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Key issues concerning the treatment of patients with advanced-stage Hodgkin lymphoma

Advanced-stage Hodgkin lymphoma still is usually curable. The survival is not as high as with early stage patients where 9 out of 10 or more patients survive for long periods of time, but the significant majority of people, at least in 70% or maybe even 80% of patients, do survive the disease; they are apparently cured from Hodgkin lymphoma. You can divide, of course, the advanced-stage patients up into those with higher risk and lower risk but overall most people are cured. Here the debate, if there is a big debate, there actually is, is between ABVD which cures most of the people and is easier to give, and then the patients that are not cured can often be salvaged with an autologous hematopoietic stem cell transplant or BEACOPP, which is a much more intensive regimen, it is really a very intensive regimen. If you used it, you know it is among the more difficult regimens to both deliver and I am sure if you are the patient to receive of anything we have available for any disease, but it for sure has a higher cure rate than ABVD. And the one big trial that was completed in Italy suggested that the ultimate survival probably was not very much different between ABVD and if you fail get a transplant versus BEACOPP. Many of my German colleagues would say that is a spurious conclusion and that BEACOPP is for certain better, and one of my friends from Canada would say it absolutely is the right answer and that our German colleagues are not interpreting the data correctly, and so, it is obviously a point on which you can disagree. To me, it is one of the hardest decisions you face. If you have a young woman, my experience has been if you honestly relate the relative toxicities that if you get BEACOPP you are probably going to be infertile and if you get ABVD, you probably will still be fertile. Most young woman without children in my experience decide to take the ABVD. I hope they are in that three-quarters of people or so, seventy-odd percent, who get cured the first time, and then go ahead with the transplant if they fail. Other patients want it done, if BEACOPP is more likely to cure you than they do not care, they want to it get it done. They do not want to ever have to think about this again. So, it is not a simple decision for sure. It gets more complicated yet when you talk about patients that are older, and I personally think that you need to be very careful about trying to give BEACOPP to people, for example, over the age of 50 where it gets dangerous I think.