

HL-300 Efficacy of Brentuximab Vedotin Plus Conventional Chemotherapy Regimens as Pre–Autologous Stem Cell Transplantation Re-Induction Salvage Therapy in Relapsed/Refractory Classical Hodgkin Lymphoma

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Context: Adding brentuximab vedotin (BV) to traditional chemotherapy protocols, followed by autologous stem cell transplantation (ASCT), has effected fundamental change in the treatment approach of relapsed/refractory (R/R) classical Hodgkin lymphoma (cHL). Several studies have shown a superior rate of complete remission (CR) up to 70%–87% in patients receiving BV-based salvage chemotherapy. **Objective:** Previous studies exposed pre-ASCT PET-CT negativity as the most important factor affecting the post-transplant outcome. Therefore, our objective was to evaluate the efficacy of BV-chemotherapy regimens by PET CT assessment of response rate. **Design:** Single-center, descriptive retrospective analysis of 20 patients with R/R cHL, eligible for ASCT, treated at the University Clinic for Hematology – Skopje between January 2017 and January 2022. **Patients and Methods:** We reviewed demographic and clinical characteristics pointing to disease stage and the presence of unfavorable prognostic factors, treatment, and outcome. Patients received BV-chemotherapy combinations, including BV-DHAP and BV-ICE, or PET-adapted sequential chemotherapy with BV followed by augmented ICE. In patients receiving a BV combination, PET-CT was performed after 3 cycles. In patients treated with sequential chemotherapy who did not achieve response by 3 cycles of BV and received augmented ICE, PET-CT was performed after the second cycle. **Results:** Fourteen patients (70%) had refractory disease and 6 patients (30%) had relapsed disease (3 with early relapse). The majority were male (70%). The mean age at the time of assessment was 39 (range: 15–63). According to the EORTC staging system, 14 patients (70%) were initially defined to have advanced stage. Patients had received 1–3 previous treatment lines. Seven patients with refractory disease received BV-DHAP. After 3 cycles, PET negativity was achieved in 4 patients (57.1%) and these patients proceeded to ASCT. All 5 patients with relapsed disease treated with BV-DHAP achieved CR. Two patients with refractory disease received BV-ICE and both of them progressed. Among 5 patients with refractory disease receiving sequential therapy, CR was confirmed in 3 (60%). One patient with early relapse received BV-augmented ICE and achieved CR. **Conclusions:** BV-based salvage chemotherapy is an effective treatment strategy for patients with R/R cHL, and it is reasonable to be moved forward as standard second-line therapy in R/R CD30+ cHL.