Managing Hodgkin Lymphoma

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What is the current standard optimal chemotherapy regimen for patients with classical Hodgkin lymphoma?

Hello, my name is Jim Armitage. I am a professor of medicine at the University of Nebraska Medical Center. Among the questions that I am asked is, "What is the current standard optimal chemotherapy regimen for patients with classical Hodgkin lymphoma?" Now this is a question for which there is no safe answer, because physicians disagree about this, and sometimes have really strong opinions about what should be utilized. In my country, in the United States, two regimens are predominantly used. The most common is ABVD and the next most common is BEACOPP, and the debate is which of those should be the standard regimen for which patient? There is no question that patients with a relatively good prognosis do quite well with ABVD, and it is equally certain that patients with the most advanced disease and the most adverse risk factors are more likely to be cured with BEACOPP. So, which one do you use?

Now as a matter of fact, I think this is a decision that is made in conjunction with the patient most of the time. ABVD, in many circumstances, there is a slightly higher relapse rate, sometimes more than slightly higher. But still, we cure the majority of patients with ABVD. If the patients want to minimize long-term toxicity, as you listen to them, they want to avoid infertility, then it is likely that you are going to end up utilizing ABVD. And I must say, in my practice, young women are particularly likely to make that decision. If the patient wants to be certain they are treated one time, and they understand there is more risk of infertility, they are taking more immediate risk, more risk of infection and probably a higher risk of second cancers, but they just want to be treated once, they want to maximize the chances of cure with their initial treatment regimen, then for most patients BEACOPP might be the right answer.

No matter what anybody says, I do not think there is just one way to approach these patients. There are patients that are very poor risk that are probably better treated with BEACOPP, and patients with really good risk factors that are probably better treated with ABVD, but there are a lot of patients in the middle where a decision has to be made, and that decision should take into account the patient's concerns, so you do the best by each patient you treat.