

# FIRST LINE THERAPY IN HODGKIN'S LYMPHOMA

## Daniel Coriu

Center of Hematology and Bone Marrow Transplantation, Fundeni Clinical Institute, University of Medicine "Carol Davila", Bucharest

Treatment of Hodgkin lymphoma is one of the interesting "story" of success in hemato-oncology. Cure rate has increased steadily in recent decades after the introduction initially radiotherapy and then chemotherapy. Now, in developed countries, survival at 10 years is about 80%. We also know that Hodgkin Lymphoma is a classical model for late effects of the therapy. Because these patients are young at the time of treatment and that they live long due to the efficiency of therapy is expected to see all these adverse effects including cancer, organ damage heart, lung) or others, such as infertility. So successful therapy in Hodgkin's disease, must make a balance between the highest cure rate in primary therapy and the fewest side effects of treatment. In this direction is proposed individualized therapy based on risk factor prediction (IPS, GHSG, EORTC ), response adapted approaches ( PET /CT) and biologic prognostic markers (CD 68 expression....)

**Limited stage patients** (CS I / II without risk factors): Combined modality treatment (CMT) reduces the number of relapses, but the overall survival remains the same when compared to RT alone. Since the cure rate is about 90-95%, the main goal in the early stages of HL will be to reduce long-term adverse effects and maintain cure rate. Recently, the GHSG HD10 trial showed that treatment with two cycles of ABVD followed by 20 Gy RT Involved field is equally effective and less toxic than treatment with four cycles of ABVD followed by 30 Gy RT Involved field

**Intermediate stage patients** (CS I / II with risk factors): EORTC-GELA H8 trial-U showed that four cycles of CHT plus RT Involved field should be standard therapy in these patients. Recently, the German group HD14 trial showed that treatment with two cycles deBEACOPP escalated doses, followed by two cycles ABVD and then involved field RT significantly improves disease control.

**Advanced stage patients:** German Group HD14 trial showed that treatment with eight cycles BEACOPP escalated doses has superior results on overall survival and freedom from treatment failure compared with conventional chemotherapy type COPP / ABVD and BEACOPP conventional doses. Compared to ABVD, BEACOPP escalated doses have a higher rate of CR, a better control of the disease and decreased need for salvage therapy, but more side effects in the short and long term. Patients under 60 years with prognostic score (IPS) unfavorable are candidates for escalated dose BEACOPP, other patients will receive 6-8 cycles ABVD. Radiotherapy should be used only in selected indications: failure to attain CR and bulky mediastinal disease.