

How can outcomes be improved for older patients with Hodgkin lymphoma?

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This is a very difficult question on the one hand, and it is a question we have to answer much more often than we would think actually. So, looking at the registries, we have like almost a quarter of all patients being older than 60 years and many of them presenting with advanced-stage disease, and basically there is no standard of care. If you look into the textbooks, then it will be ABVD, but the trials and registry that have been shown in the last years and the recent years, the large American trial, the E2496 study, and the British registry, they both show the same result. ABVD is not feasible in this patient cohort in advanced-stage disease. This is not true for early stage disease because it is only 2 or 4 cycles which is feasible, but 6 or 8 cycles are certainly not feasible. Especially, pulmonary toxicity with bleomycin is unacceptable. So, we do not have a standard of care, and this is due to the vulnerability of these older patients. You just cannot administer chemotherapy as you can do it with younger patients. So, whenever you are more active by intensifying your treatment, you will have more side effects and treatment-related mortality actually. So, overall, there is no benefit of intensifying chemotherapy. That is why we have to go completely new ways to improve on the results we have with chemotherapy. And again, here we have a situation right now where new drugs are developed. We have implemented lenalidomide into the AVD regimen with very promising results which are shown on the EHA this year, and we are currently planning on conducting starting in combination with Nordic Lymphoma Group on a modified CHOP regimen in which the vincristine is replaced by brentuximab, and again then we hope that we have a much better tolerable regimen. We know we can administer CHOP to older patients, and it will be less toxic in terms of neurotoxicity, then CHOP obviously that is our experience from the targeted BEACOPP trial already, and it might be active. Hopefully, it will be active also. So, there are many things going on at the moment to improve treatment for these patients by adding or implementing nonconventional chemotherapy because we know for sure with chemotherapy we will not improve treatment for older patients.