Overall evaluation

This is a very good and complete review, which presents all the relevant data.

I agree also with the conclusion that ABVD, but not BEACOPP, should be added to the Essential Medicine List (EML). Based on this recommendation, it remains however a bit questionable whether G-CSF should be added to EML, since ABVD rarely requires the use of G-CSF, in contrast to BEACOPP, if one uses strict criteria.

Proposed additions to the text

In the chapter: Requirements for diagnosis, treatment and monitoring

Regarding PET-CT, it might be added that PET-CT performed after 2 cycles of ABDV could also possibly lead to the avoidance of radiotherapy in early stages and to a switch of ABVD to a more intense chemotherapy in case of insufficient response.

The discussion about Bleomycin induced pulmonary toxicity (BPT) is very welcomed. It should perhaps be added that this problem increases with the age of the patients and that in patients older than 65 BPT might have a lethality in the order of 40-50%.

In the chapter: “Systematic reviews”

In the list of reviews, meta-analyses and guidelines which support the addition of only ABVD and not of BEACOPP, one should add also the Italian randomized trial, which found no difference in OS between ABVD and BEACOPP if high dose chemotherapy plus autologous transplantation was planned for refactory-relapsing cases (Viviani S et al. NEJM 2011; 356:203-212).