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PET-guided Therapy Allows Omission of Radiotherapy in Early-stage Unfavorable Hodgkin Lymphoma

For decades, combined modality treatment (CMT) comprising of four cycles of chemotherapy and radiotherapy has been standard of care in early-stage Hodgkin lymphoma (HL) with risk factors indicating an unfavorable prognosis (“early-stage unfavorable HL”). Results of CMT are good regarding the lymphoma control. However, the use of radiotherapy in this young patient group (median age of around 30 years at disease onset) raises concerns regarding adverse events in the long term. Such adverse events may include cardiovascular disease and secondary malignancies.

The HD17 study investigated if radiotherapy can be omitted from the CMT for patients that respond well to chemotherapy, as determined by FDG-PET (positron emission tomography). 1,100 patients were enrolled into this European, prospective, randomized trial.

The HD17 trial has proven that omission of radiotherapy does not result in a loss of tumor control in patients responding well to a standard chemotherapy regimen. Importantly, most patients respond well to chemotherapy and benefit from this strategy. The overall efficacy in this trial was extremely high. At five years follow-up, only two out of 1.100 patients died from HL and only one died from treatment emerging adverse events. The mortality of patients with early stage unfavorable HL in the HD17 study did not differ from the normal German population. We conclude from the HD17 trial that the CMT concept can and should be replaced by a PET-guided omission of radiotherapy for patients with newly diagnosed early-stage unfavorable HL.

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Abstract: **#S101** POSITRON EMISSION TOMOGRAPHY GUIDED OMISSION OF RADIOTHERAPY IN EARLY-STAGE UNFAVORABLE HODGKIN LYMPHOMA: FINAL RESULTS OF THE INTERNATIONAL, RANDOMIZED PHASE III HD17 TRIAL BY THE GHSG

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