

## Good outcomes for patients with classical Hodgkin lymphoma



Young patients with classical Hodgkin lymphoma who receive modern combined modality therapy can be promised to expect excellent outcomes, according to recent research.

In the population-based cohort study of patients from Denmark, Sweden, and Norway, Jorne Lionel Bicler (Aalborg University Hospital, Aalborg, Denmark) and colleagues compared the survival of 2582 patients who were diagnosed with classical Hodgkin lymphoma when aged 18–49 years, between 2000 and 2013, against a healthy background population. All patients were treated with standard contemporary chemotherapy regimens. 5-year relapse risks and 5-year restricted losses in lifetime expectation were estimated for all patients, and for those who achieved 12-month, 24-month, 36-month, and 60-month event-free survival.

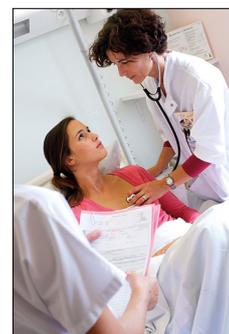
At a median follow-up of 9 years (range 2.9–16.8), the 5-year overall survival was 95.2% (95% CI 94.4–96.1). The overall 5-year relapse risk was 13.4% (12.1–14.8), which decreased to 4.2% (3.8–4.6) and then again to 1.3% (1.0–1.6) as patients reached 24 months and 60 months of event-free survival, respectively. Losses in expectation of lifetime were low during the 5 years following diagnosis (45 days [95% CI 35–54]) and were even lower if 24 month event-free survival was reached (13 days [7–20]). Indeed, patients with stage 1–2A disease who reached 24-month event-free survival had no notable excess risk of death compared with the healthy background population.

“Currently, patients with Hodgkin lymphoma are often followed for many years following the end of treatment”, said Bicler. “Our research shows that this might be of limited value for a

large group of patients who survive more than 2 years without relapsing. This information could lead to the reallocation of health-care resources and can be comforting for patients reaching this milestone.”

“[This work] is indeed very important for clinicians, because it describes outcomes generated in a real-world setting with contemporary treatment strategies,” commented Peter Borchmann (University Hospital Cologne, Cologne, Germany). “Once our patients have reached 2 years follow-up without an event, their prognosis is not different from the age- and gender-matched normal population anymore. This is relevant and good news for our patients, but it also reminds us physicians to focus on those aspects of their wellbeing that matter more than the unlikely event of relapse.”

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