

Understanding Hodgkin Lymphoma: Relapsed/Refractory

Hodgkin lymphoma (HL), also known as Hodgkin disease, is less common than non-Hodgkin lymphoma (NHL). Although HL can occur in both children and adults, it is most commonly diagnosed in young adults between the ages of 20 and 34 years.

HL has been studied more than any other type of lymphoma, and because of the treatment advances over the past few decades, five-year survival rates have improved.

HL is often characterized by the presence of very large cells called Reed-Sternberg (RS). This type of lymphoma usually starts in the lymph nodes and can spread to other lymph nodes and other organs.

Common signs and symptoms of HL include swelling of the lymph nodes (which is often but not always painless), fever, night sweats, unexplained weight loss, itching, and lack of energy. While most people who have these complaints do not have HL, anyone with persistent symptoms should see a physician to make sure that lymphoma is not present.

COMMON TYPES OF HL

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The four subtypes of cHL are:

- Nodular sclerosis
- Mixed cellularity cHL
- Lymphocyte-depleted cHL
- Lymphocyte-rich cHL

Treatment options for patients with nodular lymphocyte-predominant HL differ from those available to patients with cHL.

RELAPSED OR REFRACTORY DISEASE

For patients who *relapse* (disease returns after treatment) or become refractory (does not respond to treatment), secondary therapies are often successful in providing *remission* (disappearance of signs and symptoms) and may even cure the disease. For cHL, most relapses typically occur within the first three years following diagnosis, although some relapses occur much later. Patients who relapse often present with the same symptoms they had when first diagnosed with HL.

TREATMENT OPTIONS

A number of treatment options are available for patients with relapsed or refractory HL. The exact type of treatment prescribed for individual patients depends on several factors, including the timing of the relapse, age, overall health of the patient, scope of disease, and previous therapies received.

The standard treatment for patients with relapsed/refractory HL without other significant health conditions consists of *systemic* (throughout the body) therapy, usually followed by *autologous stem cell transplantation* (in which a patient's own stem cells are infused after high-dose chemotherapy). Involved-site radiation therapy (ISRT) may also be used. For more information on transplantation, view the *Understanding the Stem Cell Transplantation Process* publication on the Lymphoma Research Foundation's (LRF's) website (click [here](#)).

There are a variety of single-agent and combination therapy regimens that may be used for relapsed/refractory HL, including:

- Brentuximab vedotin (Adcetris)
- Bendamustine (Treanda)
- Nivolumab (Opdivo)
- Pembrolizumab (Keytruda)
- DHAP (dexamethasone, cisplatin, and cytarabine)
- ESHAP (etoposide, methylprednisolone, cisplatin, and cytarabine)
- GVD (gemcitabine, vinorelbine, and liposomal doxorubicin)
- ICE (ifosfamide, carboplatin, and etoposide)
- IGEV (ifosfamide, gemcitabine, and vinorelbine)

Brentuximab vedotin is approved for the treatment of relapsed/refractory cHL after failure of stem cell transplantation, after failure of two previous chemotherapy regimens in patients who are not eligible for stem cell transplantation, and as a consolidation treatment after autologous stem cell transplantation in patients at high risk of disease relapse or progression. Nivolumab (Opdivo) is indicated for the treatment of patients with cHL that has relapsed or progressed after autologous stem cell transplantation and post-transplantation brentuximab vedotin. Pembrolizumab (Keytruda) is used for the treatment of adult and pediatric patients with relapsed or refractory cHL.



TREATMENTS UNDER INVESTIGATION

In addition to conventional chemotherapies, there are several new agents currently being tested in clinical trials:

- Anti-CD30-CAR T cells
- Atezolizumab (Tecentriq)
- Camidanlumab Tesirine (ADCT-301, Cami)
- Camrelizumab (SHR-1210)
- Carfilzomib (Kyprolis)
- Everolimus (Afinitor)

- Ibrutinib (Imbruvica)
- Itacitinib (INCB039110)
- Ipilimumab (Yervoy)
- Lenalidomide (Revlimid)
- Mocetinostat (MGCD103)
- Pralatrexate (Folotyn)
- Romidepsin (Istodax)
- Ruxolitinib (Jakafi) Tislelizumab (BGB-A317)
- Umbralisib

It is critical to remember that scientific research is continuously evolving. Treatment options may change as new treatments are discovered and current treatments are improved. Therefore, it is important that patients check with their physician or with LRF for any treatment updates that may have recently emerged.



CLINICAL TRIALS

Clinical trials are crucial in identifying effective drugs and determining optimal doses for patients with lymphoma. Patients interested in participating in a clinical trial should view the *Understanding Clinical Trials* fact sheet on LRF's website (click [here](#)), talk to their physician, or contact the LRF Helpline for an individualized clinical trial search by calling (800) 500-9976 or emailing helpline@lymphoma.org.



FOLLOW-UP

Patients with lymphoma should have regular visits with a physician who is familiar with their medical history and the treatments they have received. Medical tests (such as blood tests and computed tomography [CT]/ positron emission tomography [PET] scans) may be required at various times during remission to evaluate the need for additional treatment.

Patients and their caregivers are encouraged to keep copies of all medical records and test results as well as information on the types, amounts, and duration of all treatments received. This documentation will be important for keeping track of any effects resulting from treatment or potential disease recurrences. LRF's award-winning *Focus on Lymphoma* mobile app (lymphoma.org/mobileapp) and *Lymphoma Care Plan* (lymphoma.org/publications) can help patients manage this information.



PATIENT AND CAREGIVER SUPPORT SERVICES

A lymphoma diagnosis often triggers a range of feelings and concerns. In addition, cancer treatment can cause physical discomfort. One-to-one peer support programs, such as LRF's *Lymphoma Support Network*, connect patients and caregivers with volunteers who have experience with HL, similar treatments, or challenges, for mutual emotional support and encouragement. Patients and loved ones may find this information useful whether the patient is newly diagnosed, in treatment, or in remission.

Resources

LRF offers a wide range of resources that address treatment options, the latest research advances, and ways to cope with all aspects of HL, including our award-winning mobile app. LRF also provides many educational activities, from in-person meetings to webinars for people with lymphoma, as well as an *Understanding Hodgkin Lymphoma* patient guide and HL e-Updates that provide the latest disease-specific news and treatment options. To learn more about any of these resources, visit our websites at lymphoma.org/HL or lymphoma.org, or contact the LRF Helpline at (800) 500-9976 or helpline@lymphoma.org

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