

What defines high-quality survivorship care for patients treated for classical Hodgkin lymphoma?

Matthew Matasar, MD

Lymphoma and Adult BMT Services
Director, Lymphoma Survivorship Clinic
Sloan Kettering Cancer Center
New York, New York

Hi. I am Dr. Matt Matasar. Over the next few minutes, I will be discussing what I see as high-quality survivorship care for patients who have been treated for classical Hodgkin lymphoma.

We know that we cure many patients with Hodgkin's disease and that number is only going to continue to improve as novel therapies continue to emerge. This leaves us with a large population of Hodgkin survivors who are at risk for late effects of the treatment they have received as well as other complications later in life. How do we take best care of these patients in the survivorship mode? Our approach to survivorship care at Memorial Sloan Kettering is to really try to apply survivorship care that is focused on the therapeutic exposures that patients may have received and understand what their individualized risks for late effects are. In Hodgkin lymphoma, this largely circulates around late effects from the chemotherapy and whether or not radiation therapy was administered. For Hodgkin survivors, a lot of late effects are determined by radiation dose and field, and exposure. Patients who received radiation therapy to the chest may be at risk for cardiovascular disease and potentially at risk for other second primary malignancies including breast cancer if they were young women who had therapeutic exposure to radiation to the breast, and lung cancer if there was radiation exposure to the lung, particularly in patients who are present or former smokers. Nonmelanoma skin cancers in the radiation field are common as well. There can be other late effects from radiation therapy including thyroid disease, particularly hypothyroidism, and less commonly thyroid cancer. Cardiovascular disease really does predominate the discussion in Hodgkin survivors because radiation therapy to the chest can predispose to a number of cardiovascular conditions including CHF (congestive heart failure), coronary artery disease and stroke. The doxorubicin from ABVD chemotherapy, and similar regimens, can also increase the risk of CHF later in life. At present, no single standard of care exists in terms of how to monitor for cardiovascular health. Although, many programs, such as ours, will offer cardiac screening in the form of echocardiography using speckle strain rate mapping to really try to identify early-onset changes that could lead to subsequent congestive heart failure. Regardless, good survivorship care in Hodgkin lymphoma means understanding what the patient's individual risks are for late effects and putting together a rational plan to monitor for those late effects, prevent that which is preventable, and to intervene when changes are identified early to protect and safeguard your patient's health. Thanks for listening.