(PB3895) CD30-INDEPENDENT EFFICACY OF BRENTUXIMAB VEDOTIN IN ADVANCED CUTANEOUS T-CELL LYMPHOMA: INSIGHTS FROM A REAL-WORLD COHORT

Topic: 20. Other aggressive lymphomas

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Background

Cutaneous T-cell lymphomas (CTCL) are a heterogeneous group of non-Hodgkin lymphomas that typically pursue an aggressive disease course, have limited therapeutic options, and respond poorly to existing treatments. Brentuximab vedotin (BV), an anti-CD30 antibody-drug conjugate, has been shown to be efficacious in CD30-positive lymphomas. Real-world data regarding its application in CTCL are limited.

Aims

To assess the real-world treatment patterns, efficacy, and safety of BV in patients with CTCL.

Methods

In this retrospective analysis, we enrolled patients with CTCL who received BV at West China Hospital, Sichuan University (n=20). Baseline demographics and clinical characteristics were collected. Response rates were evaluated based on best overall response, and survival outcomes, including PFS and OS, were estimated using the K-M method.

Results

The median age was 58 years (IQR: 42–68), with 55% female and 45% male. The most common subtype was MF (80%), followed by pc-ALCL (15%) and LyP (5%). Disease stages ranged from IB to IVB, with 30% of patients presenting with stage IVB. CD30 expression was ≥10% in 70% of patients. BV was administered as monotherapy in 75% of patients, while 5 patients (25%) received combination therapy, including BV-CHP, BV-EPOCH, and BV plus chidamide. The median number of BV cycles was 9 (range: 2–16). The overall response rate was 85%, including 3 patients (15%) achieving CR and 14 patients (70%) achieving PR. After a median follow-up of 24.0 months (IQR: 15.3–34.1), mPFS was 9.7 months (95% CI: 4.7–18.5), with a 12-month PFS rate of 44.4%. mOS was not reached. No significant difference in PFS was observed between patients stratified by CD30 expression level. mPFS was 7.1 months (95% CI: 3.0–NE) in patients with CD30 expression ≥10% and 11.9 months (95% CI: 4.7–NE) in those with CD30 expression <10%. TEAEs occurred in 15 patients (75%), with grade ≥3 AEs observed in 5 patients (25%). The most common involvement was hematologic (55%).
Table1 Baseline characteristics

Patients (N = 20)	
Median age, years (IQR)	58 (42–68)
Age group	
<60	10 (50%)
≥60	10 (50%)
Sex	
Male	9 (45%)
Female	11 (55%)
Subtype of CTCL	
MF	16 (80%)
pc-ALCL	3 (15%)
LyP	1 (5%)
Stage (EORTC/ISCL 2007)	
IB	2 (10%)
IIB	3 (15%)
III	4 (20%)
IVA1	3 (15%)
IVA2	2 (10%)
IVB	6 (30%)
CD30 expression	
<10%	6 (30%)
≥10%	14 (70%)
Systemic therapy prior to BV	
previously untreated	3 (15%)
1 previous systemic	12 (60%)
≥ 2 previous systemic	5 (25%)
Therapeutic agents	
Methotrexate	8 (40%)
Interferon	14 (70%)
Phototherapy	7 (35%)
Radiotherapy	4 (20%)
Chidamide	6 (30%)
Intravenous chemotherapy	3 (15%)
BV therapy	
BV monotherapy	15 (75%)
Combination therapy	5 (25%)
BV-CHP	3 (15%)
BV-EPOCH	1 (5%)
BV + Chidamide	1 (5%)

Table2 Therapeutic outcome

Patients (N = 20)	
Median number of BV cycles (range)	9 (2–16)
BV dosing	
1.8 mg/kg Q3W	18 (90%)
Dosing modification during BV	2 (10%)
Best overall response	
CR	3 (15%)
PR	14 (70%)
SD	2 (10%)
PD	1 (5%)
Subsequent therapy	16 (80%)
Median Follow-up (months) (IQR)	24.0 (15.3-34.1)
Progression-free survival	
Median progression-free survival (months)	9.7 (95%CI: 4.7-18.5)
12-months rate (%)	44.4% (95%CI: 27.1-72.9)
Overall survival	
Median overall survival	Not reached

Table3 Adverse events

Adverse events (N = 20)	
Any grade	15 (75%)
≥ Grade 3	5 (25%)
Involvement of organ systems	
Hematologic	11 (55%)
Skin	2 (10%)
Liver/Pancreatic	5 (25%)
Neurologic	5 (25%)
Other	2 (10%)

Summary/Conclusion

BV demonstrated high overall response rates and acceptable durability in a real-world CTCL patients with diverse prior treatments and disease stages, with efficacy observed regardless of CD30 expression level.

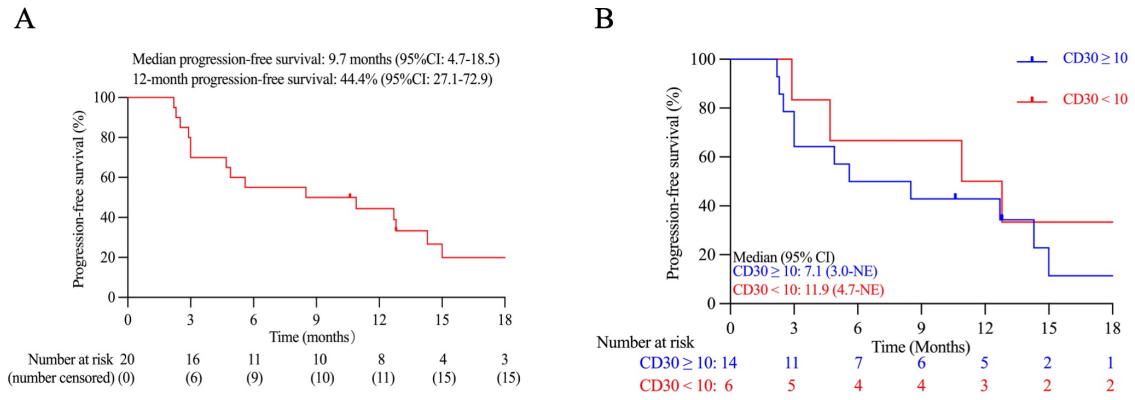

Figure 1: Progression-free survival in patients with CTCL treated with brentuximab vedotin.
(A) PFS in the total cohort (N=20). (B) PFS stratified by CD30 expression level.

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