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***Managing HL* recently talked with Dr. Robert Chen, an assistant professor at the City of Hope National Medical Center in Duarte, California, and co-leader of a leading lymphoma disease team. *MHL* asked Dr. Chen if he has seen a change in the treatment paradigm for patients with relapsed or refractory Hodgkin lymphoma in recent years.**

***Dr. Chen:*** The answer to this question is yes. For patients who have relapsed or refractory Hodgkin lymphoma following induction chemotherapy, the typical standard approach has been to give a multi-agent combination chemotherapy, such as ICE or ESHAP, before the patient received autologous stem cell transplant (ASCT). Today, however, more and more oncologists are using a brentuximab vedotin-based approach.

There are three different methods that are being used with this agent. The first is a sequential approach; for example, the patient can get single-agent brentuximab vedotin at the outset. If they achieve a complete response (CR), they can go directly into ASCT. Alternatively, if the patient does not achieve CR after brentuximab vedotin therapy, they can undergo multi-agent salvage chemotherapy such as ICE. With this approach, they will have two opportunities to achieve CR before going to transplant.

The second method is to add brentuximab vedotin to bendamustine. At ASH 2015, Dr. Ann LaCasce presented a study (ASH 2015 abstract 3982) which indicated that an outpatient regimen of brentuximab vedotin in combination with bendamustine resulted in a very high CR rate. The data suggested that the brentuximab-bendamustine combination may be a promising salvage regimen for Hodgkin lymphoma patients who have experienced their first relapse.

The third strategy being used today is to add brentuximab vedotin to other novel agents, such as PD-1 or PD-L1 inhibitor. Two of these agents are undergoing phase 1 and phase 2 testing right now. Currently, our group is conducting a trial using brentuximab vedotin plus nivolumab in this setting [NCT02572167; NCT01896999].

Thank you.