Hodgkin Lymphoma Research Updates From Dr. Joshua Brody

Joshua Brody, MD
Director of the Lymphoma Immunotherapy Program
Mount Sinai School of Medicine

Andrew Schorr:
Hello and welcome to Patient Power. I'm Andrew Schorr. What's new and exciting for patient and families affected by Hodgkin lymphoma? We have a noted with us, Dr. Joshua Brody from the Mount Sinai School of Medicine and the Tisch Cancer Institute in New York City. Dr. Brody, welcome to Patient Power.

Dr. Brody:
Thank you, Andrew. Thanks.

Andrew Schorr:
Okay. Talk about Hodgkin lymphoma. We've seen progress in the last few years, and it seems like you're getting more data to show advantage for a greater number of patients. Let's talk about that. What's important now?

Dr. Brody:
Absolutely, you know, Andrew, we've good standard therapy for these patients for 40 years, curing the majority of patients, but there's still a lot of room for improvement. The last few years, the big advances are twofold at least—anti-PD-1 antibodies immunotherapy getting patients' immune systems to kill their own cancer cells. In third-line therapy, that's proven to be fantastic. We haven't made a lot of headway in moving that up to first-line therapy. The other big advance, of course, are these antibody drug conjugates, such as brentuximab (Adcetris), anti-CD30 therapy, and that's been an FDA-approved therapy for more than five years now for third-line patients but finally now just moving up to the frontline therapy and the largest randomized trial ever conducted for Hodgkin lymphoma, the ECHELON-1 trial, 1,300 patients randomizing them between the standard of care, ABBD combination chemotherapy versus AABD by incorporating that brentuximab into frontline therapy.

We got some of those preliminary results in 2017 showing superiority of the targeted therapy combined with chemotherapy. But just at this last ASCO in June, we saw that specifically the United States patients—which was less than half the patients on the trial had a significant cohort—had an even greater benefit—a more than 10 percent, an 11 percent difference in modified two-year progression-free survival. So patients a couple years after the therapy doing much better with the modern chemotherapy combined with targeted therapy as compared to the older standard therapy.

Andrew Schorr:
Okay. So now I know people who've been treated for Hodgkin—especially younger patients—and they've got blasted with chemotherapy. There are some people who have even had transplant. So how does this fit into the mix now? In other words, for people watching, what kind of discussion could they have with their doctor to figure out if the new news applies to them?

Dr. Brody:
So the new news specifically applies to the patients with the worst Hodgkin lymphoma, advanced stage, stage III and IV Hodgkin lymphoma. The therapy might be great in stage I, II—early stage, but not as well studied there yet, because those patients do very well with not too much therapy as it is, with 90 percent-plus cure rates.

For advanced stage patients, this means a lot to them, I think. So for one thing, we may or may not be increasing the cure rate by 10, 11 percent. We hope that we are, that'll take another couple years to see. But even if we're not, I think just as you said a lot of those patients that don't get enough benefit from the first therapy, they go onto these very aggressive therapies—autologous stem cell transplant. It's a good therapy, but it's tough therapy. And so even if we can 10, 11 percent from having to go onto that therapy over the next years, that would already be a great advance. And the AABD, the newer therapy, gets rid of the bleomycin, which is not the worst chemotherapy but had some risk of a rare side effect called lung inflammation, luminitis, so it would be nice to be giving a little less chemotherapy to these patients going forward.

Andrew Schorr:
Okay. So what would be the questions you would say people should ask their doctor based on this news?

Dr. Brody:
Sure. Absolutely. I have to say that this newer approach is not universally accepted yet. There are some people pushing back. One of the pushbacks is the expense is considerable. This is more expensive than the standard chemotherapy. My personal view is that we are curing young people with otherwise aggressive cancers and that we should push ahead aggressively, especially since the newer therapy is not really any more tough on people than the older therapy. In some ways, it's gentler on people.

So I think they should be asking their doctors if the therapy is appropriate to them, and only advanced stage patients have this clear demonstrated benefit. And they should ask about the differences between the older and the newer therapy. It's not just that one is better than the other. There are some differences. The newer therapy does come with at least one new worsened risk. Patients on that trial, some of them got low-grade neuropathy, numbness in the fingers and toes that improved very well in the vast majority of patients and didn't get in the way of their lives. But it's still a significant thing, and they should be asking their doctors about those potential risks as well as the benefits.

Andrew Schorr:
Okay. So the bottom line is expanded positive data related to rituximab-vedotin (Rituxan-Adcetris).

Dr. Brody:
Yep.

Andrew Schorr:
in combination with other drugs…

Dr. Brody:
…thi trial that we ECHELON-1, that's' the trial.

Andrew Schorr:
Okay. And so for people with more advanced Hodgkin, let's revisit that in their discussion with their doctor.

Yeah, that's right.

Andrew Schorr:
Okay. Well, we're encouraged that progress continues to happen, data that's positive and offering more people a chance for a longer life and potentially a cure. Thank you for your work you do in this field, Dr. Brody.

Dr. Brody:
Andrew, you're very welcome.

Andrew Schorr:
Okay. Andrew Schorr with news for people dealing with more advanced Hodgkin lymphoma. Remember, knowledge can be the best medicine of all.