

何杰金氏淋巴瘤的診療進展

蕭樑材

台北榮民總醫院內科部血液科、血友病整合治療中心；

國立陽明大學醫學院內科學系

Hodgkin lymphoma (HL) is a unique hematopoietic neoplasm characterized by cancerous Reed-Sternberg cells. Patients are commonly diagnosed in their 20s and 30s, and they present with supradiaphragmatic lymphadenopathy, often with systemic B symptoms. HL is highly curable with combination chemotherapy, radiation, or combined-modality treatment. Risk-adapted approaches have helped de-escalate therapy in low-risk patients while intensifying treatment for higher risk patients. Patients who are not cured with initial therapy can often be salvaged with alternate chemotherapy combinations, the novel antibody-drug conjugate brentuximab, or high-dose autologous or allogeneic hematopoietic stem cell transplantation. The programmed death-1 inhibitors nivolumab and pembrolizumab have both demonstrated high response rates and durable remissions in patients with relapsed/refractory HL. Alternate donor sources and reduced-intensity conditioning have made allogeneic hematopoietic stem cell transplantation a viable option for more patients. Future research will look to integrate novel strategies into earlier lines of therapy to improve the HL cure rate and minimize long-term treatment toxicities. (Refer to: Shanbhag S, Ambinder RF. Hodgkin lymphoma: A review and update on recent progress. CA Cancer J Clin. 2018 Mar;68(2):116-132.)