

## Hodgkin Lymphoma: Relapsed/Refractory

### Overview

Lymphoma is the most common blood cancer. The two main forms of lymphoma are Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL). Lymphoma occurs when cells of the immune system called lymphocytes, a type of white blood cell, grow and multiply uncontrollably. Cancerous lymphocytes can travel to many parts of the body, including the lymph nodes, spleen, bone marrow, blood, or other organs, and form a mass called a tumor. The body has two main types of lymphocytes that can develop into lymphomas: B lymphocytes (B cells) and T lymphocytes (T cells).

HL, also known as Hodgkin disease, is not as common as 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, about 87 percent of patients survive more than five years and many are cured.

The presence of Reed-Sternberg cells is necessary in the diagnosis of HL, although other abnormal cell types may be present. HL usually starts in the lymph nodes; however, it often spreads from one lymph node to another and can also spread to other organs.

### Common Types of HL

The two main types of HL are classical HL (CHL), which accounts for almost all (94 percent) cases of HL, and nodular lymphocyte predominant HL. The four subtypes of classical HL are nodular sclerosis, mixed cellularity CHL, lymphocyte-depleted CHL, and lymphocyte-rich CHL. The type of HL a patient has may affect their treatment choices.

### Relapsed or Refractory

For patients who *relapse* (disease returns after treatment) or become *refractory* (disease does not respond to treatment), secondary therapies are often successful in providing another remission 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.

### Treatment Options

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

The standard secondary treatment for the majority of patients consists of systemic therapy, usually followed by *autologous stem cell transplantation* (in which a patient's own stem cells are used). Involved site radiation therapy (ISRT) may also be used. For more information on transplantation, view the *Understanding the Stem Cell Transplantation Process* booklet on the Lymphoma Research Foundation's (LRF's) website at [www.lymphoma.org](http://www.lymphoma.org)

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)
- 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)

### Treatments Under Investigation

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

- Mocetinostat (MGCD103)
- Panobinostat (Farydak)
- Pembrolizumab (Keytruda)

It is critical to remember that today's 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.

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## Clinical Trials

Clinical trials are crucial in identifying effective drugs and determining optimal doses for patients with lymphoma. Because the optimal initial treatment of HL is not clear and it is such a rare disease, clinical trials are very important and will identify the best treatment options in this disease. Patients interested in participating in a clinical trial should view the *Understanding Clinical Trials* fact sheet on LRF's website at [www.lymphoma.org](http://www.lymphoma.org), 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](mailto:helpline@lymphoma.org).

## Follow-up

Patients in remission 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 positron emission tomography [PET]/computed tomography [CT] 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 mobile application (app) *Focus On Lymphoma* can help track this information in one location.

## Support

A lymphoma diagnosis often triggers a range of feelings and concerns. One-to-one peer support programs, such as LRF's Lymphoma Support Network, connects patients and caregivers with volunteers who have experience with HL, similar treatments, or challenges, for mutual emotional support and encouragement. You may find this useful whether you or a loved one 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 lymphoma, including our award-winning mobile app, *Focus On Lymphoma*. LRF also provides many educational activities, from in-person meetings to teleconferences and webcasts, as well as disease-specific websites, videos, and e-Updates for current lymphoma information and treatment options. To learn more about any of these resources, visit our websites at [www.FocusOnHL.org](http://www.FocusOnHL.org) or [www.lymphoma.org](http://www.lymphoma.org), or contact the LRF Helpline at (800) 500-9976 or [helpline@lymphoma.org](mailto:helpline@lymphoma.org).