

## Patients' versus physicians' roles in detecting recurrent Hodgkin lymphoma

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**BACKGROUND.** The optimal post-treatment surveillance of patients with Hodgkin lymphoma (HL) in first complete remission (CR) is unknown. Guidelines are based on consensus rather than high-quality evidence. Recurrences may be detected as a result of the investigation of symptoms or by routine screening of asymptomatic patients. It is unknown if routine screening leads to earlier relapse detection or translates into better outcomes. Screening CT, PET and other scans in particular are associated with possible toxicity and cost, with no proven benefit. Moreover, the negative psychological impact of routine scanning of asymptomatic patients has been documented. **METHODS.** Using the British Columbia Cancer Agency (BCCA) Lymphoid Cancer Database with more than 2500 patients diagnosed since 1981, we identified 258 patients with relapse after first CR. We reviewed their charts to determine whether the recurrence was detected as a result of new patient symptoms (PT group) or through routine physical exams or tests ordered by the physician in the absence of symptoms (MD group). The information was missing or ambiguous for 10 patients who were excluded. **RESULTS.** Of the 248 recurrences, 176 (71%) were in the PT group. The median time to diagnosis of recurrence was similar in both groups (PT group=1.6 y; MD group=2 y; logrank  $p = 0.88$ ). The post-relapse progression free survival (PFS) did not differ significantly between the groups (logrank  $p=0.28$ ), nor did the post-relapse overall survival (OS) (PT group, median = 17.7 y; MD group=20.8 y; logrank  $p=0.22$ ). Adjustment for age, sex and initial stage using a Cox proportional hazards model did not change these conclusions for time to diagnosis of recurrence ( $p=0.85$ ), post-relapse PFS ( $p=0.77$ ) or OS ( $p=0.32$ ). **CONCLUSION.** Patients are much more likely to detect recurrence than their physicians employing routine follow-up testing. There is no difference in PFS or OS between patients whose recurrence is diagnosed at the time of symptoms and those whose recurrence is diagnosed through routine screening. Our findings suggest there is no demonstrable benefit in early detection of HL recurrence based on screening tests and thus do not support the routine use of these potentially anxiety-provoking tests.