

Bruce D. Cheson, MD

Professor of Medicine

Director of Hematology Research

Georgetown University Hospital

Lombardi Comprehensive Cancer Center

Washington, DC

Hello, I am Bruce Cheson from Georgetown University Hospital, the Lombardi Comprehensive Cancer Center in Washington DC. There was an interesting workshop that was conducted on the subject of long-term follow up and survivorship, a very important topic in patients with Hodgkin lymphoma. We cure the majority of patients, but unfortunately, they are subject to long-term consequences of the treatment which impairs their quality of life, impairs psychosocial and psychosexual function, and in some cases impairs their overall survival. So, this is a critically important topic, and part of the problem is we do not see the consequences of what we do, for some time several decades after we have imposed this therapy on patients, and this is in the context of a constantly evolving treatment approach. So what we did 20 years ago is what we are seeing now, but we have not yet seen the problems that are occurring based on the treatments from today, but fortunately, we are reducing the amount of treatment, which may reduce the amount of long-term consequences.

What we saw at this workshop was that there are a number of groups around the world, which are interested in the subject of the survivorship, looking at it from somewhat different approaches, but several of them which don't always meet with each other, don't always talk with each other, and therefore, there is some duplication of efforts. This created a bit of a concern and will lead to perhaps some better communications in the future. What we did see though were some attempts to reduce the amount of therapy. For example, John Radford, my friend from the UK, presented the results from the RAPID study. In this trial, patients with early stage Hodgkin's lymphoma were treated with ABVD chemotherapy, and after 3 cycles underwent a PET scan. If the PET was positive, they got a further cycle and radiation. If the PET was negative, they were randomized to involved-field radiation or no further treatment. And there was no difference in the latter two group suggesting that in that population of patients identified by a negative PET scan, you could eliminate radiation therapy. Indeed, the German Hodgkin Study Group conducted the HD15 trial which showed something similar in advanced-stage patients where in their older studies they radiated about 70% of patients, but now with the use of PET scans, they were only radiating 11% of patients. Reducing what was probably the cause of many of the long-term toxicities. In addition, Dr. Hodgkin showed us that there are some patients who radiation might be associated with fewer complications than others. The new trend is to do nodal irradiation rather

than subtotal nodal or involved field, but nodal radiation, involved node, and if these nodes are in areas which when radiated might cause chronic problems such as near the heart or other structures, then those patients, you might get away with not irradiating them because of the cost/benefit of radiation versus long-term toxicity; but there are other patients who have lymph nodes that are not near vital structures whose survival might be enhanced by low-dose radiation, very important. So now we are decreasing the chemotherapy, we are decreasing the radiotherapy, whether that is enough to reduce toxicities will require perhaps decades to find out. But what was very clear to everybody was that we need some sort of strategy going forward, and the decision was that since there are so many groups involved, representatives of which were at this meeting, perhaps we should have an International Working Group, and at the end of this meeting I requested that those who are interested in being involved to let me know and I would at least start this ball rolling with a small cohort of people, 6 or 8, since the more you have the less work you get done, and we would develop the goals, the objectives, and some plans to go forward. Then, we would bring these to the wider audience of those interested in long-term follow up and survivorship, and see if we can develop some sort of strategy that will work amongst all these various partners in this process with the final goal of improving the outcome of patients with this potentially curable disease so that down the road they are living normal lives with normal sexual function, normal health, and a normal survival. Hopefully, we can accomplish that, the ground was broken at this international workshop. We hope that we won't have to wait 3 years for the next Hodgkin's workshop, but at intervening meetings such as ASH, ASCO, and the Lugano meeting in about 1-1/2 years, we may be able to get together and to discuss the progress we have made in that interval. It is pretty exciting for potential well-being of our patients, and hopefully, this will be a dynamic time for the field of Hodgkin lymphoma's. Thank you for your attention and this is Bruce Cheson signing off.