Managing Hodgkin Lymphoma

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What are our treatment options today in the post-autologous stem cell transplant setting in patients with classical Hodgkin lymphoma? Do you see these options changing in the future?

Welcome to *Managing Hodgkin Lymphoma*. I am Dr. Stephen Ansell from Mayo Clinic in Rochester, Minnesota. I am frequently asked, "What are our treatment options today in the post-autologous stem cell transplant setting in patients with classical Hodgkin lymphoma and do I see these options changing in the future?" This is actually a really good question because there are two facets to this question. The first question is in patients who have had an autologous transplant but are high risk, and the concern is that they are at significant risk for relapsing and progressing. In those patients, we typically consider treatment with brentuximab vedotin as a consolidation post-transplant. Specifically, in patients who did not have a good response to initial therapy, in patients who relapsed very quickly after therapy before going to transplant, or in patients who had disease outside of the lymph nodes, using brentuximab vedotin as a maintenance therapy and a consolidation after transplant prolongs the progression-free survival. In our practice, this tends to be an important part of what is considered.

The second part of the question is about patients who have disease progression. In those patients, it is particularly important to be aware of new therapies that are making a significant difference to treating patients with classical Hodgkin lymphoma post-transplant. These are treatments that target PD-1, which is a protein on T-cells, particularly activated T-cells. Blocking the interaction between PDL-1 and PD-1 allows these T-cells to remain active and to target the malignant cell. These therapies, including antibodies such as nivolumab or pembrolizumab, have proven to be very successful in patients with Hodgkin lymphoma after they have failed an autologous stem cell transplant. Initial studies showed a very high response rate to treatment in subsequent phase 2 trials which have looked at confirming those results and have shown that both pembrolizumab and nivolumab have response rates of approximately 65% to 70% of patients, and these responses are very durable. The landscape has really changed in patients with Hodgkin lymphoma, with multiple new options, particularly the two PD-1 blocking antibodies, but many more coming. Now there are antibodies blocking PDL-1 which is on the other side of the PDL-1/PD-1 axis and other immune checkpoint therapies. Recent trials have looked at utilizing CTLA-4 blockade with an agent such as ipilimumab in combination with PD-1 blockade, and those results in classical Hodgkin lymphoma after transplant have been very promising. All told, this is an exciting space and multiple new agents are available, particularly PD-1 blocking antibodies which have shown very high response rates in patients post-transplant. Thank you for viewing this activity.