

Treatment of peripheral T-cell lymphoma with dose-dense, dose-intense chemotherapy as well as Avelumab and Brentuximab Vedutin



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INTRODUCTION

Peripheral T Cell Lymphoma (PTCL) is a group of lymphoid malignancies which has never been treated with any confidence as opposed to its counterpart B Cell Lymphomas. Despite the studies, which were retrospective, the results in the majority of cases were disappointing, taking into consideration the aggressive clinical course of the disease

AIM

To evaluate the role of immune check-point inhibitors and anti-CD30 along with high-dose chemotherapy

METHOD

We have recruited 18 patients newly diagnosed with PTCL treated with ACEP X 6 (Doxorubicine 75 mg/m² on day 1 + Cyclophosphamide 1,200 mg/m² on day 1 + Etoposide 300 mg/m² on day 1 and Prednisolone 60 mg/m² from day 1 through day 5) and Ifosfamide X 4 (Ifosfamide 4 grams/m² on day 1) which were given after the completion of the first 6 cycles of ACEP. Avelumab at a dose of 800 mg every 21 days upfront with Brentuximab Vedutin 1.8mg/kg every 21 days. End point was progression free survival (PFS)

CONCLUSIONS

The combination of chemotherapy, immune check-point inhibitors and anti-CD30 seems to be a promising combination to treat PTCL patients

RESULTS

12 patients demonstrated complete response after the 3rd cycle and another 4 new complete responders reported after the 6th cycle. One patient progressed on the 4th month of treatment and another one 13 months after the start of treatment. Neutropenia of different grades were reported in 7 patients, renal failure in 2. PFS was 89% (95% CI: 86.2-93.7) after 2 years of follow-up

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REFERENCES

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