American Society for Haematology Congress
Orlando, Florida, 4–7 December

Phase II trial of antibody drug conjugate offers hope for relapsed or refractory Hodgkin lymphoma

Three quarters of heavily pretreated patients with relapsed or refractory Hodgkin lymphoma achieved an objective response (defined as greater than 50% tumour shrinkage) post autologous stem cell transplant with a novel antibody-drug conjugate, reported a study (abstract 283) presented at the 52nd American Society of Haematology annual meeting.

Up to 30% of all patients diagnosed with Hodgkin lymphoma will relapse following chemotherapy. 'These patients have limited treatment options beyond autologous stem cell transplantation and represent a significant unmet medical need,' explained study presenter Dr Robert Chen, from the City of Hope National Medical Center, Duante, California, USA, adding that the median survival of such patients without additional treatment was 2.4 years. Currently there are no Food and Drug Administration approved treatments for patients in whom the disease has returned following autologous stem cell transplantation.

Brentuximab vedotin (SGN-35), developed jointly by Seattle Genetics and Millennium, is an antibody-drug conjugate targeted to CD30, a defining marker of Hodgkin lymphoma. Once internalized the drug monomethyl auristatin E binds to tubulin, thereby inducing cell cycle arrest.

In the current phase II single-arm study, 102 patients with relapsed or refractory Hodgkin lymphoma who had previously undergone an autologous stem cell transplant received brentuximab vedotin 1.8 mg/kg every 3 weeks as a 30-minute outpatient intravenous infusion for up to 16 treatment cycles. The patients, who were treated in 26 American study centres, had undergone a median of four previous chemotherapy regimens.

Results show that 75% of patients achieved an objective response (assessed by an independent central review panel), that 34% achieved a complete response, and 40% a partial response. Additionally, 94% of patients (96 out of 102) achieved tumour reduction. 'This is very active for a single agent, particularly bearing in mind that patients in this study had failed a median number of 3.5 prior regimens,' said Dr Chen.

The most common adverse events of any grade were peripheral sensory neuropathy (47%), fatigue (46%), nausea (42%), upper respiratory tract infection (37%) and diarrhoea (36%).

'Based on these data, brentuximab vedotin has the potential to change the treatment paradigm for relapsed or refractory Hodgkin lymphoma patients, and could be the first treatment approved for these patients in more than 20 years,' said Dr Chen.

The company hopes to submit the medication to the Food and Drug Administration for approval during the first quarter of 2011 and to European regulators during the first half of 2011.

Trial in anaplastic large cell lymphoma

An additional phase II study, also presented at the American Society of Haematology (abstract 961), looked at single-agent brentuximab vedotin (1.8 mg/kg every 3 weeks for up to 16 total doses) in 58 patients with relapsed or refractory systemic anaplastic large cell lymphoma. Interim data were presented for the first 30 treated patients.

Results showed that 86% of these patients achieved an objective response (assessed by an independent central review using Cheson 2007 criteria), 53% achieved complete remission and that tumour reductions were achieved in 97% of patients. The most common adverse events were nausea (38%), peripheral sensory neuropathy (38%), fatigue (34%), fever (33%) and diarrhoea (29%).

Janet Fricker

Rituximab delays cytotoxic therapy for follicular lymphoma

A new study, led by clinicians at the University College London Hospital, investigated what happens when patients receive treatment with the targeted therapy rituximab upon diagnosis of follicular lymphoma, before symptoms appear, and stay on it for 2 years.

Results presented at the American Society of Haematology Congress showed that after 3 years 91% of patients who received rituximab monotherapy as induction and maintenance (four weekly doses followed by maintenance doses once every 2 months for 2 years) were spared any 'cytotoxic' therapy (chemotherapy or radiotherapy) compared with 48% of patients who received no treatment at diagnosis (watch and wait group).

At the same time point, 81% of patients who received induction and extended rituximab therapy had not experienced a worsening of their disease at 3 years compared with 33% in the watchful waiting arm.

'We have found another way of managing this disease in its early years,' commented Dr Kirit Ardeshna, University College Hospital, London, UK and Chief Investigator for the Watch and Wait trial. 'For many patients it is important to delay the onset of chemotherapy and for them the results of this study are a great advance.'