



The Road to Successful Lymphoma Treatment: Where We Are Headed

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Andrew Schorr:

Hello and welcome to Patient Power on location in Chicago at the American Society of Clinical Oncology meeting, the ASCO meeting. I'm Andrew Schorr. We're talking about lymphoma, specifically what maybe some people call NHL, or often follicular lymphoma is what many people are affected by. And it's something that some people don't get treated right away, some people get treated multiple times. Everybody wants to have a long life.

With me is a leading expert, Dr. Stephen Ansell, who leads the lymphoma group at the Mayo Clinic in Rochester, Minnesota. Welcome back to Patient Power, Dr. Ansell,

Dr. Ansell:

Thank you very much.

Andrew Schorr:

Okay. So certainly you have meetings throughout the year, the ASH meeting is a big one, but also some updates maybe for people with these sorts of lymphomas here at the ASCO meeting.

Dr. Ansell:

Absolutely. So exciting updates at this meeting were the updates for two clinical trials for low-grade or indolent or follicular-type lymphomas. And one was called the BRIGHT trial and one called the StiL trial. And what those were a comparison of using bendamustine (Treanda) plus rituximab (Rituxan) in combination compared to R-CHOP chemotherapy or in some cases RCVP chemotherapy.

And as you quite correctly mentioned, there are different types of patients, some who may need treatment and some who may not. This was specifically picking the patients who needed to get treated, and the goal was to see whether using a newer a therapy, a little less toxic treatment could have similar results.

And these were previously reported, and both trials had shown better response rates and more durable responses and progression-free survival advantages for the bendamustine plus rituximab combination. So these were longer term follow-ups to say is the same still true. And in general I think the answer is yes. There was some data that sort of has matured and made it a little more complicated, but I think overall bendamustine plus rituximab remains the standard and is pretty well tolerated.

I think there were some—when you mentioned about long-term toxicities and those kinds of things that we obviously are interested in, there were a number of studies, both of these studies that discuss that. Little more frequent to get second cancer problems with the bendamustine treatment, so I think there's more that we need to do to watch that. But in general bendamustine plus rituximab has been a very effective therapy and now with five years of follow-up remains so.

Andrew Schorr:

Okay. Now, there are other drugs. I happen to be a chronic lymphocytic leukemia patient. There are drugs that are being used there that they're looking into related to indolent lymphoma—so sort of what could be coming that could be added, some of these pills, for example?

Dr. Ansell:

Right. So as you mentioned, there are a number of pills that have been very effective therapies, either blocking signaling pathways like the Btk pathway or the PI3 kinase pathway. And although these sound very fancy names, these are important signals that the cell needs to grow. And using medications or pill medications that actually shut that off has proven very successful in chronic lymphocytic leukemia and is successful in some patients with follicular lymphoma.

The Btk inhibitor, ibrutinib (Imbruvica), has been a little less effective in follicular lymphoma, but PI3 kinase pathway inhibitors are quite effective in follicular lymphomas, and that has actually gotten an approval in the second and subsequent lines of treatment. So the exciting part is novel, easy-to-take oral medications can be very successful in these patients.

Andrew Schorr:

Okay. So people look—we would hope for a cure, but people certainly short of that are looking for long-term better health with medicines that successively can be used or used longer term. What do you tell people now about going, living your life?

Dr. Ansell:

Absolutely. So I think what is very important is to be able to balance effective therapy with the least toxicity possible. In another study that was updated here at this ASCO meeting was the use of lenalidomide (Revlimid), which again is a pill, in combination with the antibody rituximab, which has now been used for about a year, and then in some cases you can continue or just stop treatment entirely at that point.

And there's a now randomized trial comparing that, a very effective easy-to-take treatment versus standard chemotherapy to see whether we can now move away from chemotherapy in patients with follicular lymphoma. So what I would say to patients is exciting times where lesser therapies can be used with hopefully similar results to the standard, more hard-to-take chemotherapy kind of combinations.

Andrew Schorr:

Wow. Well, we've come a long way. And it's certainly very promising for people, that you can just go on with your life, be consulting on what's the latest for your situation with lymphoma and just go ahead and not be troubled by it but know that there's a big pipeline of medicines and many studies underway and approved medicines that are used in combination.

Dr. Ansell:

Right.

Andrew Schorr:

On location with Dr. Stephen Ansell from the Mayo Clinic, I'm Andrew Schorr. Remember, knowledge can be the best medicine of all.

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