How do you evaluate patients' response to immunotherapy?

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Welcome to *Managing Hodgkin Lymphoma*, I'm Dr. Matthew Matasar. There is a current challenge in the clinical practice of managing Hodgkin lymphoma patients, particularly in the relapse setting, and this is one that I often hear about when patients are coming to me in consultation. This being, "How do you evaluate patients' response to immunotherapy?" The role of immunotherapy in Hodgkin lymphoma is rapidly evolving, and increasingly and quickly becoming a part of standard of care, at very least in the relapse setting, and perhaps as we move forward to the first-line setting. In this context, it is increasingly important for us as clinicians to understand how best to evaluate our patients' response to these novel agents. The challenge of identifying who is and is not responding to immunotherapy in the context of Hodgkin lymphoma is real, and it is a common question that I receive in consultation trying to evaluate whether or not a person is in fact benefiting from this type of treatment. It is not infrequent that I will meet a patient who was started on a checkpoint inhibitor, nivolumab or pembrolizumab, in the treatment of multiply relapsed or refractory Hodgkin lymphoma. The patient feels better symptomatically, but their restaging PET scan performed months later shows progression of prior sites of disease with persistent FDG avidity. It is important to understand that this does not represent progression of disease formally, and that this is a feature that is commonly seen radiographically in responding patients. This fact that patients can have persistence or even progression of prior sites of radiographic involvement of Hodgkin lymphoma has been identified in the new RECIL criteria that was published earlier this year, to help codify and formalize how we evaluate responses for Hodgkin lymphoma. It is important here to distinguish between progression at prior sites of disease with persistent FDG avidity versus the emergence of new sites of disease which do likely represent progressive disease and must be considered differently radiographically, as well as clinically.