



The young side of  
**LYMPHOMA**

gli under 40 a confronto

Pescara, Auditorium Petruzzi  
11-12 ottobre 2024

**Terapia di prima linea nel  
linfoma di Hodgkin classico,  
localizzato sfavorevole**

*Benedetta Sordi  
Ematologia*

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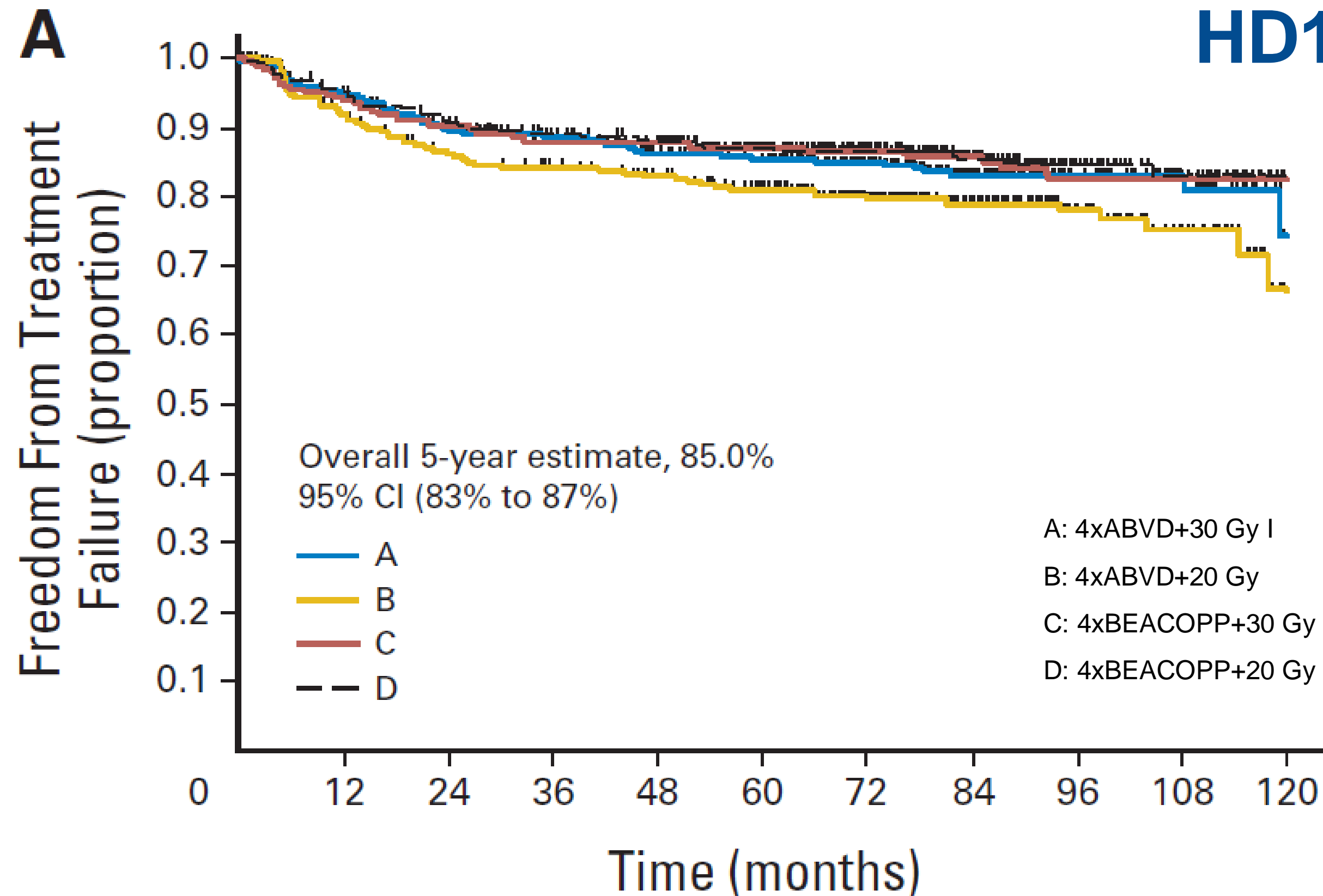


## Disclosures of Name Surname

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Kyowa Kirin					X		

## Chemotherapy in early unfavorable HDG

**HD11**



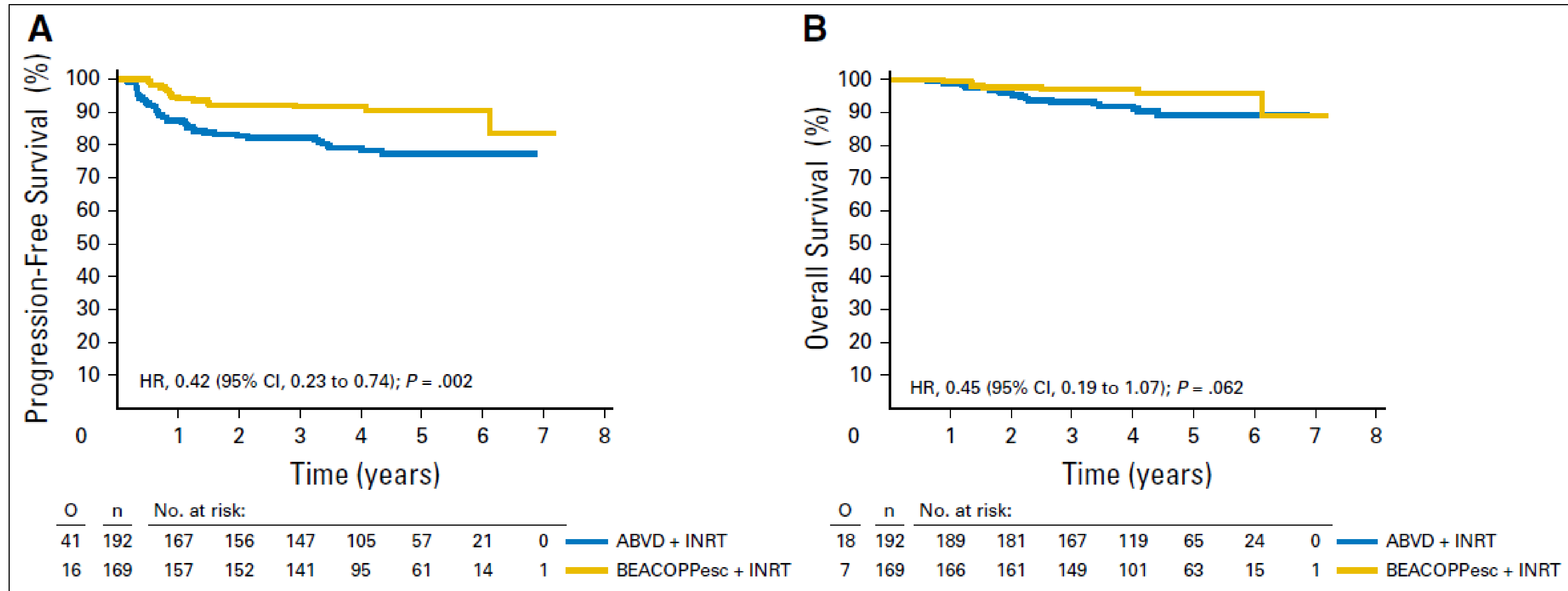
no difference between  
BEACOPP and ABVD  
when  
followed by 30 Gy of  
IFRT

Patients at risk

A	356	330	308	293	271	255	206	136	73	40	9
B	347	309	284	273	260	239	185	118	71	38	10
C	341	313	293	278	275	249	203	138	78	34	8
D	351	321	302	290	277	243	204	131	79	45	15

# H10

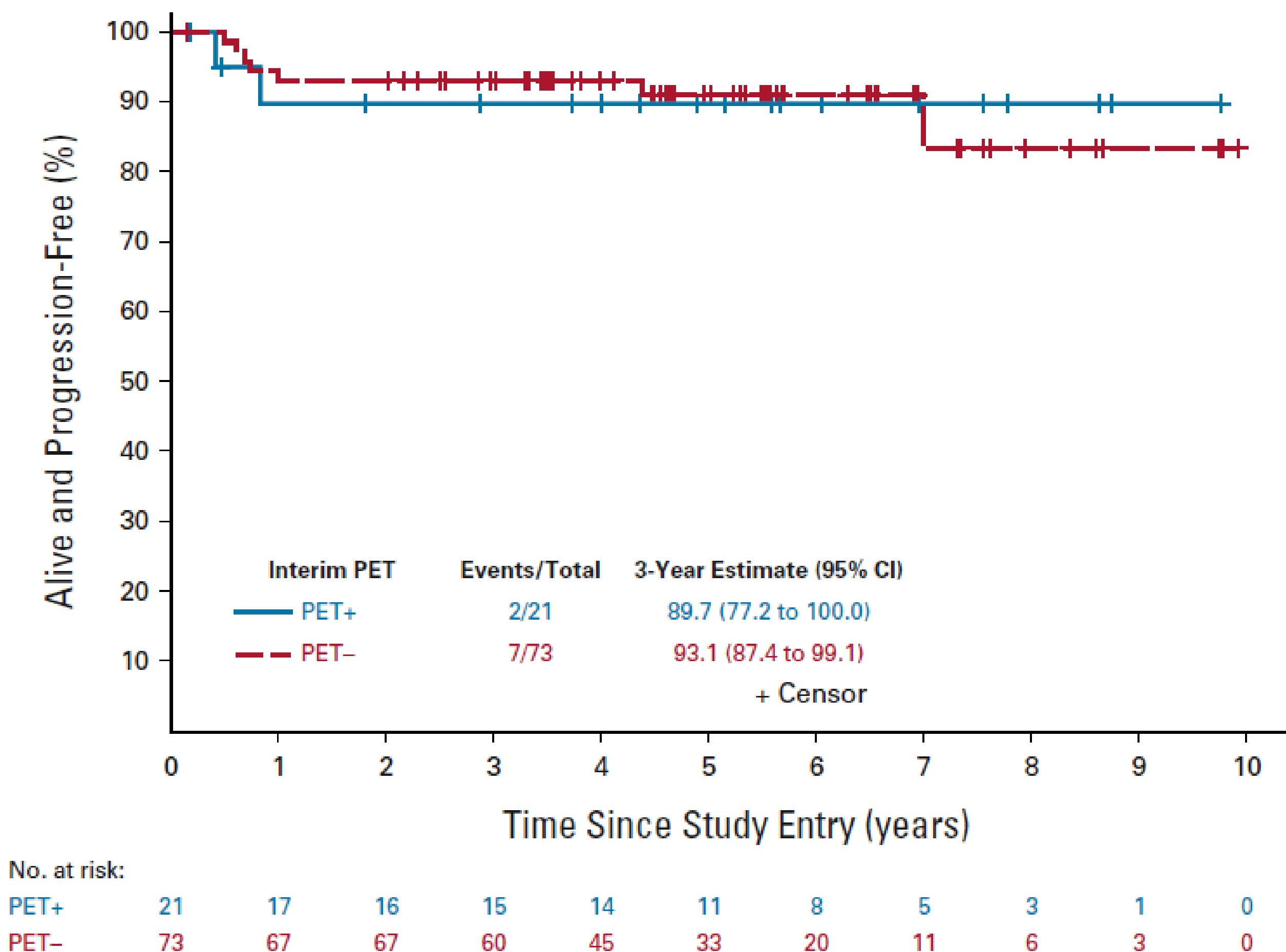
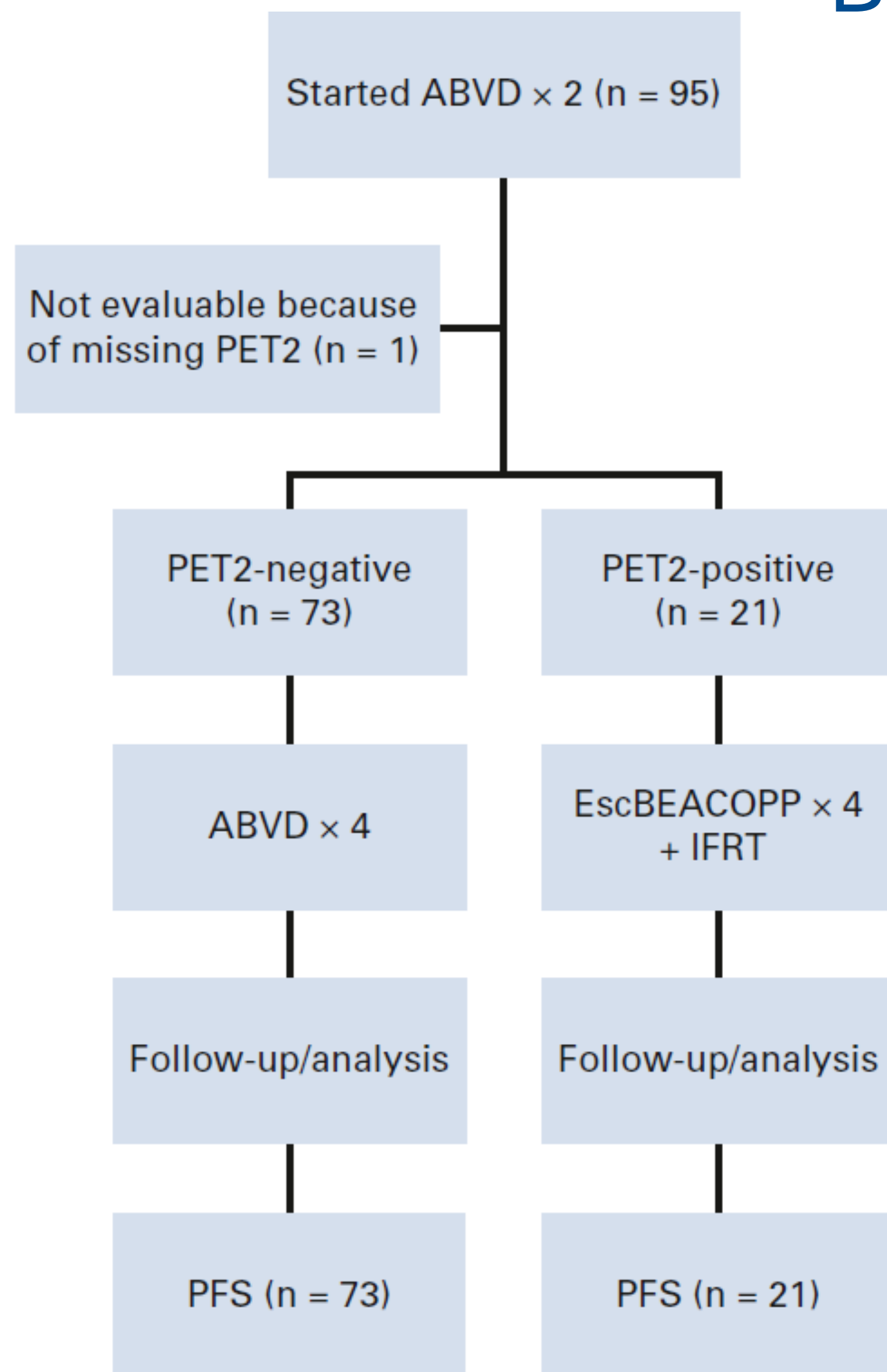
PET2 positive pts: 13.2% improvement of 5 years-PFS with BEACOPPesc+INRT



André MPE et al. J Clin Oncol. 2017 Jun 1;35(16):1786-1794.

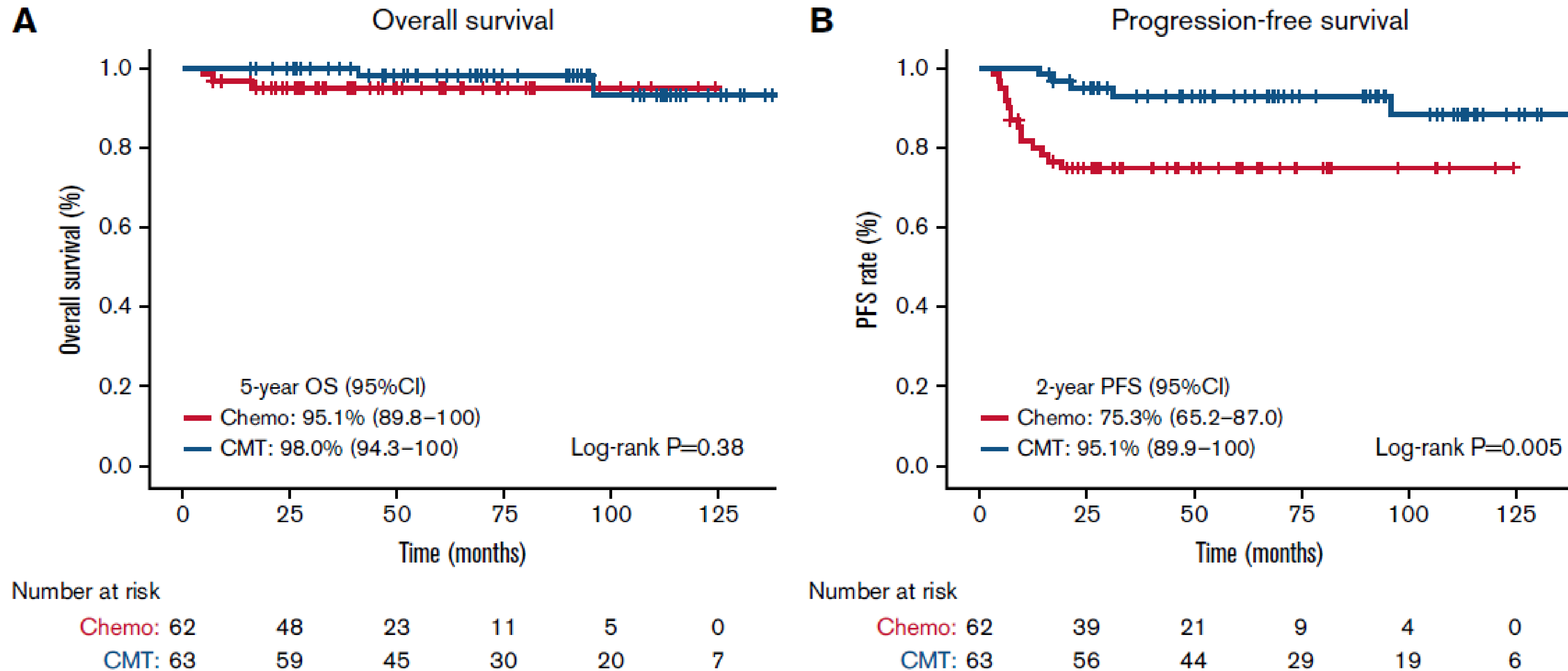


## How to reduce treatment toxicities: Bulky stage HL: CALGB 50801 (Alliance)

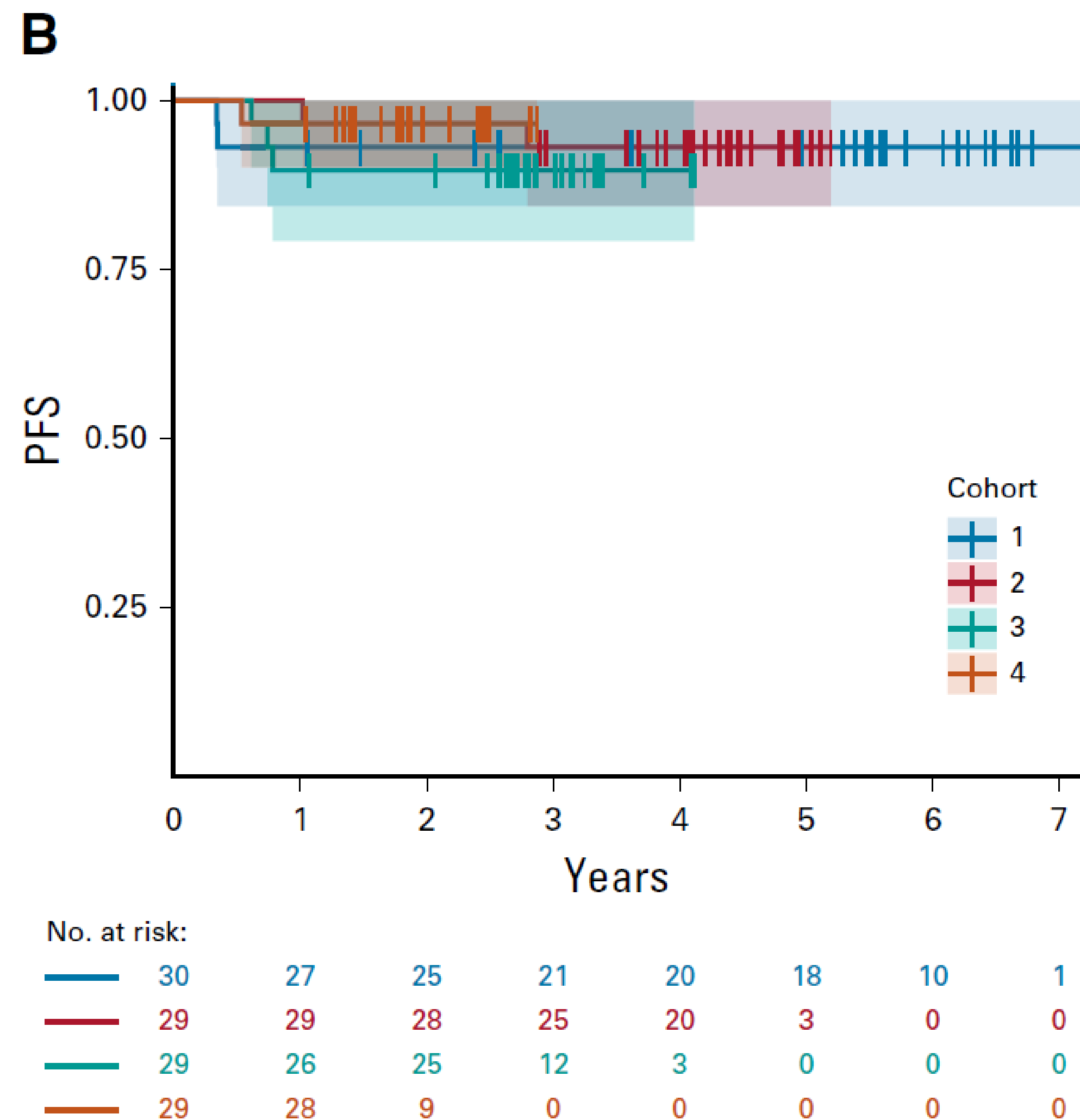
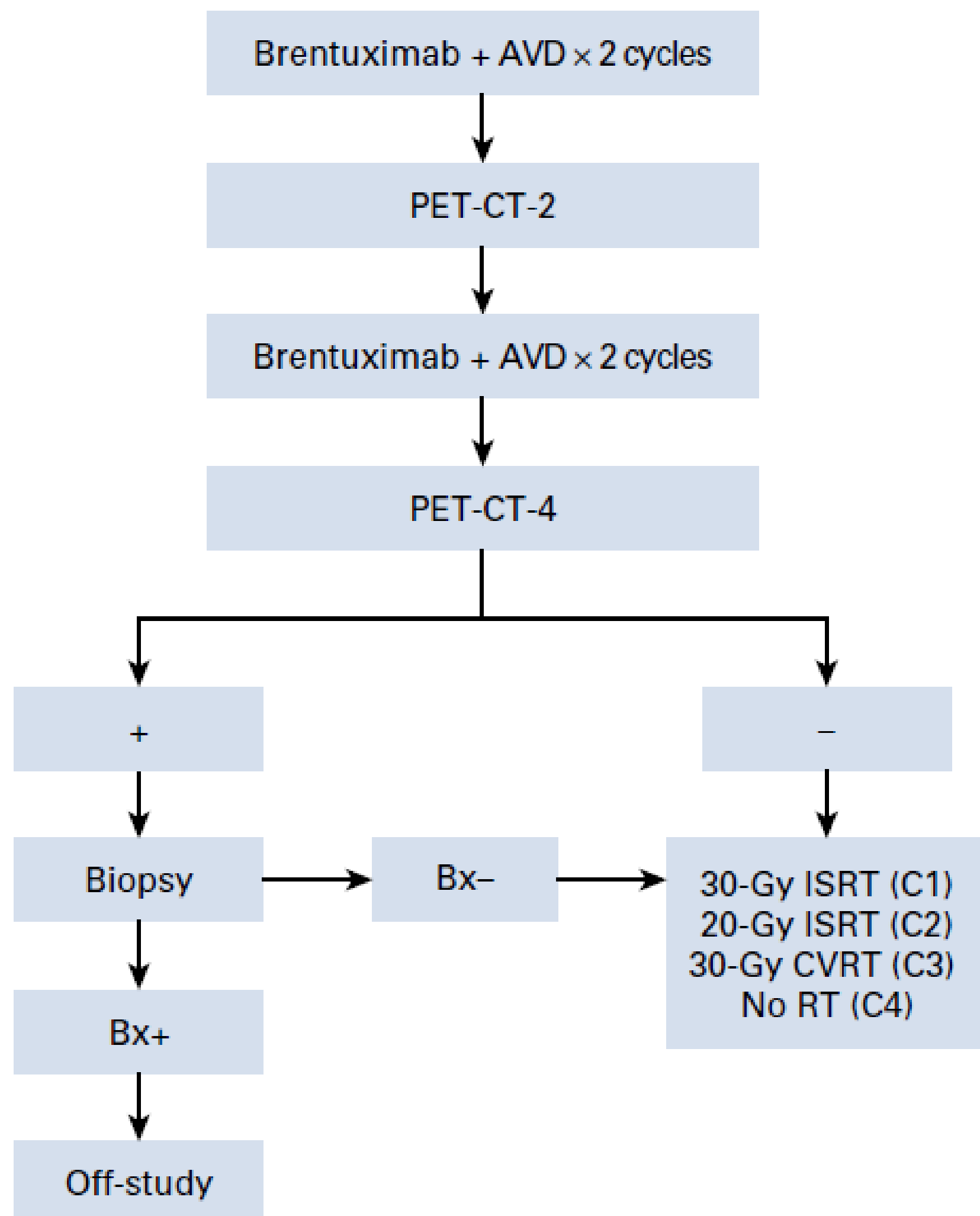


LaCasce AS et al J Clin Oncol. 2023 Feb 10;41(5):1023-1034  
 Schaapveld M, et al. N Engl J Med 373: 2499-2511, 2015  
 van Nimwegen FA, et al. JAMA Intern Med 175: 1007-1017, 2015

## How to reduce treatment toxicities: Real word data



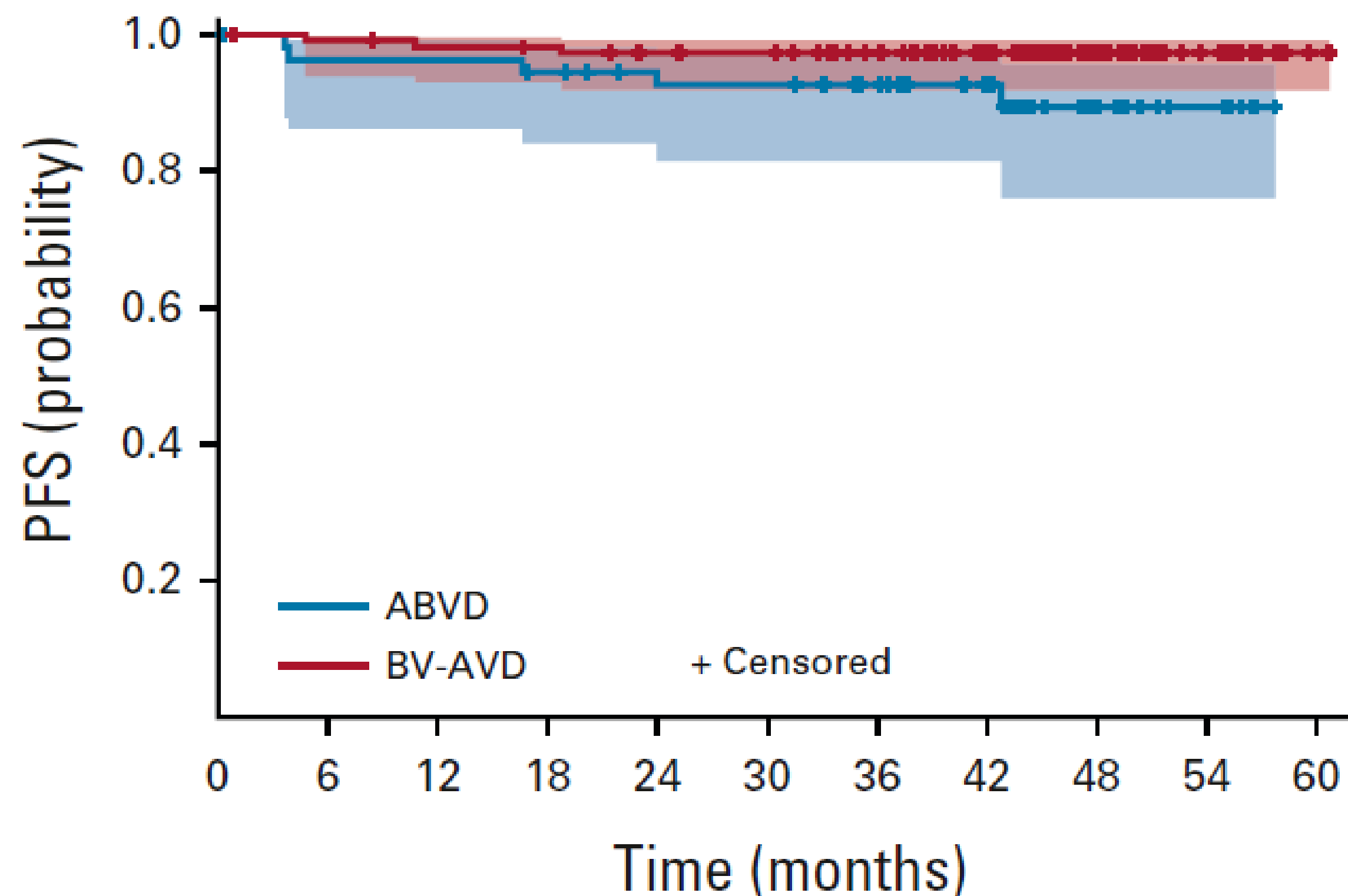
# Chemoimmunotherapy in early unfavorable HDG



Kumar A, et al. J Clin Oncol. 2021 Jul 10;39(20):2257-2265.



**BREACH: 4x BV-AVD vs 4x ABVD + 30 INRT**



**Primary endpoint  
PET2- negative rate:**

BV-AVD 82.3%

ABVD 75.4%

**2 yrs PFS:**  
**97.3% BV-AVD**  
**92.6% ABVD**

No. at risk:

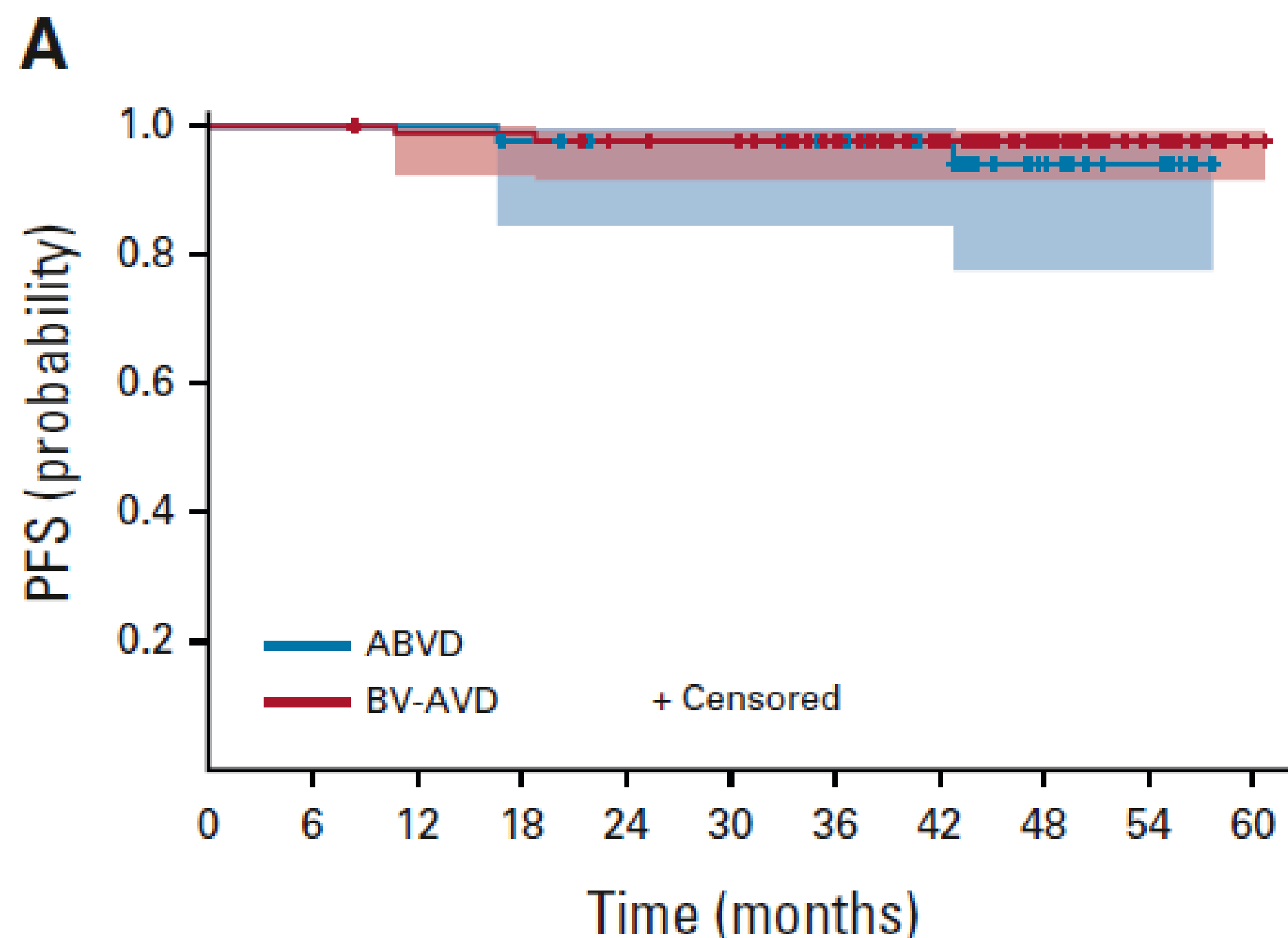
ABVD	57	53	53	51	47	47	42	33	15	7	0
BV-AVD	113	111	109	108	105	104	97	80	44	17	2

Fornecker LM et al- J Clin Oncol. 2023 Jan 10;41(2):327-335.



## BREACH: 4x BV-AVD vs 4x ABVD + 30 INRT

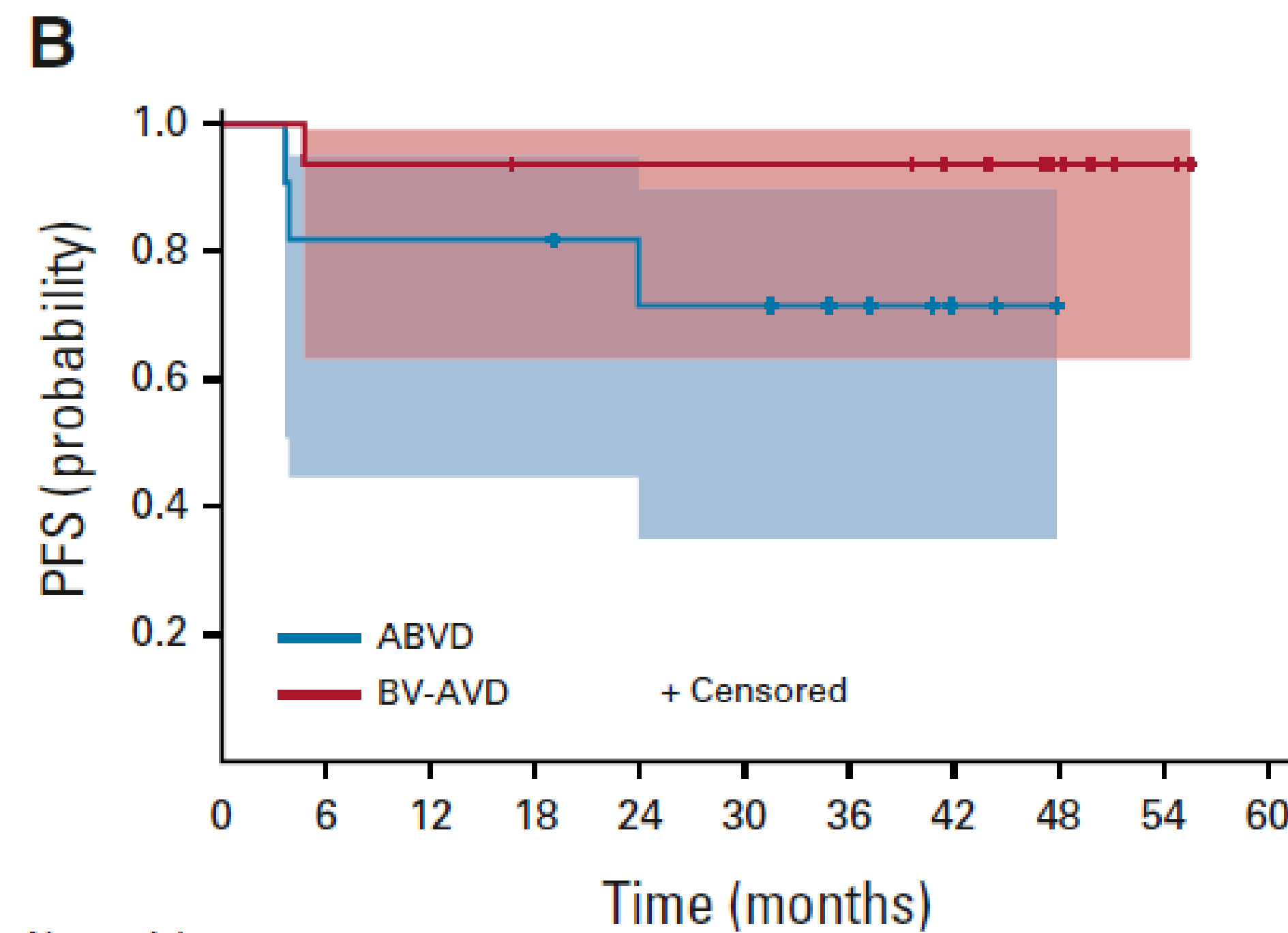
### PET2 neg



No. at risk:

ABVD	43	43	43	41	39	39	36	30	14	7	0
BV-AVD	93	93	91	91	88	87	80	65	36	14	1

### PET2 pos

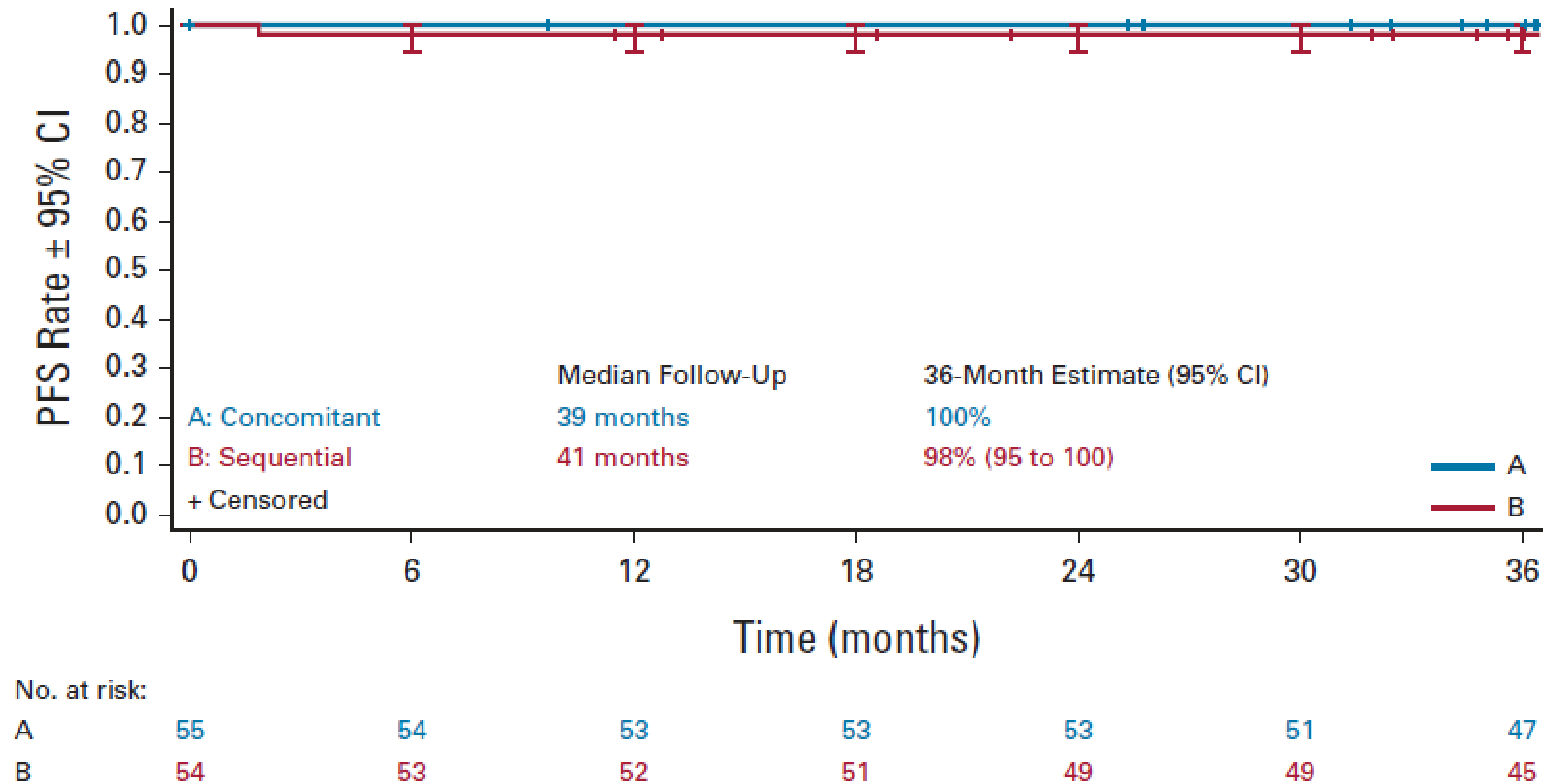


No. at risk:

ABVD	11	9	9	9	7	7	5	2	0		
BV-AVD	16	15	15	14	14	14	14	12	7	2	0

**NIV AHL**

- A) Concomitant: 4x N-AVD + 30Gy
- B) Sequential: 4xN +2N-AVD +2 AVD + 30Gy



Bröckelmann PJ et al. J Clin Oncol. 2023 Feb 20;41(6):1193-1199.



## **Chemoimmunotherapy in early unfavorable HDG:**

### **RT and/or chemotherapy can be further reduced?**

1. Randomized phase III RADAR trial **NCT04685616**  
BV-AVD vs ABVD x3 +/- RT 30Gy
2. GHSG INDIE **NCT04837859**  
Tislelizumab +/- AVD +/- RT 30Gy

**Back to the clinical case:**

**what if the pt was  $> 60$  years old?**



## Clinical case: what if the pt was > 60 years old? Treatment options

*FIT*

- A(B)VD 2-4 cycles + RT

*UNFIT*

- BV/NIVO + RT
- Sequential BV-AVD
- BV+ Dacarbazine
- VEPEMB/ 2-4 cycles + IFRT

*FRAIL*

- Consider RT alone
- Clinical trials (eg RATIFY: [NCT05627115](https://clinicaltrials.gov/ct2/show/study/NCT05627115))

Levis et al, Ann Oncol. 2004 Jan;15(1):123-8.  
Cheson BD et al. Lancet Haematol. 2020 Nov;7(11):e808-e815.  
Evens AM et al, J Clin Oncol 2018 Oct 20;36(30):3015-3022.  
Friedberg JW et al, Blood. 2017 Dec 28;130(26):2829-2837.  
Forero-Torres A et al. Blood. 2015;126(26): 2798-2804.



## Thank you!

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