Updates From ASH 2018 Peripheral T-Cell Lymphoma With Dr. Horwitz

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Lee Swanson:
Hello. I'm Lee Swanson. We are at the American Society of Hematology conference in San Diego, and I'm joined today by Dr. Steven Horwitz from Memorial Sloan Kettering in New York. Thank you very much for being here today.

Dr. Horwitz:
Thank you. It's my pleasure.

Lee Swanson:
So what are the headlines in peripheral T-cell lymphoma from this conference?

Dr. Horwitz:
So there's really one main practice-changing data that has been shown at this meeting and that's from something called the ECHELON-2 it study. So people with peripheral T-cell lymphoma know that we generally treat with combination chemotherapy, trying to cure people, trying to get their lymphoma to go away forever. And with standard treatments, that just isn't successful as often as we like.

So this is a large international randomized study over 400 patients who got either a newer medicine, brentuximab vedotin (Adcetris), plus chemotherapy or a standard chemotherapy regimen called CHOP. Brentuximab vedotin targets something on T-cell lymphoma cells called CD30, and certain kinds of T-cell lymphoma always have a lot of CD30 and other kinds sometimes have some. So patients who are eligible had to have that CD30 marker on their tumor, but among those who were eligible either got the new treatment or the standard treatment.

And what we saw is that the new treatment got more people into remission, more people stayed in remission on average more than twice as long as with the old treatment, and more people were alive at three years. So this treatment looks like it treats the lymphoma better and looks like it's going to cure more people. And that led to a very rapid FDA approval just before Thanksgiving for this new combination in the U.S.

Lee Swanson:
So when patients hear about this they want to know, can I get this now. Is this going to be available in the coming months or how long will it be?

Dr. Horwitz:
It should be available now in the U.S. because brentuximab vedotin is already approved for relapsed T-cell lymphoma and relapsed Hodgkin lymphoma, and the FDA approved it as part of frontline therapy just about two weeks ago for people

with untreated T-cell, peripheral T-cell lymphoma who had this CD30 marker. So we've already started using it. Because of the cost of the medicine sometimes people may have to ask their doctor to get approval from the insurance company, but given that it's FDA approved it really should be available.

Lee Swanson:
And then what's the conversation the patient should have with their doctor about whether this is a fit for them? It's CD30 is the…

Dr. Horwitz:
…CD30 is the entry criteria, so do I have CD30, because that's the target of the new medicine and without that we don't know whether that makes sense. And then talk about the side effects, the regimen. Is that overall plan of combination chemotherapy appropriate? And then there's some other factors, you know, in how much treatment you might get. But the CD30 would be to initially to start the conversation, is it for you.

There are some slower growing types of T-cell lymphoma or particularly cutaneous T-cell lymphomas where we use brentuximab. We don't generally treat those with strong chemotherapy to get rid of them forever. We try to generally manage those mildly over long term. This treatment would not apply to those people. These would be people with aggressive lymphomas who are trying to get rid of it permanently with strong treatments.

Lee Swanson:
So in the big picture what does this mean for T-cell lymphoma?

Dr. Horwitz:
I think it means for the people who are benefitting on this study more people will be cured of their lymphoma. I think for the people who still are not cured it's a step up in terms of another step to build upon to try to make things better. And I think the other thing that conceptually really helps us with is in general we've treated people with T-cell lymphoma with sort of a one-size-fits-all approach just because we weren't sophisticated or didn't have targeted treatments to really tailor the treatment to them.

So this is a treatment that targets specifically a feature of the cancer cell adding to standard therapy making it better. And you could think of with other new medicines if we could understand who's most likely to benefit you could build upon that paradigm for other subsets of disease.

Lee Swanson:
That's really encouraging news.

Dr. Horwitz:
Yeah, it really is.

Lee Swanson:
Thank you very much for being here.

Dr. Horwitz:
My pleasure. Thank you.

Lee Swanson:
I'm Lee Swanson at the American Society of Hematology conference in San Diego.