

Chemo-radiation combo tied to higher survival in peds Hodgkin

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ratio for CMT, 0.57). Use of CMT was associated with younger age, male sex, stage II disease, and [private health insurance](#). The greatest benefit from CMT was seen in the low-risk cohort (stage I to IIA) and in adolescent and young adult patients (adjusted hazard ratio, 0.47). From 2004 to 2015, use of CMT decreased by 24.8 percent.

"There is a nationwide decrease in the use of CMT, perhaps reflecting the bias of ongoing clinical trials designed to avoid consolidation radiotherapy," the authors write.

More information: [Abstract/Full Text](#)

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(HealthDay)—Combined modality treatment (CMT) is associated with improved overall survival in pediatric patients with early-stage Hodgkin lymphoma (HL), according to a study published online Jan. 3 in *JAMA Oncology*.

Sachin R. Jhavar, M.D., from the Rutgers Cancer Institute of New Jersey in New Brunswick, and colleagues evaluated the use of CMT (chemotherapy followed by radiotherapy) in pediatric HL and its association with overall survival using data from the National Cancer Database. The authors analyzed data from 5,657 [pediatric patients](#) aged 0.1 to 21 years (mean age, 17.1 years) who received a diagnosis of stage I or II HL between 2004 and 2015.

The researchers found that 50.3 percent of patients received CMT, and the five-year overall survival rate was higher with CMT (97.3 percent) than with chemotherapy alone (94.5 percent). This finding remained significant in the intention-to-treat analysis and multivariate analysis (adjusted hazard

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