Abstract: P2041

Title: BRENTUXIMAB VEDOTIN AND BENDAMUSTINE FOR RELAPSED HODGKIN LYMPHOMA: HIGH CMR RATE AND MANAGEABLE TOXICITY

Abstract Type: e-Poster Presentation

Topic: Hodgkin lymphoma - Clinical

Background:

Five to 10% of patients with early-stage and up to 30% with advanced-stage classical Hodgkin Lymphoma (cHL) experience treatment failure1. Second-line treatment in the UK is typically with platinum-based chemotherapy and consolidation autologous stem cell transplant (ASCT) if remission is achieved, but there are significant failure rates. Brentuximab Vedotin (BV) monotherapy is often used third-line with a complete metabolic response (CMR) rate of ~33%. The addition of Bendamustine to BV (BVB) achieves a superior CMR rate than BV monotherapy, but high rates of infusion-related reactions (IRRs) have been reported.

Aims:

Our aim was to assess patient safety with BVB in the context of enhanced premedication and to assess the efficacy of BVB in an older cohort of adult patients.

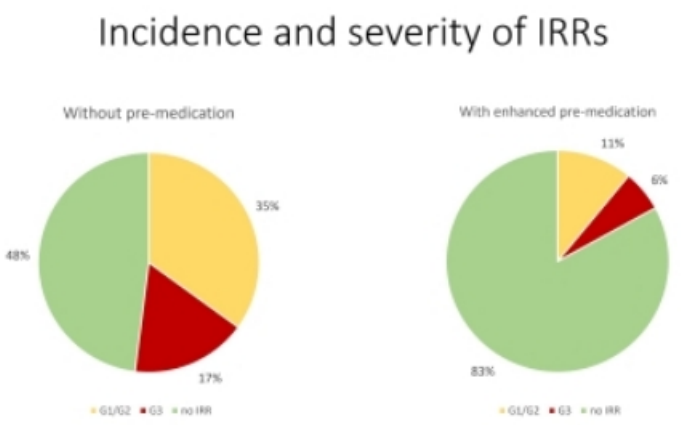
Methods:

We previously published our data on this regimen in children and younger adults up to 30 years2. Here we report data on an additional cohort of 47 patients who received BVB between 2019-2023 as third-line treatment for cHL. This time including adults aged over 30 years, to assess safety and efficacy in adults and particularly to evaluate the impact of enhanced pre-medications on IRR toxicity. These 47 patients received a median of 3-cycles of BVB (range 1-6) for relapsed/refractory (R/R) disease between 2019-2023. The age range was 9-66 years, with 27 (57%) patients >30 years. Parameters assessed included overall response rate (ORR), CMR and toxicity graded with common terminology criteria for adverse events (CTCAE).

Results:

The ORR was 97.9 % with 87.2% achieving CMR, comparing favourably with our previous study (ORR 83%, CMR 79%). Additionally, 79% of patients (37/47) proceeded to ASCT and 6% (3/47) to allogenic SCT post-BVB. Durability of remission post-SCT will be presented.

The addition of intravenous pre-medication with 100mg methylprednisolone and 10mg chlorphenamine on day 1 as well as day 2 substantially reduced the overall incidence and severity of IRRs. IRRs with enhanced pre-medication were 17% (8/47), (11 % G1/G2, 6% G3), reduced from 52% (15/29) in the previous study, (35% G1/G2, 17% G3/G4). BVB toxicity was manageable with only a single patient discontinuing therapy due to G3 peripheral neuropathy in cycle 1. Neutropenia G3/G4 was common 28% (13/47), but only 6.4% patients (3/47) developed febrile neutropenia and were successfully treated with antibiotics.



Summary/Conclusion:

In conclusion, our data lends further support that BVB is an effective regimen in R/R cHL with high ORR and CMR rates including in adult patients. Severe IRRs are uncommon with enhanced pre-medication and outpatient administration is possible. In combination with our previously reported data on 29 patients, with 76 patients in total, this is the largest series of patients treated with BVB.

Keywords: Hodgkin's lymphoma