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Hello, my name is Andreas Engert. I am professor for medicine and hematology here in Cologne, Germany. I am at the 9th International Symposium for Hodgkin Lymphoma, which is just closing. This was an event with 1,100 participants from maybe 60 countries worldwide and it was a 4-day meeting, very interesting meeting I think. I am certainly biased in that, but we had a couple of different formats including a hematology, educational, a number of scientific workshops, scientific symposia, satellite symposia, and this was a very interactive meeting. There were many people from all over the world contributing and all the opinion leaders being present. So we addressed basically all up-to-date questions that are being discussed in Hodgkin's today, also addressed questions related to similar lymphoma, other lymphoma, such as T-cell lymphoma and so forth. One of the questions that was discussed and has been discussed over these years rather actively was the treatment of early stage Hodgkin patients. That is the majority of the patients, it is about 60% of all patients, and early stage patients are being divided into early favorable and early unfavorable. I gave an overview on this topic here in this conference demonstrating that initially radiotherapy had been the treatment of choice for these patients; that was the first modality that cured patients, and there was a very brilliant presentation by Professor Hoppe from Stanford reviewing the development of Hodgkin's in this malignancy over more than 100 years. So that was very impressive showing that this modality was the first one to cure Hodgkin patients from their cancer. Now we are into a combination of chemotherapy and radiotherapy for these patients, and with that, approximately 80-90% can be cured long term; however, there are certainly also side effects of treatment we have to address, and that was another topic that was discussed here, side effects such as quality of life issues and in particular fatigue. We did some research into this very recently showing that about 20% of these patients suffer long-term fatigue, so that might be an endpoint that should be considered in future trials because that is really disabling these patients and that is really relevant if we were able to get rid of this fatigue.

Another question that was discussed and has been discussed over the last years was the use of markers of prediction of response and of adaption of treatment to these markers, and one of the markers that has emerged over recent years was PET, positron emission tomography, that can be used to detect active areas in the body such as heart or brain. And more importantly as far as Hodgkin is concerned, it can detect active lymph nodes, so it can be helpful in the diagnosis of this disease to see how much the disease has spread, but it can also be used as a tool to increase or decrease treatment depending on

the response as measured with PET. So that is a very interesting approach and a couple of large randomized trials are ongoing, and two of these trials were reported here at this conference. These were rather early data and they had the same outcome in that patients who were PET negative after 2 cycles or 3 cycles of chemotherapy, their chance of relapse, if they did not get additional radiotherapy, was higher; however, both groups came to sort of opposite conclusions. One British group rapid trial concluded that this might be justified, not radiating PET-negative patients in early stages, where the other group EORTC/LYSA closed their arms without radiotherapy because of more events. So, these trials are really early trials, were reported in early stage, and we would need longer followup for final conclusions. On that question, in addition, our group is running a trial which is nearly completed in the various similar setting, however, with larger patient numbers, and that will contribute to this discussion in the future hopefully, and that will take a little longer before we have final answers on the impact of PET in early stage Hodgkin's.