

What are the potential immune related toxicities that clinicians should be mindful of when prescribing nivolumab or pembrolizumab for their patients with R/R CHL?

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Welcome to Managing Hodgkin Lymphoma. I am Dr. Anas Younes. Today, I would like to discuss the potential immune-related toxicities that clinicians should be mindful of when prescribing [nivolumab](#) or [pembrolizumab](#) for their patients with relapsed and refractory classical Hodgkin lymphoma. Both nivolumab and pembrolizumab are among what we call “the immune checkpoint inhibitors” and they have similar side effects across different disease types. The side effects are not unique for Hodgkin lymphoma. They are class effects, regardless of what indication you are using them for (lung cancer, melanoma or Hodgkin lymphoma). Most of these side effects are grade 1 and 2, and do not frequently require dose interruption or modification. You can sometimes treat with steroids and Benadryl (diphenhydramine) but when they get to grade 3 and higher, they require dose interruption, investigation to see the etiology of these side effects, waiting until the toxicity is resolved and frequently also require steroids in tapering doses until this toxicity resolves. We need to be aware of these side effects because most of them are manageable. Very few of them require dose interruption or stopping the treatment altogether. The most severe ones that we are mainly concerned about, what we call the itis, so hepatitis, colitis, pneumonitis. Grade 3 or higher of these itis side effects rarely exceed 2% to 3% but you need to be aware of them because if they occur, we need to stop the drug, administer steroids and wait until the toxicity is resolved. Thank you for viewing this activity.