# Promising new second-line therapy for Hodgkin lymphoma

Brentuximab vedotin plus ESHAP chemotherapy (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin; BRESHAP) could be a safe and highly active pre-transplant induction therapy for patients with relapsed or refractory Hodgkin lymphoma, according to a recent study.

In the multicentre, phase 1–2 GELTAMO trial, Ramón García-Sanz (University Hospital of Salamanca, Salamanca, Spain) and colleagues enrolled 67 patients with relapsed or refractory Hodgkin lymphoma between November, 2014, and April, 2015. Eligible patients received three 21-day cycles of ESHAP chemotherapy plus intravenous brentuximab vedotin at three doses (0·9, 1·2, and 1·8 mg/kg) in a standard 3+3 dose-escalation manner. Patients who responded proceeded to autologous stem-cell tranplantation, followed by three courses of brentuximab vedotin (1·8 mg/kg every 21 days). The primary endpoints were maximum tolerable dose (phase 1) and overall and complete response before autologous stem-cell transplantation (phase 2).

The maximum tolerated dose of brentuximab vedotin in combination with ESHAP was 1·8 mg/kg. 60 (91%; 95% CI 84–98) of 66 evaluable patients had an overall response before transplant, including 42 (70%, 59–81) who had a complete response. At a mean follow-up of 27 months, 30-month progression-free survival was 71% (95% CI 65–77) and overall survival was 91% (84–98). There were 39 serious adverse events, including fever (n=25), grade 3–4 haematological toxicity (n=28), and death (n=3); no deaths were judged to be related to brentuximab vedotin.

"The BRESHAP study demonstrates that brentuximab vedotin can be safely added to a platinum-containing regimen [ESHAP] in relapsed or refractory Hodgkin lymphoma, with the reasonable expectancy of a 20% increase in the metabolic complete response before high-dose therapy and autologous stem-cell transplantation", explained García-Sanz.

"Similar to results with frontline therapy, the addition of brentuximab vedotin to salvage chemotherapy in Hodgkin lymphoma resulted in a high response rate", commented Stephen Ansell (Mayo Clinic, Rochester, MN, USA). "A high complete response rate was seen and a substantial percentage of patients proceeded to autologous stem-cell transplant, suggesting that this combination should be tested in a randomised fashion against standard second-line treatment."

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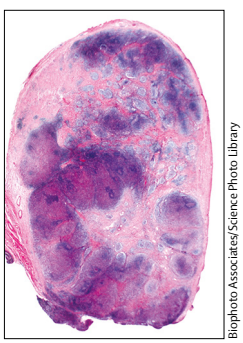

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For more on the **study by García-Sanz and colleagues** see *Ann Oncol* 2019; published Jan 18. DOI:10.1093/annonc/mdz009