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How should we treat elderly patients with Hodgkin lymphoma?

A frequently asked question is how we should treat elderly patients with Hodgkin lymphoma. In fact, we know that the results are much less satisfactory than in younger patients and mainly because the arrangements that we currently use are much more toxic in patients who are above 65 or 70 years of age. The most toxic agent for those patients is for sure bleomycin. In fact, in patients who are older than 70, there are at least 2% to 4% of cases with a lethal toxicity due to bleomycin, and many patients have pulmonary toxicity. Well, today, we have limited possibilities to avoid that. What I do in my practice is either to reduce the dosage of bleomycin or to use bleomycin not IV but intramuscularly (IM) since the IM way is a less toxic because the peak of the drug will be lower than by using the drug via the IV route, but in the future, we will have some possibilities to replace a bleomycin. We know from the German studies that just dropping bleomycin in the ABVD combination is decreasing the therapeutic outcome, so we must find another possibility, and currently, there are trials comparing in the first-line setting ABVD to AVD (Adriamycin, vinblastine, and dacarbazine) plus brentuximab instead of bleomycin since phase II studies have shown that bleomycin cannot be combined with brentuximab because of the long-term lung toxicity. So, it has to be hoped that in the near future, we would be able to replace bleomycin since this will for sure improve our therapeutic possibilities in elderly patients with Hodgkin disease and we all know that the number of elderly patients with Hodgkin lymphoma is currently increasing.