Lymphoma Research and Treatment Update From ASH 2017

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Esther Schorr:
Hi there. This is Esther Schorr. I'm with Patient Power, and I'm here at the American Society of Hematology conference in Atlanta. And I have with me today Dr. Andy Evens, and, Dr. Evens, why don't you tell us your title and where you're affiliated? I understand that's changing soon.

Dr. Evens:
That is changing. I'm actually moving next week. I'll be in New Jersey at Rutgers Cancer Institute of New Jersey. So I'm looking forward. We're really excited for that move.

Esther Schorr:
Awesome, and you are—what's your proper title?

Dr. Evens:
Yeah. I'll have a few different roles. One will be associate director of the cancer center for clinical services. And then I'll also have a role as medical director for the RWJBarnabus Health System, which—for cancer oncology service lines. And, of course, I'll continue lymphoma research.

Esther Schorr:
Sounds like you're going to be very busy.

Dr. Evens:
Yes. I look forward to it.

Esther Schorr:
So let's talk about ASH. I know that your specialty is in lymphoma and with a special interest in Hodgkin and non-Hodgkin lymphoma. What's exciting going on at ASH this year for you and maybe for our patients?

Dr. Evens:
There's a lot. There really is, and so maybe starting in Hodgkin's lymphoma first. So that's one where we had a plenary this year that was given yesterday called the Echelon Trial. And the standard of care for treating patients with advanced stage Hodgkin's lymphoma has been this chemotherapy regimen called ABVD. It's one that's tolerated pretty well and cures about 75 percent, maybe a little more of advanced stage.

So a targeted agent came along a few years ago, got FDA approved as a single agent in patients with relapsed/refractory disease called brentuximab vedotin (Adcetris). So it's an antibody drug conjugate that's targeted to CD30 with a conjugate to it and very active as a single agent, and as in most not just lymphomas but cancers it works for relapsed, and we try to bring it frontline.

And so this was a frontline study of ABVD, the standard, international study, versus adding brentuximab vedotin to AVD, taking out the bleomycin. There is some interaction, negative interaction there. You don't want to give those two together. And so again it was a large Phase III international randomized trial, and the primary end point was a little different. It was something called modified progression-free survival, which to me really looked like event-free survival, but nonetheless that was a primary end point, and it met it. And it's leading to not just a plenary session but its FDA approval in the frontline.

Now, a couple caveats about it is it was statistically significant—significant I should say, at a 5 percent improvement on that modified progression-free survival for all patients, so we're still kind of evaluating what's the clinical impact. Is it instantly going to translate to all patients receiving this therapy, or will it be select groups?

Esther Schorr:
Well, that was would be my question, just asking as a lay person. So it sounds like there's progress, and there are new combinations of drugs, but what does that mean for a patient right now?

Dr. Evens:
I think it will be right for some patients, and it's such fresh data, it literally came out in The New England Journal yesterday, got published at the same day as the plenary. I think we need to kind of dive into it and see is this one that we apply to all patients or select groups, and if so, which ones, and—because there's a lot I would say different toxicity. There's less pulmonary toxicity, because you're not given the bleomycin, but there is some neurologic side effects that we really just have to weigh the pros and cons against that. But I think for some patients this will lead to a better or less risk of progression.

Esther Schorr:
This is for Hodgkin's lymphoma?

Dr. Evens:
It is.

Esther Schorr:
Okay. And what about with non-Hodgkin's lymphoma, is there anything major going on that you've heard?

Dr. Evens:
A huge amount. It really is exciting. Yeah. I would say today, actually, this morning, you've probably heard of CAR-T cells, a chimeric antigen receptor, to CD19, so there were just three great updates on those targeted therapies for really a patient population that has a really tough outcome, in other words relapse refractory diffuse large B-cell lymphoma. And honestly before CAR-T cell that might be something where the median survival could be measured in weeks to a few months, and you could give a strong chemotherapy regimen, and maybe it would work 20 percent, 30 percent.

So these are single agent, one-time infusions with some side effects, but one-time infusions that are giving response rates north of 80 percent and complete remission rates of 50, 60 percent. Now, one caveat there is, okay, side effects and the durability so today gave some nice durability. Those numbers did drop down, but—and we have to be a little cautiously optimistic, but there looked like a plateau on the curve. It did come down to around 30, 40 percent for all patients, but the patients who obtained a complete remission, it looked really durable.

Now, we'll have to continue to watch that. We need more follow-up, but this is a really big breakthrough. And two of those agents are now FDA approved, one for large-cell lymphoma, one for acute lymphoblastic leukemia. But it's very exciting. I mean, it really is an unmet need, relapsed/refractory large-cell lymphoma.

Esther Schorr:
Yeah, these are normally—these are very sick patients who may have been through—they've been through other treatments, and this may be something that's going to work for them over the longer term. So what would you tell patients then who that are hearing this? What should they be discussing with their local medical team about these breakthroughs, and is this something that is relevant now or that maybe, you know, it's going to take a little while before it reaches them and their medical teams for use?

Dr. Evens:
Yeah, a little bit of both. I would say it's absolutely available now. The "but" is right now, since it's so new, and there are some side effects it's only available at select academic centers, and really just because it's new and there are side effects. But I think that is going to be critical with these CAR-T cell therapy is great that it's available, great that it's moving up to earlier in clinical trials, but can we figure out ways to get it to the community where we know the majority of cancer patients are treated?

But I guess a long story short on that is it is available now and not just on clinical trials, which it is moving higher up the pipeline so to speak on clinical use, but for relapsed/refractory you can get commercial product today.

Esther Schorr:
Wow. Well, it is very exciting. Dr. Evens, thank you so much for being here. We really appreciate it.

Dr. Evens:
My pleasure.

Esther Schorr:
This is Esther Schorr talking to you from ASH in Atlanta. And remember, knowledge can be the best medicine of all.