

## **Stanford V vs ABVD for Advanced Hodgkin's Disease QA Programme**

### **2D PLANNING EXERCISE: CASE HISTORY**

#### **NECK PATIENT**

A 36 year old man presents with a lump in the left side of the neck which has been slowly growing for the previous 6 months. Associated with this he has lost 10kg in weight and has recently developed night sweats. On clinical examination there is a 6 x 8cm mass in the left side of the neck arising from the mid deep cervical lymph nodes. There is also a 2cm lymph node in the left axilla and a 3cm lymph node in the right inguinal region. Subsequent staging investigations show involvement of the left neck, both axillae, mediastinum, para-aortic right iliac and inguinal regions with enlarged lymph nodes measuring 2 to 3cm maximum diameter except for the left neck mass which measures 6 x 8cm.

He is randomised in the Stanford V ABVD trial and receives ABVD. At completion of chemotherapy there is a small residual thickening palpable beneath the biopsy scar in the left side of the neck but he is otherwise in complete remission both clinically and radiologically. He is now referred for radiotherapy.

*Patient separation is 16cm.*

## **2D PLANNING EXERCISE: CASE HISTORY**

### **MEDIASTINUM PATIENT**

A 23 year old man presented with a 3 month history of general malaise and night sweats. Over the previous 10 days he had developed a persistent dry cough. Clinical examination revealed a right supraclavicular lymph node mass measuring 3 x 5cm and a chest x-ray showed a mediastinal mass. Biopsy of the supraclavicular node mass confirmed Hodgkin's disease. Further staging investigations revealed lymphadenopathy in the right supraclavicular fossa contiguous with an anterior mediastinal mass extending down to the level of the carina and measuring 6cm maximum width. Small volume para-aortic lymphadenopathy was also noted.

He was randomised in the ABVD Stanford V trial and was treated with 12 weeks of Stanford V chemotherapy. CT scans at the end of chemotherapy show complete remission in the SCF and abdomen, and a small residual mediastinal mass. He is now referred for radiotherapy.

*Patient separation is 17cm.*