Managing Hodgkin Lymphoma

What may be the future role for brentuximab vedotin in newly diagnosed Hodgkin lymphoma?

Matthew Matasar, MD
Lymphoma and Adult BMT Services
Director, Lymphoma Survivorship Clinic
Sloan Kettering Cancer Center
New York, New York

Hi. I am Dr. Matt Matasar. Over the next few minutes, I will discuss the future role of brentuximab vedotin in patients with newly diagnosed classical Hodgkin lymphoma.

Brentuximab vedotin, as you probably know, is a very active agent in the treatment of classical Hodgkin lymphoma and FDA-approved for patients with relapsed disease. It also has response rates in excess of 60%. It has been looked at in the present in terms of its use for newly diagnosed Hodgkin lymphoma patients either as monotherapy or as part of a combination treatment combined with AVD chemotherapy. As monotherapy, brentuximab vedotin is not your best choice. While there are very high response rates, in one report as high as 90%, progression-free survival does seem brief. It seems that this is not likely to offer curative potential for many, if any, patients. However, more interesting is the idea of incorporating it into multi-agent chemotherapy programs. This has been best evaluated by the ECHELON-1 trial which was a large randomized trial for patients with advanced stage classical Hodgkin lymphoma to receive either BV plus AVD or ABVD. We are currently awaiting granular data from this trial. We know that is has been reported that overall there is an 8% improvement in a composite endpoint without survival benefit differences. There is a lot of interest in the lymphoma community as to what the actual details of the data are going to look like and whether there is, in fact, a subset of patients with advanced stage Hodgkin lymphoma who really do derive clear and meaningful benefit from substitution of bleomycin and replacing it with brentuximab vedotin. For now, there really is no role outside of the context of clinical trials for brentuximab vedotin as first-line therapy for Hodgkin lymphoma. What the future will hold will largely hinge upon the results of ECHELON-1 and similar trials. My personal belief is that it is going to be the most promising in patients who are at highest risk for bleomycin pulmonary toxicity, older patients, and patients who have underlying poor lung function that could not tolerate bleomycin. I hope to find that BV plus AVD in this patient population offers an improvement upon what we can currently offer.