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How does advanced age and other prognostic factors impact the success of treatment?

My name is Bastian von Tresckow. I am a German Hodgkin Study Group trial physician, and I am specializing in refractory and relapsed disease. I am commonly asked the following question in a clinical practice. Advanced age is a poor prognostic factor in the treatment of Hodgkin lymphoma. Please explain why and how this adds to the challenge of successfully treating the disease. What other prognostic factors that potentially impact the success of treatment do we need to be aware of? Well, I think to achieve cure in Hodgkin lymphoma, it is much about dose density, and in the elderly, you just cannot give the chemotherapy you would like to give in the given timeframes and the doses you would need to cure the disease. So, in elderly patients, we very often have relapse due to the problem that we just cannot give intensive therapy. We have completely skipped BEACOPP escalated for patients older than 60, and also, ABVD does not work well. There has been a large analysis published by Boris Böll in *the Journal of Clinical Oncology* in 2012, and this showed that even ABVD is quite toxic in elderly patients. So, we should think of other alternatives such as the PVAG schedule that has been also published by Boris Böll in *Blood* in 2012.