Brentuximab Vedotin Salvage Followed by Consolidation Post Autologous HCT in High Risk Relapsed Refractory Hodgkin Lymphoma

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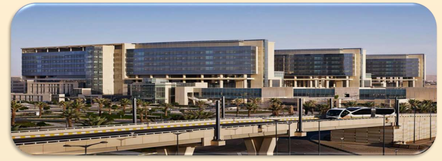


Poster HL-179

Introduction

- Brentuximab vedotin (Bv) improves PFS post autologous HCT in high risk relapsed/refractory classical Hodgkin Lymphoma (r/r cHL).
- We examined the impact of earlier incroporation of Bv within salvage chemotherapy followed by consolidation in high risk r/r cHL.

Materials & Methods

- Patients with high risk r/r cHL received Bv with salvage at 1.8 mg/kg on day 1 of each cycle.
- Post-HCT Bv consolidation was given starting day 30-45 at 1.8 mg/kg every 3 weeks for up to 16 cycles.
- Complete metabolic response was defined as deauville score ≤ 3.
- Kaplan Meir curve estimates for PFS and OS were computed.

Results

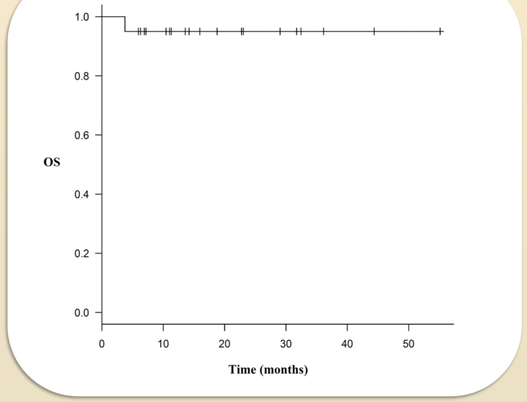
A total of 20 patients were identified and all records retrospectively collected. Baseline characteristics are shown below:

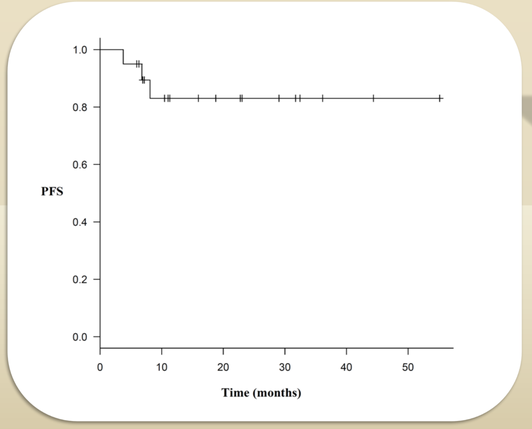
- 12 (60%) had refractory disease
- 14 (70%) of patients were in complete metabolic response pre-HCT.

Table I: Baseline characteristics of the cohort

Characteristic	N = 20
Male, n (%)	11 (55)
Age at HCT, median (range)	22 (15-47)
Time to Relapse, days (range)	112 (26 – 3988)
Refractory (≤ 3 months remission)	12 (60)
Relapse ≤ 6 months, n (%)	13 (65)
Relapse ≤ 12 months, n (%)	14 (70)
No. of Salvage Regimens, n (%)	
One	11 (55)
Two	7 (35)
≥ Three	2 (10)
Brentuximab Containing Regimen, n (%)	
IGEV-Bv	14 (70)
ESHAP-Bv	4 (20)
Be-Bv	2 (10)
No. of Salvage Regimens, n (%)	
One	11 (55)
Two	7 (35)
Three	2 (10)
No. of Salvage Cycles, median (range)	2 (2-8)
PET/CT Status pre-HCT, n (%)	
Negative (Deauville ≤ 3)	14 (70)
Positive	5 (25)
N/A	1 (5)
PET/CT Status 3 month's post-HCT, n (%)	
Negative (Deauville ≤ 3)	16 (80)
Positive	2 (10)
N/A	2 (10)
Median follow up, months (range)	15.4 (3.8 – 56)

- A total of 19 patients were collected during salvage with GCSF while the remaining patient was mobilized with GCSF alone.
- Median CD34 x10^6/kg collected was 12.75 (2.51-42.5)
- Median days to ANC and platelet recovery of 12 (9-15) and 16 (11-20), respectively.





- Post HCT, all patients received Bv consolidation with a median number of doses of 12 (3-16).
- Observed adverse events on Bv consolidation were; grade 3 neutropenia in 9 (45%) requiring GCSF support in all and dose reduction in 6 (30%), neuropathy grades 1-3 in 2 patients (15%), 3 (15%) and 1 (5%) leading to early discontinuation of planned consolidation in 4 (20%). Neuropathy resolved or improved in all cases.
- A total of 2 patients relapsed, both while on Bv consolidation.
- Median follow up was 15.4 months (3.8-56) with estimated 2-year PFS and OS of 83% and 95%, respectively.

Table II: Post HCT Outcome

Characteristic	N = 20
CD34 Collected (x10^6/kg), median (range)	12.75 (2.51-42.5)
CD34 Infused (x10^6/kg), median (range)	10.17 (2.51-42.5)
Days to ANC Engraftment, median (range)	12 (9-15)
Days to Platelet Engraftment, median (range)	16 (11-20)
2-year PFS % (95% CI)	83% (55.7-94.2)
2-year OS % (95% CI)	95% (69.5-99.3)
Causes of Death	
Progressive Disease	0
Infection	0
Organ Toxicity	1 (ARDS)

Conclusions

- Use of Bv containing salvage regimens followed by post-HCT consolidation resulted in excellent outcomes in high risk r/r cHL
- Stem cell mobilization was not impacted
- Adverse events were common but manageable.
- Longer follow up and further validation of these observations are warranted.

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