PROGNOSTIC VALUE OF SOLUBLE CD30 AND CD163+ TUMOR-ASSOCIATED MACROPHAGES IN RELAPSED CLASSICAL HODGKIN LYMPHOMA: COULD GUIDE TREATMENT CHOICE?

HL- 80

Farah E., M Sabry2
1 Clinical Hematology Unit, Internal Medicine Department, EL Minya Oncology Center
2 Hematology Unit; Clinical Pathology Department; Faculty of Medicine, EL Minya University, Egypt

INTRODUCTION

Brentuximab vedotin (BV) is a standard of care in relapsed classical Hodgkin lymphoma (cHL) alone or in combinations however, resistance to BV is common.

AIM

We hypothesized that circulating soluble CD30 (sCD30) and tumor-associated macrophages (CD163+) could detect BV efficacy. Primary endpoint: PET-complete response (CR). Secondary endpoints: eligibility for ASCT, PF and OS.

METHOD

120 relapsed cHL patients (BV naïve) treated with ICE + BV salvage (governmental and insurance support) then planned for ASCT and BV maintenance.

Baseline assessments of Serum sCD30 (ELISA) and considered high when ≥75th percentile (>180 U/mL). CD163 macrophage expression in a new tissue biopsy at time of relapse (IHC) and considered high if ≥30% macrophage infiltration.

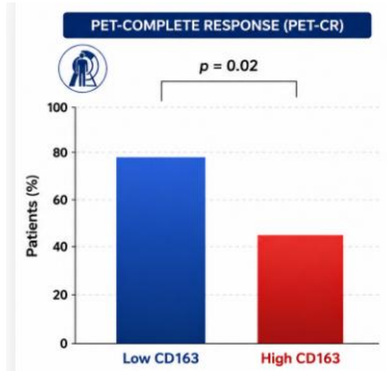
RESULTS

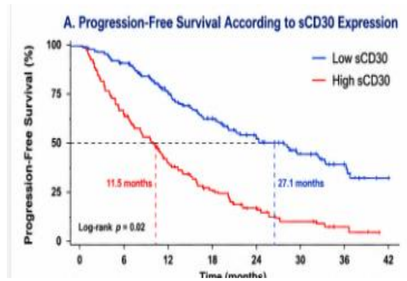
High sCD30 significantly associated with bulky disease (p=0.04), advanced stage (p=0.02), high LDH (p=0.05) and trend of positive correlation with IPS score (p=0.06). Increased CD163 expression was significantly associated with B symptoms (p ≤0.001), high CRP level (p=0.02) and correlated positively with IPS (p=0.05).

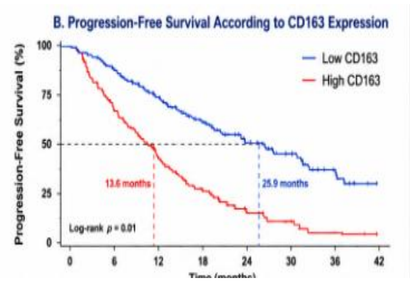
Low sCD30 observed significantly better PET-CR rates (p ≤ 0.001) with more bridged to transplant (84% versus 53%, p=0.001) versus high sCD30. PET-CR rate was significantly better in low CD163 expression (p=0.02) with ASCT achieved in 80% versus 58% in high CD163 (p=0.01). Dual-high patients, only 40% underwent transplantation (p<0.001).

With 2.5 years median follow-up, low sCD30 had better median PFS (27.1 vs 11.5 months, p= 0.02). Also, low CD163 showed better median PFS (25.9 vs 13.6 months, p=0.01). Dual-high biomarkers demonstrated poorest outcomes; median PFS of only 8.4 months (versus dual-low, p≤0.001).

Median OS was not reached in low sCD30 versus 21.0 months in high sCD30 (p≤0.001). Median OS was 32.1 months in low CD163 patients compared to 22.3 months in high CD163 patients (p=0.02). Dual-high patients exhibited markedly inferior survival, with a median OS of 19.6 months (p≤0.001).







CONCLUSIONS

Soluble CD30 and CD163+ macrophage infiltration could predict response, transplant eligibility, and survival in relapsed cHL treated with ICE + BV as they could limit ADC delivery and promoting resistance. These patients may benefit from addition of PD-1 inhibitors to BV rather than chemotherapy.

CONTACT INFORMATION

FF E. B.
EL M CC drffmelbebo76@hotmail.com