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***Managing HL* recently talked with Dr. Robert Chen, an assistant professor at the City of Hope National Medical Center in Duarte, California, and co-leader of a leading lymphoma disease team. *MHL* asked Dr. Chen which treatment approaches may increase the potential for a higher cure rate in patients with relapsed or refractory Hodgkin lymphoma.**

Dr. Chen: There are three strategies that oncologists may consider in their patients with relapsed or refractory Hodgkin lymphoma to increase progression-free survival after transplant.

The first strategy is to increase the CR rate at the time of ASCT. This can be done by modifying the salvage therapy prior to ASCT. One drug we talk about frequently is brentuximab vedotin, which is an antibody-drug conjugate targeted against CD30. Brentuximab vedotin can be given sequentially, as a single agent first, with the addition of other treatments in a multi-agent chemotherapeutic strategy, if CR is not achieved. Alternatively, you can also combine brentuximab vedotin with other novel agents.

The second strategy involves offering the patient consolidation therapy post-transplant, in an attempt to improve progression-free survival. This was studied in a randomized phase 3 setting in which patients received brentuximab vedotin after transplant to investigate whether PFS would increase post-transplant. This study (AETHERA Trial) has been published in *Lancet* in May 2015 (Moskowitz CH, et al. *Lancet*. 2015;385(9980):1853-1862.), and clearly demonstrated that brentuximab vedotin increases progression-free survival compared to placebo.

The third strategy focuses on conditioning regimens during ASCT. There are several trials currently evaluating whether changing the typical conditioning regimen associated with transplant will result in improvement. At City of Hope we are conducting a trial using radiolabeled anti-CD25 antibody plus BEAM as a novel conditioning regimen. We look forward to seeing the results of these studies.

Thank you.