

Hodgkin lymphoma - Section 2

Risk adapted treatment in early stage Hodgkin lymphoma

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Combined modality treatment, usually ABVD and radiotherapy (RT), is the standard of care for localized Hodgkin lymphoma but 5-20% of patients will be refractory or ultimately relapse.^{1,2} However, as most of the patients are cured, it appeared that long-term toxicities, *i.e.* second cancers^{3,4} and cardiovascular events,⁵ are of major concern.

Subsequent trials were performed to show that RT could be safely reduced but not omitted.⁶ PET scan has emerged as an interesting tool to predict outcome when performed after two cycles of ABVD.^{7,8} It can be used to early adapt treatment planning according to the chemo sensitivity evaluated by PET. Omission of RT was tested in early PET negative patients in two large randomized trials.^{9,10} Both failed to demonstrate the non-inferiority of the no RT arm in terms of progression free survival (PFS). However, the outcome in the no RT arm was excellent and follow-up is actually too short to know if the increased risk of relapse is balanced by a significant decrease in long-term toxicities when omitting RT. Omission of RT in early PET negative patients remains intensively debated.

Conversely, the H10 study, a phase III intergroup (EORTC, LYSA and FIL) randomized trial, evaluated chemotherapy intensification in patients PET positive after 2 ABVD.¹¹ The patients in the standard arm continued on ABVD and RT while in the experimental arm, patients switched from ABVD to 2 cycles of BEACOPPesc and RT. The 5-year PFS were 77.4% (ABVD arm) and 90.6% (BEACOPPesc arm) with a difference of 13.2% favoring BEACOPPesc ($p=0.002$).

Based on these recent trials, PET adapted strategy is warranted in early stage HL.

References

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