

James O. Armitage, MD

Professor, Department of Internal Medicine
University of Nebraska Medical Center
Omaha, Nebraska

Standard of care for patients with relapsed or primarily refractory Hodgkin lymphoma

Hello, my name is Jim Armitage. I am a professor of medicine at the University of Nebraska Medical Center. One of the questions that I am asked about patients with Hodgkin lymphoma is, "What is the standard of care for patients with relapsed or primarily refractory Hodgkin lymphoma?" Now, in contrast to some of the controversies about the best regimen for upfront therapy, I think for most patients here, the standard remains the same. That is for young enough and healthy enough patients who have adequate bone marrow function, you would like these patients to be able to have an autotransplant. We have known now for decades this is potentially curative, and I believe it is the treatment for most patients with relapsed or refractory Hodgkin lymphoma. It is the treatment that is most likely to cure them. And so, when I see a patient in this unfortunate situation, and happily, you do not see as many today as you used to, but when I see one of these patients at first failure, that is they just did not get a remission or they just relapsed from their initial remission, the question is "how can I get the patient to a transplant?" Often, traditional standard second-line regimens like ICE is quite popular in the United States; sometimes you can go back to an old-fashioned regimen like CHLVPP, but something like that to get the patient back into remission so that they can then have a transplant is what usually is done. Today we have the wonderful advantage of a new exciting drug, brentuximab vedotin, which allows you to get patients into remission that you might have not been able to do that. And either brentuximab in combination with other drugs or brentuximab alone might be the best way to get some patients ready for transplant.

Now, patients with multiple relapsed disease are a bigger problem, or that rare patient who grows through primary therapy is a terrible problem, and there is no good answer right now for many of those patients, although you still would wonder whether or not you might be able to transplant them. Fortunately, for patients you see with relapsed or refractory Hodgkin lymphoma who are at their first time of treatment failure, if you can get them into remission and do an autotransplant you still have a reasonable chance to cure them.