Eviti Imaging: Hodgkin Lymphoma

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Please note the following:

For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Please refer to the CMS website at http://www.cms.gov for additional information.

For Medicaid members/enrollees, circumstances when state Medicaid coverage provisions conflict with the coverage provisions within this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Hodgkin Lymphoma Imaging

Discussion

This imaging guideline provides a standardized framework for the use of diagnostic and surveillance imaging in the management of common adult malignancies, specifically Hodgkin lymphoma. The goal is to ensure timely, evidence-based imaging that supports accurate staging, treatment planning, response assessment, and post-treatment surveillance.

Guiding Principles

- Follow evidence-based practices from major guidelines (e.g., NCCN, ESMO, ACR Appropriateness Criteria)
- Ensure imaging aligns with the clinical context and stage of disease
- Minimization of unnecessary radiation exposure
- Promote timely and cost-effective imaging utilization
- Incorporate multidisciplinary collaboration in imaging decisions

Imaging Guidelines

This guideline applies to the following patients:

1. At least 18 years of age with confirmed or suspected diagnoses of Hodgkin lymphoma; AND
2. All phases of oncologic care, including one of the following:
   a) Initial staging
   b) Treatment response evaluation
   c) Post-treatment surveillance
   d) Detection of recurrence or progression; AND
3. All imaging modalities used in oncology care, including but not limited to the following:
   a) Computed tomography (CT) (neck, chest, abdomen, pelvis, neck, or site-specific)
   b) Magnetic resonance imaging (MRI) (including site-specific protocols such as pelvis MRI, brain MRI, liver MRI)
   c) Fluorodeoxyglucose positron emission tomography/CT (FDG-PET/CT)
   d) PET/MRI
   e) Somatostatin receptor PET/CT (SSTR-PET/CT)
   f) Nuclear medicine (e.g., bone scan, PSMA PET)
   g) Single photon emission computed tomography/CT (SPECT/CT) (e.g., octreotide SPECT/CT for neuroendocrine tumors)

Notes:

1. The concurrent utilization of multiple advanced imaging modalities—such as PET/CT and MRI—is not routinely warranted and should be considered only when each modality is expected to provide distinct and clinically relevant information that will directly impact patient management. The selection of the most appropriate imaging study should be individualized, taking into account tumor type, clinical presentation, prior imaging, and other patient-specific factors. Imaging requests will be evaluated on a case-by-case basis to ensure clinical necessity, appropriateness, and the potential to influence therapeutic decision-making.

2. When PET imaging is clinically indicated, the appropriate radiotracer should be selected based on tumor type and clinical scenario.

Hodgkin Lymphoma Imaging

Imaging in Hodgkin lymphoma underpins every phase of management—from initial staging through response evaluation and long-term follow-up. FDG-PET/CT is the standard modality for baseline staging, defining the Ann Arbor stage, identifying bulky disease, and establishing the metabolic baseline for future comparison.
Interim PET imaging after two cycles of chemotherapy provides critical prognostic data via Deauville scoring, guiding escalation (e.g., to BEACOPP) or de-escalation of therapy in PET-negative patients. Post-treatment PET/CT confirms complete metabolic response and assists in differentiating residual fibrotic masses from active disease.
Routine surveillance imaging beyond end-of-therapy is discouraged; clinical and laboratory follow-up remain the mainstay of remission monitoring. The imaging strategy should adhere to NCCN guidance and URAC/NCQA review standards to avoid unnecessary radiation while maintaining early relapse detection.

Hodgkin Lymphoma Recommendations			
Clinical Scenario	**Recommended Modality**	**Frequency/Timing**	**Purpose/Notes**
Initial Staging	FDG-PET/CT (from skull base to midthigh)	Once at baseline	Defines Ann Arbor stage, bulky sites, and baseline SUV for response; Other imaging modalities (e.g. CT and MRI) may be used when PET/CT is not available
Interim Response	FDG-PET/CT	After 2 and 4 cycles of ABVD or BrECADD	Deauville scoring guides escalation (e.g., to BEACOPP) or de-escalation
End-of-Therapy Response	FDG-PET/CT	Within 12 weeks of completion	Establish metabolic CR and baseline for follow-up
Relapsed/Refractory with Intention for Transplant	FDG-PET/CT	Halfway through therapy and at completion	Monitor response for readiness of transplant
Relapsed/Refractory with Palliative Treatment Intent	FDG-PET/CT	Up to every 4 cycles	Monitor response and ongoing therapy efficacy
Surveillance	N/A	Routine surveillance is not indicated	If imaging is necessary, then CT scan every 3-6 months for 2 years
Suspected Recurrence	FDG-PET/CT	As clinically indicated	New or concerning symptoms (B-symptoms,

			adenopathy, chest pain, etc.)

Notes:

1. Interim and end-of-therapy PET/CT define metabolic response per Deauville scoring.
2. Routine surveillance imaging discouraged; clinical follow-up preferred.
3. CT acceptable when PET is unavailable or contraindicated.[1]

Revision and Review History

No.	Description	Date
1	Original Effective Date:	1/1/2026
2	Policy Annual Review Dates:	
3	Department Owner:	Medical Affairs
4	NH Advisory Committee Approval Dates:	
5	Revision Changes:	

References

[1] National Comprehensive Cancer Network Guidelines: Hodgkin Lymphoma. https://www.nccn.org/professionals/physician_gls/pdf/hodgkins.pdf. Accessed December 16, 2025.