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What is the role of nonmyeloablative allogeneic stem cell transplant in the management of patients with Hodgkin lymphoma?

Hello! My name is Andrew Zelenetz. I am vice chair of medicine at Memorial Sloan-Kettering Cancer Center and a frequently asked question is, “What is the role of nonmyeloablative allogeneic stem cell transplant in the management of patients with Hodgkin lymphoma?” Typically, if we think about the outcomes of patients with Hodgkin lymphoma, if we take 100 patients who walk in the door, we are going to cure about 80 of these patients. So, only 20 patients are going to have relapsed or refractory disease and of those, probably 10 will be cured with second-line chemotherapy followed by high-dose therapy and autologous stem cell rescue. Therefore, only about 10 out of every 100 patients are going to have refractory disease where we would really even consider allogeneic stem cell transplant. Both nonmyeloablative and fully ablative allogeneic stem cell transplant has been used in Hodgkin lymphoma. There is not very much evidence for a graft versus lymphoma effect in Hodgkin lymphoma, and therefore, it is really a matter of using this treatment when we feel that alternative treatment is not appropriate. The patients who receive allogeneic stem cell transplant are highly selected because they have appropriate donors, and so overall, the major impact when looked at the 100 patients who have walked in the door is really quite small, but in selected patients, there may be a role for both a fully ablative and particularly nonmyeloablative allogeneic stem cell transplant in relapsed and refractory Hodgkin lymphoma. I want to thank you for your attention.