

The use of novel immunotherapy in the treatment of lymphoma: ASH 2017 Update

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Welcome to *Managing Hodgkin Lymphoma*. My name is Dr. Matthew Matasar. ASH 2017 has been notable for the wide range of abstracts being presented, at the podium and on posters, looking at the use of novel immunotherapy in the treatment of lymphoma. Specifically, the use of chimeric antigen receptor modified T-cells or CAR-T in the treatment of lymphoma. CAR-T is a very complex and very promising treatment and has been well evaluated now in the treatment of both relapsed/refractory acute lymphoblastic leukemia as well as in aggressive non-Hodgkin lymphoma, such as diffuse B-cell lymphoma. CAR-T cell therapy fundamentally is immunotherapy, and thus, it makes good sense for us to ask as a community whether there is a role for CAR-T cell therapy in the treatment of Hodgkin lymphoma, which across the entire lymphoid spectrum is that type which is most responsive to date to immunotherapeutic approaches. It is interesting to note that so far, we have not made great headway with development and deployment of CAR-T cell therapy in Hodgkin lymphoma, and there are a number of reasons both scientifically as well as clinically why this may be the case. CAR-T cell therapy fundamentally treats not only the malignant cell, but really in the context of the underlying immune milieu, in the immune niche, and that niche in Hodgkin lymphoma is profoundly complex, making the development of CAR-T cell therapy for this disease more challenging. Additionally, we have other very highly active immunotherapeutic agents, specifically the checkpoint inhibitors such as nivolumab and pembrolizumab, making the case for CAR-T cell therapy in Hodgkin lymphoma a little bit less clear. Nonetheless, work is ongoing, very promising work forthcoming, and it is clearly an area that needs further development.