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Radiotherapy 'unnecessary' in vast majority of PET-negative Hodgkin's lymphoma

In early-stage Hodgkin's lymphoma, patients with a negative PET (positron emission tomography) scan after three cycles of chemotherapy have an excellent prognosis without the addition of radiotherapy.

According to data from the UK RAPID trial, the 3-year progression-free survival was only slightly higher in PET-negative patients receiving involved field radiotherapy (94.5% *vs* 90.8%).

Professor John Radford, Professor of Medical Oncology, University of Manchester, Manchester, UK, said that in early stage Hodgkin's lymphoma, abbreviated chemotherapy followed by involved field radiotherapy is the current standard of care. However, some patients are probably cured by abbreviated chemotherapy alone.

In the UK National Cancer Research Institute RAPID trial, PET response-directed therapy was evaluated in 602 patients (median age 34 years) with newly-diagnosed, stages IA/IIA Hodgkin's lymphoma. Following three cycles of ABVD chemotherapy (adriamycin, bleomycin, vinblastine, dacarbazine), 571 patients had a PET scan, of which 420 (73.6%) were classified as PET-negative and randomized to receive involved field radiotherapy or no further treatment.

After a median follow up of 48.6 months from randomization, of those assigned to the involved field radiotherapy arm, 194 were alive without progression, eight had progressed and seven died. Of PET-negative patients given no further treatment, 190 were alive and progression-free, 20 had progressed and one had died.

This translated to a 3-year progression-free survival of 94.5% for involved field radiotherapy *vs* 90.8% for no further treatment (hazard ratio 1.51, P=0.23) for intent-to-treat patients, compared to 97.0% *vs* 90.7% in per protocol patients (hazard ratio 2.39, P=0.03). Overall 3-year survival was 97.1% for involved field radiotherapy *vs* 99.5% for no further treatment (hazard ratio 0.15).

For the 145 PET-positive patients who received a fourth cycle of ABVD and involved field radiotherapy, 125 are alive and progression-free, 12 progressed and eight died (3-year progression-free survival 85.9% and overall survival 93.9%).

'We conclude,' said Professor Radford, 'that in stages IA/IIA Hodgkin's lymphoma, radiotherapy is unnecessary in the 75% of patients who become PET-negative after three cycles of ABVD. Such a response-adapted approach based on centrally-reviewed PET imaging reduces treatment time and costs, improves tolerability and, most importantly, removes the burden of early and late toxicity of radiotherapy from the PET-negative population.'

Stephen Pinn

These and other articles and webcasts from ASH 2012 can be found on the Doctors.net.uk website

Two doses of apixaban for extended treatment of VTE

A study of 2486 patients, presented by Dr Giancarlo Agnelli of the University of Perugia, Perugia, Italy, found that apixaban, given at fixed doses without laboratory monitoring, may provide a simple, effective and safe strategy for long-term management of venous thromboembolism (VTE).

A randomized, double-blind study compared apixaban 2.5 or 5 mg twice daily with placebo for 12 months in patients with VTE who had received anticoagulation for 6–12 months.

Rates of the primary efficacy outcome (symptomatic recurrent VTE or all-cause mortality) were 11.6% in the placebo group, compared with 3.8% and 4.2% in the apixaban 2.5 mg and 5 mg groups respectively (absolute risk differences of 7.8% and 7.4% respectively; 95% confidence intervals 5.3–10.3% and 4.8–10%; P<0.001 for both comparisons).

Apixaban reduced the risk of developing potentially fatal clots without increasing the rate of major bleeding events.

Acute health-care use by patients with sickle cell disease

Analysis of administrative databases indicates high acute health-care use in 18–30-year-old patients with sickle cell disease.

A study, presented by Dr Hung Tran of the Department of Pediatrics, University of California Irvine, was undertaken of acute health-care use in a community-based health-care system that provides comprehensive paediatric sickle cell care up to 21 years of age, but without a dedicated adult clinic in place.

The retrospective chart review covered 2009 and 2010 using discharge ICD-9-CM codes for sickle cell disease in primary or secondary diagnoses. To assess clinical care for sickle cell disease, 14- and 30-day readmissions and emergency department encounters following an index admission were examined.

The study confirmed previous studies that those aged 21–30 years had the highest rate of 14- and 30-day readmission and the highest number of acute care encounters/patient/year. A small number of patients, most aged 21–30 years, accounted for >11 encounters in 2 years. There were more encounters for 21–30-year-olds and 31+-year-olds for those publicly *vs* privately insured.