Role of Immunotherapies / targeted immunotherapy in Relapsed/Refractory Lymphoma
A Single-Center Experience from Pakistan

Shaukat Khanum Memorial Trust

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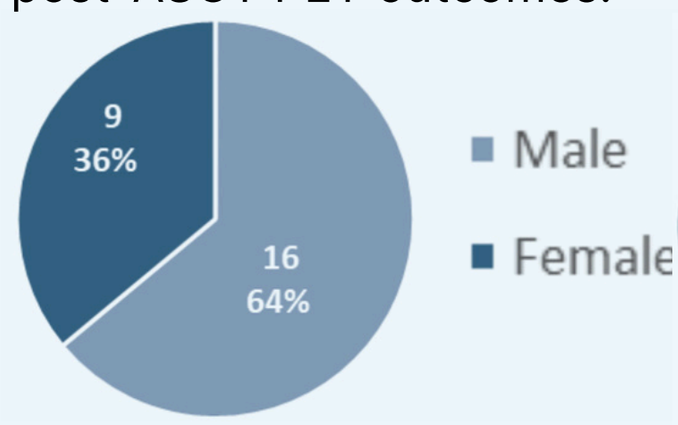
Objectives

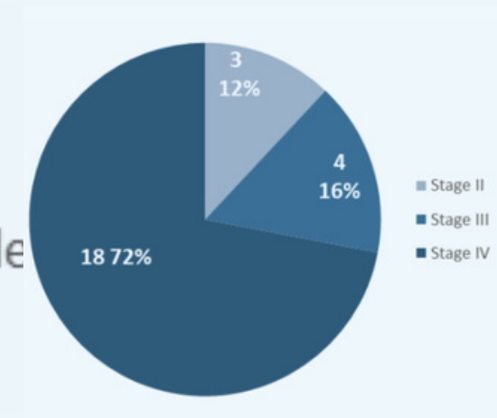
Relapsed/refractory(RR-HL) lymphoma remains a therapeutic challenge, with limited durable responses to conventional salvage chemotherapy.Immunotherapy; CD30-targeted anti-body drug conjugate, has emerged as a promising option. This study aimed to evaluate the role, safety and efficacy of targeted immunotherapy in RR-HL patients treated at SKMCH,with focus on clinical responses, transplant outcomes and treatment-related adverse events.

Methods and Materials

We conducted a retrospective review of patients with RR-HL(25) receiving multiple lines of chemotherapy. All patients had received first-line ABVD followed by salvage ICE & GDP before immunotherapy (brentuximabvedotin + bendamustine or alternative agents). Safety endpoints included adverse events.Efficacy endpoints were response rates, progression to autologous stem cell transplant (ASCT), and post-ASCT PET outcomes.



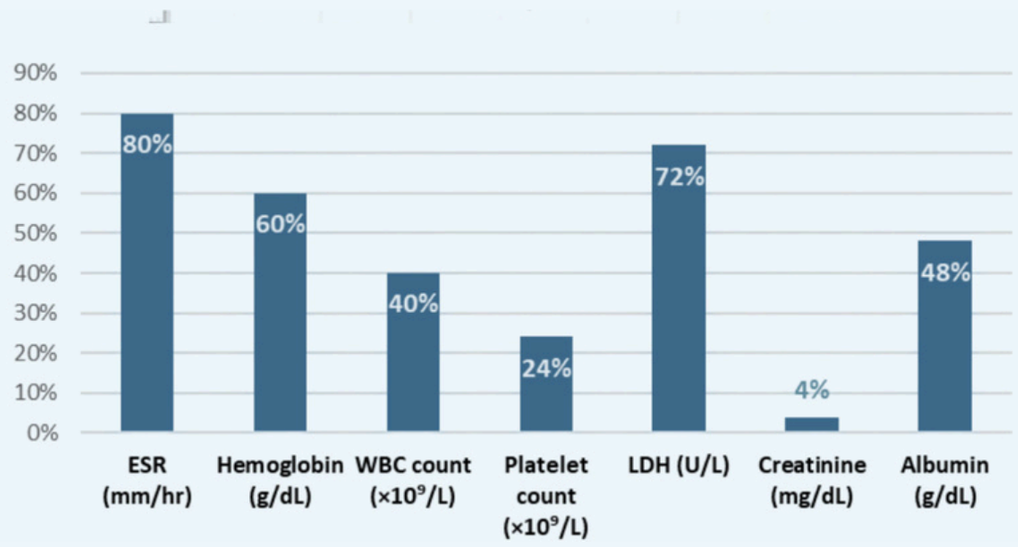
Gender distribution



Staging

Results

The median age was 38.6 years (range 23-65) 64% were men. These patients received 5 cycles of Brentuximab vedotinb+ bendamustine. The majority of patients had stage IV disease (72%) Pre-treatment labs were commonly ab-normal: ESR >20 was found in 80%, anemia in 60%), and LDH in 72%.



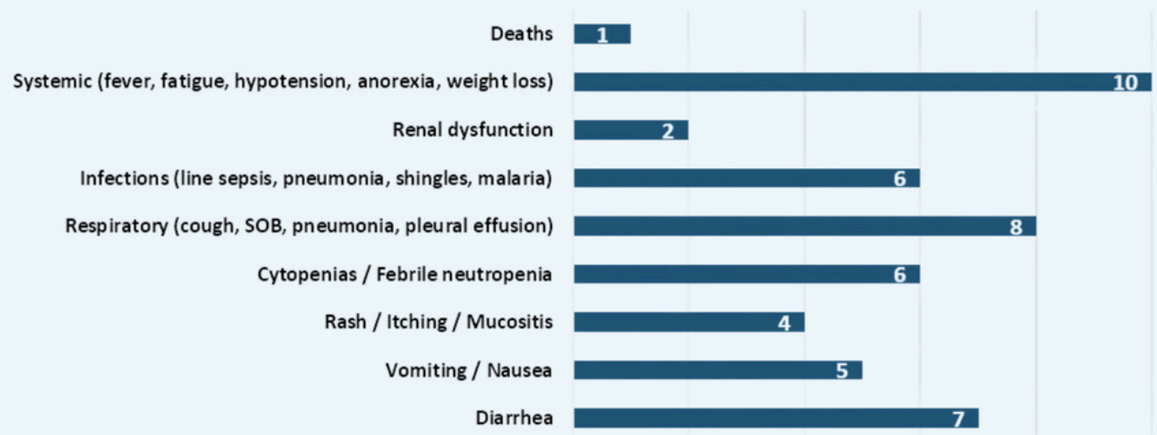
Lab parameters

Chemotherapy Responses

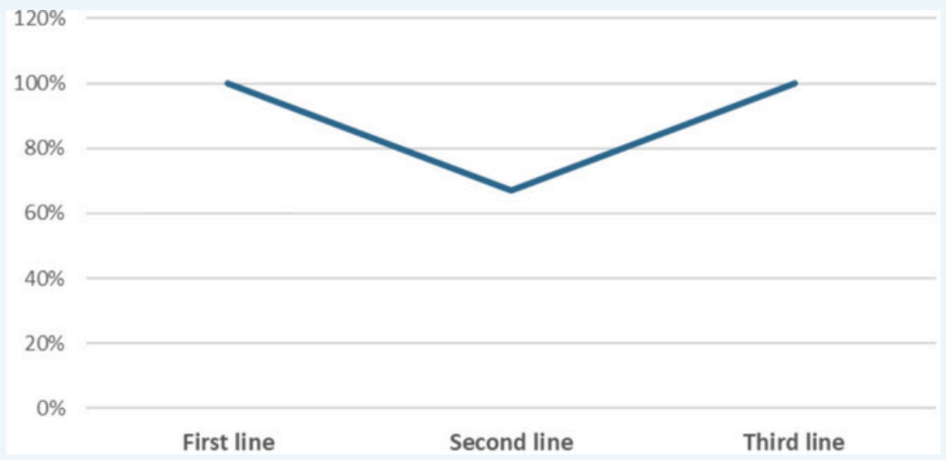
All patients relapsed after first-line ABVD, 1/3 achieved CR to salvage ICE, 0/1 to GDP.

Line of therapy	Regimen	Response (PET/Deauvi	Relapse/Progression n
First line	ABVD	CR: 6 (DS2), PR: 7	100% relapsed
Second line	ICE	CR: 1, R: 2	2/3 (67%) progressed
Third line	GDP	CR: 0, PR: 1	1/1 (100%) progressed

Adverse Events and Their Frequencies



Response by Line of Therapy



Transplant Outcomes

ASCT was completed in 22 patients (88%); 100-day PET confirmed CMR in 56%, PR in 12%, and progression in 16%

Outcome	n (%)
Proceeded to ASCT	22 (88%)
100-day PET: CMR	14 (56%)
100-day PET: Partial response	3 (12%)
100-day PET: Progressive disease	4 (16%)
Death pre- or post-ASCT	1 (4%)

Conclusion

Immunotherapy in heavily-pretreated RR-HL patients, allowed many patients to proceed to ASCT with a high remission rate. Toxicities were frequent, but overall manageable (with one death) . Our results reiterate the feasibility of immunotherapy in RR-HL as a bridge to transplant in keeping with international experience