MADRID 2017 ESMO congress

HODGKIN LYMPHOMA

ESMO Clinical Practice Guidelines Session

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DISCLOSURE

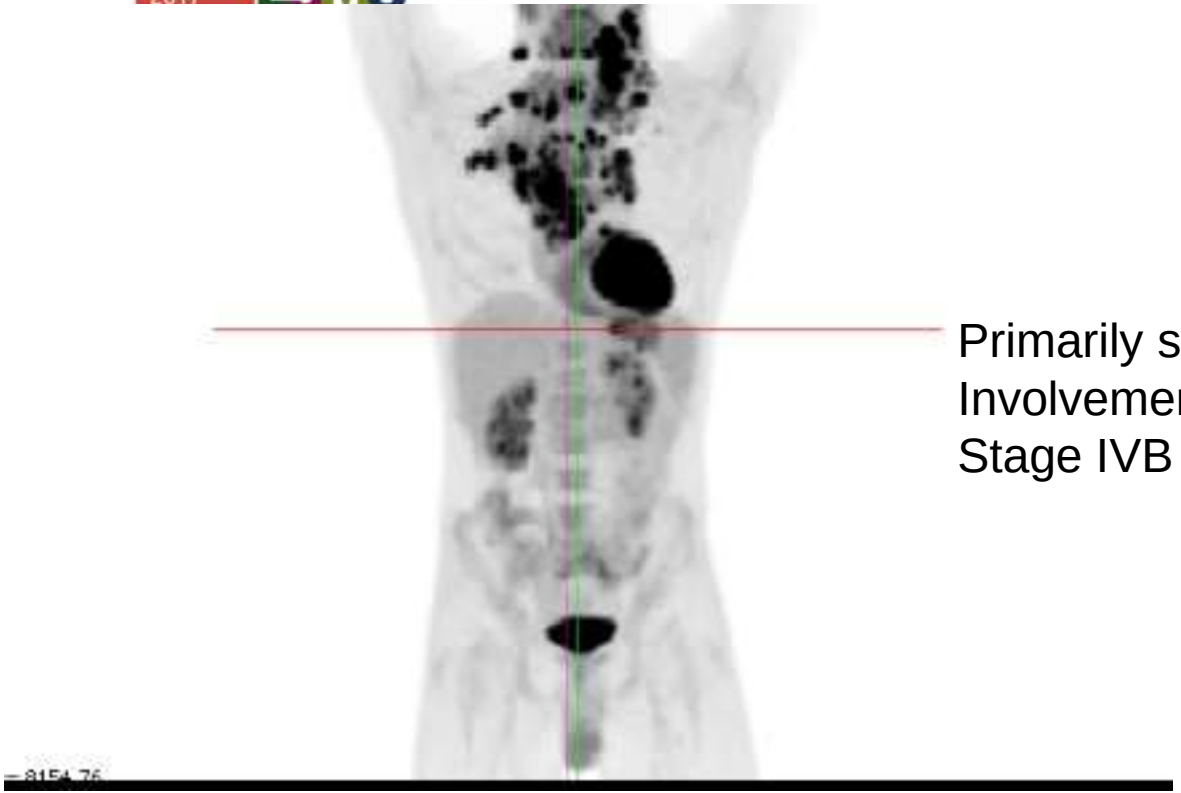
Nothing to disclose

- A case presentation of advanced Hodgkin Lymphoma
- Audience opinion poll regarding treatment options
- Discussion in the context of ESMO Clinical Practice Guidelines

- 23 year old gentleman previously fit and well presented with an 8 month history of night sweats, recurrent chest infections and bilateral neck swelling
- Cervical lymph node biopsy showed classical Hodgkin Lymphoma
- Stage IV disease characterised by PET-CT
- IPS score 2/7 (male, stage IV disease)
- Non-smoker, no other comorbidity

IPS, International Prognostic Score; PET-CT, positron emission tomography-computed tomography

PET-CT Pre-treatment



Primarily supradiaphragmatic disease
Involvement of extranodal site C7 vertebra
Stage IVB disease

PET-CT, positron emission tomography-computed tomography

Audience Opinion Poll

How would you manage this patient?

Q1. How would you manage this patient?

1. #6-8 cycles of ABVD
2. #6 BEACOPPesc
3. PET-CT following #2 ABVD to assess response
4. PET-CT following #2 BEACOPPesc to assess response

(one answer)

- #2 ABVD followed by interim PET-CT to assess response (RATHL trial)
- Response to treatment with resolution of constitutional symptoms but residual FDG activity in the mediastinum – Deauville 4 (image on next slide)
- Switched to #6 BEACOPPesc

Score 1: no uptake

Score 2: uptake ≤ mediastinum

Score 3: uptake > mediastinum but ≤ liver

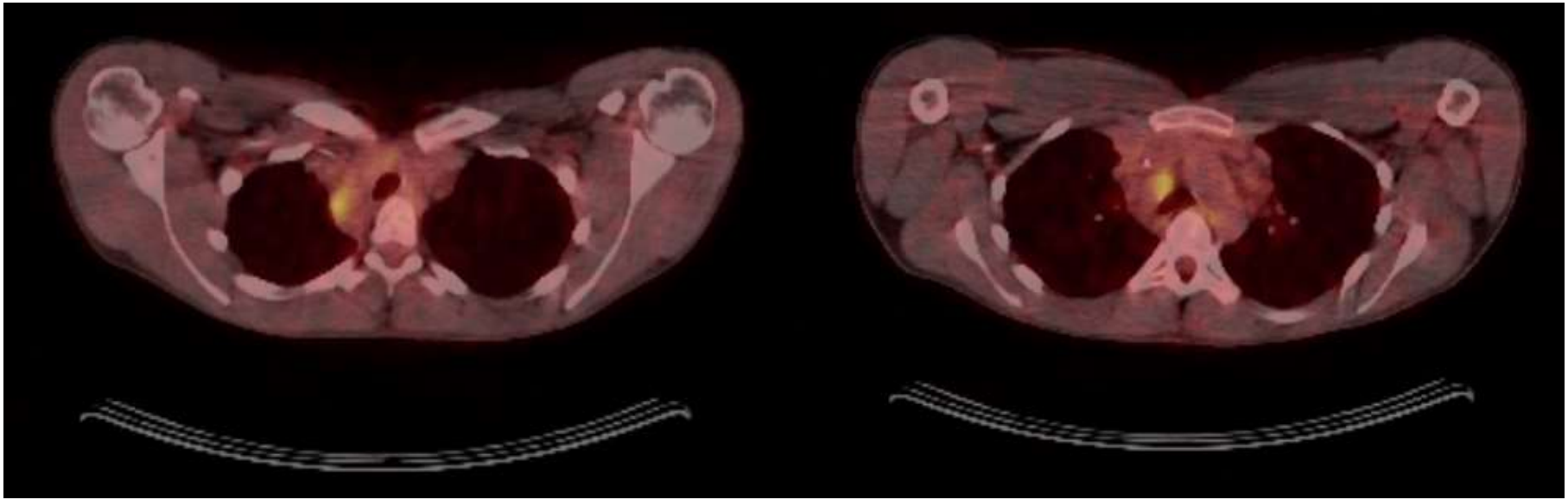
Score 4: moderately increased uptake > liver

Score 5: markedly increased uptake > liver and/or new lesions related to lymphoma

Score X:
New areas of uptake unlikely to be related to lymphoma

ABVD, doxorubicin, bleomycin, vinblastine, dacarbazine; BEACOPP, bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone; FDG, fludeoxyglucose; PET-CT, positron emission tomography-computed tomography

Interim PET-CT following #2 ABVD



ABVD, doxorubicin, bleomycin, vinblastine, dacarbazine; PET-CT, positron emission tomography-computed tomography

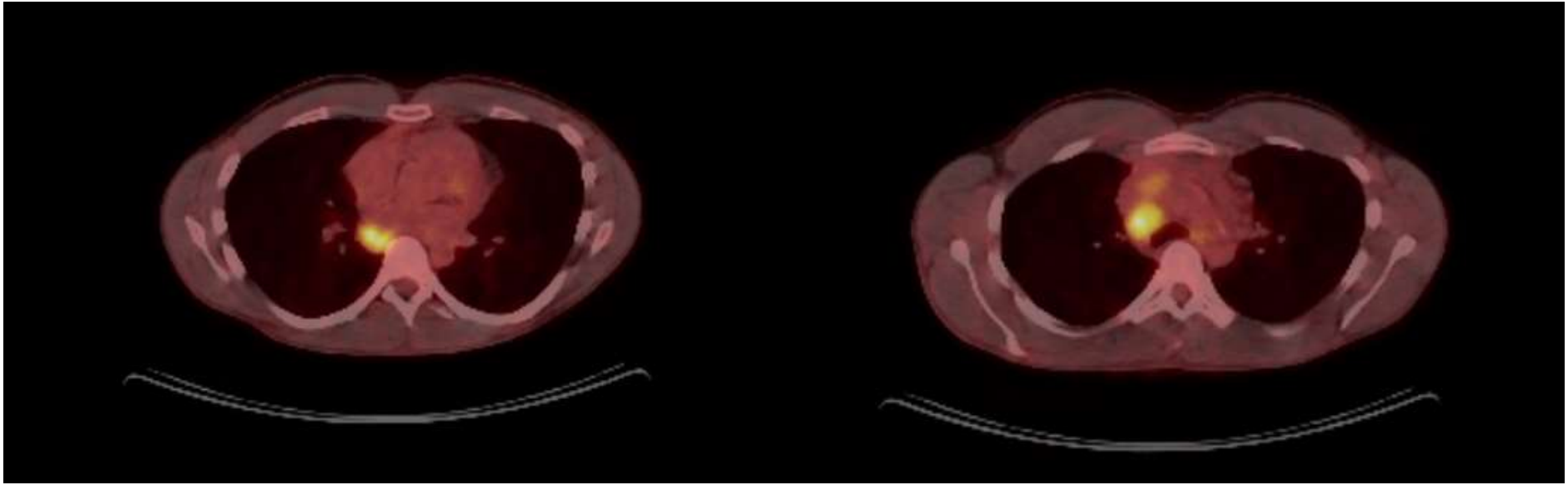
- PET-CT after #4 BEACOPPesc showed complete metabolic response – Deauville 1
- Completed a total of #6 BEACOPPesc complicated by two admissions with febrile neutropenia and back pain secondary to growth factor support
- End of treatment CT showed a residual small lymph node in the left cervical region (< 1.5cm) – no bulky disease therefore no radiotherapy offered
- Surveillance CT scan scheduled for 4 months

BEACOPP, bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone; CT, computed tomography; PET-CT, positron emission tomography-computed tomography

- CT at 4 months showed small increase in size of left paratracheal node
- Further characterised by PET-CT which showed disease activity in the mediastinum – Deauville 5 consistent with relapsed disease
- Patient well with no clinical signs or symptoms- re-biopsy confirmed nodular sclerosing Hodgkin Lymphoma

CT, computed tomography; PET-CT, positron emission tomography-computed tomography

PET-CT at relapse



PET-CT, positron emission tomography-computed tomography

- ICE chemotherapy induction with a view to autologous stem cell transplant (ASCT) if remission achieved

- Tolerated well but unfortunately PET-CT after #3 ICE showed progression of lymphoma with persistent FDG avid disease in the mediastinum Deauville 5

- Patient still experiencing no B symptoms, ASCT abandoned following stem cell harvest

ASCT, autologous stem cell transplant; FDG, fludeoxyglucose; ICE, ifosfamide, carboplatin, etoposide; PET-CT, positron emission tomography-computed tomography

Audience Opinion Poll

How would you manage this patient?

Q2. How would you manage this patient?

1. Brentuximab vedotin induction and ASCT
2. Nivolumab induction and ASCT
3. Brentuximab vedotin with a view to allograft
4. Nivolumab with a view to allograft

(one answer)

- Given chemo refractory disease, funding for nivolumab applied for and approved
- If remission achieved for consideration of allogenic stem cell transplant
- PET-CT after #4 of 2 weekly nivolumab showed a complete metabolic response
- Completed a total of #7 with minimal toxicity
- Currently undergoing an allograft with an HLA matched unrelated donor 4 weeks after completion of nivolumab

HLA, human leucocyte antigen; PET-CT, positron emission tomography-computed tomography

Discussion Points

ABVD versus BEACOPP in response adapted therapy

Use of checkpoint inhibitors to induce remission

Interim PET-CT and response adapted therapy

The safety of allograft following immunotherapy

Role of brentuximab vedotin

Management of early relapse

ABVD, doxorubicin, bleomycin, vinblastine, dacarbazine; BEACOPP, bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone; PET-CT, positron emission tomography-computed tomography

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Any Questions?