

HODGKIN LYMPHOMA

M.S. Binkley, Stanford, CA (USA), et al.

[STAGE I-II NODULAR LYMPHOCYTE-PREDOMINANT HODGKIN LYMPHOMA IN THE MODERN ERA: A MULTI- INSTITUTIONAL EXPERIENCE OF ADULT PATIENTS BY ILROG](#)

Authors Conclusion from the abstract: OS for pts with stage I-II NLPHL is excellent and did not differ based on treatment after adjusting for age and stage. There was no PFS benefit for pts with stage II NLPHL receiving CMT over RT alone although there was a suggestion that pts with IAP C-F may benefit from CMT. PFS was superior among pts who received RT as a component of initial therapy.

S. Ansell, Rochester, MN (USA), et al.

[NIVOLUMAB PLUS DOXORUBICIN, VINBLASTINE AND DACARBAZINE FOR NEWLY DIAGNOSED ADVANCED- STAGE CLASSICAL HODGKIN LYMPHOMA: CHECKMATE 205 COHORT D 2-YEAR FOLLOW-UP](#)

Authors Conclusion from the abstract: With extended follow-up, nivolumab followed by N-AVD demonstrated a 21-mo PFS rate of 83% per investigator, a high metabolic response rate with 75% CMR at EOT per IRC, with no new safety signals. Incorporation of Deauville assessment improved the concordance of CR between IRC- and investigator-assessed responses. Nivolumab followed by N-AVD provides a promising alternative Tx option in newly diagnosed AS cHL.

A. Gallamini, Nice (France), et al.

[CONSOLIDATION RADIOTHERAPY COULD BE OMITTED IN ADVANCED HODGKIN LYMPHOMA WITH LARGE NODAL MASS IN COMPLETE METABOLIC RESPONSE AFTER ABVD. FINAL ANALYSIS OF THE RANDOMIZED HD0607 TRIAL](#)

Authors Conclusion from the abstract: cRT could be safely omitted in aHL pts presenting with a LNM and both a negative PET-2 and EoT-PET, irrespective from the LNM size. As in more than 80% of the pts the site of LNM at baseline was in mediastinum, this could translate in a significant reduction of late-onset

treatment related mortality for secondary tumours and coronary arterial disease.

A. Prica, Toronto, ON (Canada), et al.

[COST-EFFECTIVENESS AND COST-UTILITY ANALYSIS OF MULTIPLE TREATMENT STRATEGIES USING ABVD AND/ OR BEACOPP IN THE TREATMENT OF ADVANCED-STAGE HODGKIN LYMPHOMA](#)

Authors Conclusion from the abstract: The preferred treatment strategy for patients with newly diagnosed advanced-stage Hodgkin lymphoma is the AHL2011 PET-adapted regimen. This strategy maximizes life expectancy, quality-adjusted life years, and is the most cost-effective strategy, accounting for increased rates of hematologic toxicity, secondary malignancy, and infertility caused by exposure to at least 2 cycles of BEACOPP.