

Subcommittee Name: Lymphoma

Co-chairs

Name	Country	Term started	Term ends*
Stella Flampouri	United States	03/2025	
Yolanda Tseng	United States	2022	
George Ntentas	UK	03/2025	07/2026

* The term of office is 3 years and may be renewed once, for a maximum total service of 6 years. It is recommended that the 3 co-chairs come from 3 different continents (America, Asia, Europe). To ensure continuity, it is recommended that the co-chairs step down on a staggered basis following their first three-year term.

Subcommittee Achievements (e.g. white papers, publications, workshops, ...) – max 2,000 characters including spaces

Regular, virtual meetings among subcommittee members 2-3 times a year. Meeting minutes, including attendance, are submitted as an attachment. These meetings include invited speakers on topics including:

- QA protocols for lymphoma on COG studies (Dr. Andrea Lo, BCCA; 7/20/26)
- IMPT with ABC for mediastinal HL and NHL (Dr. Daniele Scartoni, University of Trento; 7/20/26)
- Immune system sparing with proton therapy in mediastinal lymphoma (Dr. Pierre Loap, Institute Curie; 10/20/25)
- Updates from International Symposium on Childhood, Adolescent, and Young Adult HL (Dr. Brad Hoppe, Mayo Clinic Florida; 10/20/25)
- Proton radiotherapy in hemato-oncology: Proton therapy center Czech perspectives and experience (Dr. Katerina Dedekova, Prague Proton Therapy Center; 3/17/25)

PTCOG educational session in 2025 (Buenos Aires): “Updates in lymphoma proton therapy”

Publications from committee:

1. Patel C et al. Systematic review and recommendations for deep inspiration breath hold in proton therapy for mediastinal lymphoma: A PTCOG lymphoma subcommittee report. *Radiother Oncol* 2022; doi: 10.1016/j.radonc.2022.10.003. PMID 36252635.
2. Baron et al. Proton radiation therapy after chemotherapy in the management of aggressive mediastinal non-Hodgkin lymphomas: A Particle Therapy Cooperative Group Lymphoma subcommittee collaboration. *Adv Radiat Oncol* 2022; 8(1): 101090. PMID 36530648.

3. Tseng YD et al. Risk of pneumonitis and outcomes after mediastinal proton therapy for relapsed/refractory lymphoma: A PTCOG and PCG collaboration. *Int J Radiat Biol Phys* 2020. Doi: 10.1016/j.ijrobp.2020.08.055. PMID 32866566.
4. Tseng YD et al. Evidence-based review on the utilization of proton therapy in lymphoma from the Particle Therapy Cooperative Group lymphoma subcommittee. *Int J Radiat Biol Phys* 2017; 99(4): 825-842. PMID 28943076.
5. Chang JY et al. Consensus guidelines for implementing pencil-beam scanning proton therapy for thoracic malignancies on behalf of the PTCOG thoracic and lymphoma subcommittee. *IJROBP* 2017; 99(1):41-50. PMID 28816159
6. Hoppe et al. Consolidative proton therapy after chemotherapy for patients with Hodgkin lymphoma. *Ann Oncol* 2017; 28(9):2179-84. PMID 28911093

Do you maintain a mailing list of subcommittee members (Yes/No)? Yes

Should the subcommittee continue its work (Yes/No)? Yes

If yes, please describe the planned activities and goals for the next 3 years – max 2,000 characters including spaces

Collaboration with other subcommittees for potential educational session for future PTCOG meeting in the next 1-2 years.

Potential research collaborations/projects:

- Immune system sparing with proton therapy in mediastinal lymphoma
- Outcomes with CSI for CNS leukemia
- Comparative dosimetry of seated gantry vs supine gantry for patients with lymphoma (can consider guidelines in future as seated gantry may become more prevalent)
- Motion management/impact of motion for large tumor volumes
- Advanced imaging for treatment response evaluation
- Role of carbon therapy for hematologic malignancies

Currently discussing potential guidelines/white paper topic:

Evaluating proton plan quality for mediastinal lymphoma

Dose to OARs in the adjuvant treatment of mediastinal lymphoma is dependent on the initial extent of disease. Therefore, current acceptable dose constraints ideally should be tailored to what is achievable (i.e. if the upper mediastinal is treated, a mean heart dose of 7 Gy may not be acceptable). This project seeks to collect real world data of

delivered proton therapy plans for patients with mediastinal lymphoma. By collecting the disease extent and doses delivered to OARs, we can have a collective understanding of what is achievable in terms of dose sparing. These collected data could be used to create resources (e.g. webpage) to allow users assess what can be “achieved” with respect to OAR sparing.

This data could serve at least 2 purposes: 1) if a radiation oncologist is able to put more targeted constraints based on disease extent, this will likely generate better, optimized proton plan, 2) radiation oncologists who treat with photons can have a more quantitative sense of and if protons can have better OAR sparing for a particular patient with a specified disease extent

Please circulate this form to all subcommittee members and once agreed upon by the subcommittee submit it to: secretariat@ptcog.online (cc: m.durante@gsi.de) within:

August 30, 2026

Please attach the list of subcommittee members (name and country).

The information contained in this form and the list of members will be uploaded on the webpage of your subcommittee (see: <https://ptcog.online/subcommittee/>).