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This 2.1 bundle is very versatile and sounds unique and modern. Ideal for Dubstep, Trap, Hip Hop and Soul. Surgical oncology is a growing field and, due to improved treatments, more and more patients are living for a while with disease. However, the mean survival time from the time of diagnosis to death from the disease or its treatment is less than one year. So, it is of paramount importance to improve outcomes of these patients. In this issue of *\*Annals of Oncology\**, multiple investigators from Europe (Van den Berg et al. \[@CR1\], Verhage et al. \[@CR2\], and Dubois et al. \[@CR3\]) and the USA (Lujan et al. \[@CR4\]) have reported a long-term follow-up analysis (at least 5 years) of total body irradiation (TBI) and autologous stem cell transplant (ASCT) for Hodgkin lymphoma (HL) patients, in order to assess the impact of TBI on the risk of relapse and death and on disease-free survival and overall survival. A major concern when evaluating disease-free and overall survival after transplant is the confounding factor of patient selection. The best candidates are young patients without any features of unfavorable prognosis (i.e., high-risk) HL, treated with a high dose of combined chemotherapy with or without TBI. Patients with a longer time to relapse and/or a lower risk of relapse (e.g., advanced stage, large cell type, lower expression of B-cell lymphoma-2 (Bcl-2) oncoprotein, age  $\geq 60$ ) may not benefit from ASCT. The latter was also confirmed by the authors of this study, who reported no difference in the risk of relapse or in the overall and event-free survival between these two groups. The large cohort of 1,292 HL patients analyzed in the study of Van den Berg et al. \[@CR1\] included only 4% of patients aged  $\geq 60$ . The probability of being free from relapse was higher in older patients and was influenced by the performance of ASCT. Overall and event-free survival at 5 years were both similar in younger and older patients, regardless of the treatment (TBI or not). Also, the same authors reported a substantial reduction in the risk of death after transplant in older patients. In conclusion

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