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How does the safety and efficacy differ between the two new anti-PD-1 antibodies, pembrolizumab and nivolumab? How may clinicians choose between the two?

Welcome to *Managing Hodgkin Lymphoma*. I am Dr. Stephen Ansell from Mayo Clinic in Rochester, Minnesota. I am frequently asked, "How does the safety and efficacy differ between the two new anti-PD-1 antibodies, pembrolizumab and nivolumab, and how may clinicians choose between the two?" This is a good question and actually one that we have little data on as these two agents have never been compared directly to each other. Based on the information we have so far, the results seem very similar between both agents. What has been very encouraging is that the efficacy of both agents is very high in classical Hodgkin lymphoma patients. Pembrolizumab and nivolumab have response rates in the 65% to 70% range and complete responses in somewhere around 15% to 20% range. The responses are durable. Trials with both agents have shown that one can continue on this type of therapy for an extended period of time, and patients tolerate the treatment very well. I think between the two, it is actually very difficult to choose. The toxicities are very similar. Again, immunological toxicities are common within the patient areas in which the immune system is interacting with various antigens or the areas where side effects are seen. Skin effects, lung effects, bowel effects, and thyroid effects are the most common, but they look very similar between both agents. In fact, the approval for both of these agents in classical Hodgkin lymphoma is now very similar. Possibly, one small difference between the two is that pembrolizumab has been tested in younger patients, those under the age of 18, and has approval in that space; whereas, nivolumab is not approved for anyone under the age of 18. All told, I think these are both very effective therapies, both very manageable as far as side effects are concerned, and benefit is very durable in both agents. I think we would need a randomized comparison between the two to really tell if there are significant differences. All told, I am not sure that is that important. I think what is very important is to have two very useful agents in treating patients with classical Hodgkin lymphoma. Thank you for viewing this activity.