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## 624.HODGKIN LYMPHOMAS AND T/NK CELL LYMPHOMAS: CLINICAL AND EPIDEMIOLOGICAL

**Chemotherapy Response and Toxicities in Older Adults with Hodgkin Lymphoma**

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## INTRODUCTION

Hodgkin lymphoma (HL) is a lymphoid malignancy characterized by high-rate responses to conventional chemotherapy (CT). However, older adults are usually undertreated and develop poor outcomes, mainly due to their limited functional status, comorbidities and toxicities concerns. We evaluated the characteristics and outcomes of patients with HL older than 65 years in a real-life limited setting.

## METHODS

We performed a retrospective study based on medical records review of newly diagnosed HL between 2004 and 2019 at Instituto Nacional de Enfermedades Neoplásicas (INEN, Lima- Peru). The initial treatment options were classified into three categories: (1) Curative CT regimen, (2) palliative treatment, or (3) no treatment. The staging was done according to Ann Arbor Staging Classification and response were defined by RECIST criteria in patients who received at least 3 courses of CT.

## RESULTS

73 patients were included. Median age was 73 years (range 65- 88y). Among the patients, 61% were male, and the remaining 39% were female. Majority of the patients (61%) presented B symptoms. The details of the presentation features are shown in Table 1. The most common histology was classic HL mixed cellularity (46%); although it could not be determined in 19% of patients. At diagnosis, 86% (n=63) of patients had an ECOG performance status of 0-2. Bulky disease was present in 20% of patients (n=15), and 15% (n=11) had visceral involvement. 26% were classified as early-stage (stage I-II), while 74% had advanced disease (stage III-IV).

Regarding treatment, 67.1% (n=49) of the patients received curative CT with ABVD or AVD regimen. A smaller proportion, 4.1% (n= 3), received palliative treatment, and 28.7% (n=28) did not receive any treatment. In patients who received curative CT, 13 patients only received 1 or 2 courses of CT and were subsequently excluded from the analysis. 47% (17/36 patients) achieved complete response, 41.6% partial response (15/36 patients) and 11.1% had progression disease (4/36 patients). In this group of patients, the most common adverse effects observed were hematologic toxicity (22.2%). Additionally, one patient presented pneumonia, and three patients developed pneumonitis. Two patients who presented pneumonitis experienced treatment-related mortality (Table 2).

## CONCLUSIONS

In conclusion, this study provided insights into the characteristics and treatment outcomes of older adults with classic Hodgkin lymphoma. The results suggest that curative chemotherapy with ABVD or AVD regimen is the most common treatment approach, with a significant proportion of patients achieving complete response. However, treatment-related adverse effects, particularly pneumonitis, were noted, warranting careful monitoring and management during the treatment process. Further research and careful assessment of treatment protocols are necessary to improve the outcomes and quality of life for this patient population.

**Disclosures** No relevant conflicts of interest to declare.

**Table 1. Clinical features and treatment of HL**

	N	%
Age (y), median/range	73 (65- 88)	
<b>Sex</b>		
Masculine	45	61.6
Femenine	28	38.3
<b>Histology type</b>		
Mixed cellularity	34	46
Nodular sclerosis	17	23.2
Lymphocyte rich	7	9
Lymphocyte depletion	1	1.3
Not be determined	14	19
<b>Comorbidities</b>		
Si	14	19.1
No	59	80.8
<b>ECOG</b>		
0-2	63	86.3
3	10	13.6
<b>B symptoms</b>		
Weight loss	36	80
Fever	13	28.8
Drenching night sweats	9	20
<b>Stage</b>		
Early disease (I-II)	36	49.4
Advance disease (III - IV)	37	50.6
<b>Visceral involvement</b>		
Yes	11	15
No	62	84.9
<b>Bulky disease</b>		
Yes	15	20.5
No	68	79.4
<b>Treatment</b>		
Curative chemotherapy	49	67.1
Palliative treatment	3	4.1
No treatment	21	28.7
<b>Treatment response*(n=36)</b>		
Complete response	17	47.2
Partial response	15	41.6
Refractory response	4	11.1

\*Patients who receive curative chemotherapy treatment

**Table 2. Adverse effects in patients who received curative CT**

n(%)	Hematologic	Infection	Pneumonitis	None
<b>Type of CT*</b>				
ABVD	9 (18,3)	7 (14,2)	3 (6,1)	48 (97,9)
AVD	1 (2)	0	0	1(2)
<b>Number of courses</b>				
1 - 2	2(4)	6 (12,2)	0	41 (83,6)
>igual 3	8 (16,3)	1 (2)	3 (6,1)	37 (75,5)
<b>Treatment related mortality</b>	0	3 (6,1)	2 (4)	44 (89,7)

\*CT: chemotherapy

Figure 1

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