199 | **BRENTUXIMAB VEDOTIN AS CONSOLIDATION TREATMENT IN PATIENTS WITH STAGE I/II CLASSICAL HODGKIN'S LYMPHOMA AND A POSITIVE FDG-PET AFTER 2 CYCLES OF ABVD: A LYSA PHASE 2 STUDY**

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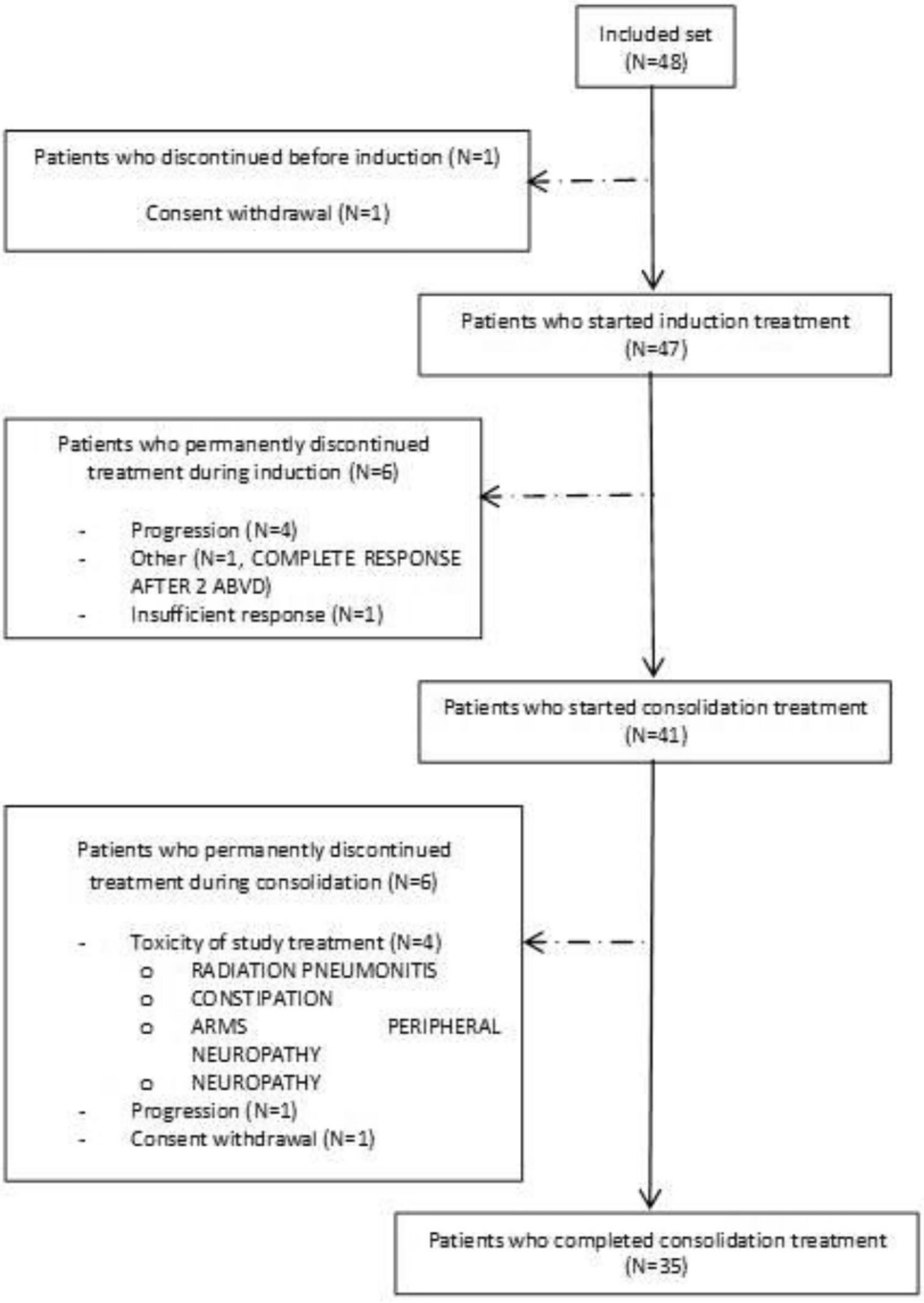

FIGURE 1

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Brentuximab vedotin (BV) as consolidation treatment in patients with stage I/II classical Hodgkin's lymphoma and a positive FDG-PET after 2 cycles (PET-2) of ABVD: a LYSA phase 2 study.

Introduction: Early-stage classical Hodgkin lymphoma (cHL) is highly curable with chemotherapy and radiotherapy (RT). However, patients with positive interim PET-2 have poorer prognosis and require treatment intensification. Indeed, the H10 trial (André et al., 2017) showed that escalated BEACOPP (BEACOPPesc) plus RT improves 5-year PFS in PET-2 positive patients treated with ABVD. The main objective of the present study (NCT02298283) was to investigate the benefit of a consolidation with Brentuximab vedotin (BV) in newly diagnosed early stage HL patients with insufficient response according to TEP after 2 cycles.

Patients and methods: The BRAPP2 trial is a multicentric, open-label, single arm phase II trial. All Patients aged from 18 to 65 years, with an Ann Arbor clinical stage I or II cHL, PET-2 Deauville score 4 & 5 after 2 courses of ABVD and without progressive disease were eligible for the study. After inclusion, patients received 2 courses of BEACOPPesc (so-called induction) followed unless disease progression, by 30 Gy IFRT and then BV consolidation. BV (1.8 mg/kg) was started at least 4 weeks and up to 6 weeks after RT and was given every 3 weeks for 8 cycles. The BRAPP2 was designed to detect an improvement of PFS at 2 years from 70% (null hypothesis) to 85% (alternative hypothesis) assuming an 80% power at a 2-sided alpha (type I error) of 5%.

Results: From 04/2015 to 04/2018, 48 patients were included of whom 41 patients started BV consolidation (efficacy and safety set), and 35 received the full 8 cycles of BV (Figure 1). A total of 56 adverse events (AEs) were reported during the study in 26 patients (63.4%). Most frequent AEs were neurological with 12 patients (29.3%) having experienced a grade ≥2 peripheral neuropathy, all related to BV and leading to treatment discontinuation in 2 cases. Febrile neutropenia occurred in 12.2% of patients, and was reported during induction period. No fatal AEs were reported. According to Cheson 2007 criteria, 34 patients (87.2%, 95%CI [72.6%; 95.7%]) achieved CR, evaluated after complete treatment for 85% patients. With a median follow-up duration of 3.1 years (95%CI = [2.6; 3.3]), 4 out of 41 (9.8%) patients progressed. The 2-year PFS was 90.0% (95%CI [75.5%; 96.1%]). One patient died, due to progression (aggressive B-cell lymphoma). The 2-year OS was 97.5% (95%CI [83.5%; 99.6%]). According to statistical study design, the null hypothesis is rejected.

Conclusion: BEACOPPesc plus RT followed by BV consolidation for PET-2 positive early stage cHL provides high CR rate and prolonged PFS with limited and manageable toxicities. BV consolidation is thus an attractive option in this group of patients while there is still a room for improvement to reduce progression during the induction phase.

Keywords: Hodgkin lymphoma, Therapeutics and Clinical Trials in Lymphoma - Other

Conflicts of interests pertinent to the abstract

T. Gastinne

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200 | OUTCOMES AFTER INITIAL REFUSAL OF CURATIVE TREATMENT IN PATIENTS WITH HODGKIN LYMPHOMA IN BRITISH COLUMBIA

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Background: Classical Hodgkin lymphoma (cHL) is considered a highly curable cancer. With standard combination chemotherapy regimens, long-term survival exceeds 95% for limited-stage and 85% for advanced-stage patients. Despite these excellent outcomes some patients delay or decline conventional treatment for cHL. We retrospectively assessed the impact of initial treatment refusal on outcomes of patients with cHL in British Columbia (BC).

Methods: Using the BC Cancer Lymphoid Cancer Database, we identified all patients aged 18-70 diagnosed between 1st Jan 1999-31st Dec 2020 that had documented treatment refusal at initial presentation ('refusers' defined as not receiving or delaying treatment >16 weeks). We identified a control cohort (min. 3 controls/refuser) treated within 8 weeks of diagnosis, matched for age, stage, diagnosis date within 3 years, and blinded for outcome. All patients had centrally reviewed biopsies and were treated with ABVD or ABVD-like regimens +/- radiotherapy if appropriate. Patient and disease characteristics at baseline and at time of treatment were analyzed with Chi-squared test and one-way ANOVA test. The Kaplan-Meier method was used to assess progression-free survival