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Hi, my name is Massimo Federico. I am the director of the Medical Oncology Unit at the University of Modena and Reggio Emilia in Italy and also president of the Fondazione Italiana Linfomi. Today, I would like to share with you some consideration on the aspects of the risk-adaptive therapy in advanced-stage Hodgkin lymphoma.

As you know, although it is a rare disease, Hodgkin lymphoma represents one of the most investigated diseases in the last 50 years and is now one of the most curable diseases. The focus of my presentation today was to offer an update on the role that the risk factors may have in making right treatment decisions.

Most important is to assess the risk of relapse or failure before starting with the treatment. So today I also tried to summarize the evolution of the risk assessment in patients with advanced-stage Hodgkin lymphoma and also the role that this information had in the design of clinical trials and producing treatment guidelines, and I also discussed present and future scenarios.

In terms of the clinical relevance of this information, it seems to me that the definition of the prognostic score in patients with advanced-stage Hodgkin lymphoma still has a role in planning the more appropriate treatment in single patients. Patients with advanced stage disease and at higher risk according to the International Prognostic Score achieve an inferior benefit from therapy if treated with the same regimen tailored for the patient at low risk. It is not true that one fits all. Thus, therapy should be defined according to IPS and not regardless of it. This is a key message.

What about the take-home message of my presentation? First, I would like to remember that we should carefully continue to assess disease extension before starting treatment. Second, we have to define the risk profile of the patient. Third, make the right choice among different available options, ABVD, BEACOPP, stem profile, plus/minus radiotherapy, and maintain a risk-adaptive therapeutic approach also in the era of response-adaptive approach.

What can we expect for the future from the research in the future and also the new achievements that came to the market? Thanks to the impressive improvements in the

knowledge of the pathobiology of the disease and the achievements in the field of clinical research, we can say that the cure of all patients with advanced-stage Hodgkin lymphoma is probably just around the corner, although we do not know exactly which corner it is.

The study of prognostic factors is still relevant and new and more sensitive factors like, for example, the tumor burden could probably replace or integrate the old but still healthy IPS. Now, we have also new effective drugs that can allow us to cure more and more patients. These agents should be combined with the existing ones or replace some of them, for example, to avoid bleomycin toxicity. With the aim of increasing the cure rate and minimize the cost of cure in terms of acute- and long-term toxicity, one example for all, the risk of infertility for younger patients that are successfully treated for Hodgkin lymphoma.

Now we can also prevent the risks by preserving ovarian tissue or the semen in female and male, and this could also allow these patients to maintain their capacity in reproduction after the end of treatment. Thank you for your attention, and I hope that this message can help you in your clinical practice.