An analytical study of the efficacy and safety of Brentuximab Vedotin in Hodgkin lymphoma

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INTRODUCTION

- Hodgkin lymphoma is a CD30 positive B-Cell malignancy characterized by Reed-Sternberg cells, comprising approximately 10% of all lymphomas.
- Despite high cure rates with conventional chemotherapy, some patients with advanced stage Hodgkin lymphoma (HL) develop relapse or refractory disease, requiring salvage regimens.
- Brentuximab vedotin (BV), an anti-CD30 antibody drug conjugate, has demonstrated promising activity in CD30 expressing malignancies and represents a targeted approach to improve disease control while potentially mitigating long-term sequelae.

AIM

The study aims to assess the efficacy and safety of BV in pediatric and adult HL patients.

METHODS

The study analyses the recent clinical trials evaluating the efficacy and safety of BV-containing regimens in HL, focusing on key endpoints- progression-free survival (PFS), incidence of adverse events (AEs),event free survival(EFS).

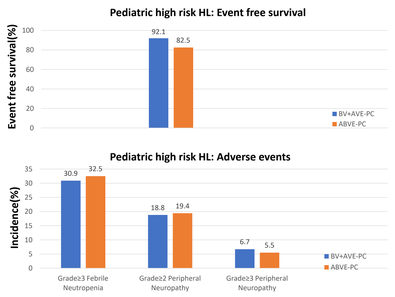
CONCLUSIONS

- BV-containing regimens significantly improve disease control in both pediatric high-risk and adult advanced HL, reducing the risk of progression or death by 59% in pediatric high-risk patients and by 32% in adults with a manageable safety profile.
- Adding BV to treatment enables potent, targeted therapy that may decrease the dependence on more toxic agents and need to be considered as a part of standard first-line and salvage strategies in CD30-positive HL.

RESULTS

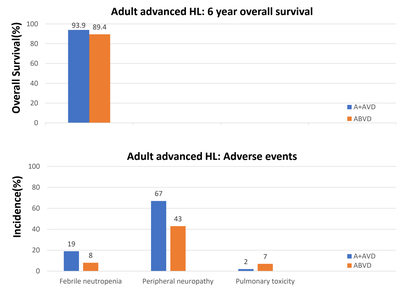
Paediatric High-Risk HL:

- The studies have shown that patients with therapy of BV + AVE-PC (doxorubicin, vincristine, etoposide, prednisone, cyclophosphamide) has 92.1% event free survival compared to 82.5% with standard ABVE-PC (doxorubicin, bleomycin, vincristine, etoposide, prednisone, cyclophosphamide).
- Grade ≥ 3 febrile neutropenia: 30.9%(BV + AVE-PC) vs 32.5% (ABVE-PC)
- Grade ≥ 2 peripheral neuropathy: 18.8% (BV + AVE-PC) vs 19.4% (ABVE-PC)
- Grade ≥ 3 peripheral neuropathy: 6.7% (BV + AVE-PC) vs 5.5% (ABVE-PC)



Adult Advanced HL:

- First-line A+AVD (BV + doxorubicin, vinblastine, dacarbazine) vs ABVD (Doxorubicin, Bleomycin, Vinblastine, Dacarbazine) demonstrated 6-year overall survival of 93.9% vs 89.4% and improved Progression-free survival with A+AVD.
- Febrile neutropenia : 19%(A+AVD) vs 8%(ABVD),
- peripheral neuropathy: 67%(A+AVD) vs 43%(ABVD). Pulmonary toxicity: 2% (A+AVD) vs 7% (ABVD).



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