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What is the role of imaging biomarkers using FDG-PET in the treatment of early-stage Hodgkin lymphoma?

Hello, my name is Dr. Tim Illidge. I work at the University of Manchester in the United Kingdom. I am a professor of targeted therapy and oncology. I am often asked what the role of imaging biomarkers using FDG-PET is in the treatment of early-stage Hodgkin lymphoma. This is a very interesting area and holds great promise. There is currently intense research interest to use FDG-PET to select patients that can be spared radiotherapy. There were two studies in particular that are pertinent to this discussion. The first is the UK NCRI trial that I have been privileged to be a part of, and that trial was reported last year by John Radford and colleagues. The study showed that after three cycles of ABVD, the FDG-PET positive rate was 25%, and that 75% of the patients were PET negative. This was a very conservative definition of PET negative. These patients were then divided into those patients that got radiotherapy or no radiotherapy and there was an intention-to-treat basis of 4-5% difference between the no further treatment and the radiotherapy alone arm. However, what is important to know when looking at the data is about 10% of the patients did not get radiotherapy, and on the per protocol analysis, it looked like those patients that got radiotherapy, there was a 7% improvement. So, just to wrap this up at the moment, there is around a 10% relapse rate if you are PET negative on this very conservative definition of PET of using the Deauville score that was reviewed centrally at Core Laboratory. Now, all of these factors are not available as yet in the community. So my own view and interpretation of this data, it is too premature for us to move to using FDG-PET on Deauville criteria to enable us to facilitate which patient should not require radiotherapy. At the current time, FDG-PET is a promising tool that we are using, learning more information on, but the current standard of care should be two cycles of ABVD and involved-site radiotherapy to 20 Gray.