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What is the standard of treatment for relapsed and refractory Hodgkin lymphoma?

Hello! My name is Andrew Zelenetz. I am the vice chair of medicine in the Department of Medicine at Memorial Sloan-Kettering Cancer Center in New York, and I am frequently asked, “What is the standard of treatment for relapsed and refractory Hodgkin lymphoma?” The major question is, is this after first relapse? This is the most common scenario for relapsed disease, and today, the standard I believe remains cytoreductive chemotherapy followed by high-dose therapy and autologous stem cell rescue. There are a number of factors that contribute to patients with relapsed and refractory disease. We published a number of years ago, a three-factor model, time to relapse of less than 1 year, extranodal disease or “B” symptoms. Having zero to one of these factors portends a very good prognosis, by intention-to-treat about a 70% progression-free and overall survival. With two factors, that goes down to about 50%, and with three or more factors, that actually drops even further. So, one of the big questions is, are there going to be changes to the second-line treatment? Currently, a number of regimens can be used such as ICE or DHAP, and one of the outstanding research questions is, what is the role of brentuximab vedotin in the second-line setting? We and others are doing a number of studies looking at brentuximab vedotin as part of second-line therapy, and important and interesting observations are being made suggesting that there is a role for brentuximab vedotin and maybe alleviating the need for chemotherapy in certain patients, though additional research is necessary. But the standard in the first relapse still is chemotherapy followed by high-dose therapy and autologous stem cell rescue. In patients who fail high-dose therapy, the standard of care is brentuximab vedotin as a single agent. This is not a curative therapy and so oftentimes, we think about adding additional treatment such as allogeneic stem cell transplant for responders, but this is also a controversial subject. For the relapsed/refractory setting after high-dose therapy and autologous stem cell rescue, brentuximab vedotin is the best single treatment available today. With that, I thank you for your attention.