

Brentuximab Vedotin in Combination with Bendamustine for Patients with Hodgkin Lymphoma who are Relapsed or Refractory after Frontline Therapy

Julie M. Vose, MD, MBA

Neumann M. and Mildred E. Harris Professor
Chief, Department of Internal Medicine
Division of Oncology/Hematology
University of Nebraska Medical Center
Omaha, Nebraska

I am Julie Vose from University of Nebraska Medical Center where I am chief of hematology/oncology, reporting live from the American Society of Hematology. I am reporting on the abstract that we have here combining bendamustine with brentuximab vedotin for patients with relapsed Hodgkin lymphoma. This is a very interesting abstract where we combined together an approved drug brentuximab vedotin with bendamustine which has some known activity for Hodgkin lymphoma but has not been used very frequently. Combination was put together first in the phase I part of the study with different doses of the bendamustine combined with standard dosing of brentuximab vedotin. In this phase I portion, it was found that patients could tolerate the bendamustine at 90 mg/m² with the standard dosing of brentuximab vedotin, and patients received an average of two cycles of this therapy before going on to high-dose therapy and transplantation. The complete response rate with this combination was very high at 82%, and the overall response rate was 94%. Most patients received two doses or two cycles of this therapy, although some patients received up to six cycles of therapy before going on to further therapy. Twenty patients then went on to receive high-dose therapy and autologous stem cell transplantation for their relapsed Hodgkin lymphoma, and patients went through the other cycles very well. For the induction therapy, the major toxicity was infusion reaction, which was a known potential side effect of brentuximab vedotin, and was managed with premedication successfully in most patients. Of the 20 patients who went on to transplantation, there was no problem in getting tissue cells mobilized. The stem cells were mobilized successfully, and patients were able to go on to transplantation successfully.

An additional part of the study was using brentuximab vedotin post-transplant to try to use it as a maintenance therapy to maintain remission. So far of all the patients that have gone through therapy, there has been one patient that has relapsed post-transplant after 3 months from a complete remission. The rest of the patients remain in complete remission. Tolerability post-transplant was also very well tolerated without any major complications as long as the premedication was performed. We feel that this combination is very well tolerated for the patients with relapsed Hodgkin lymphoma and is another opportunity for patients with relapsed Hodgkin's to get ready for transplant, undergo transplant successfully,

and hopefully decrease the risk of relapse posttransplant. Thank you for viewing this activity. For further information, please review *ManagingHodgkinLymphoma.com*.

Reference:

Abstract #293: Brentuximab Vedotin in Combination with Bendamustine for Patients with Hodgkin Lymphoma who are Relapsed or Refractory after Frontline Therapy.
<https://ash.confex.com/ash/2014/webprogram/Paper67044.html>