Managing Hodgkin Lymphoma

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What are the risks of treatment-related mortality with the use of BEACOPP escalated in advanced-stage disease?

So, let's talk first about efficacy as defined by overall survival which is the most important endpoint for patients, and this is really hard to judge on because there is virtually no single trial that has been powered to detect differences between ABVD and BEACOPP escalated in terms of overall survival. You need really large patient numbers, and this has not been done so far. But we have just very recently published network meta-analysis in *Lancet Oncology* showing that there is meaningful overall survival, and highly significant by the way, for patients being treated with 6 cycles of BEACOPP escalated over ABVD which reaches 10% at 5 years. When looking at progression-free survival, which is usually the primary endpoint in clinical trials, then, the difference between BEACOPP escalated and ABVD is roughly 20%, so overall trials for ABVD at 5 years for a truly advanced-aged lymphoma patient is 70% to 72%, and for BEACOPP escalated, it is 91%. So, there is a large difference. Then, looking at toxicity, BEACOPP escalated needs to be administered with growth factor support, which is expensive. Neutropenia occurs in almost everybody, so grade 3 or 4 neutropenia is 90%. I just outlined the risk of severe infections which occur in 10% of patients. So, whenever you administer BEACOPP escalated, you need a very good support. You need a supportive environment. It's demanding for the health care system and it is expensive. So, I would not say that BEACOPP escalated is much better and should be the choice for everybody, but whenever you have the chance to do it, I would go for it, and if you cannot deliver, for example, very expensive drugs or if there are long ways for the patient to come from his or her home to the hospital, it may take 2 hours or so, then it might be smarter to go for ABVD.