

DOES THE ADDITION OF BRENTUXIMAB VEDOTIN TO SALVAGE THERAPY BEFORE TRANSPLANTATION AFFECT TRANSPLANT SUCCESS IN HODGKIN LYMPHOMA PATIENTS ? SINGLE CENTRE, PRELIMINARY RESULTS

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30-40% of Hodgkin's lymphoma patients have a relapsed/refractory (r/r) course. While 40-50% response rates are obtained with standard chemotherapy approaches including chemotherapy in this patient group, response rates can be increased to over 70% with the addition of brentuximab to salvage treatments. However, there is not enough data in the literature comparing these two treatment protocol groups. We aimed to compare the effects of brentuximab bendamustine combination with ICE chemotherapy protocol on transplantation results in R/R Hodgkin's lymphoma patients eligible for autologous stem cell transplantation. 47 Hodgkin's lymphoma patients who underwent autologous stem cell transplantation were evaluated with salvage therapies, mobilisation regimens and data. 36 of 47 patients who received autologous stem cell transplantation received ICE (n:17) or brentuximab - bendamustine (n:19). There were no age and gender differences between the 2 groups. 6 of 17 patients (35%) in the ICE arm had a complete pretransplant response, while 17 of 19 patients (89%) in the brentuximab bendamustine arm had a complete response. Stem cell mobilisation with g-csf was achieved after this treatment in all patients in the ICE group. In the brentuximab bendamustine arm, stem cell mobilisation with g-csf was achieved after this treatment in only 9 patients. 8 patients required etoposide and 2 patients required plerixafor. There was a statistically significant difference between the two groups in terms of plerixafor use ($p < 0.05$). While $7.9(4.5-17) \times 10^6/\text{kg}$ CD34+ stem cells were collected in the ICE arm, $6.9(2.4-14) \times 10^6/\text{kg}$ cells were collected in the other arm ($p=0.02$). No differences were not distinguished between the patients in the 2 groups in the process of autologous stem cell transplantation in terms of neutrophil and trombocyte engraftment (neu engraftment 9(8-13) days vs 10(6-12) days ($p=0.974$), trombocyte engraftment 10(8-15) days vs 10(7-14) days ($p=0.199$)). Bv- benda protocol as salvage therapy in Hodgkin's lymphoma patients had significantly higher response rates before transplantation, while more plerixafor was required for stem cell mobilisation than ICE protocol. No negative effects on the number of cells collected and transplant engraftment kinetics were observed. Prospective and larger studies with larger amount of patients should evaluate the superiority of salvage therapy with brentuximab over protocols without this agent.