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First-Line Treatment of Adults with Classical Hodgkin Lymphoma

Announcer:

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Dr. Herrera:

This is CME on ReachMD, and I'm Dr. Alex Herrera from City of Hope. Here with me today is Dr. Alison Moskowitz from the Memorial Sloan Kettering Cancer Center in New York.

Dr. Moskowitz, is there a new standard of care in the first-line treatment of adults with advanced-stage classical Hodgkin lymphoma?

Dr. Moskowitz:

Thanks, Dr. Herrera. Thanks for the question. Yes, there is a new standard of care for patients with advanced-stage disease. It's based upon the ECHELON-1 study, which was a large randomized study. It included over 1,300 patients with stage 3 or stage 4 disease, and they were randomized to either 6 cycles of ABVD [doxorubicin + bleomycin + vinblastine + dacarbazine] or 6 cycles of brentuximab vedotin [BV] plus AVD [doxorubicin + vinblastine + dacarbazine]. And the results from the study were initially presented back in 2008, when the primary endpoint came out showing that there was an improvement with regard to modified progression-free survival. At that point there wasn't as much excitement in adapting the BV-AVD treatment, primarily because even though there was a small improvement in modified progression-free survival, there was – the regimen is associated with more toxicity, particularly higher rates of peripheral neuropathy and also higher rates of neutropenic fever requiring that patients receive growth factor support. More recently, however, we have longer follow-up, and, in fact, last year we saw that with 6-year follow-up, there is a sustained progression-free survival benefit for patients who received BV-AVD on the study, and also this progression-free survival benefit translated into an overall survival benefit. So that's really led to widespread acceptance of the regimen, even though there is some different or unique side effects associated with the regimen.

So in the past, I used to use PET-adapted approaches for patients with advanced-stage disease in that patients would be evaluated after 2 cycles of treatment, and based upon their response, I would potentially modify their treatment. With the BV-AVD regimen, we found that patients who have a positive PET scan after 2 cycles actually still do fairly well, and so BV-AVD has simplified the treatment in that we no longer need to adjust treatment based upon the patient's interim PET. So I have enjoyed using this regimen over the past year. It's really made things a lot simpler for patients with stage 3 or stage 4 disease.

Dr. Herrera:

Thanks, Dr. Moskowitz. So to summarize, there is a new standard of care in the treatment of patients with advanced-stage classical Hodgkin lymphoma, and based on the ECHELON-1 trial, brentuximab vedotin combined with AVD is a standard regimen that we use. It's associated with not only a modified progression-free survival but traditional progression-free survival and overall survival benefit as compared to our older standard. There are some things to note about the regimen, and that's that we have to use growth factor due to increased neutropenia and febrile neutropenia and sepsis, and does require some active management of peripheral neuropathy, but overall, it's certainly – there are some benefits in terms of ease of use. You don't have to adapt therapy based on PET scans, and

overall, the most important thing is that there's a survival benefit, and we're curing more patients.

This has really been a fantastic bite-sized discussion, but unfortunately our time is up for the day. Thank you all for listening, and thank you, Dr. Moskowitz, for your advice and input, and thanks for your attention. This is ReachMD.

Announcer:

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