

Intermediate stage Hodgkin lymphoma: H10 vs HD17

PET scan
 “negative”=no lymphoma activity (score 1-3)
 “positive”= remaining activity (score 4-5)

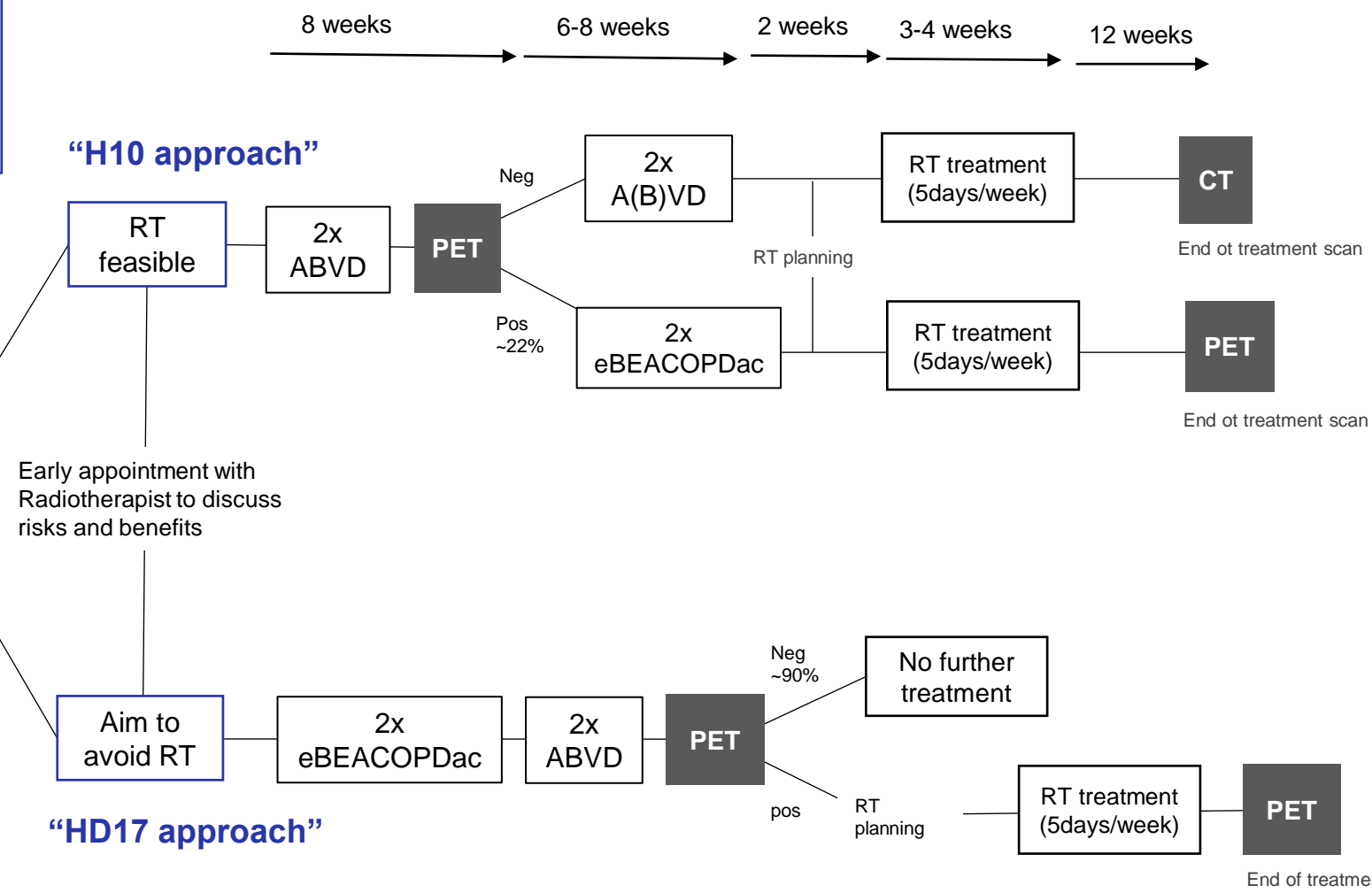
Should Radiotherapy (RT) be avoided?

Clinical team will assess risk depending on:

- Patient age
- Extend of RT field
- Proximity to breast and heart

?

Stage I/II (limited stage) + risk factor



H10
Pro: ~78% chance to avoid BEACOPDac
Contra: RT always needed; longer treatment

HD17
Pro: ~90% chance to avoid RT and complete treatment in 14 weeks
Contra: Chemotherapy more intense (2x BEACOPDac)



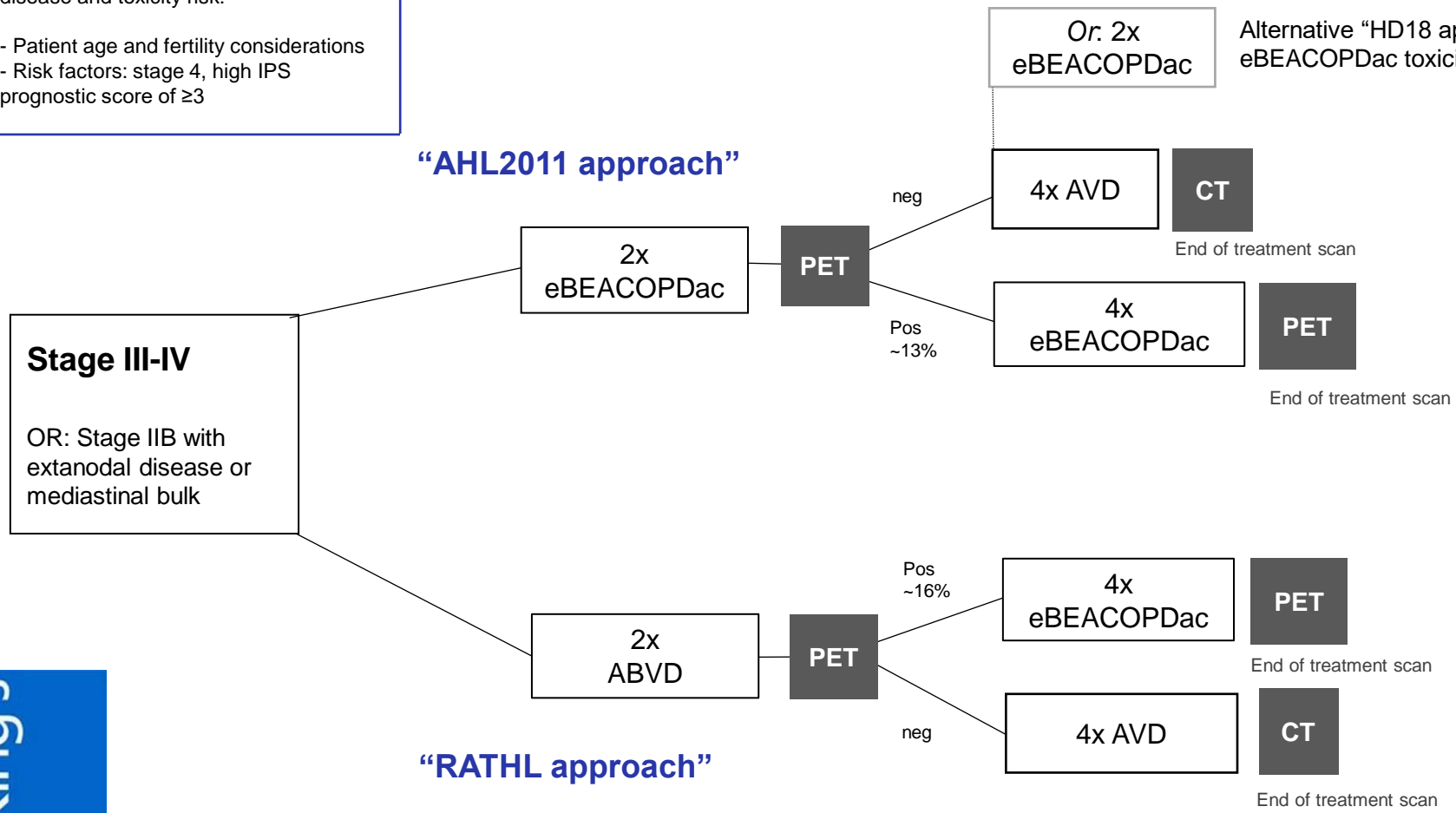
Advanced stage Hodgkin lymphoma: AHL2011 vs RATHL

PET scan
 “negative”=no lymphoma activity (score 1-3)
 “positive”= remaining activity (score 4-5)

Should treatment start with more intense eBEACOPDac? ?

Clinical team will review the individual disease and toxicity risk:

- Patient age and fertility considerations
- Risk factors: stage 4, high IPS prognostic score of ≥3



AHL2011
Pro: 5-10% higher cure rate with first-line therapy
 Only 13% need more than 2x BEACOPDac
Contra: Chemotherapy more intense

RATHL
Pro: 2/3 of patients are cured with least toxic treatment
Contra: 1/3 of patients will need more than ABVD (escalation to eBEACOPDac or 2nd line therapy)
 (Highest failure risk for IPS3+ or stage 4)



Toxicity RATHL vs AHL2011

This document serves as guidance; risks and benefits will be explained in detail by the treating consultant

AMH: Anti-mullerian hormone: low levels are associated with risk of infertility/early menopause

	RATHL ~6x ABVD	AHL2011 ~2x eBEACOPP + 4x ABVD
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Short-term side effects

Any toxicity	↑	↑↑
Drop in blood counts	↑↑	↑↑↑
Grade 3+ febrile neutropenia/ Infections	7%	34%

BEACOPDac:
More effective, but more short-term side effects and higher risk of infertility

Data reflect results with BEACOPP; BEACOPDac likely less impact on fertility

Long-term side effects

Infertility	Low risk	Moderate risk
Ovarian reserve (AMH level) #	(↓) at 2y#	↓
Ovarian recovery	93% at 2y	74% at 2y
Pregnancies (vs general population)	Similar rates	Similar rates
Azoospermia	0-5%	33% at 2.5y*
Second cancers at 5y (10y rates from HD14 similar at ~5%)	3%	1%

#higher impact on ovarian reserve in >30y old
RATHL: full AMH recovery at 2y in ≤35y

*further recovery of spermatogenesis up to 5y expected