ADDITION OF FIXED LOW-DOSE NIVOLUMAB TO R-DA-EPOCH IS ASSOCIATED WITH IMPROVED EVENT-FREE SURVIVAL IN NEWLY DIAGNOSED PRIMARY MEDIASTINAL B-CELL LYMPHOMA (PMBCL)

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INTRODUCTION

Primary mediastinal B-cell lymphoma (PMBCL) is characterized by frequent alterations of immune escape pathways and high sensitivity to immune checkpoint inhibition.
Checkpoint inhibitors have demonstrated substantial activity in relapsed/refractory PMBCL, providing a rationale for their incorporation into first-line therapy.
We evaluated whether adding a fixed low dose of nivolumab to R-DA-EPOCH could improve treatment outcomes without increasing toxicity.

AIM

To evaluate the efficacy and safety of fixed low-dose nivolumab (40 mg) added to first-line R-DA-EPOCH in patients with newly diagnosed PMBCL.

METHOD

Multicenter retrospective comparative study
Consecutive patients with newly diagnosed PMBCL treated in 3 Russian hematology centers, 2022–2025.
R-DA-EPOCH: n = 158
Nivo40 + R-DA-EPOCH: n = 54
Nivolumab 40 mg IV on day 1 of each R-DA-EPOCH cycle
Planned treatment: 6 cycles
Response assessment: PET/CT, Deauville score
Primary endpoint: event-free survival (EFS)
EFS event: progression, relapse, death, or initiation of second-line therapy due to partial response
Secondary endpoint: treatment-related toxicity

CONCLUSIONS

Addition of fixed low-dose nivolumab (40 mg) to R-DA-EPOCH was associated with significantly improved EFS in newly diagnosed PMBCL. Estimated 2-year EFS was 92% with Nivo40 + R-DA-EPOCH versus 72% with R-DA-EPOCH (p = 0.0065). The combination was well tolerated, without unexpected immune-related toxicity or excess treatment-related mortality.

RESULTS

Estimated 2-year EFS was 92% (95% CI: 85–100) in the Nivo40 + R-DA-EPOCH cohort versus 72% (95% CI: 65–80) in the R-DA-EPOCH cohort (log-rank p = 0.0065). Median follow-up was 20 months (95% CI: 17–25) in the nivolumab cohort and 84 months (95% CI: 79–95) in the control cohort. Treatment was generally well tolerated, without unexpected immune-related toxicities or excess treatment-related mortality.

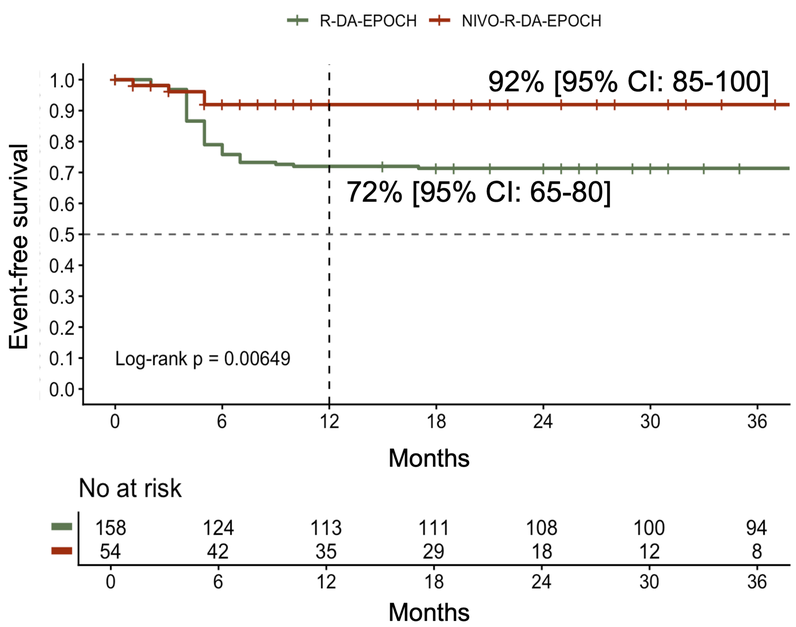

Figure 1. Kaplan–Meier estimates of event-free survival according to first-line treatment: R-DA-EPOCH versus Nivo40 + R-DA-EPOCH

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