

## Subsequent neoplasms in pediatric Hodgkin lymphoma

To obtain credit, you should first read the journal article. After reading the article, you should be able to answer the following, related, multiple-choice questions. To complete the questions (with a minimum 75% passing score) and earn continuing medical education (CME) credit, please go to <http://www.medscape.org/journal/blood>. Credit cannot be obtained for tests completed on paper, although you may use the worksheet below to keep a record of your answers. You must be a registered user on <http://www.medscape.org>. If you are not registered on <http://www.medscape.org>, please click on the "Register" link on the right hand side of the website. Only one answer is correct for each question. Once you successfully answer all post-test questions you will be able to view and/or print your certificate. For questions regarding this activity, contact the accredited provider, [CME@medscape.net](mailto:CME@medscape.net). For technical assistance, contact [CME@medscape.net](mailto:CME@medscape.net). American Medical Association Physician's Recognition Award (AMA PRA) credits are accepted in the US as evidence of participation in CME activities. For further information on this award, please go to <https://www.ama-assn.org>. The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for *AMA PRA Category 1 Credits™*. Through agreements that the AMA has made with agencies in some countries, AMA PRA credit may be acceptable as evidence of participation in CME activities. If you are not licensed in the US, please complete the questions online, print the AMA PRA CME credit certificate, and present it to your national medical association for review.

**Giulino-Roth L, Pei Q, Buxton A, Bush R, Wu Y, Wolden SL, Constine LS, Kelly KM, Schwartz CL, Friedman DL. Subsequent malignant neoplasms among children with Hodgkin lymphoma: a report from the Children's Oncology Group. *Blood*. 2021; 137(11):1449-1456.**

- Your patient is a 10-year-old girl with newly diagnosed intermediate-risk Hodgkin lymphoma (HL). According to the report on subsequent malignant neoplasms (SMNs) and other findings from Children's Oncology Group (COG) AHOD0031 by Giulino-Roth and colleagues, which of the following statements about incidence and characteristics of SMNs among children and adolescents who received response-adapted HL treatment of newly diagnosed intermediate-risk HL is correct?**
  - Ten-year cumulative incidence of SMNs was relatively low (1.32% [95% confidence interval: 0.6%, 2%])
  - Population-standardized incidence ratio for SMNs showed 3-fold higher incidence in HL survivors in this study vs the general population
  - Ten-year cumulative incidence of secondary myelodysplastic syndrome/acute myeloid leukemia (AML) was much higher than seen with other HL treatments
  - Half of SMNs were secondary AML
- According to the report on SMNs and the other findings from COG AHOD0031 by Giulino-Roth and colleagues, which of the following statements about risk factors for SMNs among children and adolescents treated for newly diagnosed intermediate-risk HL who received response-adapted HL treatment and updated outcomes is correct?**
  - White patients had greater risk for SMNs than Asian patients
  - Radiation therapy (RT) was associated with twice the risk for SMNs
  - All 11 patients who developed a solid tumor SMN had received RT, and only 1 patient (with invasive breast cancer) had also received DECA
  - Updated 10-year event-free survival and overall survival were significantly greater among patients who received RT
- According to the report on SMNs and other findings from COG AHOD0031 by Giulino-Roth and colleagues, which of the following statements about the clinical implications of incidence, characteristics, and risk factors of SMNs among children and adolescents treated for newly diagnosed intermediate-risk HL is correct?**
  - The study likely captured all cases of solid tumor SMN but not those of secondary leukemia
  - The data do not support regular screening for thyroid cancer among HL survivors given neck RT
  - Contemporary trials are using larger RT fields than used in COG AHOD0031
  - Future therapeutic strategies should avoid RT without sacrificing disease control