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ROHS
Российское профессиональное общество онкогематологов

RSH

EHA-ROHS-NHS Tutorial on "Real world challenges and opportunities in diagnostics and management of onco-haematological patients today"

Self-assessment Case – Session 1

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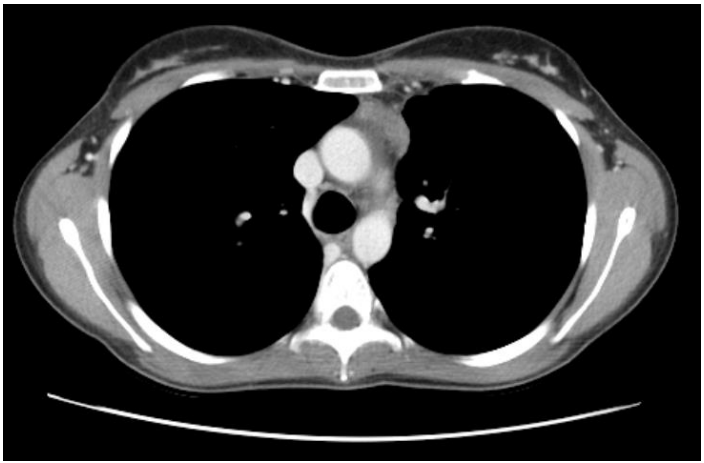
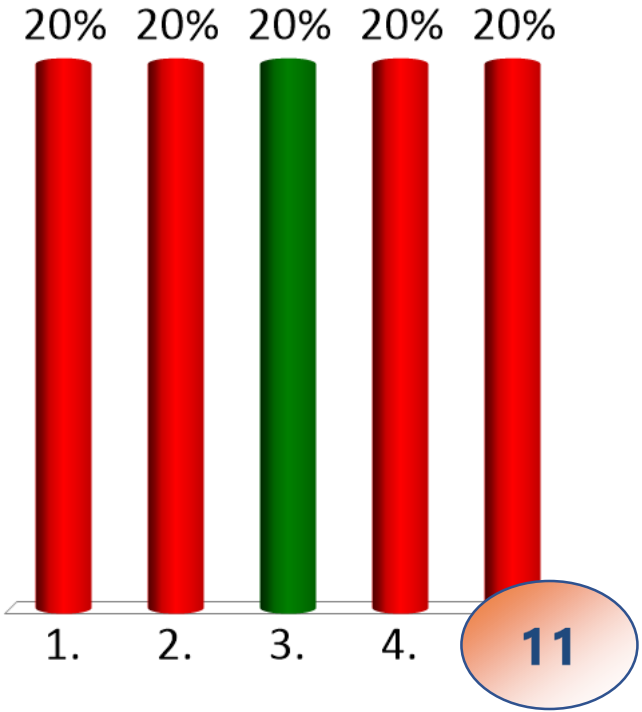
Introduction

- A 26 -year-old Caucasian girl presented with persistent cough
- Chest X Ray showed a mediastinal adenopathy
- CT scan: anterior mediastinal mass 4 × 5.5 × 6.5 cm with central necrosis
- PET/CT mediastinal uptake. Bone marrow diffuse uptake
- ESR 48mm/hr
- FBC: WBC 5.7 × 10^9/l, RBC 5.3 × 10^{12}/l, Hb 12.5 g/l, Hct 0.42, MCV 82 fl, platelet count 251 × 10^9/l
- **Mediastinal biopsy: Classic Hodgkin disease SN CD30+, EBV+ LMP1**



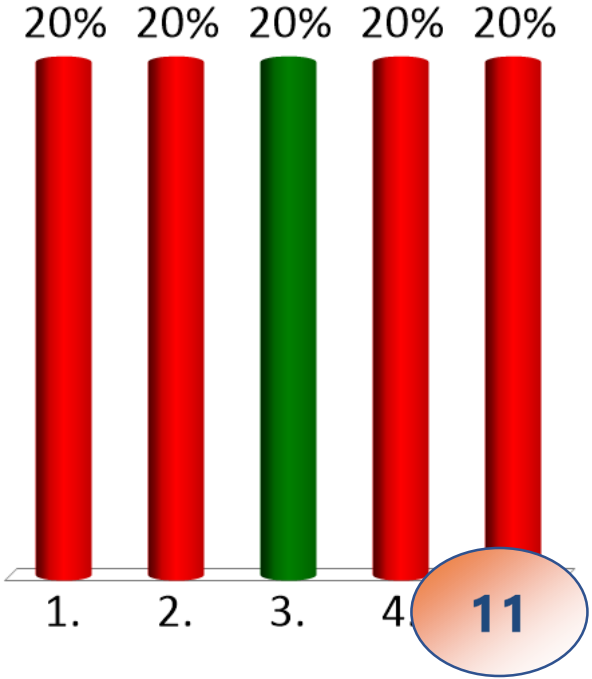
Q1) Based on the CT and PET/CT what stage of the Hodgkin lymphoma is most likely?

1. Stage IIA
2. Stage IIA bulky
3. Stage IA
4. Stage III
5. Stage IIB



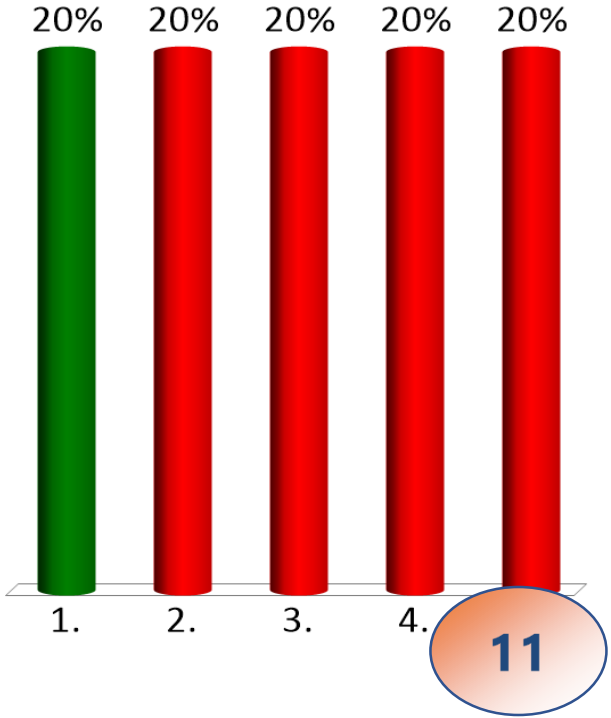
Q2) Based on the CT, PET/CT and biochemistry what early stage subgroup of the Hodgkin lymphoma is most likely?

1. Stage IIA unfavourable
2. Stage IIA favourable
3. Stage IA favourable
4. Stage IA unfavourable
5. Stage IB favourable



Q3) Based on stage what is the preferred frontline treatment?

1. 2 ABVD + RT 20 Gy
2. 2 ABVD + RT 30 Gy
3. 4 ABVD + RT 30 Gy
4. 6 ABVD
5. 2 eBEACOPP + 2 ABVD



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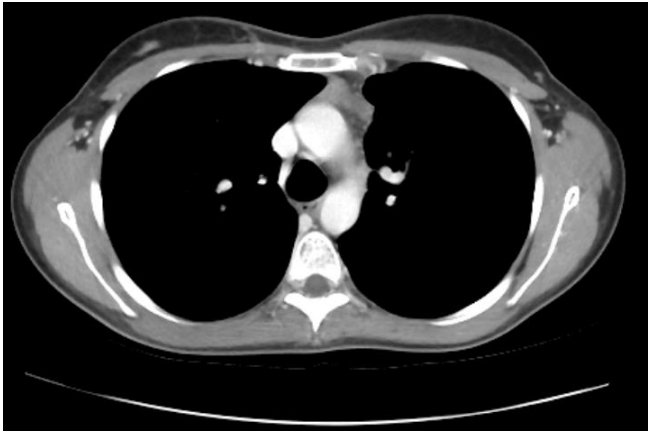
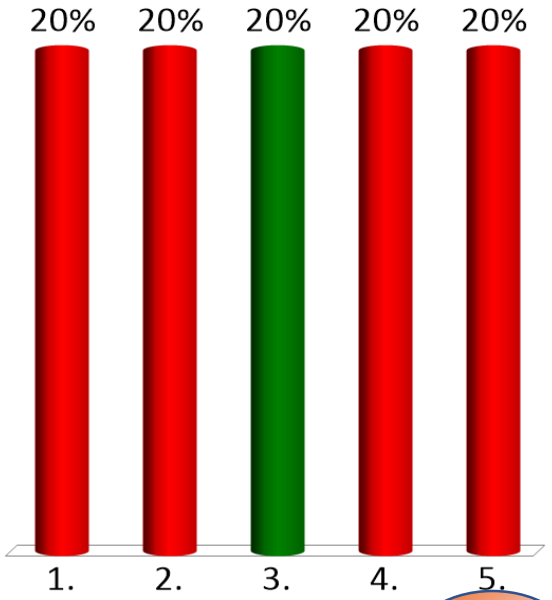
Frontline treatment

- 2 ABVD without significant toxicity
- 20 Gy RT to mediastinal site achieving CR PET negative
- CT and PET/CT three months after RT: diffuse re-uptake in mediastinal site
- No symptoms



Q4) Based on age and relapse what is the preferred salvage treatment?

1. Brentuximab Vedotin
2. HCT without ASCT
3. HCT and ASCT
4. Nivolumab
5. Allogeneic transplant



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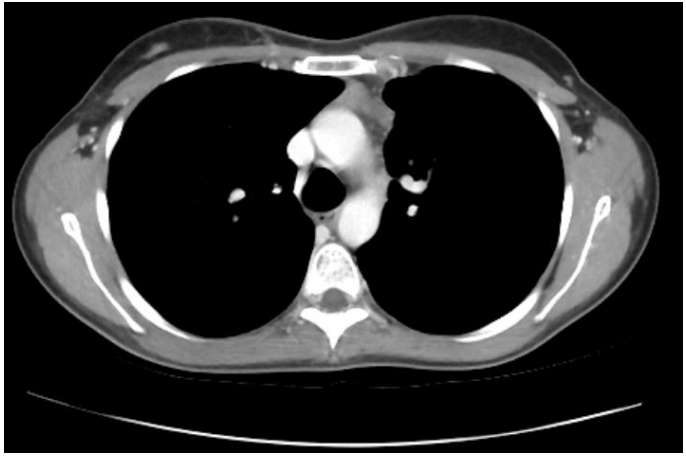
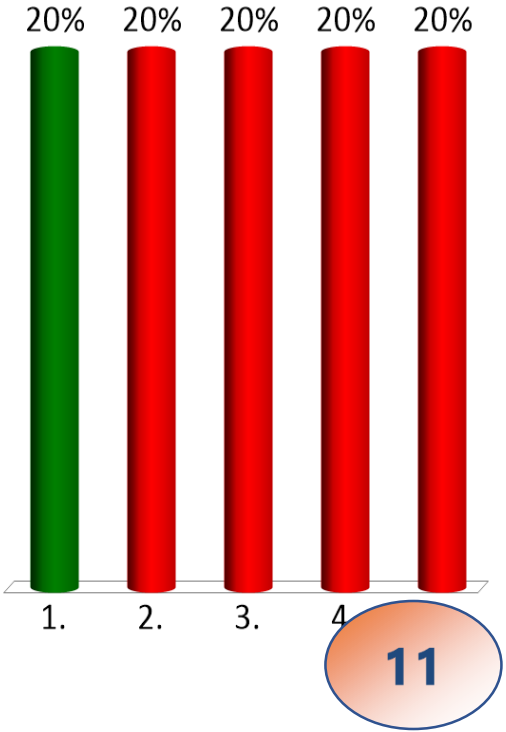
Salvage treatment and results

- 2 salvage cycles IGEV were given with mild skin toxicity and constipation
- Peripheral stem cells were collected after 1° IGEV
- PET/CT after two cycles was negative
- 2 further cycles IGEV were given
- CT and PET scan at the end: volume increase and recurrence of mediastinal uptake



Q5) Based on age, CT and PET scan and previous treatment what is the preferred 2nd salvage strategy?

1. Brentuximab Vedotin followed by ASCT if CR or PR
2. ASCT
3. ASCT and brentuximab consolidation
4. Nivolumab
5. Allogeneic trasplant



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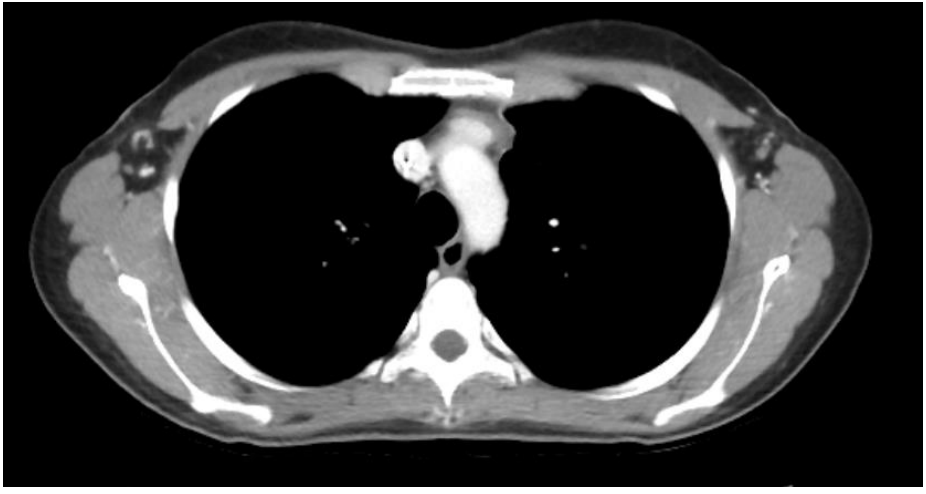
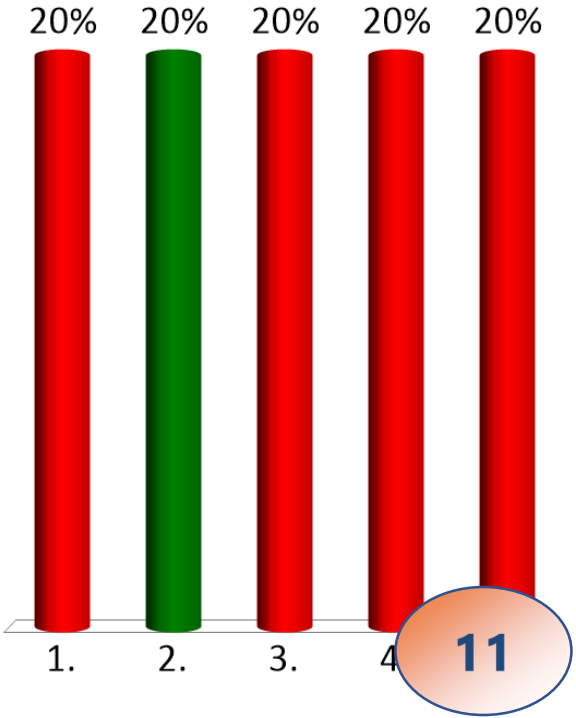
2nd Salvage treatment and results

- 4 standard doses of Brentuximab 1.8 mg/kg every three weeks were given
- No haematological or neurological toxicity
- CT and PET scan after 4 doses: no uptake



Q6) Based on age, CT and PET scan and previous treatment what is the preferred strategy at this point?

1. Complete 16 doses Brentuximab Vedotin without ASCT
2. ASCT
3. ASCT and brentuximab consolidation
4. Nivolumab
5. Allogeneic transplant



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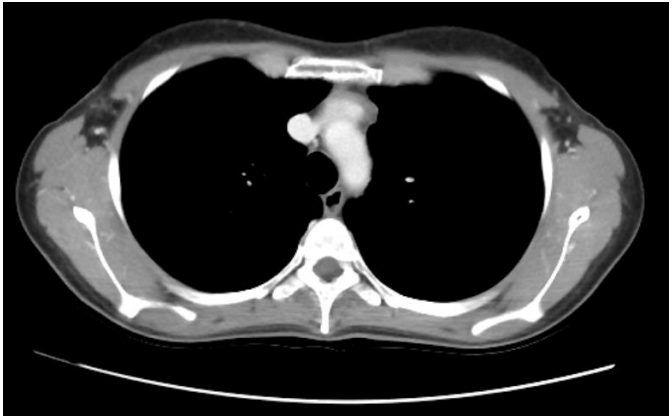
Follow up

- ASCT was performed with FEAM conditioning regimen
- Haematologic recovery was fast: 11 days for neutrophils > 0.5×10^9/l and day 13 platelets >50×10^9/l
- Grade 2 mucositis and grade 1 constipation as extrahematologic toxicity
- CT and CT/PET scan after ASCT: no uptake
- Continuing CR at 30 months



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Feedback

Q1 Patient had only 1 nodal site without bulky disease and B symptoms: stage IA

Q2 ESR was under 50, without bulky disease: favourable risk

Q3 Standard treatment in early I stage favourable is 2 ABVD + 20 Gy RT

Q4 HDC followed by ASCT is the correct strategy for relapse/refractory HD

Q5 Brentuximab vedotin in case of no or minor response to salvage chemotherapy before ASCT

Q6 ASCT consolidation if CR or good PR

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Discussion

- 2 ABVD followed by 20 Gy RT is considered standard treatment in early favourable stage HD.
- High dose chemotherapy (HDC) followed by autologous stem cell transplant (ASCT) is the best treatment in young patients with relapsed/refractory HD
- Different means of salvage such as gemcitabine, platinum or bendamustine containing regimens can be used

Discussion

- CR status at ASCT is predictive of outcome (5-yr EFS: 75% vs 31%). Extranodal disease and primary refractory or relapsed disease < 1 yr are also risk factors
- Brentuximab vedotin can be used after 1st salvage to obtain the best possible response before ASCT
- Brentuximab vedotin as consolidation treatment after ASCT is effective in patients with more than 2 risk factors: relapsed <12 months or refractory to frontline, best response of PR/SD to most recent salvage, extranodal disease at pre-ASCT relapse, B-symptoms at pre-ASCT relapse, and >2 prior salvage therapies.

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