Hodgkin lymphoma - Section 3

New treatment approaches in Hodgkin lymphoma in 2016

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Standard risk-adapted treatment cures about 90% of younger and a significantly smaller proportion of older Hodgkin lymphoma (HL) patients. New approaches therefore take two directions: reducing treatment-related toxicities and improving outcomes of those who fail old therapies.

Regarding the former, studies have shown that radiotherapy can safely be limited to involved nodes in localised HL and to nodes that remain PET+ after chemotherapy in advanced disease.[1,2] This will ostensibly reduce late toxicities.

Regarding the latter, brentuximab-vedotin (BV) was the first new drug registered for treatment of HL. It is highly active as mono-therapy in patients failing ≥2 lines of treatment, but the duration of response is limited except possibly in those who achieve a complete remission.[3,4] Focus of studies has therefore shifted towards combinations with chemotherapy, both in late and early disease phases.[5-7] BV can also be used for consolidation after autologous stem cell transplantation (SCT) in patients with high risk of relapse; pre-transplant PET positivity seems to be the most important predictor of relapse.[8] Another breakthrough in HL treatment is the introduction of immune checkpoint blockers. Nivolumab and pembrolizumab have been most extensively tested, response rates seem at least as good as those achieved with BV.[9,10] However, follow-up has been relatively short and additional experience is needed before their impact on outcome of HL patients can be adequately judged. The new-old drug bendamustine is effective in HL and represents a therapeutic option for elderly patients, those failing multiple treatments, and combinations with new agents.[11,12] In young patients failing standard therapy, allo-SCT from haploidentical donors has emerged as a potentially curative approach.[13,14]

Table 1. New treatment approaches in HL.

Therapy	Disease phase	ORR (%)	PFS	Reference
BV+AVD	1st line	96	96% at 3 yrs	5
BV	R/R > 2 lines	71-72	Median 9 and 10 mos	3,4
Bendamustine	R/R > 2 lines	50-57	Median 10 and 6 mos	11,12
BV+bendamustine	2nd line	94	not reported	6
Nivolumab	R/R	87	86% at 24 wks	9
Pembrolizumab	R/R > 3 lines	65	45% pts. in ongoing response after median follow-up of 10 mos	10

ORR - overall response rate; PFS - progression-free survival; BV - brentuximab vedotin; R/R - relapsed / refractory; AVD - doxorubicin, vinblastine, dacarbazine.

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