The Medical Letter®

on Drugs and Therapeutics

Volume 60 November 5, 2018

1559

IN THIS ISSUE

In Brief: Brentuximab Vedotin (Adcetris) for Classical Hodgkin's Lymphoma.....online

Important Copyright Message

FORWARDING OR COPYING IS A VIOLATION OF U.S. AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter, Inc. publications are protected by U.S. and international copyright laws. Forwarding, copying or any distribution of this material is prohibited.

Sharing a password with a non-subscriber or otherwise making the contents of this site available to third parties is strictly prohibited.

By accessing and reading the attached content I agree to comply with U.S. and international copyright laws and these terms and conditions of The Medical Letter, Inc.

For further information click: Subscriptions, Site Licenses, Reprints or call customer service at: 800-211-2769

The Medical Letter®

on Drugs and Therapeutics

Volume 60 (Issue 1559)

November 5, 2018

IN BRIEF

Brentuximab Vedotin (Adcetris) for Classical Hodgkin's Lymphoma

The FDA has approved the anti-CD30 antibody-drug conjugate brentuximab vedotin (*Adcetris* – Seattle Genetics) for use in combination with chemotherapy for IV treatment of adults with previously untreated stage 3 or 4 classical Hodgkin's lymphoma (cHL). *Adcetris* was approved earlier for consolidation treatment of cHL and for treatment of relapsed or refractory cHL, anaplastic large cell lymphoma, and CD30-expressing mycosis fungoides.

Pronunciation Key

Brentuximab vedotin: bren tux' i mab ve doe' tin Adcetris: ad seh' tris

FDA approval for the new indication was based on the results of an open-label trial (ECHELON-1) in 1334 patients with previously untreated stage 3 or 4 cHL. ¹ Patients were randomized to receive a regimen consisting of doxorubicin, bleomycin, vinblastine, and dacarbazine (ABVD; standard initial treatment for cHL) or a regimen that included brentuximab vedotin instead of bleomycin (A+AVD). Bleomycin can cause severe pulmonary toxicity and is often dropped from the regimen after several cycles of ABVD.

The 2-year modified progression-free survival rate (the primary endpoint; defined as time to progression, death, or noncomplete response and use of subsequent anticancer therapy) was 82.1% with A+AVD and 77.2% with ABVD, a statistically significant difference.

Neutropenia and peripheral neuropathy were more common with A+AVD than with ABVD (58% vs 45% and 67% vs 43%, respectively). Severe pulmonary toxicity was more common with ABVD (3% vs <1%). Of the 9 deaths that occurred in the A+AVD group, 7 were related to neutropenia; 11 of the 13 deaths in the ABVD group were related to pulmonary toxicity. PET scans to evaluate the response to therapy, which could have permitted discontinuation of bleomycin after the first 2 cycles and decreased the risk of pulmonary toxicity, were not performed.²

Six cycles of A+AVD have been estimated to cost up to \$850,000, compared to less than \$8000 for ABVD.³ There is no evidence to date that the new regimen improves overall survival in patients with previously untreated stage 3 or 4 cHI

- JM Connors et al. Brentuximab vedotin with chemotherapy for stage III or IV Hodgkin's lymphoma. N Engl J Med 2018; 378:331.
- T Hilal. Brentuximab vedotin for stage III or IV Hodgkin's lymphoma. N Engl J Med 2018; 378:1558.
- 3. JP Greer. Brentuximab vedotin for stage III or IV Hodgkin's lymphoma. N Eng J Med 2018; 378:1559.

PRESIDENT: Mark Abramowicz, M.D.; VICE PRESIDENT AND EXECUTIVE EDITOR: Gianna Zuccotti, M.D., M.P.H., F.A.C.P., Harvard Medical School; EDITOR IN CHIEF: Jean-Marie Pflomm, Pharm.D., ASSOCIATE EDITORS: Susan M. Daron, Pharm.D., Amy Faucard, MLS, Corinne Z. Morrison, Pharm.D., Michael P. Viscusi, Pharm.D.; CONSULTING EDITORS: Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.

CONTRIBUTING EDITORS: Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons; Ericka L. Crouse, Pharm.D., B.C.P.P., C.G.P., F.A.S.H.P., F.A.S.C.P., Virginia Commonwealth University; Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School; Eric J. Epstein, M.D., Albert Einstein College of Medicine; David N. Juurlink, BPhm, M.D., Ph.D., Sunnybrook Health Sciences Centre; Richard B. Kim, M.D., University of Western Ontario; Franco M. Muggia, M.D., New York University Medical Center; Sandip K. Mukherjee, M.D., F.A.C.C., Yale School of Medicine; Dan M. Roden, M.D., Vanderbilt University School of Medicine; Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School; F. Estelle R. Simons, M.D., F.R.C.P.C., F.R.S.C., University of Manitoba; Neal H. Steigbigel, M.D., New York University School of Medicine; Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weill Medical College of Cornell University

MANAGING EDITOR AND DIRECTOR OF CONTENT OPERATIONS: Susie Wong

FULFILLMENT AND SYSTEMS MANAGER: Cristine Romatowski; SITE LICENSE SALES: Elaine Reaney-Tomaselli; EXECUTIVE DIRECTOR OF MARKETING AND COMMUNICATIONS: Joanne F. Valentino; VICE PRESIDENT AND PUBLISHER: Yosef Wissner-Levy

Founded in 1959 by

Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer. The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. does not sell advertising or receive any commercial support. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damage resulting from any error, inaccuracy, or omission.

Subscription Services

Address: The Medical Letter, Inc. 145 Huguenot St. Ste. 312 New Rochelle, NY 10801-7537 www.medicalletter.org

Customer Service:Call: 800-211-2769 or 914-235-0500
Fax: 914-632-1733 E-mail: custserv@medicalletter.org

Permissions: To reproduce any portion of this issue, please e-mail your request to: permissions@medicalletter.org

Subscriptions (US): 1 year - \$159; 2 years - \$298; 3 years - \$398. \$65 per year for students, interns, residents, and fellows in the US and Canada. Reprints - \$45 per issue or article

Site License Inquiries: E-mail: SubQuote@medicalletter.org Call: 800-211-2769 Special rates available for bulk subscriptions.

Get Connected: Copyright 2018. ISSN 1523-2859