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TREATMENT OF RELAPSED HODGKIN LYMPHOMA WITH PEMBROLIZUMAB AS MONOTHERAPY

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INTRODUCTION

With risk-adapted treatment, such as chemotherapy and radiotherapy, Hodgkin lymphoma (HL) patients have the potential to be cured or have long-term remission, but up to 30% may experience progressive disease or relapse. A promising new treatment for HL is immunotherapy. Pembrolizumab (an anti-programmed death-1 (PD-1) antibody) is one of the preferable therapeutic options for patients with relapsed or refractory HL who have relapsed post-autologous HSCT or are ineligible for autologous-HSCT, according to the data.

AIM

Sharing a case of Hodgkin's lymphoma which was treated with chemotherapy and had several remissions during a long period of time and then is switched to be treated with Pembrolizumab as monotherapy.

DESIGN

Retrospective, case report.

CASE STUDY

A 54-year-old man was diagnosed with Hodgkin Lymphoma mixed-cellularity 202 months ago and was treated with chemotherapy, Doxorubicin, Bleomycin, Vinblastine, and Dacarbazine (ABVD) for 8 cycles. He was in remission for 118 months before experiencing his first relapse, which was treated with 4 more cycles according to the ABVD protocol. He was also in remission for another 40 months. After the second relapse, the patient got six more cycles of ABVD and went into remission. The patient was offered autologous stem-cell transplantation (HSCT), but he rejected it. The patient had another disease progression with a positive Pet-CT 13 months after the second remission, and it was proposed that the treatment be switched to escalated BEACOPP (bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, and prednisone), which he had received 6 cycles of. After 15 months, a visible progression of the disease is noticed by repeating the PET-CT scan, and it is proposed to repeat the lymph node biopsy, which results in HL mixed-cellularity and was positive for PD-L1, CD79a. Then the patient is treated with anti-programmed death-1 (PD-1) antibodies Pembrolizumab monotherapy every 21 days, according to a conciliar consultation. So far, the patient has received two cycles, and we are monitoring the case.

CONCLUSIONS

Data supports the use of pembrolizumab as monotherapy in cases of relapsed Hodgkin lymphoma; nevertheless, in our case, we do not have a sustained response to the therapeutic impact to draw a firm judgment.

REFERENCES

1. National Cancer Institute. (n.d.). https://www.cancer.gov/about-cancer/treatment/clinical-trials/intervention/pembrolizumab?redirect=true
2. Chen, R., Zinzani, P. L., Lee, H. J., Armand, P., Johnson, N. A., Brice, P., Radford, J., Ribrag, V., Molin, D., Vassilakopoulos, T. P., Tomita, A. (2019, October 3). Pembrolizumab in relapsed or refractory Hodgkin lymphoma: 2-year follow-up of keynote-087. American Society of Hematology. https://ashpublications.org/blood/article/134/14/1144/374896/Pembrolizumab-in-relapsed-or-refractory-Hodgkin
3. Pembrolizumab versus brentuximab vedotin in relapsed or refractory HL. (n.d.). https://www.thelancet.com/article/S1470-2045(21)00005-X/fulltext
4. Helwick, C. (n.d.). Combinations advance the power of pembrolizumab in hodgkin lymphoma. The ASCO Post. https://ascopost.com/issues/march-10-2022/combinations-advance-the-power-of-pembrolizumab-in-hodgkin-lymphoma/
5. Pembrolizumab and combination chemotherapy in treating patients with relapsed or refractory hodgkin lymphoma - full text view. ClinicalTrials.gov. (n.d.). https://classic.clinicaltrials.gov/ct2/show/NCT03077828