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

Role of Pegylated Liposomal Doxorubicin in Heavily Pretreated Relapsed Refractory Hodgkin Lymphoma Eligible for Autologous or Allogeneic Transplantation

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In the context of relapsed or refractory (R/R) classical Hodgkin lymphoma (cHL), various conventional single agents and salvage chemotherapy regimens have been explored, including bendamustine, brentuximab vedotin, nivolumab, and pembrolizumab. However, there is another drug, pegylated liposomal doxorubicin (PLD), which has shown interesting results but is comparatively less recognized and mostly used in combination.
For heavily pretreated R/R cHL patients this drug, presenting a reduced cardiac toxicity compared to non-liposomal doxorubicin, may be considered as bridging therapy (BT) to transplantation (both autologous [ASCT] and allogeneic [alloSCT]).
The present retrospective study aims to determine the role of PLD monotherapy in terms of safety and effectiveness in heavily pretreated R/R cHL patients as BT to ASCT or alloSCT.
Our case series comprises 22 R/R cHL patients who were potentially eligible for transplantation and underwent PLD treatment successfully. These patients had a median of five previous treatments (range, 3-9), including ASCT in 50% of the cases and radiotherapy in 7 out of 22 cases. Of the total, 77% were primary refractory, and 63.6% remained refractory to the last previous therapy before PLD. Additionally, eight patients had advanced stage disease at the time of PLD treatment.
PLD was administered at a fixed dose of 60 mg every 21 days with a median of 4 cycles (range, 1-8). No dose reduction was needed. Few toxicities occurred. In detail, four hematological adverse events (AE) were reported in 3 patients (all grade $\geq$3, drug related but rapidly resolved without sequalae). Only one grade 3 extra-hematological occurred (deep vein thrombosis). Final overall response rate (ORR) was 31.8%, with 4 complete and 3 partial responses (CR, PR). Best ORR of 54.5% was reached at the third cycle (5 CR and 7 PR). Five patients subsequently proceeded to ASCT and 2 to alloSCT with 5 final CR (two patients converted from a PR and 1 from a stable disease). At a median follow-up of 6 years, median overall survival was reached at 4 years.
The findings from this retrospective analysis suggest that PLD monotherapy may be effective in treating a subset of patients with multi-relapsed or refractory cHL. PLD could be considered as a strategic and relatively low-toxicity bridging therapy option for patients undergoing transplantation.

Disclosures Casadei: *Takeda:* Membership on an entity's Board of Directors or advisory committees; *Beigene:* Membership on an entity's Board of Directors or advisory committees; *Celgene-BMS:* Membership on an entity's Board of Directors or advisory committees; *Roche:* Speakers Bureau; *Lilly:* Speakers Bureau; *Novartis:* Speakers Bureau; *Janssen:* Membership on an entity's Board of Directors or advisory committees, Speakers Bureau; *Abbvie:* Membership on an entity's Board of Directors or advisory committees, Speakers Bureau; *Kite-Gilead:* Membership on an entity's Board of Directors or advisory committees, Speakers Bureau. **Zinzani:** *ADC THERAPEUTICS:* Membership on an entity's Board of Directors or advisory committees; *CELLTRION:* Membership on an entity's Board of Directors or advisory committees, Speakers Bureau; *GILEAD:* Membership on an entity's Board of Directors or advisory committees, Speakers Bureau; *SECURA BIO:* Membership on an entity's Board

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