COMPARISON OF TREATMENT STRATEGIES FOR RELAPSED AND REFRACTORY CLASSICAL HODGKIN LYMPHOMA

E. Fastova[1], Y. Mangasarova[1], T. Moiseeva[1], M.Magomedova[1], R. Abdurashidova[1], O. Margolin[1], M. Bagova[1], E. Nesterova[1], A. Kravchova[1], D. Belkina[1], L. Plastinina[1], HUNAN JULHAKYAN[1], E. Zvonkov[1]

1. National Medical Research Center for Hematology, Moscow, Russian Federation

Introduction

The standard of treatment for patients with relapsed or refractory (r/r) classical Hodgkin lymphoma (cHL) is chemotherapy followed by auto-HSCT. However, for patients who aren't candidates for auto-HSCT, therapy algorithms are discussed.

Objectives

to evaluate the effectiveness of auto-HSCT or follow-up after achieving remission± supported with nivolumab in r/r cHL.

Methods

Study included patients with histologically confirmed c/r cLH .Before the patients were included, they signed an informed consent. Since 2018, the National Medical Research Center for Hematology has been conducting a prospective clinical trial: Nivo-BeGEV followed by autoHSCT. The patients who aren't candidates for auto-HSCT, received supported with nivolumab.

The 118 patients included: women - 53/118(44.9%), men - 65/118(55.1%), median age was 32 (18-64) years. The most patients has: relapse <12 months or refractoriness to frontline therapy 52 (44%), best response of partial response or stable disease to most recent salvage therapy 50 (42%), extranodal disease at pre–auto-HSCT relapse 48 (41%).

After confirmation of r/r cHL, were administered courses of Nivo-BeGEV. When remission was achieved, we did auto-HSCT (conditioning BeEAM). If the patient not candidates for auto-HSCT, were treated supportive therapy nivolumab for 12 months. Since 2022, the algorithm patients has been changed: after auto-HSCT, patients were given maintenance with nivolumab for a year.

Results

The 18 patients aren't candidates for auto-HSCT. Of this group, after confirmation of remission, 3 patients completed therapy, 15 received nivolumab therapy for a year. AutoHSCT was performed in 100/118(84.7%) cases. Patients with r/r cHL after autoHSCT: received maintenance therapy with nivolumab in 47/100 (47%), 53/100 (53%) patients didn't receive it.

Median time from the start of Nivo-BeGEV to data cutoff of 31 months (IQR 3–80). At the time of data cutoff, all patients are alive. The 3-year event-free survival for autoHSCT±supported with nivolumab 87,3% [95% CI 0,79–0,96], at the group of patients who didn't undergo autoHSCT±support with nivolumab 59,8% [95% CI 0,38–0,93](p

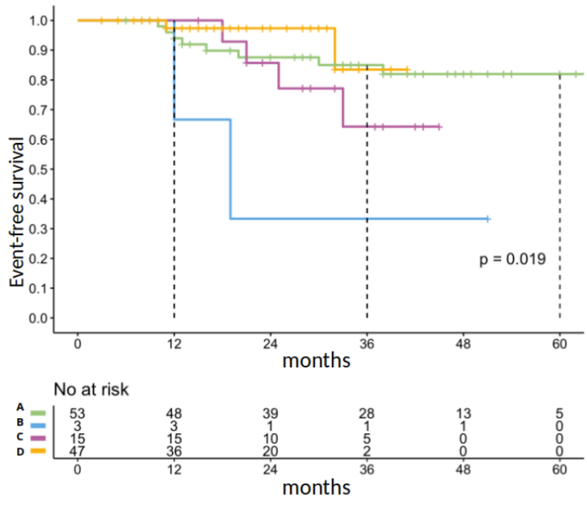


Fig. Event-free survival: A - auto-HSCT without maintenance therapy with nivolumab, B - without auto- HSCT without maintenance therapy, C - without auto-HSCT with maintenance therapy with nivoliimab, D - auto-HSCT with maintenance therapy with nivolumab.

Summary

This study demonstrates that autoHSCT have the best results in terms of event-free survival compared to patients who failed autoHSCT. Thus, support with nivolumab is preferable for all patients, especially for those who aren't candidates for autoHSCT.