

# ONCODAILY MEDICAL JOURNAL

*abstract*

## **Pediatric relapsed and refractory classical Hodgkin's lymphoma: Treatment approaches**

**Timur T. Valiev, Tsaplina N.S., Kozlov  
A.V., Natalia Batmanova, Kirill Kirgizov,  
Zubarovskaya L.S., Svetlana Varfolomeeva**

DOI: 10.69690/ODMJ-018-0425-1802



SIOP Asia, 2025, Saudi Arabia

*abstract*

## Pediatric relapsed and refractory classical Hodgkin's lymphoma: Treatment approaches

**Authors:** Timur T. Valiev, Tsaplina N.S., Kozlov A.V., Natalia Batmanova, Kirill Kirgizov, Zubarovskaya L.S., Svetlana Varfolomeeva

**Affiliation:** Lev Durnov Research Institute of Pediatric Oncology and Hematology of N.N. Blokhin National Medical Research Centre of Oncology (Moscow, Russian Federation)

**DOI:** [10.69690/ODMJ-018-0425-1802](https://doi.org/10.69690/ODMJ-018-0425-1802)

**Introduction:** Therapy of relapsed and refractory (r/r) classical Hodgkin's lymphoma (cHL) is an unresolved problem in pediatric oncology. Modern therapeutic approaches include second-line chemotherapy in combination with targeted drugs (brentuximab vedotin) and PD-1 inhibitors (nivolumab) with following autologous hematopoietic stem cell transplantation (auto-HSCT). Aim is to present long-term results of r/r cHL treatment using targeted drugs, chemotherapy and auto-HSCT.

**Methodology:** 73 patients with r/r cHL from 2003 to 2023 were included in the study.

**Results:** Median age was 14.5 years. The diagnosis of r/r cHL was confirmed by pathology and immunohistochemistry. Sites of involvement were detected by PET-CT. Second-line therapy was carried out according to the following regimens: ICE (n = 23; 31.5 %), ViGePP (n = 15; 20.5 %), DHAP (n = 6; 8.2 %), IEP/ABVD (n = 6; 8.2 %); 7 (9.6 %) patients underwent a change in treatment regimen due to a

poor response to the first 2 courses of therapy. Sixteen (21.9 %) patients were treated according to the ViGePP regimen with the addition of brentuximab vedotin (6 injections). 64 (87.7%) patients underwent auto-HSCT. 9 (12.3%) not received auto-HSCT because of disease progression (n=2), medical contraindications (n=3), late relapse (n=4) (according to local protocol, patients with late relapse are non transplanted). The 10-year overall survival in patients with r/r cHL was  $76 \pm 6$  %, relapse-free survival (RFS) was  $64 \pm 6$  %. Patients receiving brentuximab vedotin in combination with the ViGePP regimen had the highest RFS –  $83 \pm 15.2$  % (p = 0.09).

**Conclusion:** The most effective 2d-line therapy in r/r cHL was brentuximab vedotin+ViGePP with the following auto-HSCT. Patients with late relapse and complete remission after 2d-line therapy were non transplanted and alive.