

Response to Comment on: “Is it time to reduce the doxorubicin dosage in Hodgkin lymphoma therapy?”

by Eldad J. Dann

Received: May 12, 2026.

Accepted: May 15, 2026.

Citation: Eldad J. Dann. Response to Comment on: “Is it time to reduce the doxorubicin dosage in Hodgkin lymphoma therapy?”

Haematologica. 2026 May 28. doi: 10.3324/haematol.2026.301249 [Epub ahead of print]

Publisher's Disclaimer.

E-publishing ahead of print is increasingly important for the rapid dissemination of science.

Haematologica is, therefore, E-publishing PDF files of an early version of manuscripts that have completed a regular peer review and have been accepted for publication.

E-publishing of this PDF file has been approved by the authors.

After having E-published Ahead of Print, manuscripts will then undergo technical and English editing, typesetting, proof correction and be presented for the authors' final approval, the final version of the manuscript will then appear in a regular issue of the journal.

All legal disclaimers that apply to the journal also pertain to this production process.

Response to Comment on: “Is it time to reduce the doxorubicin dosage in Hodgkin lymphoma therapy?”

Eldad J. Dann^{1,2}

¹Department of Hematology and Bone Marrow Transplantation, Rambam Health Care Campus, Haifa, Israel;

²The Ruth and Bruce Rappaport Faculty of Medicine, Technion, Haifa, Israel

Declaration of Interests:

The author declares no competing interests.

Correspondence:

Eldad J. Dann, MD

Department of Hematology and Bone Marrow Transplantation

Rambam Health Care Campus

8, Ha'Aliya Street

Haifa 3109601, Israel

Phone: +972 4 777 3561

Fax: +972 4 777 2343

E-mail: e_dann@rambam.health.gov.il

ORCID ID: 0000-0001-7395-7805

I would like to thank Drs. Picardi and Vincenzi for their interest in the recent editorial entitled “Is it time to reduce the doxorubicin dosage in Hodgkin lymphoma therapy?” published in *Haematologica*[1]. In their comment, the authors are asking a different question: “Is it time to increase the liposomal doxorubicin dosage for the frontline therapy in young adults and adults with classic Hodgkin lymphoma?”[2]. Picardi and Vincenzi suggest using non-pegylated liposomal doxorubicin (MyocetTM) in a protocol, where patients receive Myocet+BVD, with a cumulative doxorubicin dose of 340 mg/m². According to the current guidelines, the doxorubicin dose of ≥ 250 mg/m² is considered high. With this dose, a subclinical cardiac effect is documented in up to 30% of patients and cardiac dysfunction in approximately 5%-9% of patients, increasing to 18% at a doxorubicin dose of 350 mg/m² [3-6]. The authors assume that the application of this modified formula (Myocet+BVD), reported to carry reduced acute toxicity, allows to safely increase the doxorubicin dose without causing late cardiomyopathy. In their study, 27/28 patients have achieved interim PET negativity and 6 patients have undergone additional radiation therapy, including the mediastinal field in one patient. While there has been no evidence of reduced cardiac function at a 60-month follow-up either in the global longitudinal strain or left ventricular ejection fraction, this follow-up is rather short and cannot be predictive of the longer-time toxicity. Since the delayed-onset progressive irreversible heart failure can present >20 years after the doxorubicin therapy completion, the safety of the proposed therapeutic approach needs to be further evaluated.

Of note, MyocetTM is approved only in Europe and for metastatic breast cancer therapy. This drug might be considered for the use at a regular dosage at baseline in patients with reduced cardiac function, who cannot tolerate conventional doxorubicin dosage. This issue could be addressed in a phase 2 study.

References

1. Dann EJ. Is it time to reduce the doxorubicin dosage in Hodgkin lymphoma therapy? *Haematologica*. **xxx**
2. Picardi M, Vincenzi A. Is it time to increase the liposomal doxorubicin dosage for frontline therapy in young adults and adults with classic Hodgkin lymphoma? Comment on: "Is it time to reduce the doxorubicin dosage in Hodgkin lymphoma therapy?". *Haematologica*. **xxx**
3. Armenian SH, Lacchetti C, Barac A, et al. Prevention and monitoring of cardiac dysfunction in survivors of adult cancers: American Society of Clinical Oncology Clinical Practice Guideline. *J Clin Oncol*. 2017;35(8):893-911.
4. Chang HM, Moudgil R, Scarabelli T, Okwuosa TM, Yeh ETH. Cardiovascular complications of cancer therapy: best practices in diagnosis, prevention, and management: Part 1. *J Am Coll Cardiol*. 2017;70(20):2536-2551.
5. Mehta LS, Watson KE, Barac A, et al. Cardiovascular disease and breast cancer: where these entities intersect: a scientific statement from the American Heart Association. *Circulation*. 2018;137(8):e30-e66.
6. Larsen CM, Garcia Arango M, Dasari H, et al. Association of anthracycline with heart failure in patients treated for breast cancer or lymphoma, 1985-2010. *JAMA Netw Open*. 2023;6(2):e2254669.