Managing Hodgkin Lymphoma

What are the current options for patients with HL who have relapsed after ASCT?

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Welcome to *Managing Hodgkin Lymphoma*. I am Dr. John Sweetenham. I am frequently asked, "What are the current options for patients with Hodgkin lymphoma who have relapsed after autologous stem cell transplantation?" This is a difficult situation for patients because, in 2017, the only known curative options for these patients is to undergo an allogeneic stem cell transplantation with the associated mortality and morbidity that therapy carries. Most of the published series demonstrate that in that situation, somewhere between 18% and 32% of patients can achieve long-term disease-free survival according to the individual series. What appears to be very clear is that for a patient to be cured of Hodgkin lymphoma with an allogeneic transplant, they need to have achieved a good remission going into that transplant, so that some form of bridging therapy prior to allogeneic stem cell transplantation is very important. At the moment, a number of agents are being evaluated in this context, both the single agents and in combination, and these include antibody-drug conjugates such as brentuximab vedotin, as well as the checkpoint inhibitors nivolumab and pembrolizumab. Additionally, a number of other single agents including histone deacetylase inhibitors such as panobinostat, and mTOR inhibitors such as everolimus, have been evaluated in this context, all with variable response rates but clear evidence of activity in this disease. Similarly, one must not forget that some conventional chemotherapy regimens are also used, many of them gemcitabine-based. Overall at the moment, it is unclear which represents the optimal regimen, although results with some single agents do appear to be very encouraging at this point. Indeed, there is a suggestion that in some patients who have single-agent checkpoint inhibition, or even with antibody-drug conjugates, that these patients may achieve a prolonged durable remission without needing to proceed to an allogeneic stem cell transplant. Although that approach still remains experimental, it is intriguing data and will require future follow-up. The conclusion would be right now, the curative option for these patients would still be an allogeneic transplant, with many options to get the patient bridged to that point. Thank you for viewing this activity.