Managing Hodgkin Lymphoma

Is it possible to predict disease outcome in HL patients?

Peter Borchmann, MD
German Hodgkin Study Group
University Hospital Cologne
Cologne, Germany

Again, a very difficult question. Of course, we do have the International Prognostic Score which has been published by Volker Diehl, founder of the royal group, so we know some prognostic factors at baseline, yes. These are clinical parameters. Nonetheless, these are only valid if you have a regimen which is as active as ABVD. If you have a more active regimen as we have with BEACOPP escalated, this prognostic score has no value any longer because most of the patients are cured anyway. So, the risk factors do not have the weight they had before. This is not suited to guide treatment any longer, this prognostic score. So we are looking for other options to tailor treatment to our patients because we know, for example, if we are treating advanced-stage Hodgkin lymphoma patients with BEACOPP escalated we are overtreating almost 70% of them, which can be cured, for example, ABVD alone, and we expose them to all these toxicities, although they would not need it. So, how can we pick these patients and what is currently being done, which might be more useful is the early interim PET. So, after 1 or 2 cycles, we are looking for PET response, is there metabolic activity within the residual disease or not, and if there is a PET-negative disease only or even CR after 1 or 2 cycles, then it is very likely that the prognosis of this specific patient is very good, and you can reduce treatment that is what we are doing in the HD18 trial. On the other hand, if you are starting, for example, with ABVD, then you would like to know which is the patient who needs more treatment than ABVD, so who belongs to the 30% of failures, so you could intensify your treatment early on. This strategy is followed by American groups, Italian groups, and British groups intensifying treatment in PET-positive patients after 2 cycles. There are many, many other factors being investigated on a genomic base right now, but it is too early to judge on these developments, and so far, we are relying on these more or less clinical factors, and early interim PET response seems to be the most important factor to guide the other treatment.