HD THERAPY CAN BE SAFELY REDUCED BASED ON EARLY INTERIM PET/CT FOR PATIENTS WITH ADVANCED HIGH-RISK DISEASE, BUT NOT FOR EARLY DISEASE

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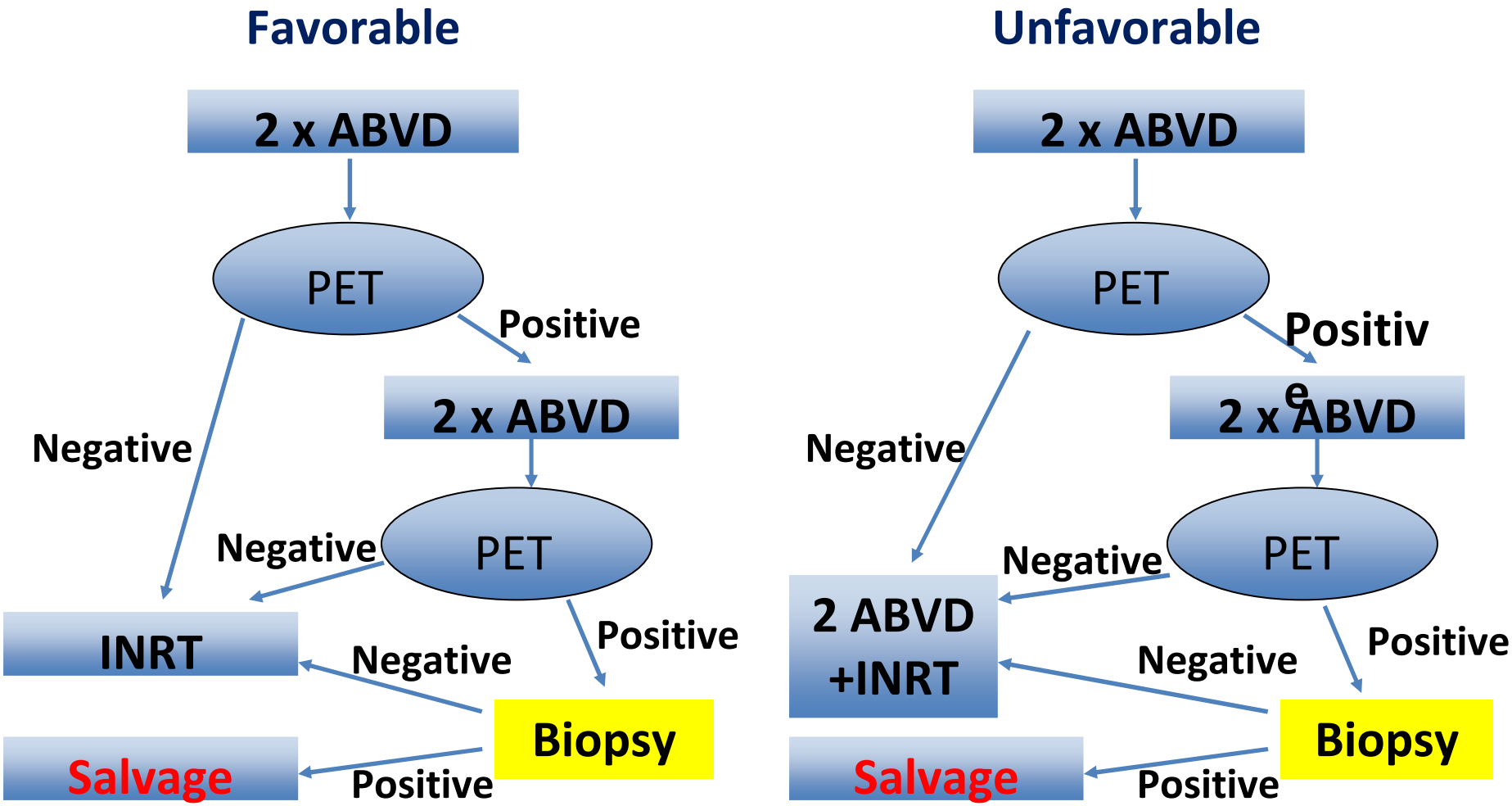
Israel H2 trial – stages IA and IIA



Risk factors: Extra-nodal disease, MM>10cm, ESR > 50, ≥3 regions, Age > 50, LD histology

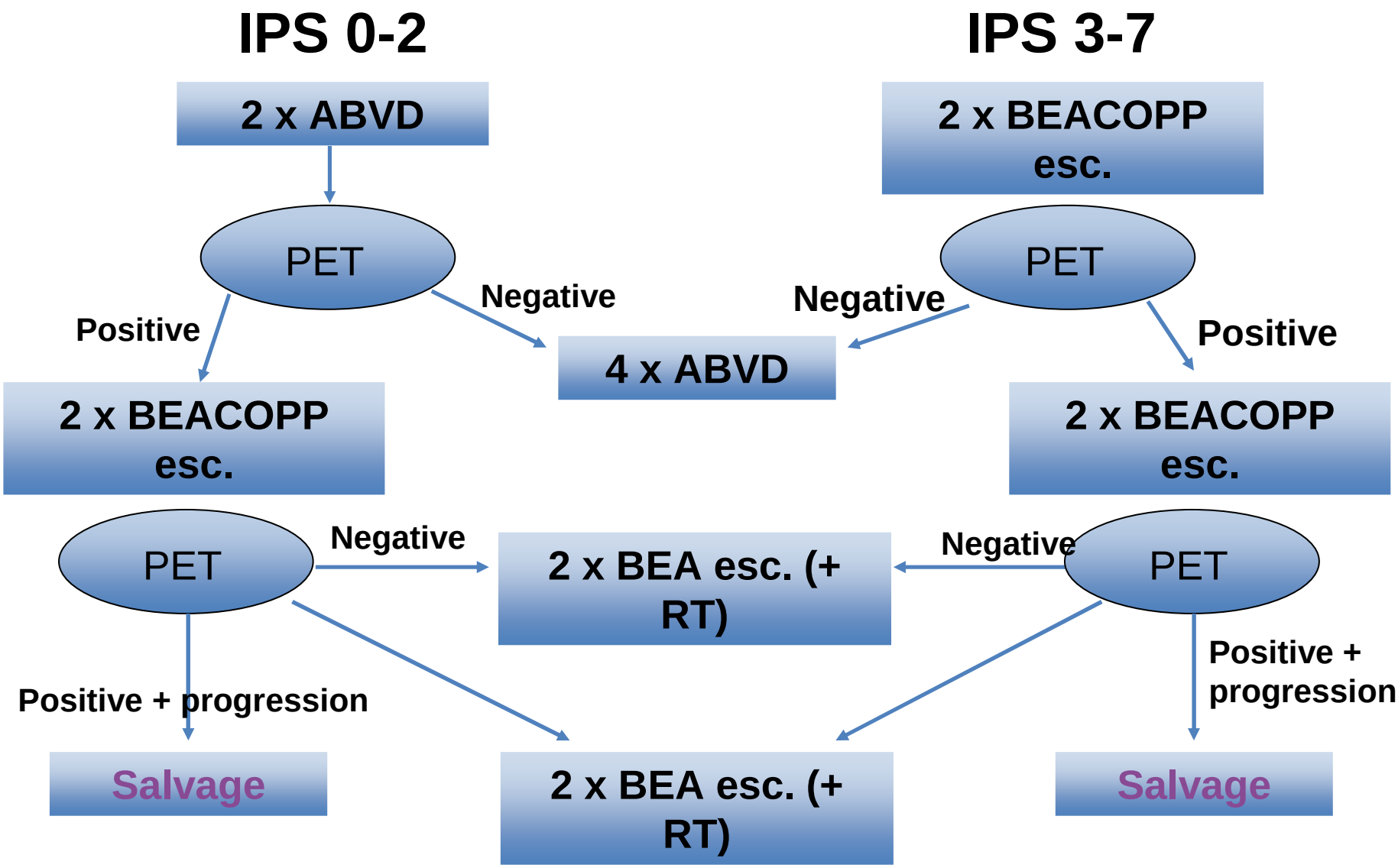
After a short follow-up (median 23 months), the 2-year PFS was 92% for patients with early disease.

132 patients underwent interim PET/CT. 18 had a positive study (defined as any abnormal uptake in a previously involved area) and received 2 more cycles of ABVD and INRT. Only 2 of the patients with positive interim PET/CT progressed, suggesting that mild escalation of therapy is sufficient for this patient population.

105/ 114 (92%) patients with negative interim PET remained in CR during follow-up.

Of 11 relapsed patients, 9 had negative interim PET, suggesting that reduction of therapy based on interim negative PET is problematic.

Israel H2 Trial for Advanced Hodgkin Lymphoma



After a short follow-up (median 23 months), the 2-year PFS was 83% for patients with advanced disease.

For all patients PFS was 86%.

135 patients underwent interim PET/CT. 13 had a positive study and received

4 cycles of escalated BEACOPP and INRT to interim positive site. Only 2 of the patients with positive interim PET/CT progressed.

107/ 122 (88%) patients with negative interim PET remained in CR.

Of 17 relapsed patients, 15 had negative interim PET (9 with IPS 0-2 and 6 with IPS ≥3), suggesting that reduction of Esc BEACOPP therapy based on interim negative PET is feasible.

INTERIM PET/CT DYNAMIC VISUAL SCORE FOR HD PATIENTS

0- No evidence of residual uptake.

1- Single site uptake with reduced intensity compared to baseline PET/CT.

<u>Scores that are considered positive for residual disease:</u>

2- More than one residual site with markedly decreased intensity compared to baseline evaluation.

3- No change in number of sites with pathologic uptake; however, reduced intensity of uptake in those sites compared to baseline.

4- No change in number of sites or intensity or appearance of new sites of uptake.