# Hodgkin Lymphoma: Still Work to Be Done

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Do you think Hodgkin lymphoma is a well-behaved disease, with excellent treatment options and patient outcomes? That it doesn't have the thrills of thrombosis, or the mystery of myeloma? At the ASH Education Session on Hodgkin Lymphoma on Sunday, Dr. Ralph Meyer blew the lid off our preconceived notions. With the help of three colleagues, Dr. Meyer discussed new issues about the Hodgkin Lymphoma family. Late toxicities, new imaging technologies, and the behavior of certain subtypes were the points covered in this session.

Dr. Mary Gospodarowicz reviewed limited-stage Hodgkin lymphoma: stage I-II with no bulky disease. One-third of patients with Hodgkin lymphoma fit this description, and enjoy an extremely high rate of disease control. Dr. Gospodarowicz showed us that limited-stage classical Hodgkin lymphoma carries significant risk of long-term treatment-related morbidity, including development of solid tumors (20 percent risk at 25 years) and coronary artery disease (10-20 percent risk at 20 years). Risk is largely driven by radiation therapy. Single modality chemotherapy with ABVD and modern CT guided, reduced-intensity, radiation therapy reduce these long-term problems. Dr. Gospodarowicz outlined the trade-offs between disease control and late effects, so we can best make treatment recommendations.

Dr. Malik Juweid discussed PET scanning, a popular tool for assessment of response post-treatment. It may have a role in pre-treatment staging, on-therapy monitoring, and post-therapy surveillance as well. But it is unclear if these indications are cost-effective and if they will ultimately be demonstrated to be of benefit to patients.

Finally, Dr. Andreas Engert discussed nodular lymphocyte predominant Hodgkin lymphoma (NLPHL). NLPHL accounts for only 5 percent of all Hodgkin lymphomas. It is characterized by few Reed-Sternberg cells and involvement with lymphocytic and histiocytic (L&H) cells. NLPHL's unique clinical characteristics make it confusing to manage. Advanced-stage NLPHL should be treated with the same regiments as "standard" Hodgkins lymphoma. These cases comprise a small number of NLPHL because NLPHL usually presents in an early stage, with good prognostic factors. In these patients, reduced-intensity protocols may be a better option because they may result in fewer adverse effects. Dr. Engert reviewed the available options for this unusual disease, which include radiotherapy, combined modality treatment, rituximab, and the "watch and wait" strategy.