HL-089. Outcomes in Patients With New Diagnose of Hodgkin Disease: Real-World Data in Public Health Institution in Mexico Without Access to Anti-CD30 and PD-1 Checkpoint Inhibitors in First-Line Therapy

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Abstract

Hodgkin's lymphoma is a malignant B cells neoplasm, characterized by large multinucleated cells (Reed Sternberg cells) and an immune effector cells rich microenvironment. It has a predominant incidence in young adults that varies according to histological subtype. Cure rate and sensitivity to chemotherapy are high, with response rates of 90% for limited stages and 80% for advanced stages.

Objective

Evaluate outcomes of Hodgkin disease (HD) patients treated with chemotherapy without access to novel therapies in our center.

Materials & Methods

Retrospective study in Hospital UMAE 25 IMSS Monterrey, Mexico from 2014 to 2020. We include patients older than 15 years with new-onset HD. Response to chemotherapy was evaluated; Overall survival (OS) and progression-free survival (PFS) with the Kaplan Meier method were reported.

Results

Fifty-seven patients were included, with a median age of 40.8 years (15-78), twenty-eight were female (49.1%) and 29 male patients (50.8%). Median follow-up was 24.5 months (8.6-103). Forty patients were advanced stage (70%) and only 17 (30%) were limited stage; B symptoms were present in 91.2% and bulky mass in 21%. The most frequent first-line therapy was ABVD in 80.7%, BEACOP in 1.7% and others in 17.5%. Radiotherapy was used in 42%. Overall response rate was 82% (CR 52%, PR 30%) and non-response (NR) in 18%. The relapse rate was 22%. OS at 5 years was 93% (Fig. 1) and PFS was 26% in all patients (Fig. 2). In the NR group vs response group, the OS at 5 years was 70% vs 100 % and 3-years PFS was 78% vs 60%, respectively (Fig3.) . PFS at 5 years in the advanced stage was 28% vs 100% in the limited stage (Fig. 4.). Auto-HSCT was performed in 9 patients and Allo-HSCT in 2 patients with a related donor.

Fig. 1 Overall Survival

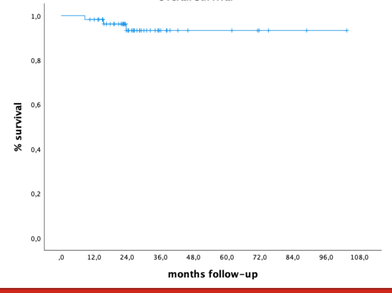


Fig. 2 Progression Free Survival

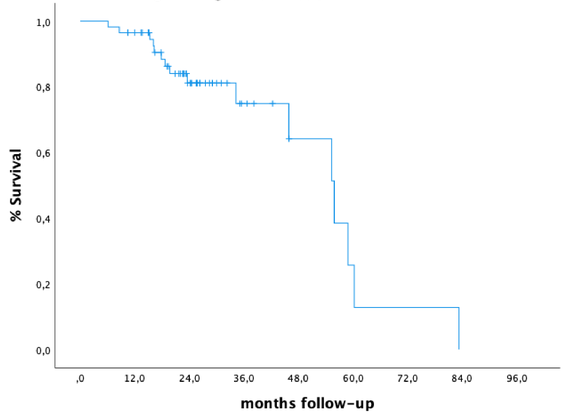


Fig. 3 Comparative PFS (response 1st line therapy)

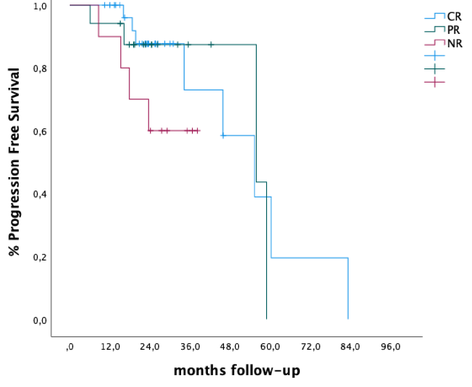
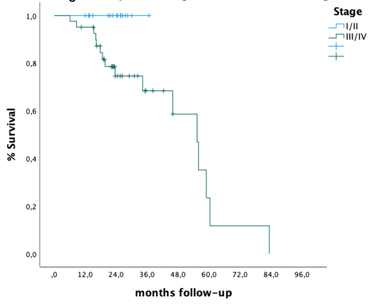


Fig. 4 Comparative Progression Free Survival (Stage)



Conclusion

CR and PFS rates in our center were lower compared to reports from high-income countries with access to novel therapies, especially when stratified by stage at diagnosis; the delay in diagnosis being one of the greatest limitations of public institutions in our country. Patients with NR and early relapse could benefit from an early rescue with innovative therapies and consolidation with transplantation.

References

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