Infradiaphragmatic Hodgkin Lymphoma: long term outcome improved by chemotherapy-radiotherapy VS chemotherapy alone

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OBJECTIVES

Infradiaphragmatic Hodgkin Lymphoma **(IHD)** accounts for **5-10%** of adult cases of **stage I-II classical Hodgkin Lymphom**a (Mauch, Hematol Oncol. 1983; Vilamor, Eur J Haematol, 1991). Because of small number of patients in the previous published series, there is no consensual standard treatment and prognostic factors for pts with an IHD. The strategy of treatment has been improved and standardized along the last decades in most clinical subsets of HL, while it remains heterogeneous in IHD these pts being often excluded from clinical trial.

Thus, we retrospectively collected demographic, clinical and biological data in a series of pts coming from **8 french institutions** and analysed the prognosis impact of the therapy used.

METHODS

The clinical, biological data at baseline, the details of treatment and outcome of patients with a first diagnosis of stage I-II of IHD were retrospectively collected in 8 department of hematology. Patients with a positive HIV serology and those treated with radiotherapy alone were excluded. For all patients, clinical, biological and therapeutic data were collected.

RESULTS

From 1975 to 2012, 134 pts with a median age of 49 years (20-80) were included. Baseline staging was mainly based on a whole body CT scan, and 27 pts had a stage I (20%) and 107 pts a stage II (80%) disease. Most pts received ABVD (99 pts, 74%) or ABVD like (24 pts, 18%) chemotherapy regimen with a median number of 4 courses (1-8). Radiotherapy was performed in 78 pts (58%).

With a median follow-up of 64 months (2-312), 36 progression or relapse occurred (27%) and 22 pts died (16%), 7 from HL, 4 from second malignancies, 4 from infectious event,1 from chemo-toxicity, 4 from cardiac or vascular events and 2 from unknown causes.

In multivariate analysis**, only radiotherapy and Hb<10.5g/dL** remained independent factors to predict PFS (RR = 0.26 (95% CI 10.13 – 0.54), p = 0.0003; RR=2.49 (95% CI 1.2 – 5.18) p=0.0147 respectively (Cox model: p <0.0001).

Table 1: Patients' characteristics

				ALL	STAGE I	STAGE II	RADIOTHERAPY FREE	CHEMO-RADIOTHERAPY
				n=134 (%)	n=27 (20%)	n=107 (80%)	n=56 (42%)	n=78 (58%)
Sex ratio	ratio M/F			2.62	2.85	2.6	1.95	3.3
Age (20-80)	average			49,1	47,9	49,5	50,8	47,96
	median			49	47	49	49	48
PS	PS 0			61%	72%	58%	66%	58%
	PS 1-2			34%	28%	36%	27%	37%
	PS 3-4			5%	0%	6%	4%	5%
Stade Ann arbor	stage I			20%			9%	28%
	stage II			80%			96%	72%
Symptômes B				35%	19%	39%	34%	36%
PET TDM	Before treatment			52%	63%	50%	66%	53%
Bulky mass				13%	4%	15%	11%	14%
Histological subtype	Nodular sclerosis			63%	74%	61%	64%	63%
	Mixed cellularity			22%	11%	24%	27%	18%
	Rich lymphocyte			8%	15%	6%	5%	10%
	Depleted lymphocyte			<1%	0%	1%	0	1%
	Unclassifiable			5%	0%	7%	4%	8%
Biological data	Hb (g/dL)	Hb<10.5		14%	4%	17%	16%	13%
	Lymphocytes	<0.6 G/L		5%	0%	7%	2%	4%
		<8%		3%	0%	4%	5%	5%
	Ratio L/M <1			10%	0%	8%	5%	8%
	WBC	WBC>15G/L		10%	4%	12%	14%	8%
Localisation of disease	central adenopathy	central		67%	11%	81%	86%	54%
		lombo aortic		49%	7%	61%	61%	42%
		mesenteric		16%	0%	21%	29%	8%
		iliac		38%	4%	51%	48%	37%
	peripheral adenopathy	only peripheral		29%	89%	17%	13%	41%
		inguinal		75%	93%	70%	59%	81%
	Spleen involved			10%	7%	11%	16%	6%
Treatment	Chemo-radiotherapy combined			58%	82%	52%		
	nb cycles chimio		average	4	4	5	6	4
			median	4.76	4.04	4.96	5.3	4.4
	nb cycles chimio > 4			46%	26%	51%		
Relapse				27%	22%	28%	**39%**	18%
Death				16%	9%	19%	**21%**	13%
PFS	average			65	75,7	62,8	**42.4**	**81.8**
	median			53	66	49	**37**	**62**
OS	average			76	82.5	74.5	**54**	**92.1**
	median			64	72	58	**45**	**74**
Diagnosis after 2000				71%	74%	70%	76%	63%

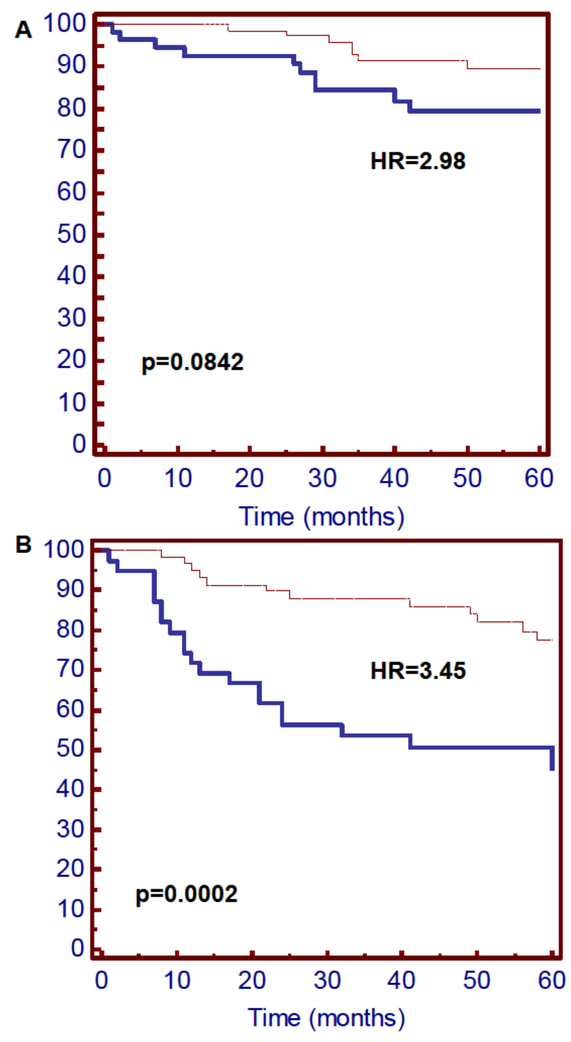

Figure 1: OS (A) and PFS (B) according to treatment : without radiotherapy in blue line and with chemo-radiotherapy combination in red line

CONCLUSIONS

This multicenter retrospective study shows that omission of radiotherapy in responding patients with an IHD is associated with a shorter PFS and a trend to a shorter OS, and suggests that a combined modality therapy has to be proposed to these patients.

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Hodgkin lymphoma

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