

Beyond current treatment options in frontline therapy, what future changes may lie ahead for Hodgkin lymphoma patients?

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Welcome to *Managing Hodgkin Lymphoma*. I am Dr. Stephen Ansell. I am frequently asked, “Beyond current treatment options in frontline therapy, what future changes may lie ahead?”

I think it is really important to know that we are in exciting times, where new and novel therapies that are currently being tested in second- and third-line are now being incorporated into frontline treatment approaches. This may potentially, as the future unfolds, allow us to see further advances and gains for patients with Hodgkin lymphoma. Specifically, agents such as brentuximab vedotin and agents such as PD-1 antibodies, including nivolumab and pembrolizumab, have shown significant benefit for patients with relapsed disease. In a number of trials, these agents are now being utilized in combination in frontline therapy. I think it is important to note that brentuximab vedotin has been combined with ABVD chemotherapy. Initial lessons learned was that bleomycin and brentuximab vedotin could not be combined, but the use of AVD chemotherapy plus brentuximab vedotin was safe and very effective. That combination AVD chemotherapy plus brentuximab vedotin has been tested in a comparative phase 3 trial against ABVD chemotherapy, which was the standard.

Recently, a press release was available for the ECHELON-1 trial that described initial results; and it showed that the combination of brentuximab vedotin plus AVD chemotherapy resulted in a statistically significant improvement in the modified progression-free survival when compared to the control ABVD arm, as assessed by an independent review board, and it had a significant *P* value of 0.035. Important to know that the modified progression-free survival was similar to event-free survival, and this modified two-year progression-free survival for patients in the brentuximab AVD chemotherapy arm was 82% compared to 77.2% in the control ABVD arm. An interim analysis also suggested that a secondary endpoint of overall survival was trending in favor of the combination of brentuximab vedotin plus AVD chemotherapy. Clearly, additional data will need to be made available as the trial finally reads out and is published and is peer-reviewed. These are very promising results to suggest that the future of frontline therapy is changing for patients with classical Hodgkin lymphoma with some of these new agents, specifically brentuximab vedotin. But I would also

predict that in the future, PD-1 blocking antibodies will be incorporated into frontline therapy, which will result in better results for patients with classical Hodgkin lymphoma. Thank you for viewing this activity.