



Lymphoma Treatment News From ASH 2017

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Esther Schorr:

Hi there. This is Esther Schorr with Patient Power. I'm here at the ASH 2017 conference, the American Society of Hematology annual conference where there are 25,000 hematologists and researchers, and this is where all of the new information and findings are presented.

We have a wonderful treat today to have Guilherme Perini from Brazil with us, who is a hematologist and a lymphoma specialist. And maybe you can just say a little bit about yourself and where you practice in Brazil.

Dr. Perini:

Okay. My name is Guilherme Perini. I am a hematologist in São Paulo in a private hospital called Hospital Israelita Albert Einstein and mostly focusing on lymphomas and myeloma.

Esther Schorr:

You're here for ASH. What are—let's talk about lymphoma first. What are the major breakthroughs or major findings that are coming out that would be really relevant to patients obviously around the world but especially in Brazil?

Dr. Perini:

So one of the challenges in Brazil is that we have a long delay for the drugs to arrive there, so most of the data that are presented here with new drugs will probably take about some years to get in Brazil. But on the other hand there's a lot of longer follow-ups of drugs that are already approved in Brazil that show very good results. For example, we have the long follow-up for ibrutinib (Imbruvica) for mantle cell lymphoma. It's pull-down analysis by Dr. Rule showing how important this drug is, and it's just been approved in Brazil.

We have new—new drugs similar to ibrutinib. We have acalabrutinib (Calquence) for mantle cell with a very good safety profile with no cardiovascular complications. That's very interesting. We had a very good trial on oral azacitidine (Vidaza) combined with R-CHOP in diffused large B-cell lymphoma, and it shows a very good response rate. And we also had a very good trial on brentuximab vedotin (Adcetris) in CD30-positive diffused large B-cell, mostly primary, and the results are very good, and it's a little less toxic than dose of just EPOCH.

And now we just had a plenary showing the combination of brentuximab vedotin first-line chemotherapy for Hodgkin's lymphoma, a good improvement in progression-free survival, around 5 percent but with no overall survival. So we need to clear this data before it comes into practice. The thing is in Brazil it will probably take a little while for these drugs to arrive.

Esther Schorr:

So in talking to patients in Brazil how would you suggest or would you suggest that they start talking with their medical teams about these findings and how it might help them as they're moving through their cancer journey?

Dr. Perini:

Sure. I really believe that the patient has to know the data not only the ones approved in Brazil but also the other ones because you know they are struggling with their disease. They have to know all the best options they have and how they can improve their own care. So that's why I believe it's so much important to give power to the patients to show them that the data is public. It's not something that the doctor or the scientist has. It's something for the whole world.

Esther Schorr:

Thank you very much. We really appreciate it, doctor. This is Esther Schorr talking to you from Atlanta at ASH. And remember, knowledge can be the best medicine of all.

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