PET-GUIDED NIVOLUMAB-BASED FIRST-LINE STRATEGY IN ADVANCED-STAGE CLASSICAL HODGKIN LYMPHOMA: INTERIM CLINICAL RESULTS

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INTRODUCTION

Interim PET is a cornerstone of response-adapted treatment strategies in advanced-stage classical Hodgkin lymphoma (AS-cHL)

Frontline immune checkpoint inhibitors may complicate PET2 interpretation, as immune-mediated inflammatory uptake and pseudoprogression can mimic residual disease

AIM

To evaluate the feasibility, efficacy, and safety of a PET-adapted nivolumab-containing first-line strategy using intensive induction followed by response-adapted de-escalation.

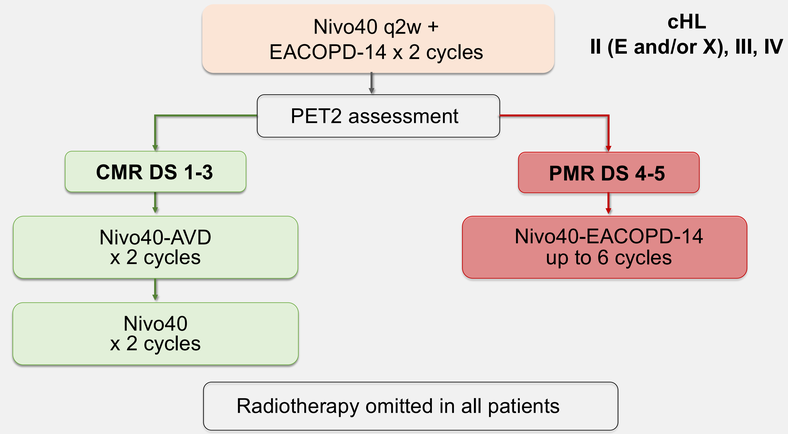
METHOD

- Prospective single-center study (**NCT07209059**)
- 43 previously untreated AS-cHL patients enrolled Oct 2024-Apr 2026
- PET assessed according to LYRIC criteria
- Adverse events graded by CTCAE v5.0

PATIENT CHARACTERISTICS

Characteristic	Value
Patients, n	43
Median age, years (range)	29 (18–43)
Bulky mediastinal disease	24 (56%)
Stage III–IV	21 (49%)
Extranodal involvement	13 (30%)
B symptoms	22 (51%)
IPS ≥3	6 (14%)
EBV-positive disease	2 (5%)
Pre-existing autoimmune disease	3 patients *(autoimmune thyroiditis n=2; multiple sclerosis n=1)*

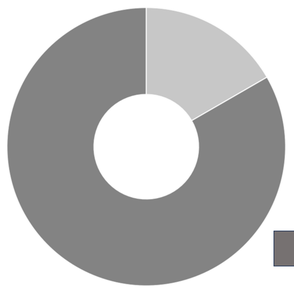
TREATMENT STRATEGY



N40-EACOPD-14: nivolumab 40 mg on day 0, etoposide 100 mg/m² on days 1–3, doxorubicin 25 mg/m² on day 1, cyclophosphamide 650 mg/m² on day 1, vincristine 1,4 mg/m² on day 8, prednisolone 40 mg/m² on days 1–7, and dacarbazine 375 mg/m² on day 1, administered intravenously in a 14-day cycle;
N40-AVD: nivolumab 40 mg, doxorubicin 25 mg/m², vinblastine 6 mg/m², and dacarbazine 375 mg/m², administered intravenously on days 1 and 15 of a 28-day cycle

RESULTS

1. PET2 RESPONSE



PRM 17% (7/43)

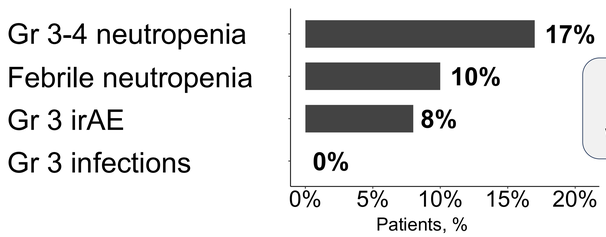
All DS4 cases showed residual low-level metabolic activity confined to mediastinal lesions.

CRM 83% (36/43)

2. TREATMENT OUTCOMES

EOT CMR	RT omitted	Relapse or Progression	Median FU
100% (35/35)	**100%** (35/35)	**0%** (0/35)	**9.1 months** (2.2 – 18.8)

SAFETY



Treatment generally well tolerated

irAEs (gr 3):

- Thyroiditis (n= 2),
- Periarthritis (n = 1)

Immune-related events were manageable and resolved without Nivo discontinuation

No reactivation of pre-existing autoimmune diseases was observed

CONCLUSIONS

- This PET-adapted nivolumab-based strategy demonstrated high early metabolic response rates and enabled chemotherapy de-escalation with radiotherapy omission in AS-cHL
- PET2 may remain clinically informative for treatment adaptation during Nivo-containing therapy when preceded by intensive induction

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