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Hodgkin's Lymphoma: A Case Based Discussion

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Disclosures

I am a current speaker for Seagen Inc.

Case Presentation

- 20 year old female with no comorbid disease
- Persistent cough for 2 months post partum. CXR with multiple nodules leading to CT scan
- Underwent transbronchial biopsy – classical Hodgkin lymphoma
 - Positive for CD30, CD15, PAX5(dim), MUM1, CD20(rare weak)
- Weight loss ~ 9 lbs
- LDH elevated
- PET with extensive supraclavicular, mediastinal and retroperitoneal lymphadenopathy
 - Focal uptake in the spleen and right ilium
 - Stage IV disease

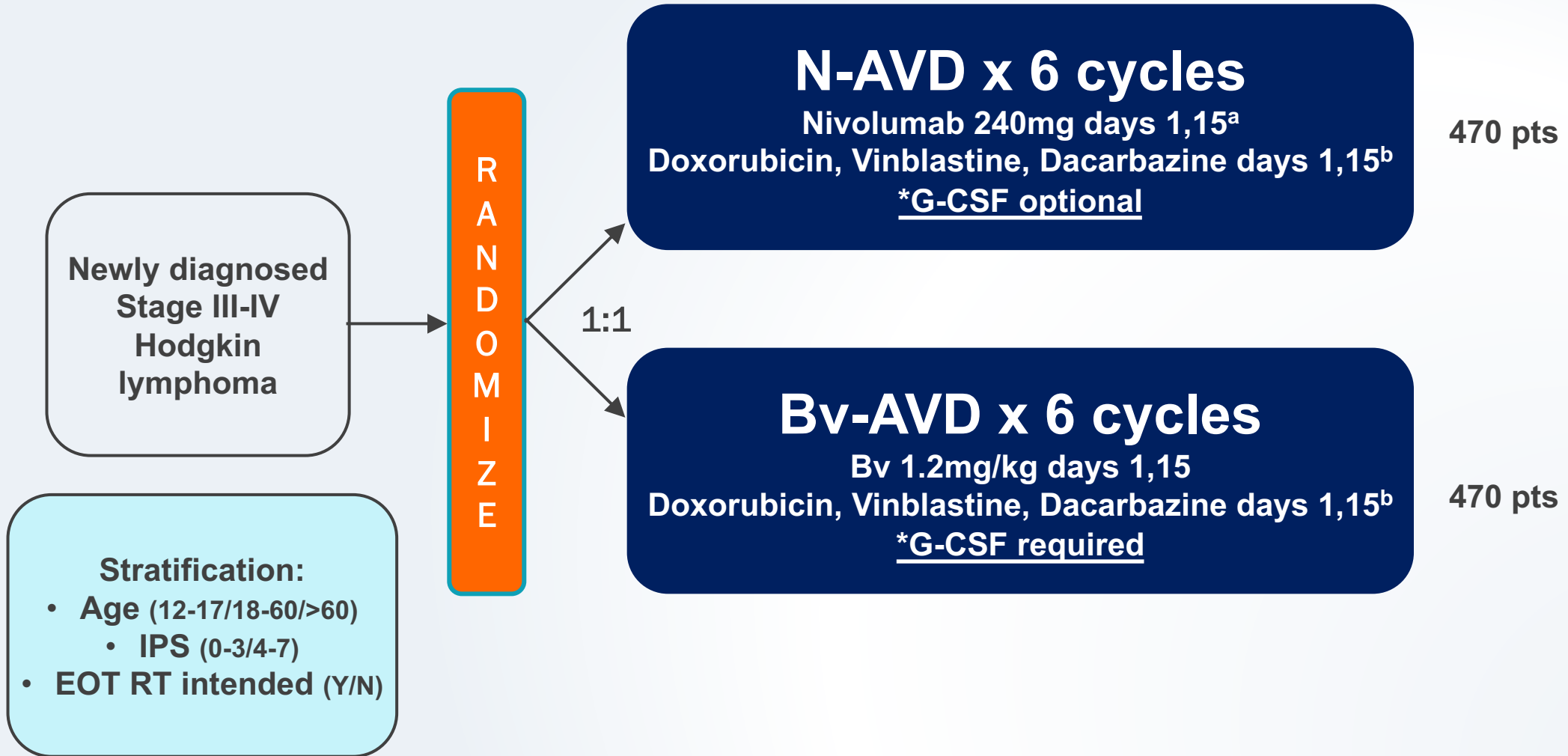
How should such a patient be treated?

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Nivo-AVD started. Received pre phase Prednisone to help with symptoms

S1826 Study Design



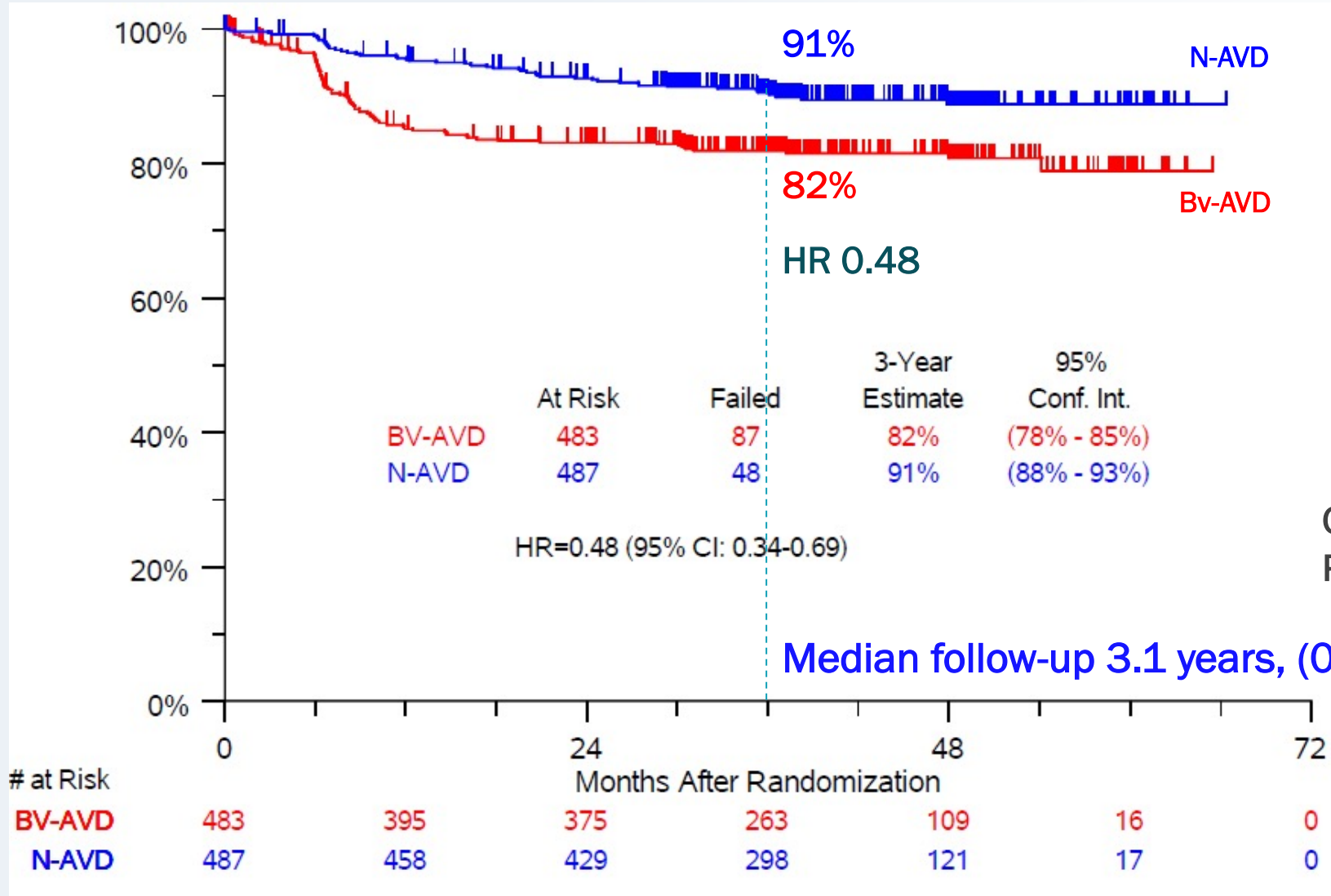
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Experienced Grade 3 neutropenia, hand rash, developed immune checkpoint inhibitor colitis – resolved with steroids

Toxicity	N-AVD 483 patients		BV-AVD 473 patients	
	Any Grade No (%)	Grade \geq 3 No (%)	Any Grade No (%)	Grade \geq 3 No (%)
ALT increased	156 (32%)	22 (5%)	194 (41%)	22 (5%)
AST increased	120 (25%)	12 (2%)	153 (32%)	13 (3%)
Rash maculopapular	51 (11%)	4 (1%)	58 (12%)	0 (0)
Hypothyroidism	33 (7%)	1 (0%)	3 (1%)	0 (0)
Rash acneiform	18 (4%)	0 (0)	12 (3%)	0 (0)
Pneumonitis	10 (2%)	2 (0%)	15 (3%)	10 (2%)
Gastritis	10 (2%)	3 (1%)	8 (2%)	0 (0)
Hyperthyroidism	14 (3%)	0 (0)	0 (0)	0 (0)
Colitis	5 (1%)	1 (0%)	6 (1%)	4 (1%)

PFS benefit of N-AVD sustained with 3y follow-up



3-year PFS
N-AVD 91%
Bv-AVD 82%

One-sided Stratified Log-rank
P-value < .0001

Median follow-up 3.1 years, (0-5.5 years)

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Patient now doing well, recently completed C6D1 of treatment