

ASH: A+AVD beats ABVD for advanced Hodgkin's lymphoma

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progression, 0.77; 95 percent confidence interval, 0.60 to 0.98; $P = 0.03$). There were 28 and 39 deaths with A+AVD and ABVD (hazard ratio for interim overall survival, 0.72; 95 percent confidence interval, 0.44 to 1.17; $P = 0.19$). There was a trend in favor of A+AVD for all secondary efficacy end points.

"A+AVD had superior efficacy to ABVD in the treatment of [patients](#) with advanced-stage Hodgkin's lymphoma, with a 4.9 percentage-point lower combined risk of progression, death, or noncomplete response and of subsequent anticancer therapy at two years," the authors write.

The study was funded by Millennium Pharmaceuticals, a wholly owned subsidiary of Takeda Pharmaceuticals, and Seattle Genetics.

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(HealthDay)—For patients with advanced-stage Hodgkin's lymphoma, brentuximab vedotin, doxorubicin, vinblastine, and dacarbazine (A+AVD) have superior efficacy to doxorubicin, bleomycin, vinblastine, and dacarbazine (ABVD), according to a study published online Dec. 10 in the *New England Journal of Medicine* to coincide with the annual meeting of the American Society of Hematology, held from Dec. 9 to 12 in Atlanta.

Joseph M. Connors, M.D., from the British Columbia Cancer Agency in Vancouver, Canada, and colleagues conducted a phase 3 trial involving patients with previously untreated stage III or IV classic Hodgkin's lymphoma. A total of 664 patients were assigned to receive A+AVD and 670 were assigned to receive ABVD.

The researchers found that the two-year progression-free survival rates were 82.1 and 77.2 percent in the A+AVD and ABVD groups at a median follow-up of 24.9 months (hazard ratio for an event of progression, death, or modified

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