: valuable in addition to interim PET

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Supplemental Material

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Supplemental Table 1: Individual outcomes for all patients with EOT-positive disease

Pt no.	Outcomes Related to EOT-PET	Salvage Treatment	Long-Term Outcomes
1	Observed, no biopsy performed. Three-month follow-up with CT showed stable prominent lymph nodes in anterior mediastinum.	NA	CR - remission from cHL, but developed MZL and CNS lymphoma over 10 years after therapy
2	EOT-PET demonstrated FDG-uptake in mediastinum, resulting in biopsy proven refractory cHL.	Salvage RT (3900 cGY, 26 fractions) leading to CR	CR- no signs of recurrence
3	EOT-PET demonstrated persistent FDG-avid lymphadenopathy, resulting in biopsy positive for cHL.	ICEx1→ BEAM + auto-SCT → PD post-transplant → mediastinal proton radiation → BV leading to CR	CR- no signs of recurrence
4	EOT-PET demonstrated new hypermetabolic retroperitoneal, para-aortic and bilateral retrocrural lymphadenopathy resulting in biopsy positive for cHL.	GVD x2 → BEAM + auto-SCT → PD→ BVx10 cycles → Panobinostat + everolimus→ PD → AFM13 + pembro leading to CR	CR- no signs of recurrence
5	EOT-PET demonstrated FDG-avid mesenteric lymph nodes lining bowel thought to be related to inflammation given ongoing diarrhea. Repeat imaging in 4 weeks showed CR.	NA	CR- no signs of recurrence
6	EOT-PET demonstrated progressive FDG-avid disease resulting in biopsy positive for cHL.	Benda + BVx3 cycles → auto-SCT → consolidative BV post-transplant leading to CR	CR - no signs of recurrence
7	EOT enlargement in right anterior mediastinum leading to soft tissue biopsy from chest positive for cHL.	ICE + ascorbic acid x2, GVPx1→ BEAM + auto-SCT→ BV+ nivo post-transplant consolidation leading to CR	CR - no signs of recurrence
8	EOT-PET showing enlarging nodal FDG-uptake. Short follow-up at 5 weeks demonstrated distinct mediastinal uptake resulting in biopsy positive for cHL.	ICEx2 → BVx3 → BEAM + ASCT→ BV maintenance → Pembro → BV + Benda → Unmatched allo-SCT with busulfan + fludarabine → Stage 4 GVHD → DAH leading to death	Death
9	EOT showed possible refractory disease, which at 3 months follow-up was demonstrated to be biopsy proven cHL.	Salvage RT (proton therapy: 4500 cGy, 25 fractions) leading to CR	CR - ongoing follow-up
10	EOT showed new uptake in right axillary subpectoral area resulting in biopsy positive for cHL.	ICEx2 → BVx3 → BEAM + auto-SCT→ Day 100 PD → BV x1 → Pembro x4 with PR → Pembro x8 with PD → Benda ongoing	Ongoing treatment - not in remission

Subsequent treatment or events are separated by "→". Combination regimens are indicated using "+". BEAM, BCNU-etoposide-cytarabine-melphalan; ICE, ifosfamide-carboplatin-etoposide; auto-SCT, autologous stem cell transplant; BV, brentuximab vedotin; pembro, pembrolizumab; nivo, nivolumab; GVP, gemcitabine, vinorelbine and prednisone; GVHD, graft versus host disease; CR, complete remission; PR, partial response; PD, progressive disease; benda, bendamustine; DAH, diffuse alveolar hemorrhage; allo-SCT, allogeneic stem cell transplant; CNS, central nervous system; MZL, marginal zone lymphoma; NA, not applicable.