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Questioning Success in Pediatric Hodgkin Lymphoma

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Commentary

Hodgkin Lymphoma (HL) is considered a highly curable malignant paediatric disease with an overall 5-year survival over 95%.

Surviving adolescent and children patients face a future of many decades of life with an increasing risk of late sequela that will appear in the long run. A 5 -year follow-up will not show adequately late therapy related morbidity and mortality.

The risk of morbidity and premature mortality by secondary malignant diseases, cardiovascular disease, lung disease and other chronic conditions stay significantly high in paediatric survivors followed more than 10 years.

Current paediatric HL treatment trials have highlighted the importance of diminishing acute and long term toxicity, but radiotherapy, though with lower doses and field restrictions, has been included in the schedules even for early stage cases until recently.

A recent publication reported the analysis of excess of deaths in paediatric survivors with HL compared with normal general population. An important incidence of cardiovascular disease and secondary neoplasia led to an increasing number of premature deaths that even overcame the initial disease-free survival benefits of new therapies [1].

With 500 randomized patients, CCG/COG 5942 Trial showed no significant 10-year survival results between patients who attained complete remission and were administered additional radiotherapy compared with those who were not [2]. Other studies showed similar results in terms of avoiding RT [3-5].

However, not using radiotherapy at all when achieving CR with chemotherapy had a surprising resistance in paediatric leading groups. Radiotherapy had been culturally judged as indispensable to treat HL, but at the same time a strange negation of the evidence, even that produced by COG5942 Trial, was installed.

Paediatric oncologists stand subjectively away from events that will appear in adulthood. Besides, the race to publish successful results in the short run, do not permit to assume the risk of a “draw-back” in event free survival, no matter how small could it be.

Currently, big trials as Euro Net-PHL

(NCT02684708) or small ones as GALOP 2017 (NCT03500133) are engaged to avoid radiotherapy in paediatric HL good responders to chemotherapy.

With successful results of these trials avoiding radiotherapy, we will finally be true when we say that HL is curable in the long term.

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