Preface

Hodgkin lymphoma is one of the best curable malignancies both in adult and pediatric oncology. Today, more than 80% of all patients can be cured with risk-adapted treatment including chemotherapy and radiotherapy. This progress is largely due to the development of multiagent chemotherapy more than 40 years ago and the improvements in radiotherapy. Since then, this fascinating disease has been in the focus of scientific and clinical research. Major more recent achievements were the definite proof that Hodgkin lymphoma is a true malignancy despite its peculiar histology with the Hodgkin and Reed–Sternberg cells derived from "crippled" B-lymphocytes. Establishing immortal cell lines from patients with end-stage disease initiated a variety of different research activities into the pathophysiology, immunology, and treatment. The discovery of the Ki-1 antigen that was expressed in high density on H-RS cells substantially improved the prognostic precision since nearly all malignant cells in Hodgkin lymphoma tissue are strongly expressing this antigen, which was later designated to the CD30 cluster. Monoclonal antibodies against this antigen were not only being successfully used for immunophenotyping but also exploited therapeutically. After a number of nonsuccessful clinical trials with antibody constructs or fully human monoclonal antibodies targeting CD30, this story now seems to come full circle with the advent of an anti-CD30 antibody–drug conjugate that has given remarkable responses in end-stage Hodgkin lymphoma patients.

Due to the substantially improved prognosis and the generally young age of patients affected, Hodgkin lymphoma has also become a model to study long-term effects of successful radiotherapy and chemotherapy. Today, more patients die from treatment-related long-term toxicity than from uncontrolled Hodgkin lymphoma. We must thus very carefully balance our attempts to further improve disease control with the need to keep the risk of long-term consequences as low as possible. In addition, there are also a number of relevant physical and psychosocial issues that need to be further exploited including the risk of infertility, and fatigue. Fortunately, after more than 20 years of standstill, we now experience the development of new-targeted treatment also for patients with Hodgkin lymphoma. This hopefully might result in more individualized and less toxic treatments for our patients.

This book should give you an overview on past and current achievements in the area of Hodgkin lymphoma with a special emphasis on late effects and new treatment options. We would like to express our sincere gratitude to all those who have contributed to this project.

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Andreas Engert
Sandra Horning