

## **What treatment options exist for HL patients at risk for relapse or disease progression after transplant?**

### **Paul Bröckelmann, MD**

German Hodgkin Study Group (GHSG)  
Department I of Internal Medicine  
University Hospital of Cologne  
Cologne, Germany

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 what treatment options exist for patients at risk for relapse of disease or progression after transplant. With two FDA-approved drugs available for the treatment of Hodgkin lymphoma relapsed after autologous stem cell transplantation, that is an important question. To date, it is rather unclear whether preemptive or consolidative treatment in high-risk patients, for example with the anti-CD30 antibody drug-conjugate brentuximab vedotin (BV), really improves the overall outcome. When compared to placebo in the randomized phase 3 AETHERA trial, BV provided a significant benefit in terms of PFS. Likely, due to the crossover design of the trial and limited follow-up, no benefit in terms of overall survival was noted, and it hence remains unclear whether treatment with brentuximab only at the time of relapse would produce similar results. The recently approved anti-PD-1 antibody nivolumab is well tolerable and long-term remissions are observed in a significant number of patients. Nevertheless, its role as a consolidative agent to date is unclear. In summary, the consolidative treatment with brentuximab vedotin constitutes an option in patients at high risk for relapse. To identify such a patient at increased risk for consecutive progression or relapse of disease, ideally a prognostic score instead of single risk factors should be applied. This score would consist of:

- Time to relapse less than 3 months
- Stage 4 disease
- ECOG more than 1 or equal to 1
- Bulky disease of more than or equal to 5 cm at relapse
- An insufficient response to salvage chemotherapy which is either less than a PR by CT-based staging or persistent PET positivity on functional imaging

This prognostic score was composed by an international collaboration and presented at ASH 2015, and may help guide treatment decisions in such patients.

Thank you for viewing this activity, and for additional resources, please view the other educational activities on *ManagingHodgkinLymphoma.com*.