New treatment for relapsed or refractory Hodgkin's lymphoma

The addition of decitabine to the anti-PD-1 antibody camrelizumab improves outcomes in patients with relapsed or refractory classical Hodgkin's lymphoma who have not received previous anti-PD-1 therapy, according to a recent study.

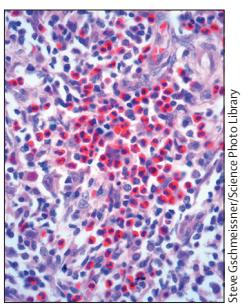
In the open-label, phase 2 trial, Jing Nie (Chinese People's Liberation Army General Hospital, Beijing, China) and colleagues enrolled 86 patients with relapsed or refractory Hodgkin's lymphoma who had received at least two previous lines of therapy. Anti-PD-1 treatment-naive patients (n=61) were randomly assigned (1:2) to receive either camrelizumab 200 mg monotherapy (n=19) or a combination of low-dose decitabine (10 mg per day on days 1–5) plus camrelizumab (200 mg on day 8; n=42) every 3 weeks. A second cohort of patients who had previously received anti-PD-1 (n=25) received the combination therapy. The primary efficacy endpoint was the proportion of patients achieving complete remission.

At a median follow-up of 14·9 months (range 7·3–25·8), six (32%; 95% CI 13–57) of 19 treatment-naive patients achieved complete remission with monotherapy, compared with 30 (71%; 55–84) of 42 who received the combination treatment (p=0·003). Of the 25 patients who had previously received anti-PD-1 therapy, six (28%; 95% CI 12–49) achieved complete remission with the combination. The most common treatment-related adverse events were cherry hemangiomas and leukocytopenia.

"The addition of low-dose decitabine to anti-PD-1 therapy demonstrated reliable safety and promising feasibility", said co-author Weidong Han (Chinese People's Liberation Army General Hospital). "The higher efficacy and more durable response of this combination versus anti-PD-1 monotherapy will be further verified by a large-scale and multicentre trial in the near future."

"This is a very important proof-of-concept study evaluating the potential enhancement of antitumour response by combining an epigenetic modulating drug (decitabine) with a PD-1 antibody in relapsed Hodgkin's lymphoma", commented Anas Younes (Memorial Sloan Kettering Cancer Center, New York, NY, USA). "Dissecting the exact mechanism(s) responsible for this enhanced clinical benefit could open the door for a whole new field that may go beyond Hodgkin's lymphoma."

Elizabeth Gourd



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For the **phase 2 trial by Nie and colleagues** see *J Clin Oncol* 2019; published online May 7. DOI:10.1200/JCO.18.02151