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**How do you identify HL patients at risk for relapse or disease progression after transplant?**

Welcome to *Managing Hodgkin Lymphoma*. My name is Dr. Paul Bröckelmann, and I am working with the German Hodgkin Study Group at the Department I of Internal Medicine at the University Hospital of Cologne in Germany. I am frequently asked, "How do you identify Hodgkin lymphoma patients at risk for relapse or disease progression after transplant?" Since patients progressing after ASCT have a rather unfavorable outcome and novel agents are now available for relapsed Hodgkin lymphoma, that is an important question. One approach to prevent consecutive relapse after ASCT is to administer consolidative treatment in patients at high risk for progression of disease. The anti-CD30 antibody drug conjugate brentuximab vedotin was compared to placebo in the randomized phase 3 AETHERA trial and provided a benefit in terms of progression-free survival. Likely due to the crossover design of the trial and limited followup, no benefit in terms of overall survival was noted. The patients in the AETHERA trial were considered high risk only due to the presence of single risk factors such as extranodal disease. To more precisely estimate a patient's risks for relapse after ASCT, a validated prognostic score might be applied. A more recent international analysis of more than 1,000 patients treated at various centers in both Europe and the USA was presented at ASH 2015, in which the following were found to form such a validated score for both progression-free and overall survival after autologous stem cell transplantation:

- Time to relapse equal or less than 3 months
- Stage 4 disease at relapse
- Bulk more than 5 or equal to 5 cm at relapse
- Increased performance status of equal or more than 1
- Insufficient response to salvage chemotherapy, ie, less than PR by CT based staging or persistent PET positivity

Applying such a score rather than single risk factors might truly help selecting patients for such a consolidative approach. In addition, this patient stratification may help to further develop intensified or also de-intensified treatments which might also be incorporating *anti-PD1* antibodies such as nivolumab within future clinical trials.

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