

What are the current options for patients who undergo ASCT and experience disease relapse?

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Welcome to *Managing Hodgkin Lymphoma*. My name is Anas Younes, and I am the chief of the Lymphoma Service at Memorial Sloan-Kettering Cancer Center. With approximately half of all Hodgkin lymphoma patients who undergo autologous stem cell transplant experiencing subsequent disease relapse, I am frequently asked what are the current options for these patients? So, as of today, the only FDA-approved drug for patients with relapsed Hodgkin lymphoma after autologous transplant is the antibody drug conjugate brentuximab vedotin. This is indicated for patients with active disease after having autologous stem cell transplant, it is one of the indications. So, now, there are emerging data about two potential treatment strategies. One is to try to predict patients who are likely to relapse after having autologous transplant, even if they do not have active disease, and give them brentuximab vedotin in a preemptive fashion. This is done in the context of a randomized trial which is called the AETHERA trial, where patients undergoing autologous transplant were randomly assigned to receive brentuximab vedotin or placebo in an adjuvant or maintenance setting after autologous transplant. Data have been reported last ASH, and it showed that remarkable improvement in progression-free survival in favor of the adjuvant brentuximab vedotin. So, this may soon become a new indication for the use of brentuximab vedotin when expanding the options for these patients. And the second one is the PD1-targeted therapy. And there are two antibodies that showed really promising clinical activity in this context. Pembrolizumab and nivolumab—both antibodies targeting PD1—showed response rate exceeding 60% even though many of these patients had prior brentuximab vedotin. So, in a nutshell, brentuximab vedotin remains the only FDA-approved drug for patients with relapsed Hodgkin lymphoma after autologous transplant. PD1-targeted therapies are becoming very good potential drugs, and most likely one of them, or maybe both of them, will be approved. And the use of brentuximab may become expanded not only for patients with active disease, but also in adjuvant settings post-autologous transplant. Thank you for viewing this activity. For additional resources, please view the other educational activities on ManagingHodgkinLymphoma.com.