Hodgkin Lymphoma Update

Issue 1, 2019 (Video Program)

CME Information

TARGET AUDIENCE

This activity is intended for medical oncologists, hematologists, hematology-oncology fellows and other healthcare providers involved in the treatment of Hodgkin lymphoma (HL).

OVERVIEW OF ACTIVITY

In contrast to the more prevalent non-Hodgkin lymphomas, HL is a rare cancer that is relatively chemosensitive and often curable when treated appropriately. However, a proportion of affected patients either receive diagnosis at an advanced stage of disease or harbor unfavorable risk factors that are associated with a suboptimal response to primary combined-modality treatment (chemotherapy/involved-field radiation therapy) and/or a high probability of early relapse. Historically the therapeutic challenge posed by this HL population was significant as no new systemic agent had been approved in this setting for more than 3 decades. The introduction of brentuximab vedotin (BV) and the anti-PD-1 antibodies nivolumab and pembrolizumab has improved outcomes but has also added considerable complexity to current treatment decision-making. Similarly, extensive published and ongoing research attempting to better define and expand the role of these agents and other compounds leveraging diverse mechanisms of action further add to the realm of educational priorities related to this challenging disease.

In order to offer optimal patient care — including the option of clinical trial participation — the practicing clinician must be well informed of these advances. Featuring information on the latest research developments along with the perspectives of leading clinical investigators, this CME program is designed to assist medical oncologists with the formulation of up-to-date clinical management strategies for the care of patients with HL.

LEARNING OBJECTIVES

- Appraise the FDA approval of BV as a component of first-line therapy for patients with newly diagnosed classical HL, and assess the current and future impact on routine clinical practice.
- Appreciate available Phase III data documenting the efficacy of BV as consolidation therapy after autologous stem cell transplant, and use this knowledge to identify patients appropriate for this therapeutic approach.
- Develop a long-term care plan for individuals with relapsed/refractory HL, considering prior exposure to systemic therapy, eligibility for transplant, symptomatology, performance status and personal goals for treatment.
- Compare and contrast the efficacy and safety of various approved immunotherapeutic approaches for HL to determine the current utility of each in clinical practice.
- Recall the design of ongoing clinical trials evaluating approved therapies and novel investigational agents for the treatment of HL, and counsel appropriately selected patients about availability and participation.

ACCREDITATION STATEMENT

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AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) — MAINTENANCE OF CERTIFICATION (MOC)

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2.75 Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Please note, this program has been specifically designed for the following ABIM specialty: **medical oncology**.

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This CME activity consists of a video component. To receive credit, the participant should review the CME information, watch the video, complete the Post-test with a score of 80% or better and fill out the Educational Assessment and Credit Form located at **ResearchToPractice.com/HLUpdate119/Video/CME**. The corresponding audio program is available as an alternative at **ResearchToPractice.com/HLUpdate119**.

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FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 11 or later, Firefox 56 or later,
Chrome 61 or later, Safari 11 or later, Opera 48 or later
Adobe Flash Player 27 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

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Select Publications

A pilot study of brentuximab vedotin combined with AVD chemotherapy in patients with newly diagnosed early stage, unfavorable risk Hodgkin lymphoma. NCT01868451

Armand P et al. **Nivolumab for relapsed/refractory classic Hodgkin lymphoma after failure of autologous hematopoietic cell transplantation: Extended follow-up of the multicohort single-arm phase II CheckMate 205 trial.** *J Clin Oncol* 2018;36(14):1428-39.

Armand P et al. **Programmed death-1 blockade with pembrolizumab in patients with classical Hodgkin lymphoma after brentuximab vedotin failure.** *J Clin Oncol* 2016;34(31):3733-9.

Beköz H et al. **Nivolumab for relapsed or refractory Hodgkin lymphoma: Real-life experience.** *Ann Oncol* 2017;28(10):2496-502.

Bonafede M et al. **Real-world analysis of cost, health care resource utilization, and supportive care in Hodgkin lymphoma patients with frontline failure.** *Clinicoecon Outcomes Res* 2018;10:629-41.

Chen R et al; KEYNOTE-087. **Phase II study of the efficacy and safety of pembrolizumab for relapsed/refractory classic Hodgkin lymphoma.** *J Clin Oncol* 2017;35(19):2125-32.

Connors JM et al. **Brentuximab vedotin with chemotherapy for stage III or IV Hodgkin's lymphoma.** *N Engl J Med* 2018;378(4):331-44.

Connors JM et al. **Brentuximab vedotin plus doxorubicin, vinblastine, dacarbazine (A+AVD) as frontline therapy demonstrates superior modified progression-free survival versus ABVD in patients with previously untreated stage III or IV Hodgkin lymphoma (HL): The phase 3 ECHELON-1 study.** *Proc ASH* 2017;**Abstract 6**.

Connors JM et al. **Five-year follow-up of brentuximab vedotin combined with ABVD or AVD for advanced-stage classical Hodgkin lymphoma.** *Blood* 2017;130(11):1375-7.

Eichenauer DA et al. **Incorporation of brentuximab vedotin into first-line treatment of advanced classical Hodgkin's lymphoma: Final analysis of a phase 2 randomised trial by the German Hodgkin Study Group.** *Lancet Oncol* 2017;18(12):1680-7.

Evens AM et al. **Multicenter phase II study of sequential brentuximab vedotin and doxorubicin, vinblastine, and dacarbazine chemotherapy for older patients with untreated classical Hodgkin lymphoma.** *J Clin Oncol* 2018;[Epub ahead of print].

Friedberg JW et al. **Frontline brentuximab vedotin in combination with dacarbazine or bendamustine in patients aged ≥60 years with HL.** *Blood* 2017;130(26):2829-37.

Goodman AM et al. **Prevalence of PDL1 amplification and preliminary response to immune checkpoint blockade in solid tumors.** *JAMA Oncol* 2018;4(9):1237-44.

Herrera AF et al. **Interim results of brentuximab vedotin in combination with nivolumab in patients with relapsed or refractory Hodgkin lymphoma.** *Blood* 2018;131(11):1183-94.

Hui L et al. **Cost-effectiveness analysis of consolidation with brentuximab vedotin for high-risk Hodgkin lymphoma after autologous stem cell transplantation.** *Cancer* 2017;123(19):3763-71.

Moskowitz AJ et al. **PET-adapted sequential salvage therapy with brentuximab vedotin followed by augmented ifosfamide, carboplatin, and etoposide for patients with relapsed and refractory Hodgkin's lymphoma: A non-randomised, open-label, single-centre, phase 2 study.** *Lancet Oncol* 2015;16(3):284-92.

Moskowitz CH et al; AETHERA Study Group. **Brentuximab vedotin as consolidation therapy after autologous stem-cell transplantation in patients with Hodgkin's lymphoma at risk of relapse or progression (AETHERA): A randomised, double-blind, placebo-controlled, phase 3 trial.** *Lancet* 2015;385(9980):1853-62.

Radford J et al. **Results of a trial of PET-directed therapy for early-stage Hodgkin's lymphoma.** *N Engl J Med* 2015;372(17):1598-607.

Ramchandren R et al. **Brentuximab vedotin (BV) plus chemotherapy in patients with newly diagnosed advanced stage Hodgkin lymphoma (HL): North American results.** *Proc ASCO* 2018;**Abstract 7541**.

Straus DJ et al. **CALGB 50604: Risk-adapted treatment of nonbulky early-stage Hodgkin lymphoma based on interim PET.** *Blood* 2018;132(10):1013-21.

Straus DJ, Cahlon O. **Radiation therapy for Hodgkin lymphoma — Can it be administered more safely if necessary?** *JAMA Oncol* 2016;2(2):169-70.

Younes A et al. **Nivolumab for classical Hodgkin's lymphoma after failure of both autologous stem-cell transplantation and brentuximab vedotin: A multicentre, multicohort, single-arm phase 2 trial.** *Lancet Oncol* 2016;17(9):1283-94.