CLINICAL OUTCOMES OF BRENTUXIMAB VEDOTIN IN RELAPSED/REFRACTORY CLASSICAL HODGKIN LYMPHOMA IN A RESOURCE-LIMITED SETTING

Hammad Javed[1], Tariq Ghafoor[1], Nighat Shahbaz[1], Mehreen Ali Khan[1], Raheel Iftikhar[1], Jahanzeb Liaqat[1]

[1]Armed Forces Bone Marrow Transplant Centre, Rawalpindi, Punjab, Pakistan

CONTEXT

Relapsed or refractory classical Hodgkin lymphoma (R/R cHL) remains a therapeutic challenge, particularly in heavily pretreated patients and in low- and middle-income countries where access to novel therapies may be limited. Brentuximab vedotin–based therapy has demonstrated promising activity in this setting; however, real-world outcomes from developing countries remain scarce.

OBJECTIVE

To evaluate the clinical characteristics, survival outcomes, and toxicity profile of patients with R/R cHL treated with brentuximab-based therapy in a real-world cohort.

DESIGN

Retrospective observational cohort study.

SETTING

Single-center tertiary care hematology and transplant center.

PATIENTS

Eighty-one patients with R/R cHL treated with brentuximab-based immunotherapy were included. The mean age was 29.8 years (range, 12–65 years). Most patients had advanced-stage disease (82.7%), while 51.9% had B symptoms and 43.2% had bone marrow involvement. Brentuximab-based therapy alone was administered in 92.6% of cases, while 7.4% received combined immunotherapy approaches.

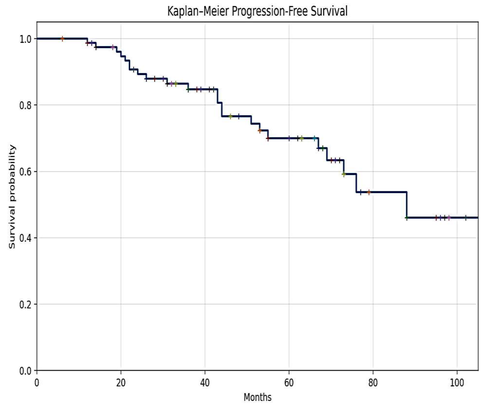
CONCLUSIONS

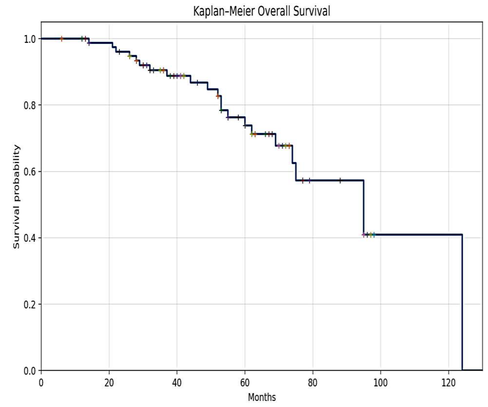
Brentuximab-based therapy demonstrated durable survival outcomes and an acceptable toxicity profile in patients with R/R cHL in a real-world setting. Achievement of complete remission was the strongest predictor of improved survival, underscoring the importance of depth of response in this population.

RESULTS

At analysis, 22 deaths were recorded, with 72.8% of patients censored alive. Median OS was 95 months, while mean OS was 88.9 months. Survival outcomes were not significantly associated with B symptoms (p=0.701), bone marrow involvement (p=0.629), stage grouping (p=0.687), histologic subtype (p=0.134), or number of prior treatment lines (p=0.568). Response to brentuximab was strongly associated with survival outcomes (log-rank p<0.001). Patients achieving complete remission (CR) demonstrated superior mean OS compared with those achieving partial remission (PR) or refractory disease (95.5 vs 73.9 vs 39.5 months, respectively). Hematologic toxicities were predominantly grade 1–2, including neutropenia and thrombocytopenia. Peripheral neuropathy occurred in 33.3% of patients, with grade 2 neuropathy observed in 7.4%.

Treatment-related hematologic and neurologic toxicity	
Toxicity / grade	**n (%)**
Neutropenia grade 1	48 (59.3%)
Neutropenia grade 2	28 (34.6%)
Neutropenia grade 3	5 (6.2%)
Thrombocytopenia grade 1	62 (76.5%)
Thrombocytopenia grade 2	18 (22.2%)
Thrombocytopenia grade 3	1 (1.2%)
Anemia grade 0	57 (70.4%)
Anemia grade 1	23 (28.4%)
Anemia grade 2	1 (1.2%)
Neuropathy grade 0	54 (66.7%)
Neuropathy grade 1	21 (25.9%)
Neuropathy grade 2	6 (7.4%)





MAIN OUTCOMES MEASURES

Overall survival (OS), progression-free survival (PFS), treatment response, and treatment-related toxicities.

INTERVENTIONS

Patients received brentuximab-based salvage therapy with subsequent supportive management according to institutional protocols.

KEYWORDS

Hodgkin lymphoma, Brentuximab, relapsed/refractory, Resource-limited

CONTACT INFORMATION

Hammad Javed

AFBMTC Rawalpindi | hammad2286@gmail.com
+92 334 5294940