

Outcomes equal for AYA Hodgkin therapy at peds, adult centers

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2.4 versus 82.8 ± 1.6 versus 82.7 ± 3.0 percent). In multivariable analyses, locus of care was not significantly associated with event-free or overall survival. The incidence of second malignancies was higher with treatment in pediatric centers and the incidence of cardiovascular events was higher with treatment in adult centers, but these differences were not significant.

"While in [current practice](#), the decision on what regimen to use is driven primarily by locus of care, protocol choice should instead be individualized according to personal late-effect risk and patient preferences," the authors write. "Collaborative efforts between pediatric and adult trial groups are also encouraged."

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

(HealthDay)—For adolescent and young adult (AYA) patients with Hodgkin lymphoma (HL), treatment strategies differ, but outcomes are equivalent with treatment at pediatric and adult centers, according to a study published online May 22 in *Cancer Medicine*.

Sumit Gupta, M.D., Ph.D., from The Hospital for Sick Children in Toronto, and colleagues compared population-based treatment patterns and outcomes in AYA HL by locus of care to examine outcome disparities between pediatric and adult centers. Data were included for all AYA (aged 15 to 21 years) diagnosed with HL between 1992 and 2012.

The researchers found that 74.5 percent of the 954 AYA received treatment at adult centers. Patients at pediatric centers experienced higher rates of radiation therapy but had lower cumulative doses of doxorubicin and bleomycin. There was no difference in 10-year event-free survival between pediatric cancer centers versus adult cancer centers versus community cancer centers ($83.8 \pm$

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