Real-World Outcomes of Salvage Chemotherapy in Adult Patients with Relapsed/Refractory Classical Hodgkin Lymphoma: A Retrospective Analysis

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Background

Relapsed and refractory Classical Hodgkin Lymphoma (R/R cHL) poses a significant therapeutic challenge. Novel agents, including brentuximab vedotin and PD-1 inhibitors, have revolutionized the treatment of R/RcHL, resulting in improved outcomes. While Salvage chemotherapy followed by ASCT offers a chance of cure, outcomes in patients failing initial salvage or ineligible for transplant remain suboptimal.

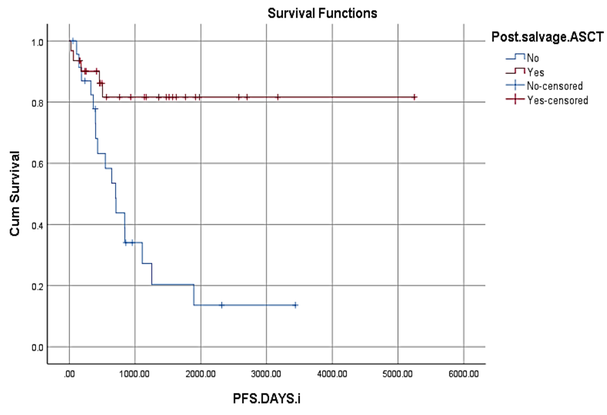
Methods

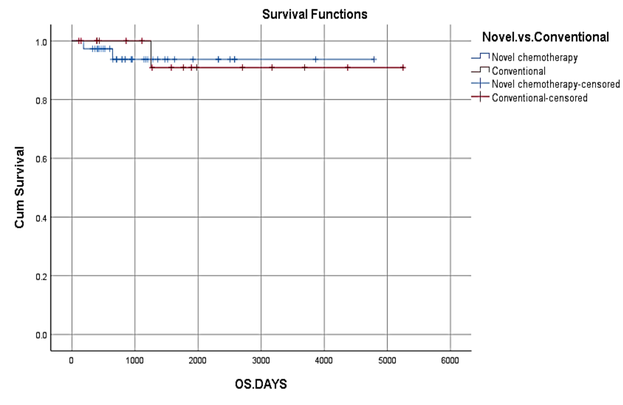
To assess the outcomes of R/RcHL, we retrospectively analysed data of adult patients with R/RcHL who received at least one line of salvage chemotherapy at our institute. Data collected included patient demographics, prior therapies, salvage regimens used, response to salvage Chemotherapy, PFS and OS. PFS was defined as the time from the start of salvage chemotherapy to the first documented evidence of disease progression or relapse after achieving a response, or the time to last follow-up for patients who were alive and progression-free at the time of analysis. OS was defined as the time from the start of salvage chemotherapy till last follow up or death.

Results

From Jan 2018 till Dec 2024, data of 55 adult patients was available for final analysis. The median age at the start of first salvage therapy was 27 yrs (range14-57). 72.7%(n=40) were male and 27.3%(n=15) were female.

Median follow up period was 39.6 months. Conventional salvage therapy (ICE, DHAP, ESHAP, GDP) and novel agent-based salvage (Brentuximab, Nivolumab) was used in 32.7%(n=18) and 67.3%(n=37) patients respectively. ORR of the cohort was 70.5 % (n=39) while PFS and OS was 60%(n=33) and 94.5%(n=52) respectively. ORR, PFS and OS for conventional salvage was 61.1%(n=11), 50%(n=9) and 94.4%(n=17) respectively. ORR, PFS and OS for Novel-salvage was 81.0%(n=30), 64.9%(n=24) and 94.6%(n=35) respectively. Chemotherapy regimens were generally well tolerated. Following salvage ASCT was done in 56.4%(n=31) patients. Patients received median two lines of salvage regimens before ASCT. Myeloablative conditioning with BEAM protocol was used in all patients. PFS and OS was significantly better in those who had ASCT vs. who didn't have ASCT i.e 83.9%vs.29.2% pvalue=0.00 and 100%vs.87.5% pvalue=0.014 respectively.





Conclusion

Novel salvage therapies followed by ASCT offer improved response rates and the potential for more durable disease control in relapsed/refractory Hodgkin lymphoma.

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