



Patient Power

Research Updates for Hodgkin Lymphoma

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Andrew Schorr:

Andy, let's just start with you. So, news here that you wanna help patients and family members understand, and then we're gonna get in to how you make decisions, how patients and family members make decisions. But, first of all, is there some news?

Dr. Evens:

There is, and I would say there are multiple little updates, maybe no massive breakthroughs—at least, in the Hodgkin lymphoma.

There're some data being presented on early-stage disease, and there's often a discussion in early-stage disease where it's only in a few places—do I give chemotherapy by itself? Do I add radiation or not? So, there's some data presented there. And then, in advanced-stage, I wouldn't say we're in a vacuum, but we're in a place now of—there was a recent FDA approval for brentuximab vedotin (Adcetris) into the front lines, so I think we're figuring out how and who that should be used for, number one, and number two, what are next steps. And then, for relapse refractory, it, of course, is novel agents. What are new drugs, targeted agents—including CAR-T cells—that we can talk about?

Andrew Schorr:

Okay. So, Joshua, what's your take on the news? Is it promising?

Dr. Brody:

I think it's extremely promising. As Andy says, we have little updates here, further updates from progress we've seen in the past year, most obviously this huge, I would say, breakthrough, which is that we can bring this targeted therapy brentuximab vedotin and antibody drug conjugate into the front line of therapy.

And, that trial was the largest trial ever done in patients with Hodgkin lymphoma, more than 1,300 patients, and I would say a remarkable result, where they showed real benefit in the front-line setting using a combination of chemotherapy and what we call immunotherapy—antibody drug conjugate. People overall are five percent less likely to progress or occur, but somehow, in the North American subgroup of people, it was much bigger than 5 percent. It was 11 percent benefit. So, that's a real difference, and something that is, as Andy says, percolating through clinical practice. For some of us, it's been practice-changing right away.

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