

How Do I apply iPET-CT for HL in my daily practice?

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Speaker: Abbvie; Jansen; Takeda; Roche; Lilly, AstraZeneca, MSD, Beigene; Kite

Advisory board: Abbvie; Jansen; Takeda; Roche; Lilly, AstraZeneca, MSD, Beigene

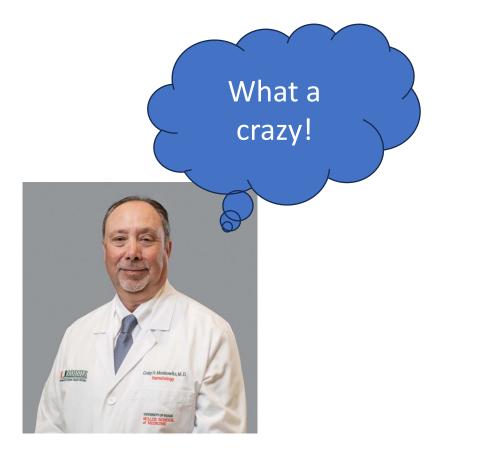
No company actions





I do BEACOPP since 2008 (really BEACOP(D)D)

Moreover: In a public center







No acess to brentuximab nor immunotherapy

No fast acess to AutoPBSCT

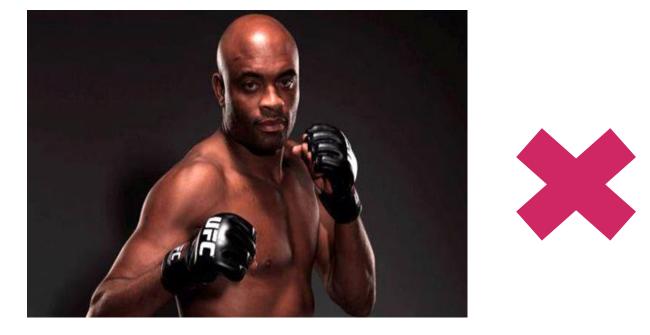


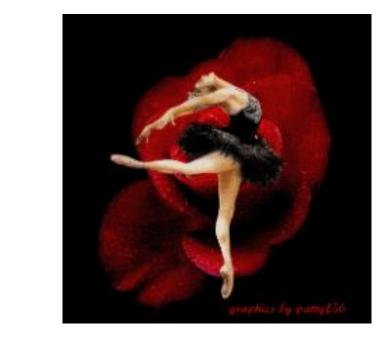
Introduction

- Curable disease
- Initial stage: 80-90%
- Advanced stage: 70-90 %
- Better strategy: High efficacy with low toxicity



First line treatment







Comparison of first-line chemotherapy including escalated BEACOPP versus chemotherapy including ABVD for people with early unfavourable or advanced stage Hodgkin lymphoma (Review)

Skoetz N, Will A, Monsef I, Brillant C, Engert A, von Tre: Figure 3. Forest plot of comparison: 1 Analysis of Overall Survival, outcome: 1.1 OS - all - same recruitment period between the 2 arms (HD9).

							and the second sec
			BEACOPP	ABVD		Hazard Ratio	Hazard Ratio
Study or Subgroup	log[Hazard Ratio]	SE	Total	Total	Weight	IV, Fixed, 95% CI	IV, Fixed, 95% Cl
EORTC 20012	-0.3425	0.2679	274	275	24.9%	0.71 [0.42, 1.20]	← ■
GHSG HD14	0.02	0.32	805	818	17.4%	1.02 [0.54, 1.91]	← →
GHSG HD9	-0.485	0.225	265	177	35.3%	0.62 [0.40, 0.96]	←
GSM-HD 2008	-0.287	0.331	163	168	16.3%	0.75 [0.39, 1.44]	• •
HD 2000	0.077	0.538	98	99	6.2%	1.08 [0.38, 3.10]	· · · · · · · ·
Total (05% CI)			4005	4527	400.0%	0 74 10 57 0 071	
Total (95% CI)			1605	1537	100.0%	0.74 [0.57, 0.97]	
Heterogeneity: Chi ² =	2.19, df = 4 (P = 0.70))); ² = 09	б				
Test for overall effect:							0.7 0.85 1 1.2 1.5
	2 - 2.21 (1 - 0.00)						favouring BEACOPP favouring ABVD

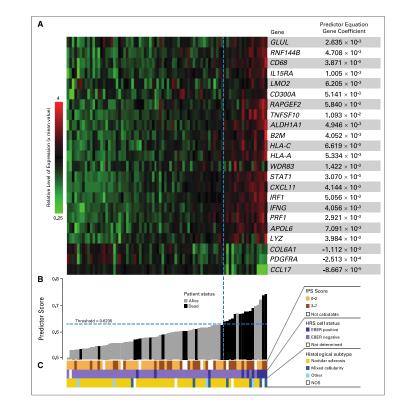
PET interim is the best predictor of PFS





International Prognostic Score (IPS) 1 point per factor (advanced disease)[†]

- Albumin <4 g/dL
- Hemoglobin <10.5 g/dL
- Male
- Age ≥45 years
- Stage IV disease
- Leukocytosis (white blood cell count at least 15,000/mm³)
- Lymphocytopenia (lymphocyte count less than 8% of white blood cell count, and/or lymphocyte count less than 600/mm³)



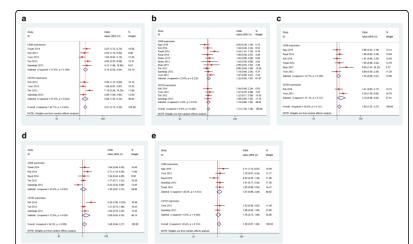


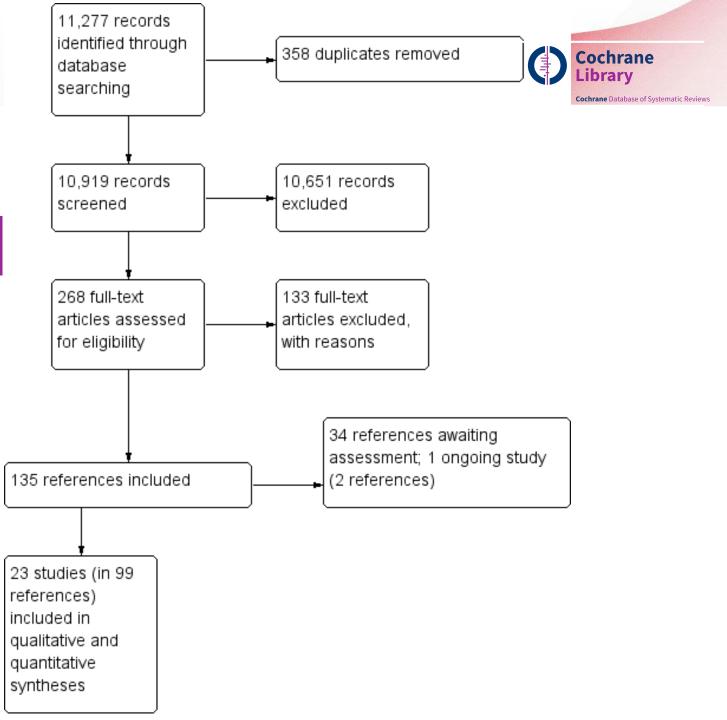
Fig. 4 Mera-analysis of the association between CDS8⁺ and CD163⁺ tumor-associated macrophage (TAM) density and chincal features. The Forest plots show (a) the association between a high CDS8⁺ and CD163⁺ TAM density and presence of Epstein-Bair virus of adult classical Hodgkin lymphoma (cHL) (b) the association between a high CDS8⁺ and CD163⁺ TAM density and presence of Ann Arbor stage of adult cHL (c) the association between a high CDS8⁺ and CD163⁺ TAM density and B-symptoms of adult cHL; (d) the association between a high CDS8⁺ and CD163⁺ TAM density and International Prognostic Factors Project Score of adult cHL and (e) the association between a high CDS8⁺ and CD163⁺ TAM density and International adult cHL; (e) the adult cHL and (e) the association between a high CDS8⁺ and CD163⁺ TAM density and International adult cHL (c) the association between a high CDS8⁺ and CD163⁺ TAM density and International control control control core of adult cHL adult c

Can treatment modification by PET Svecanner tally probably bad gepatist pathways or that ed to recisive and the fractoriness?

> Hasenclever D. *N Engl J Med.* 1998 Guo B. *BMC Medicine.* 2016 Scott DW. *J Clin Oncol.* 2013



Interim PET-results for prognosis in adults with Hodgkin lymphoma: a systematic review and meta-analysis of prognostic factor studies (Review)





Interim PET-results for prognosis in adults with Hodgkin lymphoma: a systematic review and meta-analysis of prognostic factor studies (Review)

Figure 3. Forest plot of comparison: 1 Univariable comparison of PET+ve vs. PET-ve, outcome: 1.1 Overall survival

Study or Subgroup	log[Hazard Ratio]	SE	PET+ve Total	PET-ve Total	Weight	Hazard Ratio IV, Random, 95% CI	Hazard Ratio IV, Random, 95% CI
Barnes 2011	2.220623	1.309795	17	79	5.3%	9.21 [0.71 , 120.03]	
Cerci 2010	1.563053	1.274372	30	74	5.6%	4.77 [0.39 , 58.02]	
Hutchings 2005	3.570366	1.614442	22	63	3.7%	35.53 [1.50 , 841.02]	_
Hutchings 2014	3.231135	0.981951	37	89	8.3%	25.31 [3.69 , 173.42]	_
Kobe 2018	0.9555	0.4724	236	486	18.6%	2.60 [1.03 , 6.56]	
Simon 2016	2.153725	0.654523	32	89	13.9%	8.62 [2.39 , 31.08]	
Touati 2014	0.881751	0.854282	24	44	10.1%	2.42 [0.45 , 12.89]	
Zaucha 2017	0.774	0.2928	24	152	24.1%	2.17 [1.22 , 3.85]	
Zinzani 2012	2.575668	0.833487	53	251	10.4%	13.14 [2.57 , 67.31]	_
Total (95% CI)			475	1327	100.0%	5.09 [2.64 , 9.81]	
Heterogeneity: Tau ² = 0	0.38; Chi ² = 14.39, df = 8	(P = 0.07);]	$2^{2} = 44\%$				•
Test for overall effect: Z	Z = 4.87 (P < 0.00001)					0	0.001 0.1 1 10 1000
Test for subgroup differ	ences: Not applicable						PET+ve PET-ve

Moderate certainty of evidence

Cochrane

Cochrane Database of Systematic Reviews

Librarv



Interim PET-results for prognosis in adults with Hodgkin lymphoma: a systematic review and meta-analysis of prognostic factor studies (Review)



Figure 4. Forest plot of comparison: 1 Univariable comparison of PET+ve vs. PET-ve, outcome: 1.2 Progression-free
survival

Study or Subgroup	log[Hazard Ratio]	SE	PET+ve Total	PET-ve Total	Weight	Hazard Ratio IV, Random, 95% CI	Hazard Ratio IV, Random, 95% CI
Annunziata 2016	2.2192	0.5231	12	56	7.1%	9.20 [3.30 , 25.65]	
Barnes 2011	0.5261	0.9261	17	79	3.0%	1.69 [0.28 , 10.39]	I
Cerci 2010	1.5624	0.4706	30	74	8.1%	4.77 [1.90 , 12.00]	I
Hutchings 2005	0.570366	1.6144	22	63	1.1%	1.77 [0.07 , 41.87]	I
Hutchings 2006	2.187	0.6587	16	61	5.2%	8.91 [2.45 , 32.40]	I
Kobe 2018	0.8198	0.2651	236	486	13.4%	2.27 [1.35 , 3.82]	l _
Mesguich 2016	1.7891	0.6333	16	60	5.5%	5.98 [1.73 , 20.70]	
Rossi 2014	1.873	0.6031	13	46	5.9%	6.51 [2.00 , 21.22]	I
Simon 2016	2.4596	0.4697	32	89	8.1%	11.70 [4.66 , 29.38]	
Straus 2011	1.6268	0.49	24	64	7.7%	5.09 [1.95 , 13.29]	
Touati 2014	1.685	0.5075	24	44	7.4%	5.39 [1.99 , 14.58]	
Ying 2014	3.6783	1.278	10	25	1.7%	39.58 [3.23 , 484.51]	I
Zaucha 2017	1.0753	0.1812	24	152	16.0%	2.93 [2.05 , 4.18]	l .
Zinzani 2012	1.6982	0.3845	53	251	10.0%	5.46 [2.57 , 11.61]	l
Total (95% CI)			529	1550	100.0%	4.90 [3.47 , 6.90]	
Heterogeneity: Tau ² = (0.16; Chi ² = 23.52, df = 13	B (P = 0.04)	4); I ² = 45%	ó			· · · · · · · · · · · · · · · · · · ·
Test for overall effect:							0.002 0.1 1 10 500
Test for subgroup diffe	rences: Not applicable						PET+ve PET-ve

low certainty of evidence

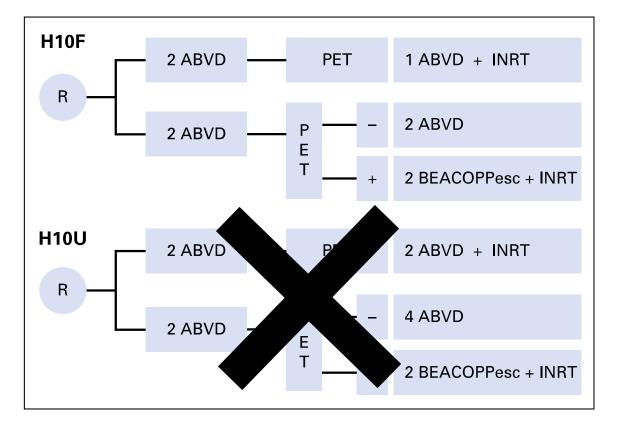


Early – Stage Hodgkin Lymphoma

Favorauble disease



EORTC/LYSA/FIL H10 trial



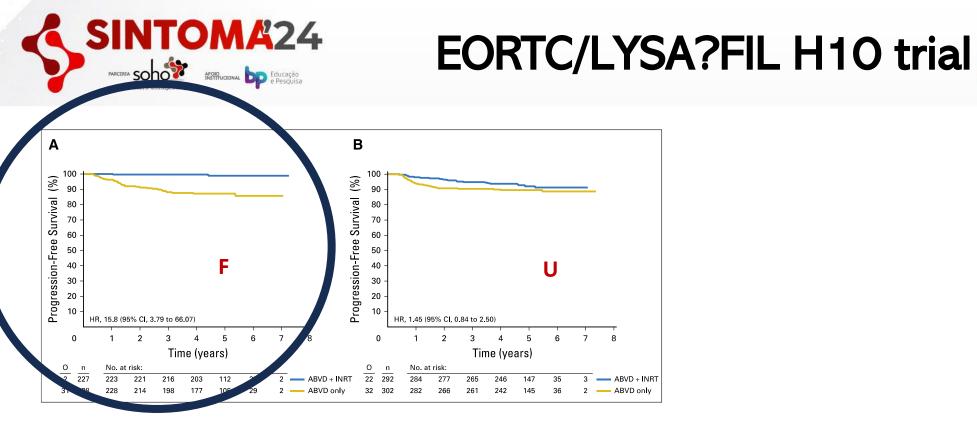
				Trea	tment Arm							
	ePET Negative											
	ePET Posit	ive (n = 361)		Treated per (n =	nitial Protocol 1,059)		Treated per Safety Amendment (n = 505)					
	Favorable (n = 97) and Unfavorable* (n = 264)		Favorable (n = 465)		Unfavorable* (n = 594)		Favorable (n = 185)	Unfavorable* (n = 320)				
Characteristic	3 or 4 ABVD + INRT (n = 192)	2 ABVD+ 2 BEACOPPesc + INRT (n = 169)	3 ABVD + INRT (n = 227)	4 ABVD (n = 238)	4 ABVD + INRT (n = 292)	6 ABVD (n = 302)	3 ABVD + INRT†	4 ABVD + INRT†				
Age, years												
Median	30	30	31	30	32	31	28	31				
Range	15-66	15-70	15-49	15-49	15-70	16-70	17-49	16-68				
Female sex	94 (49.0)	74 (43.8)	96 (42.3)	124 (52.1)	151 (51.7)	165 (54.6)	101 (54.6)	181 (56.6)				
Ann Arbor stage I	47 (24.5)	31 (18.3)	65 (28.6)	76 (31.9)	56 (19.2)	59 (19.5)	50 (27.0)	44 (13.8)				
B symptoms	67 (34.9)	63 (37.3)	18 (7.9)	20 (8.4)	108 (37.0)	121 (40.1)	19 (10.3)	129 (40.3)				
Bulky mediastinum‡	71 (37.0)	69 (40.8)	1 (0.4)	1 (0.4)	121 (41.4)	119 (39.4)	0 (0.0)	135 (42.2)				
Unfavorable prognostic factors*	135 (70.3)	122 (72.2)	3 (1.3)	3 (1.3)	280 (96.0)	290 (96.0)	0 (0.0)	320 (100)				
Nodular sclerosis histology	148 (77.1)	135 (79.9)	175 (77.1)	175 (73.5)	252 (86.3)	249 (82.5)	149 (80.5)	285 (89.1)				
Baseline PET scan	178 (92.7)	160 (94.7)	219 (96.5)	227 (95.4)	278 (95.2)	287 (95.0)	180 97.3)	310 (96.9)				
Follow-up, years												
Median (range)	4.6 (0.5-6.9)	4.4 (0.2-7.2)	5.0 (0.5-7.3)	5.0 (1.0-7.1)	5.1 (0.7-7.1)	5.1 (0.2-7.4)	3.3 (0.5-4.2)	3.5 (0.8-4.3)				
5-Year PFS, % (95% CI)	77.4 (70.4 to 82.9)	90.6 (84.7 to 94.3)	99.0 (95.9 to 99.7)	87.1 (82.1 to 90.8)	92.1 (88.0 to 94.8)	89.6 (85.5 to 92.6)	98.9§ (95.6 to 99.7)	95.5§ (92.5 to 97.3)				
5-Year OS, % (95% Cl)	89.3 (83.4 to 93.2)	96.0 (91.1 to 98.2)	100.0 (na)	99.6 (97.0 to 99.9)	96.7 (93.7 to 98.3)	98.3 (96.0 to 99.3)	100§ (na)	99.7§ (97.7 to 100.0				

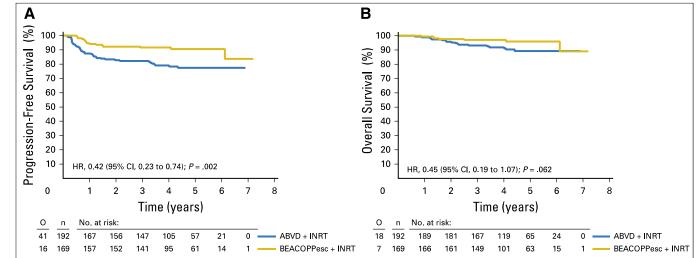
Abbreviations: ABVD, doxorubicin, bleomycin, vinblastine, and dacarbazine; BEACOPPesc, bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine and prednisone; INRT, involved-node radiotherapy; na, not applicable; OS, overall survival; PET, positron emission tomography; PFS, progression-free survival.

Function rate is a point of the following criteria: age \geq 50 years or > 3 nodal areas or mediastinal-thoracic ratio \geq 0.35 or no B symptoms and erythrocyte sedimentation rate (ESR) \geq 50 or B symptoms and ESR \geq 30 Favorable: all others

tAll early PET-negative patients who were included after the safety amendment received treatment with ABVD + INRT, as the independent data monitoring committee recommended to close the ABVD only arm. ‡Bulky mediastinum is defined as a mediastinal-thoracic ratio ≥ 0.35.

\$As the median follow-up is shorter in these groups that were included after the safety amendment, PFS and OS are given at 3 years.



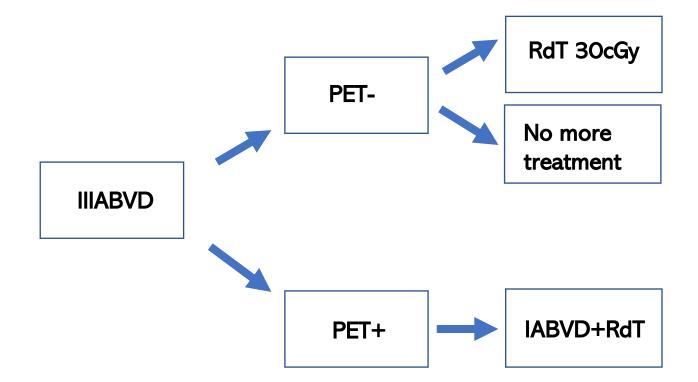


André M. J Clin Oncol. 2017

iPET+



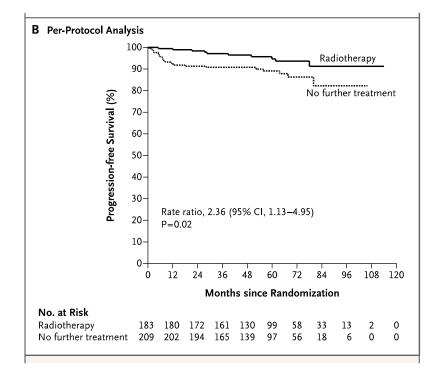
RAPID trial



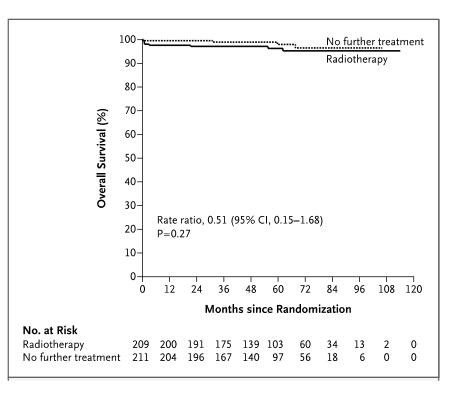
Characteristic	Negative PE	T Findings	Positive PET Findings (N=145)	
	Radiotherapy (N = 209)	No Further Treatment (N=211)		
Age — yr				
Median	34	34	36	
Range	16—74	16–75	18—75	
Sex — no. (%)				
Male	103 (49.3)	107 (50.7)	96 (66.2)	
Female	106 (50.7)	104 (49.3)	49 (33.8)	
Ann Arbor stage — no. (%)*				
ΙΑ	69 (33.0)	70 (33.2)	48 (33.1)	
IIA	140 (67.0)	141 (66.8)	97 (66.9)	
Favorable pretreatment features — no./total no. (%)†				
EORTC criteria ¹⁴	118/184 (64.1)	122/185 (65.9)	85/158 (53.8)	
GHSG criteria ^{15,24}	114/175 (65.1)	136/184 (73.9)	97/153 (63.4)	
No. of nodal sites — no./total no. (%)				
1	77/208 (37.0)	71/210 (33.8)	51/145 (35.2)	
2	67/208 (32.2)	78/210 (37.1)	44/145 (30.3)	
≥3	64/208 (30.8)	61/210 (29.0)	50/145 (34.5)	
Nonmediastinal bulk present — no. (%)	2 (1.0)	1 (0.5)	3 (2.1)	



RAPID trial



35% unfavourable No Bulky 3 cycles





Nodular lymphocyte-predominant HL

19/237 (8)

21/206 (10)

40/443 (9)

HD16 trial

Δ



TABLE 1. Baseline Characteristics of the	e PET-2-Negative Per-Protocol Population				L					
Characteristic	$2 \times ABVD + 20$ Gy IFRT (n = 328)	2× ABVD (n = 300)	Total (N = 628)		1.0 -					
Age, years					1.0		State of the local division of the local div		Latra and 100 0 00 000 1 0 0 10 0	
Median (range)	39 (18-75)	39 (18-75)	39 (18-75)		0.9 -			And in the local division of the		
18-59	294 (90)	261 (87)	555 (88)							
60-75	34 (10)	39 (13)	73 (12)		0.8 -					
Sex					~ 7					
Female	138 (42)	132 (44)	270 (43)	(%)	0.7 -					
Male	190 (58)	168 (56)	358 (57)				5-year estimate	(05% CI)		
Ann Arbor stage				e B	0.6 -					
IA	105 (32)	94 (31)	199 (32)	Rate	0.5 -	2× ABVD + 20 Gy IFRT	93.4% (90.4% to			
IB	16 (5)	16 (5)	32 (5)	£	0.0	2× ABVD	86.1% (81.4% to			
IIA	191 (58)	175 (58)	366 (58)	S	0.4 -	Difference	–7.3% (–13.0% t	o –1.6%)		
IIB	16 (5)	15 (5)	31 (5)	Ъ						
ECOG performance status					0.3 -	Hazard ratio (95% CI)	1.78 (1.02 to 3.1	2)		
0	307 (94)	276 (92)	583 (93)			Log-rank test	P = .040	_)		
1	20 (6)	24 (8)	44 (7)		0.2 -		7 = .040			
2	1 (< 1)	0	1 (< 1)		0 1					
Disease characteristics					0.1 -	Median follow-up	47 months			
Albumin $< 4 \text{ g/dL}$	57 (17)	58 (19)	115 (18)							
Infradiaphragmatic disease	39 (12)	36 (12)	75 (12)			I	I	I	I	I
Bulky disease	59 (18)	54 (18)	113 (18)		(0 12	24	36	48	60
Histologic subtype							Т:	/		
Nodular sclerosis cHL	88/237 (37)	64/206 (31)	152/443 (34)				lime	(months)		
Mixed cellularity cHL	74/237 (31)	75/206 (36)	149/443 (34)							
Lymphocyte-rich cHL	35/237 (15)	31/206 (15)	66/443 (15)							
Lymphocyte-depleted cHL	2/237 (1)	0/206	2/443 (< 1)							
cHL, not otherwise specified	19/237 (8)	15/206 (7)	34/443 (8)							

Fuchs M. J Clin Oncol. 2019



These 3 trials failed to show the non-inferiority of Rdt omission in PET negative patients However, the OS is the same; so concerns can be made in which patient you could eventually avoid Rdt

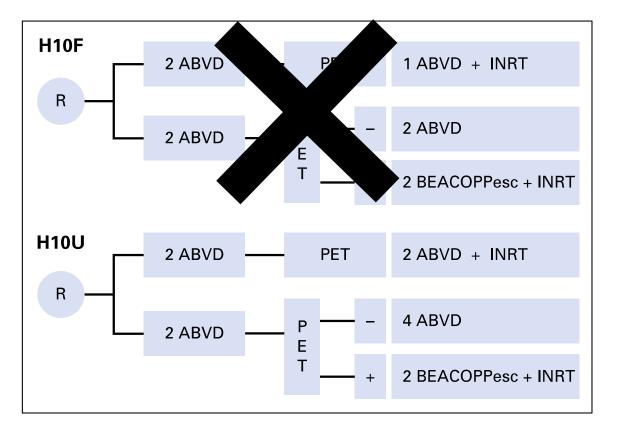


Early – Stage Hodgkin Lymphoma

Unfavorauble disease



EORTC/LYSA HD10 trial



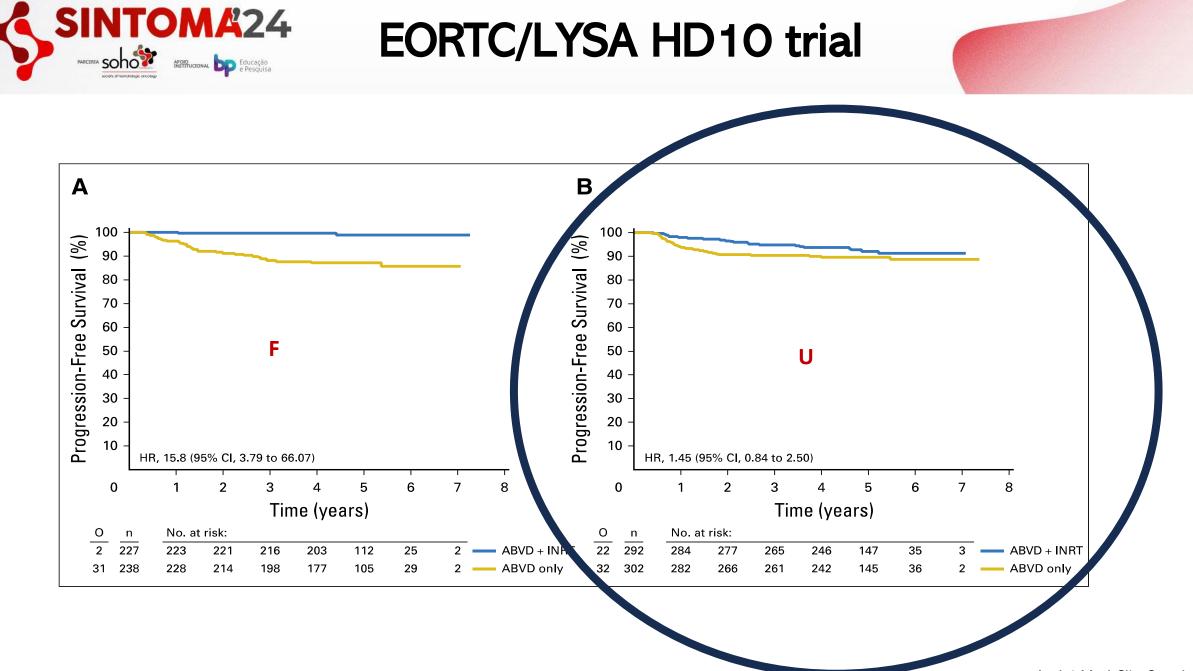
				Trea	tment Arm						
	ePET Negative										
	ePET Positi	ive (n = 361)			nitial Protocol 1,059)		Treated per Safety Amendment (n = 505)				
	Favorable (n = 97) and Unfavorable* (n = 264)		Favorable (n = 465)		Unfavorable	e* (n = 594)	Favorable (n = 185)	Unfavorable* (n = 320)			
Characteristic	3 or 4 ABVD + INRT (n = 192)	2 ABVD+ 2 BEACOPPesc + INRT (n = 169)	3 ABVD + INRT (n = 227)	4 ABVD (n = 238)	4 ABVD + INRT (n = 292)	6 ABVD (n = 302)	3 ABVD + INRT†	4 ABVD + INRT†			
Age, years											
Median	30	30	31	30	32	31	28	31			
Range	15-66	15-70	15-49	15-49	15-70	16-70	17-49	16-68			
Female sex	94 (49.0)	74 (43.8)	96 (42.3)	124 (52.1)	151 (51.7)	165 (54.6)	101 (54.6)	181 (56.6)			
Ann Arbor stage I	47 (24.5)	31 (18.3)	65 (28.6)	76 (31.9)	56 (19.2)	59 (19.5)	50 (27.0)	44 (13.8)			
B symptoms	67 (34.9)	63 (37.3)	18 (7.9)	20 (8.4)	108 (37.0)	121 (40.1)	19 (10.3)	129 (40.3)			
Bulky mediastinum‡	71 (37.0)	69 (40.8)	1 (0.4)	1 (0.4)	121 (41.4)	119 (39.4)	0 (0.0)	135 (42.2)			
Unfavorable prognostic factors*	135 (70.3)	122 (72.2)	3 (1.3)	3 (1.3)	280 (96.0)	290 (96.0)	0 (0.0)	320 (100)			
Nodular sclerosis histology	148 (77.1)	135 (79.9)	175 (77.1)	175 (73.5)	252 (86.3)	249 (82.5)	149 (80.5)	285 (89.1)			
Baseline PET scan	178 (92.7)	160 (94.7)	219 (96.5)	227 (95.4)	278 (95.2)	287 (95.0)	180 97.3)	310 (96.9)			
Follow-up, years											
Median (range)	4.6 (0.5-6.9)	4.4 (0.2-7.2)	5.0 (0.5-7.3)	5.0 (1.0-7.1)	5.1 (0.7-7.1)	5.1 (0.2-7.4)	3.3 (0.5-4.2)	3.5 (0.8-4.3)			
5-Year PFS, % (95% Cl)	77.4 (70.4 to 82.9)	90.6 (84.7 to 94.3)	99.0 (95.9 to 99.7)	87.1 (82.1 to 90.8)	92.1 (88.0 to 94.8)	89.6 (85.5 to 92.6)	98.9§ (95.6 to 99.7)	95.5§ (92.5 to 97.3			
5-Year OS, % (95% Cl)	89.3 (83.4 to 93.2)	96.0 (91.1 to 98.2)	100.0 (na)	99.6 (97.0 to 99.9)	96.7 (93.7 to 98.3)	98.3 (96.0 to 99.3)	100§ (na)	99.7§ (97.7 to 100.0			

Abbreviations: ABVD, doxonubicin, bleomycin, vinblastine, and dacabazine; BEACOPPesc, bleomycin, etoposide, doxorubicin, cyclophosphamide, vinoristine, procarbazine and prednisone; INRT, involved-node radiotherapy; na, not applicable; OS, overall survival; PET, positron emission tomography; PFS, progression-free survival.

*Unfavorable: at least one of the following criteria: age \geq 50 years or > 3 nodal areas or mediastinal-thoracic ratio \geq 0.35 or no B symptoms and erythrocyte sedimentation rate (ESR) \geq 50 or B symptoms and ESR \geq 30 Favorable: all others

tAll early PET-negative patients who were included after the safety amendment received treatment with ABVD + INRT, as the independent data monitoring committee recommended to close the ABVD only arm. ‡Bulky mediastinum is defined as a mediastinal-thoracic ratio ≥ 0.35.

\$As the median follow-up is shorter in these groups that were included after the safety amendment, PFS and OS are given at 3 years.





	Standard combined-modality	PET4-quided treatment
	treatment group (n=546)	group (n=550)
Age, years		
Mean	32.8 (11.0)	32.9 (11.0)
Median	30 (24–39)	31 (24–40)
>50	56 (10%)	62 (11%)
Sex		
Female	294 (54%)	294 (53%)
Male	252 (46%)	256 (47%)
Ann Arbor stage		
IA	20 (47%)	18 (3%)
IB	18 (3%)	12 (2%)
IIA	347 (64%)	376 (68%)
IIB	134 (25%)	143 (26%)
IIIA	0	1 (<1%)
ECOG performance status		
1	448 (82%)	444 (81%)
2	98 (18%)	102 (19%)
3	0	4 (1%)
GHSG risk factors		
Large mediastinal mass	98 (18%)	101 (18%)
Extranodal disease	46 (8%)	43 (8%)
Elevated erythrocyte sedimentation rate	243 (45%)	252 (46%)
≥3 nodal areas involved	393 (72%)	400 (73%)
Other risk factors		
Infra-diaphragmatic disease	35 (6%)	33 (6%)
Bulky disease	283 (52%)	305 (55%)
Histological subtype		
Nodular sclerosis	210/339 (62%)	211/323 (65%)
Mixed cellularity	54/339 (16%)	46/323 (14%)
Lymphocyte-depleted	1/339 (<1%)	0
Lymphocyte-rich	8/339 (2%)	7/323 (2%)
Unspecified classical Hodgkin lymphoma	59/339 (17%)	52/323 (16%)
Nodular lymphocyte-predominant Hodgkin lymphoma	7/339 (2%)	7/323 (2%)
Data are mean (SD), median (IQR), n (%), or n/N ECOG=Eastern Cooperative Oncology Group. GH		cycles of chemotherapy.

	Standard combined- modality treatment group (n=546)	PET4-guided treatment group (n=550)
Dose reductions during eBEACOPP cycles		
Reduction for any reason	92/532 (17%)	119/530 (23%)
Reduction because of a toxicity event	79/532 (15%)	103/530 (19%)
Dose reductions during ABVD cycles		
Reduction for any reason	100/496 (20%)	91/508 (18%)
Reduction because of a toxicity event	89/496 (18%)	79/508 (14%)
Observation time, months in the per-protocol population		
For disease status	45·8 (32·4 - 61·0)	46·4 (32·9 - 61·2)
For survival status	47.4 (35.6–63.0)	48.5 (35.0–62.5)
Tumour events in the per-protocol population		
Any tumour event	5/428 (1%)	15/477 (3%)
Any progression-free survival event	8/428 (2%)	17/477 (4%)
Tumour events		
Progression	2 (<1%)	6 (1%)
Relapse		
≤1 year after end of therapy	3 (<1%)	5 (<1%)
>1 year after end of therapy	6 (1%)	8 (1%)
Any tumour event	11 (2%)	19 (3%)
Any progression-free survival event	15 (3%)	23 (4%)
Cause of death		
Hodgkin lymphoma	0	2 (<1%)
Toxicity of study therapy	0	1 (<1%)
Other disease*	2 (<1%)	3 (<1%)
Second primary malignant neoplasm	2 (<1%)	0
Any death	4 (<1%)	6 (1%)
Second primary malignant neoplasms		
Acute myeloid leukaemia or myelodysplastic syndrome	0	1 (<1%)
Non-Hodgkin lymphoma	1 (<1%)	1(<1%)
Solid tumour†	6 (1%)	6 (1%)
Any event	7 (1%)	8 (1%)

eBEACOPP=escalated doses of etoposide, cyclophosphamide, and doxorubicin, and regular doses of bleomycin, vincristine, procarbazine, and prednisone. ABVD=doxorubicin, bleomycin, vinblastine, dacarbazine. *Included cardiovascular disease (n=2), subarachnoid haemorrhage (n=1), HIV-related cachexia (n=1), and an unknown disease unrelated to Hodgkin lymphoma (n=1). †Included malignant melanoma (n=2), mammary carcinoma (n=2), colorectal cancer (n=1), prostate cancer (n=1), and other rare solid cancers (n=5).

Table 2: Outcomes of the intention-to-treat population



	Standard combined-modality treatment group (n=546)	PET4-guided treatme group (n=550)
Age, years		
Mean	32·8 (11·0)	32.9 (11.0)
Median	30 (24–39)	31 (24–40)
>50	56 (10%)	62 (11%)
Sex		
Female	294 (54%)	294 (53%)
Male	252 (46%)	256 (47%)
Ann Arbor stage		
IA	20 (47%)	18 (3%)
IB	18 (3%)	12 (2%)
IIA	347 (64%)	376 (68%)
IIB	134 (25%)	143 (26%)
IIIA	0	1 (<1%)
ECOG performance status		
1	448 (82%)	444 (81%)
2	98 (18%)	102 (19%)
3	0	4 (1%)
GHSG risk factors		
Large mediastinal mass	98 (18%)	101 (18%)
Extranodal disease	46 (8%)	43 (8%)
Elevated erythrocyte sedimentation rate	243 (45%)	252 (46%)
≥3 nodal areas involved	393 (72%)	400 (73%)
Other risk factors		
Infra-diaphragmatic disease	35 (6%)	33 (6%)
Bulky disease	283 (52%)	305 (55%)
Histological subtype		
Nodular sclerosis	210/339 (62%)	211/323 (65%)
Mixed cellularity	54/339 (16%)	46/323 (14%)
Lymphocyte-depleted	1/339 (<1%)	0
Lymphocyte-rich	8/339 (2%)	7/323 (2%)
Unspecified classical Hodgkin lymphoma	59/339 (17%)	52/323 (16%)
Nodular lymphocyte-predominant Hodgkin lymphoma	7/339 (2%)	7/323 (2%)

HD17

Α 100-90-80-Progression-free survival (%) 70-60-5-year estimate (95% CI) 50 treatment group 40-PET4-guided treatment group 95.1% (92.0 to 97.0) 30 Difference 2·2% (-0·9 to 5·3) 20-10-HR 0.523 (95% CI 0.226-1.211) 0-12 24 36 48 60 0 Number at risk (number censored) 363 (61) Standard treatment 428 (0) 404 (22) 293 (130) 189 (232) 111 (309) PET4-guided treatment 477 (0) 453 (18) 400 (69) 320 (144) 219 (243) 120 (340) В 100-90-80-Progression-free survival (%) 70-60-50-5-year estimate (95% CI) 40-- Standard combined-modality 97.7% (93.6 to 99.2) 30treatment group 20-PET4-guided treatment group 95.9% (92.4 to 97.9) 10Difference 1.7% (-1.8 to 5.3) 0-24 36 12 48 60 Ó Time since randomisation (months) Number at risk (number censored) Standard treatment 274 (0) 259 (14) 234 (38) 191 (81) 125 (146) 72 (198) PET4-guided treatment 323 (0) 308 (12) 278 (40) 227 (88) 156 (158) 86 (227)

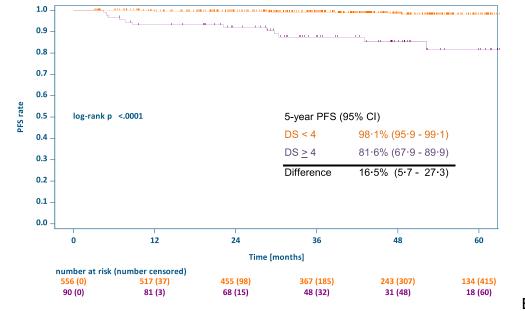
Figure 2: Kaplan-Meier estimates of 5-year progression-free survival in the per-protocol analysis population (A) and in a subset of PET4-negative patients in the per-protocol analysis population (B) PET4=PET scan at the end of four cycles of chemotherapy.



Intention-to-treat analysis of PET4negative and PET4-positive patients assigned to receive radiotherapy:

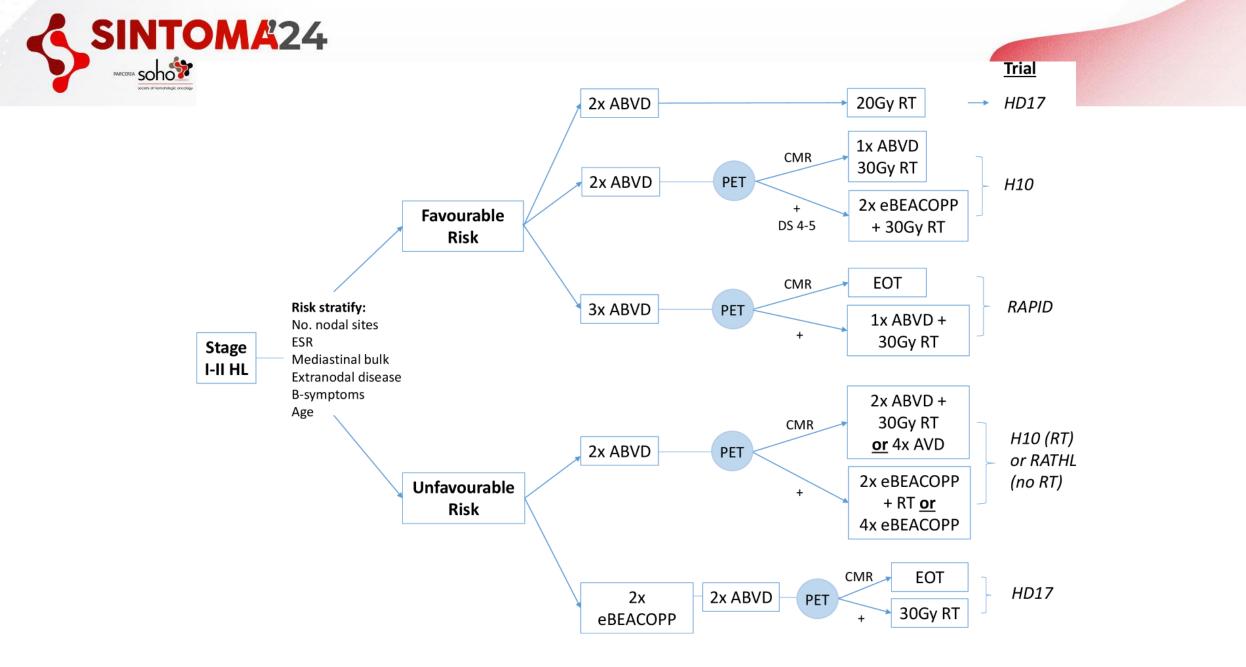
ан санана и санана и санана и санана и санана и сополната и сополната и сополната и сополната и сополната и соп Сополната и сополната 1.0 0.9 0.8 0.7 0.6 **PFS** rate 0.5 log-rank p = 0.02 5-year PFS (95% CI) DS < 2 97.6% (94.0 - 99.0) 0.4 DS > 3 94.2% (90.1 - 96.6) 0.3 3.3% (0.1 - 7.2) Difference 0.2 0.1 0.0 0 12 24 36 48 60 Time [months] number at risk (number censored) 318 (0) 292 (24) 259 (56) 211 (104) 139 (175) 77 (236) 328 (0) 306 (16) 264 (57) 204 (113) 135 (180) 75 (239)

(2) Progression-free survival, PET4-positivity defined as $DS \ge 4$



Borchmann P. The Lancet. 2021

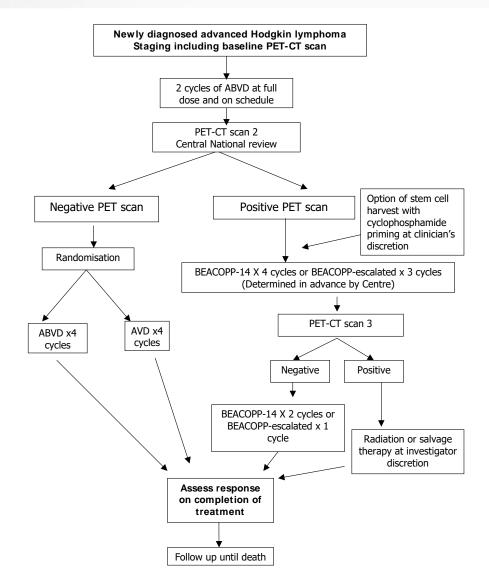
(1) Progression-free survival, PET4-positivity defined as DS \geq 3





Advantage Stage Hodgkin Lymphoma





Characteristic		th Negative ndings	Patients with Positive PET Findings Who Received BEACOPP (N=172)	All Eligible Patients (N=1203)
	ABVD (N=470)	AVD (N=465)		
Age at registration — yr				
Median	32	33	32	33
Range	18–79	18–76	18-70	18–79
Age — no. (%)				
18–24 yr	121 (25.7)	117 (25.2)	47 (27.3)	299 (24.9)
25–44 yr	231 (49.1)	223 (48.0)	75 (43.6)	576 (47.9)
45–59 yr	80 (17.0)	81 (17.4)	32 (18.6)	213 (17.7)
≥60 yr	38 (8.1)	44 (9.5)	18 (10.5)	115 (9.6)
Male sex — no. (%)	261 (55.5)	252 (54.2)	92 (53.5)	656 (54.5)
ECOG performance status — no. (%)†				
0	340 (72.3)	354 (76.1)	123 (71.5)	889 (73.9)
1	113 (24.0)	96 (20.6)	40 (23.3)	271 (22.5)
2	11 (2.3)	9 (1.9)	6 (3.5)	28 (2.3)
3	6 (1.3)	6 (1.3)	2 (1.2)	14 (1.2)
Missing	0	0	1 (0.6)	1 (0.1)
Ann Arbor stage — no. (%)				
Ш	195 (41.5)	197 (42.4)	73 (42.4)	500 (41.6)
III	157 (33.4)	140 (30.1)	34 (19.8)	363 (30.2)
IV	118 (25.1)	128 (27.5)	65 (37.8)	340 (28.3)
B symptoms — no. (%)‡	287 (61.1)	277 (59.6)	121 (70.3)	738 (61.3)
Bulky disease — no. (%)	133 (28.3)	150 (32.3)	79 (45.9)	386 (32.1)
International prognostic score — no. (%)§				
0 or 1	170 (36.2)	172 (37.0)	34 (19.8)	404 (33.6)
2 or 3	219 (46.6)	224 (48.2)	84 (48.8)	579 (48.1)
≥4	75 (16.0)	67 (14.4)	52 (30.2)	209 (17.4)
Missing	6 (1.3)	2 (0.4)	2 (1.2)	11 (0.9)





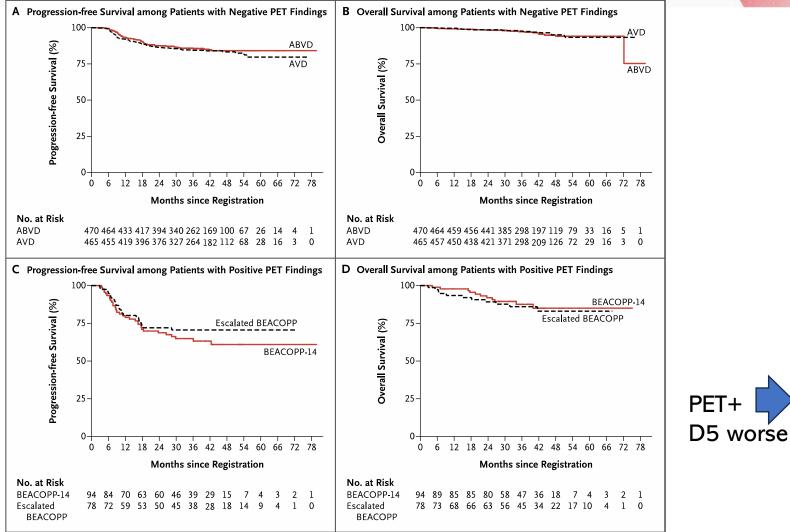
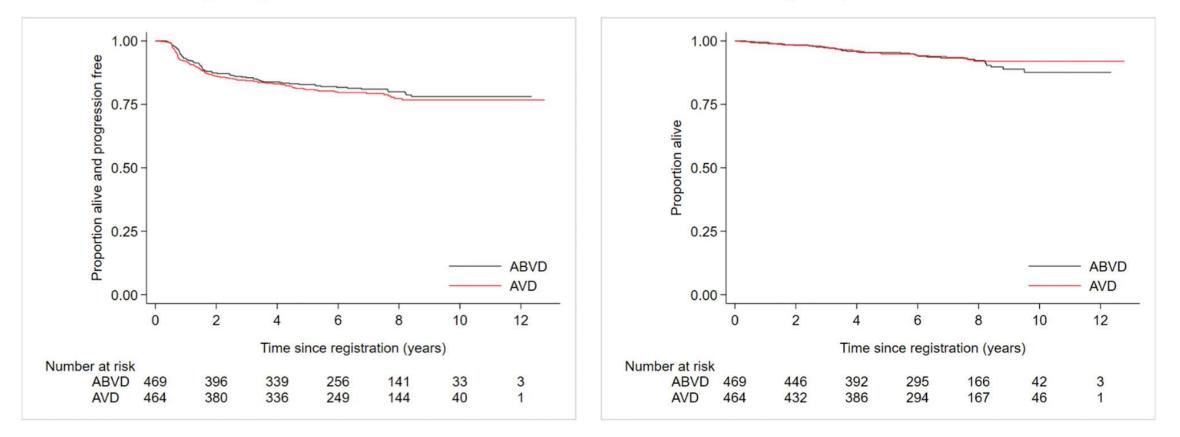


Figure 2. Progression-free and Overall Survival.

Panel A shows progression-free survival among patients with negative PET findings after two cycles of ABVD who underwent randomization, Panel B overall survival among patients with negative PET findings who underwent randomization, Panel C progression-free survival among patients with positive PET findings, and Panel D overall survival among patients with positive PET findings. PFS 67,5%



PFS of PET-negative pts



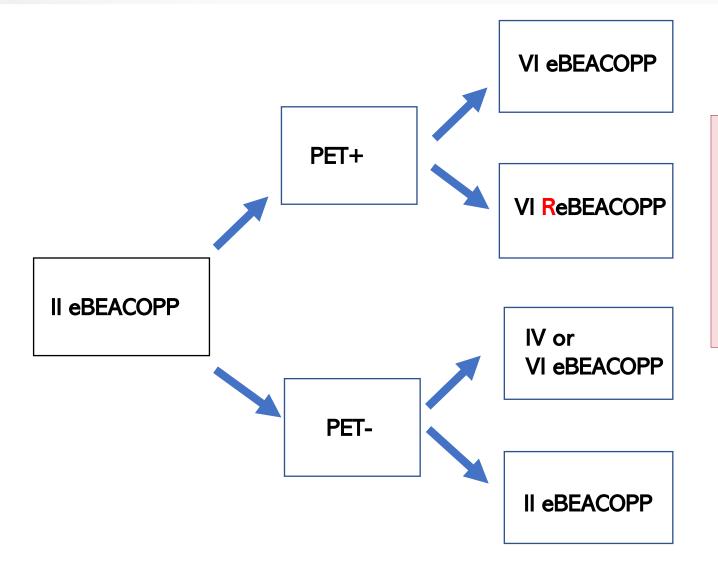
OS of PET-negative pts



Table 2. Outcomes of Therapy.				
Outcome	ABVD (N=470)	AVD (N=465)	BEACOPP (N = 172)	All Eligible Patients (N=1203)*
Alive without disease progression — no. of patients	402	391	117	999
Alive after disease progression — no. of patients	49	57	33	142
Died — no. of patients	19	17	22	62
From Hodgkin's lymphoma	4	8	10	24†
Owing to initial therapy	4	0	4	8
Owing to salvage therapy	4	1	5	10
From second cancer	4 <u>†</u>	6§	0	11†
From cardiac event	1	1	1	4†
From cause unrelated to Hodgkin's lymphoma or treatment	2	1	2	5
3-Yr progression-free survival (95% CI) — % $\P \ $	85.7 (82.1–88.6)	84.4 (80.7–87.5)	67.5 (59.7–74.2)	82.6 (80.2–84.7)
3-Yr overall survival (95% CI) — %**	97.2 (95.1–98.4)	97.6 (95.6–98.7)	87.8 (81.5–92.1)	95.8 (94.4–96.8)
Second cancer — no. of patients	13	11	3	29
Ann Arbor stage III or IV and age ≤60 yr				
3-Yr progression-free survival (95% CI) — %	82.1 (76.5–86.5)	82.1 (76.3–86.4)	63.9 (52.9–72.9)	79.8 (76.3–82.9)
3-Yr overall survival (95% CI) — %	95.9 (92.2–97.9)	97.8 (94.8–99.1)	87.8 (78.9–93.0)	94.6 (92.5–96.2)

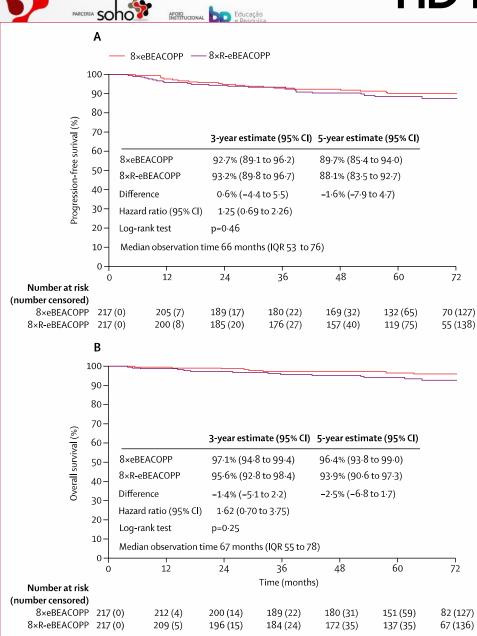


HD18 trial

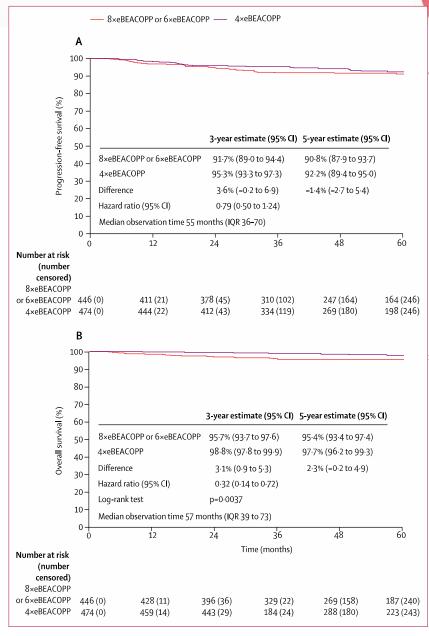


	PET-2-positive co	PET-2-positive cohort PET-2-negative cohort		:	
	8×eBEACOPP (n=217)	6×eBEACOPP (n=506)	8×R-eBEACOPP (n=217)	6 × eBEACOPP or 8 × eBEACOPP (n=504)	4×eBEACOPP (n=501)
Time of recruitment (range)	May, 2008, to May, 2011	May, 2011, to July, 2014	Dec, 2008, to May, 2011	May, 2008, to July, 2014	May, 2008, to July, 2014
Age (years)*					
Median (IQR)	30 (23–40)	31 (24–42)	29 (23–41)	32 (24–44)	33 (25–44)
18–19	18 (8%)	30 (6%)	21 (10%)	34 (7%)	44 (9%)
20–29	84 (39%)	195 (39%)	91 (42%)	186 (37%)	166 (33%)
30–39	59 (27%)	142 (28%)	45 (21%)	104 (21%)	122 (24%)
40-49	41 (19%)	84 (17%)	42 (19%)	91 (18%)	89 (18%)
50–60	15 (7%)	55 (11%)	18 (8%)	89 (18%)	80 (16%)
Sex					
Female	88 (41%)	211 (42%)	86 (40%)	188 (37%)	188 (38%)
Male	129 (59%)	295 (58%)	131 (60%)	316 (63%)	313 (62%)
				(Table 1 c	ontinues on next page)

HD18 trial



SINTOMA24



Borchmann P. Lancet. 2017



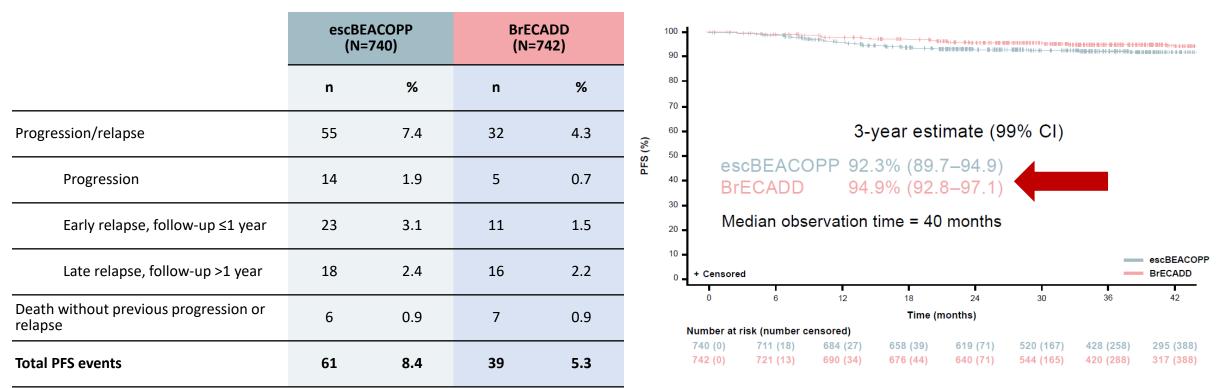
	8×eBEACOPP (n=288)	6×eBEACOPP (n=216)	4×eBEACOPP (n=501)
Severe protocol deviations			
Discontinuation due to toxicity	11 (4%)	0	2 (<1%)
Patient withdraws from chemotherapy	18 (6%)	4 (2%)	1 (<1%)
Administration of more than target number of chemotherapy cycles	0	0	6 (1%)
Other or unknown*	7 (2%)	4 (2%)	7 (1%)
Any severe protocol deviation	36 (13%)	8 (4%)	16 (3%)
Toxicity and supportive measures†			
Haematological toxicities of CTCAE grade III or IV			
Anaemia	164 (57%)	110 (51%)	195 (39%)
Thrombopenia	212 (74%)	150 (70%)	286 (57%)
Leukopenia	268 (93%)	199 (93%)	438 (88%)
Anaemia, thrombopenia or leukopenia	274 (95%)	202 (94%)	447 (90%)
Infection	50 (17%)	25 (12%)	40 (8%)
Organ toxicities of CTCAE grade III or IV			
Nausea or vomiting	31 (11%)	18 (8%)	32 (6%)
Mucositis	26 (9%)	13 (6%)	28 (6%)
Gastrointestinal tract disorders	15 (5%)	14 (7%)	11 (2%)
Respiratory tract disorders	16 (6%)	4 (2%)	10 (2%)
Nervous system disorders	37 (13%)	15 (7%)	17 (3%)
Any organ toxicity‡	62 (22%)	29 (13%)	38 (8%)
Toxicities of CTCAE grade III or IV			
Any toxicity‡	280 (98%)	205 (95%)	455 (91%)
Treatment-related morbidity			
Any organ toxicity of CTCAE grade III or IV‡	62 (22%)	29 (13%)	38 (8%)
Anaemia, thrombopenia or infection of CTCAE grade IV	169 (59%)	115 (53%)	187 (38%)
Treatment-related morbidity	189 (66%)	132 (61%)	204 (41%)
Onset of treatment-related morbidity			
Cycles 1–4	135 (47%)	100 (47%)	204 (41%)
Cycles 5– 6	30 (10%)	32 (15%)	NA
Cycles 7–8	24 (8%)	NA	NA
Febrile neutropenia			
Occurrence of febrile neutropenia	96 (33%)	49 (23%)	109 (22%)
Hospitalisation due to febrile neutropenia	71 (25%)	39 (18%)	90 (18%)
Onset of febrile neutropenia			
Cycles 1–4	69 (24%)	39 (18%)	109 (22%)
Cycles 5–6	16 (6%)	10 (5%)	NA
Cycles 7–8	11 (4%)	NA	NA
Supportive measures			
Use of G-CSF	286 (100%)	212 (99%)	495 (99%)
Platelet infusions	132 (46%)	72 (33%)	122 (24%)
Red blood cell transfusions	203 (71%)	129 (60%)	233 (47%)
Data are n (%). PET-2=positron emission tomography after two cycles of chemotherapy. eBEACOPP=bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, and prednisone in escalated dose.			

etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, and prednisone in escalated dose. CTCAE=Common Terminology Criteria for Adverse Events. G-CSF=granulocyte-colony stimulating factor. NA=not applicable. "Including patient refusal to continue with radiotherapy (n=1), no radiotherapy in spite of panel recommendation (n=1), radiotherapy without panel recommendation (n=4), violation of inclusion or exclusion criteria (n=3), lack of compliance (n=3), withdrawal of consent (n=2), treatment in non-participating centre (n=1), restaging not timely performed (n=1), unknown (n=2). †Documentation of chemotherapy missing in five (<1%) of 1005 patients; toxicity and supportive measures assessed in 287 patients in the 8 × eBEACOPP group, 215 patients in the 6 × eBEACOPP group, and 498 patients in the 4 × eBEACOPP group. ‡Also including urogenital tract, cardiac and skin disorders, drug fever, and allergy.

Table 3: Therapy adherence, acute toxicities and supportive measures during chemotherapy of patients with negative PET-2, randomised intention-to-treat set

PFS in the ITT population

HD21 trial



PFS events at a median follow-up of 40 months

3-year PFS in the ITT population

With an HR of 0.63 for PFS (in favor of BrECADD), the HR bound of 1.02 is excluded and non-inferiority of BrECADD established vs escBEACOPP. The 99% CI for the HR (1.07–0.37) indicates a trend towards superiority (to be determined at final analysis with 95% CI)

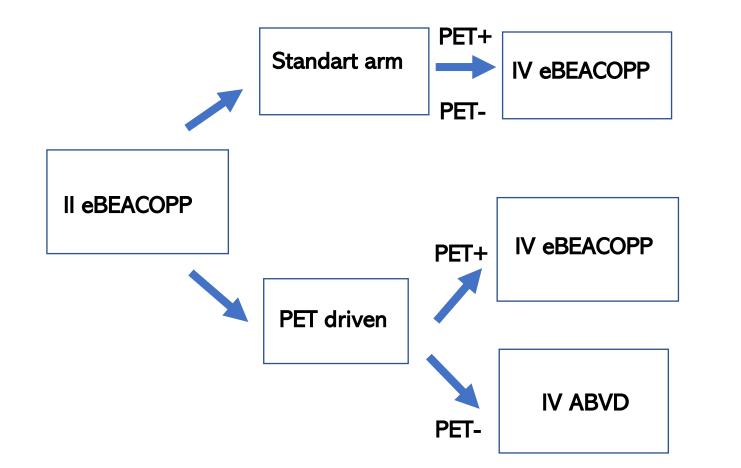
BrECADD, brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone; CI, confidence interval; escBEACOPP, escalated bleomycin, etoposide, doxorubicin, cyclophosphamide, vincristine, procarbazine, prednisone; HR, hazard ratio; ITT, intention-to-treat; PFS, progression-free survival.

Borchmann P et al. Oral presentation LBA4. Presented at the 17th International Conference on Malignant Lymphoma, June 13–17, 2023.





AHL2011 trial



	Standard treatment group (n=413)	PET-driven treatment group (n=410)
Median (IQR) age (years)	31 (23 - 41)	29 (24–40)
Men	263 (64%)	253 (62%)
Women	150 (36%)	157 (38%)
ECOG score		
0	203 (49%)	193 (47%)
1	181 (44%)	184 (45%)
2	27 (7%)	31 (8%)
Missing	2 (<1%)	2 (<1%)
3 symptoms	282 (68%)	278 (68%)
Ann Arbor stage		
1	0	2 (<1%)
II	44 (11%)	52 (13%)
Ш	114 (28%)	115 (28%)
IV	255 (62%)	241 (59%)
Stage IIA	2 (<1%)	7 (2%)
Stage IIB	42 (10%)	45 (11%)
Mediastium to	41 (98%)	45 (100%)
thorax ratio ≥0.33	(3)	
Extra nodal localisation	6 (14%)	4 (9%)
Bulky mass		
≥10 cm	143 (35%)	134 (33%)
<10 cm	233 (56%)	229 (56%)
Missing	37 (9%)	47 (11%)
Bone marrow involved	33 (8%)	32 (8%)
nternational prognosis score		
0–2	160 (39%)	183 (45%)
≥3	250 (61%)	225 (55%)
Missing	3 (<1%)	2 (<1%)
Pathology review		
Hodgkin lymphoma		
Nodular sclerosis	273 (74%)	264 (74%)
Mixed cellularity	20 (5%)	22 (6%)
Lymphocyte-depleted	2 (<1%)	3 (<1%)
Lymphocytes rich	2 (<1%)	1 (<1%)
Interfollicular	1 (<1%)	0
Unclassified	51 (14%)	61 (17%)
Grey zone lymphoma	20 (5%)	3 (<1%)
Anaplastic large cell lymphoma ALK negative	0	2 (<1%)
EBV-associated B-cell lymphoproliferative disorder	1 (<1%)	0
Insufficient material	1 (<1%)	1(<1%)
Missing	42 (10%)	53 (13%)

Casasnovas R. Lancet Oncol. 2019

Table 1: Baseline characteristics

Group. ALK=anaplastic lymphoma kinase. EBV=Epstein-Barr virus.



AHL2011 trial

	Number of patients (%)	5-year progression-free survival (95%CI)	Univariate analysis		Multivariate analysis	
			HR (95% CI)	p value	HR (95% CI)	p value
PET assessments						
PET2 and PET4 negative	654 (79%)	92·5 (90·1 - 94·3)				
PET2 positive, PET4 negative	62 (8%)	75·4 (62·5 - 84·4)	3·59 (2·01 - 6·40)	<0.0001	2·57 (1·33 - 4·92)	0.0046
PET4 positive	43 (5%)	46·5 (31·2 - 60·4)	13·14 (7·98 - 21·62)	<0.0001	10·37 (6·03 - 17·79)	<0.0001
Sex						
Female	516 (63%)	88·2 (81·9 - 92·5)				
Male	307 (37%)	84·6 (81·1 - 87·5)	1·73 (1·11 - 2·68)	0.013	1·41 (0·84 - 2·35)	0.19
Eastern Cooperative Oncology Gro	oup score					
0	396 (48%)	87·8 (84 - 90·8)				
1	365 (44%)	84·3 (78·7 - 88·5)	1·14 (0·75 - 1·72)	0.53	0·85 (0·52 - 1·38)	0.44
2	58 (7%)	86·1 (74·1 - 92·8)	1·29 (0·61 - 2·74)	0.50	1·27 (0·57 - 2·84)	0.34
B symptoms						
No	263 (32%)	88·6 (83·5 - 92·2)				
Yes	560 (68%)	84·7 (80·8 - 87·9)	1·41 (0·90 - 2·18)	0.12	1.06 (0.60–1.83)	0.037
Ann Arbor stage						
IIB	87 (11%)	86·3 (76·3 - 92·3)				
III-IV	725 (89%)	85·8 (82·5 - 88·5)	1.00 (0.53 - 1.86)	0.43	1·25 (0·57 - 2·74)	0.32
Bulk						
<10 cm	462 (63%)	87.8 (83.4–91.1)				
≥10 cm	277 (37%)	83.6 (78.4-87.7)	1.60 (1.05–2.42)	0.027	1.246 (0.76–2.01)	0.79
International prognosis score						
0–2	343 (42%)	91.9 (88.4-94.4)				
	475 (58%)	83.7 (79.9-86.9)	1.92 (1.24–2.94)	0.0025	1.60 (0.72-2.03)	0.044

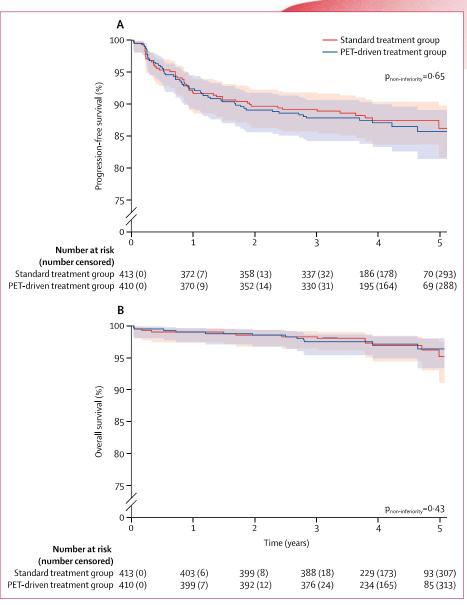


Figure 2: Kaplan-Meier curves of survival outcomes by treatment group in the intention-to-treat population (A) Progression-free survival. (B) Overall survival. Data are survival estimates with 95% Cls.



AHL2011 trial

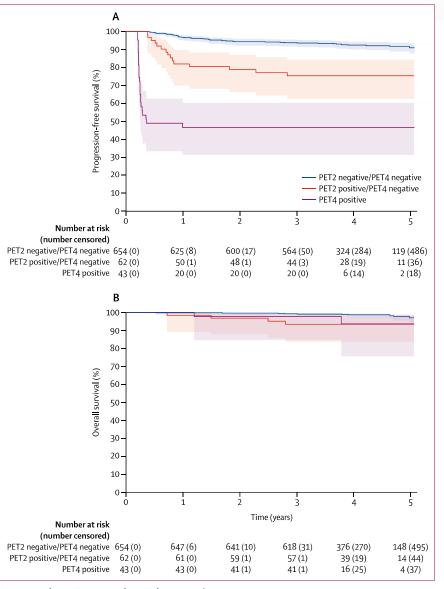


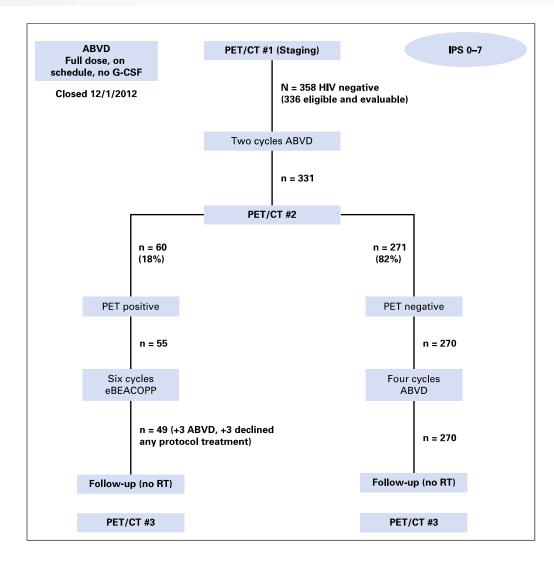
Figure 3: Kaplan-Meier curves of survival outcomes by PET response

(A) Progression-free survival. (B) Overall survival. Data are survival estimates with 95% CIs. PET2=PET after two induction cycles. PET4=PET after four induction cycles.

Casasnovas R. Lancet Oncol. 2019



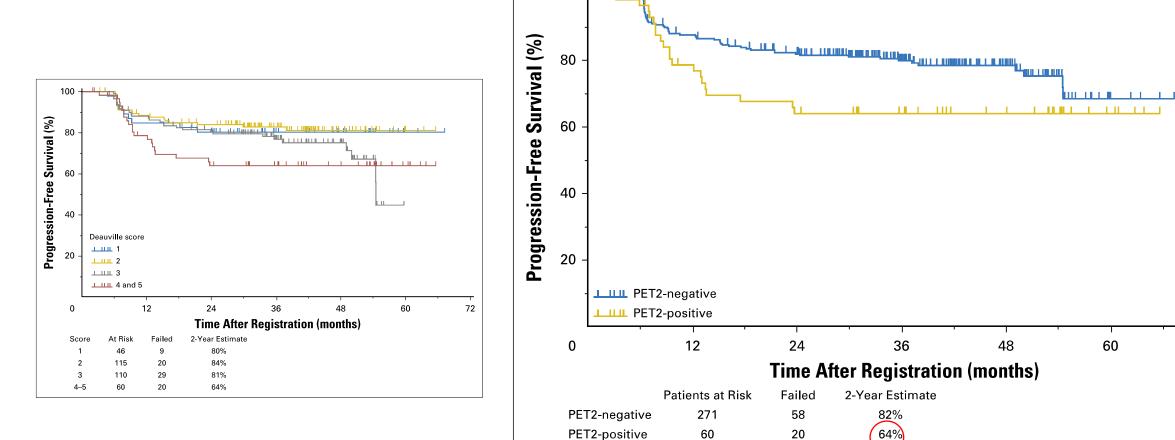
SWOG S0816



8	WOG S0816 (n = 336)	
Characteristic	No.	%
Age, years		
Median	32	
Range	18-60	
Sex		
Male		56
Female		44
Race		
White		82
Other		18
Stage		
		52
		48
"B" symptoms		62
Bulk $> 10 \text{ cm}$		18
IPS		10
0-2		49
3-7		51



SWOG S0816



100

72

SINTOMA24 SWOG SO816- 5 years follow-up

Key Points

- Nearly 25% of patients with a negative PET2 relapsed, demonstrating limitations of frontline ABVD and low negative predictive value of PET2.
- In patients with a positive PET2 who received eBEACOPP, PFS was favorable, but was associated with a high rate of second cancers.

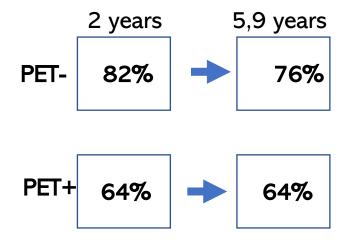
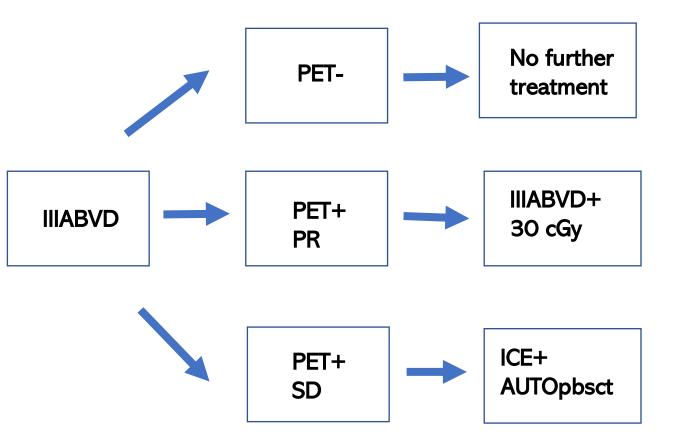


Table 4. Second Primary Cancers Reported By Patients Treated on S0816					
S0816	Type of Second Cancer	Salvage	SCT Prior	Time from	
Therapy		Therapy	to Second	S0816	
Received		for HL	Cancer	Treatment to	
		Prior to		Second	
		Second		Cancer	
		Cancer		(years)	
eBEACOPP	Myelodysplastic Syndrome	Y	N	5.1	
eBEACOPP	Kidney	Ν	Ν	2.9	
eBEACOPP	Melanoma	Ν	Ν	5.0	
eBEACOPP	Non-Hodgkin lymphoma	Ν	Ν	1.1	
eBEACOPP	Cervical	Ν	Ν	0.8	
eBEACOPP	Medullary thyroid	Ν	Ν	5.2	
eBEACOPP	Basal cell carcinoma	N	N	2.9	
ABVD	Kidney	Ν	Ν	0.6	
ABVD	Melanoma	Ν	Ν	3.9	
ABVD	Non-Hodgkin lymphoma	Ν	Ν	0.6	
ABVD	Bladder	Ν	Ν	4.8	
ABVD	Prostate	Ν	Ν	4.4	
ABVD	Squamous cell carcinoma	Ν	Ν	5.2	
ABVD = dox	korubicin, bleomycin, vinblastine,	and dacarbazin	e; eBEACOPI	$\mathbf{P} = \text{escalated}$	
•	etoposide, doxorubicin, cyclophos	▲ ·	· •	-	
pred	nisone; HL = Hodgkin lymphoma	; $SCT = stem c$	ell transplanta	tion	

14% X 2% second neoplasia



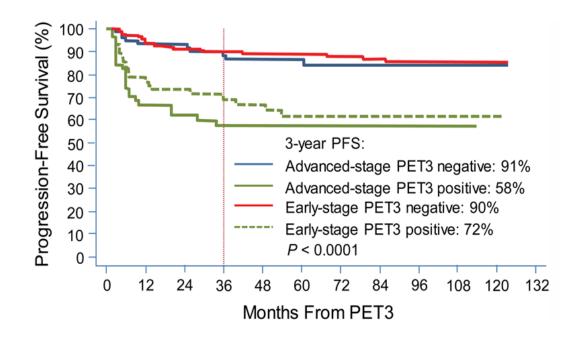
GATLA LH-05 TRIAL



Characteristic	All evaluable patient $(n = 377)$	
Median age (range), years	31 (18-89)	
Male sex, n (%)	173 (46)	
Performance status, n (%)		
0–1	362 (95)	
2	6 (2)	
≥3	3 (1)	
Not available	6 (2)	
Ann Arbor stage, n (%)		
Early (I to II non-bulky)	239 (63)	
Advanced (II, bulky-III-IV)	138 (37)	
Bulky disease, n (%)	66 (17)	



GATLA LH-05 TRIAL



Follow-up: 69 months

Characteristic	All evaluable patients $(n = 377)$		
Median age (range), years	31 (18–89)		
Male sex, n (%)	173 (46)		
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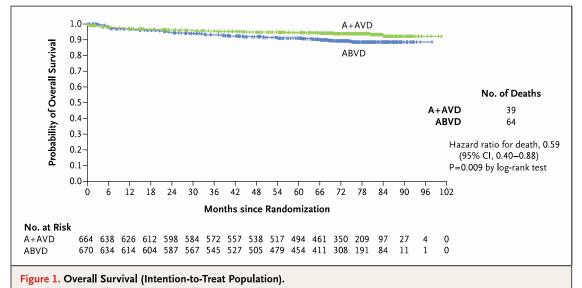
Table III. Cox multivariate analysis for progression-free survival,

Characteristic at diagnosis $N = 377$	P value	HR (95% CI)
Age <60 vs. >60 years	0.626	1.0 (0.9 - 1.0)
Bulky disease (yes <i>versus</i> no)	0.721	$1 \cdot 1 \ (0 \cdot 4 - 1 \cdot 4)$
Early versus advanced stage	0.490	0.8 (0.4 - 1.4)
PET3 (positive versus negative)	<0.0001	3.8 (2.4-6.3)

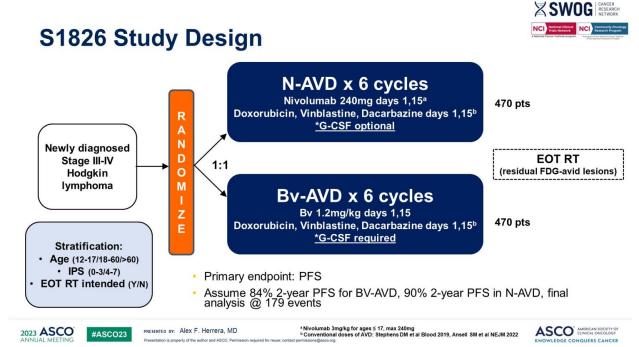
Table I. Clinical characteristics of evaluable patients.



Not PET driven (Echelon-1 and SWOG1826)



The intention-to-treat population included all the patients who underwent randomization. Tick marks indicate censored data. A+AVD denotes brentuximab vedotin plus doxorubicin, vinblastine, and dacarbazine; and ABVD doxorubicin, bleomycin, vinblastine, and dacarbazine.





PET Discordance

1) Detection-based discrepancies.

1) 1) Lesion not evaluable

One reader interpreted uptake as residual lymphoma, whilst the other reader considered that this region was not evaluable, e.g. due to the presence of activated brown fat tissue or motion artifacts.

1) 2) Lesion overlooked

One of the two readers interpreted a lesion as residual lymphoma and the other reader overlooked the lesion.

2) Interpretation-based discrepancies.

2) 1) Malignant vs. non-pathological

One reader interpreted uptake as residual lymphoma, whilst the other reader interpreted the uptake as physiological or artifactual uptake.

2) 2) Malignant vs. inflammatory

One reader interpreted a lesion as residual lymphoma, the other reader as inflammation or infection.

3) Evaluation-based discrepancies.

3) 1) Different hottest lesions

Both readers chose different 'hottest' lesions.

3) 2) Different vDS

The two readers agreed on the location of the 'hottest' residual lesion, yet disagreed in their interpretation of the vDS.



PET Discordance

	R1 vDS 1	R1 vDS 2	R1 vDS 3	R1 vDS 4	R1 vDS 5	Sum
R2 vDS 1	109	32	12	12	0	165
R2 vDS 2	44	81	10	3	0	138
R2 vDS 3	11	33	39	7	2	92
R2 vDS 4	3	3	8	7	8	29
R2 vDS 5	0	1	1	2	13	17
Sum	167	150	70	31	23	441

Table 2. Comparison of the visual Deauville scores (vDS) of reader 1 (R1) and reader 2 (R2).

https://doi.org/10.1371/journal.pone.0283694.t002



PET Discordance

Table 3. Comparison of the quantitative Deauville score (qDS) in minor visual discrepancies.

Minor visual discrepancies					
Discrepancy betweenNConcordant qDSRatio					
vDS 1/2	76	-	-		
vDS 2/3	43	22	51%		
vDS 3/4	15	6	40%		
vDS 4/5	10	7	70%		
Overall (without DS 1/2)	68	35	51%		

https://doi.org/10.1371/journal.pone.0283694.t003



TMTV at baseline- HD10



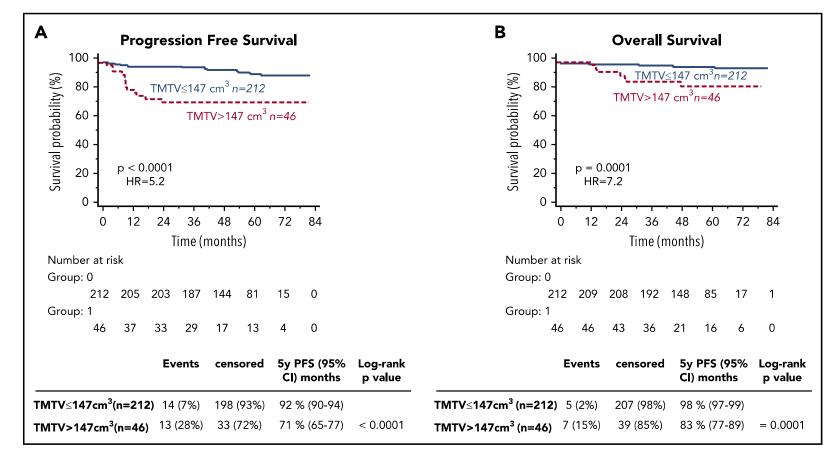


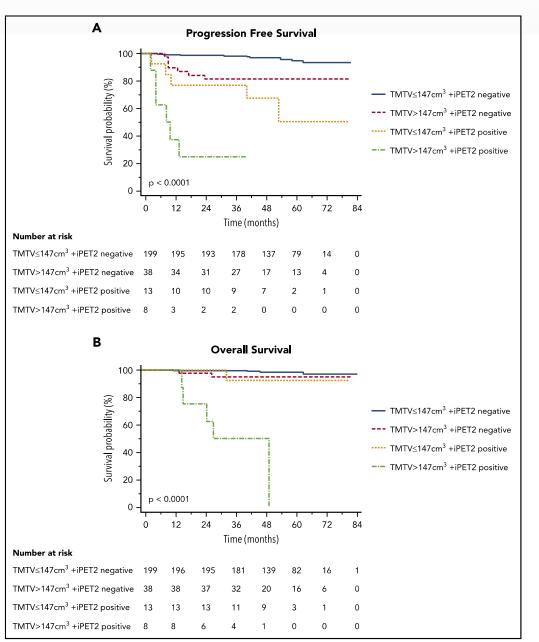
Figure 1. PFS and OS according to high total metabolic tumor volume (TMTV >147 cm³) or low TMTV (TMTV ≤147 cm³).

TMTV at baseline- HD10

SINTOM#24

APOIDUCIONAL bp Educação e Pesquisa

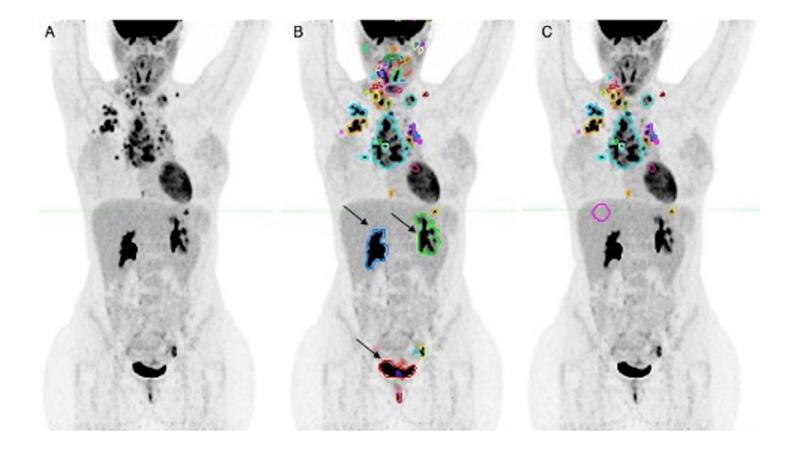
PARCERIA SONO



Segolène A. Blood. 2018



TMTV at baseline





TMTV at baseline

Table 3. Univariate and multivariate analys	is.
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Variable	Univariate <i>p</i> -Value	Multivariate <i>p-</i> Value
TMTV > 177.02 mL	0.002 *	0.013 *
SUV _{max} > 14.67	0.002 *	0.002 *
Stage (advanced)	0.022 *	0.067
$Age \ge 45$ years	0.045 *	0.05 *
Sex	0.478	Excluded
$WBC \ge 15,000/mm^3$	0.222	Excluded
Symptoms (present)	0.942	Excluded
$\textbf{Albuminemia} \geq 4 \text{ g/dL}$	0.287	Excluded
Fibrinogen $\ge 400 \text{ mg/dL}$	0.718	Excluded
Erythrocyte sedimentation rate (>30 mm/h with B symptoms vs. >50 mm/h without)	0.714	Excluded
Hemoglobinemia < 10.5 g/dL	0.899	Excluded
Lymphocyte count < 600/mm ³ or <8% of WBC	0.896	Excluded
LDH > normal range	0.846	Excluded

TMTV: total metabolic tumor volume; SUV_{max}: maximum standardized uptake value; Stage (advanced): Ann Arbor stages from IIB with bulk to IV; WBC: white blood cell count; LDH: lactate dehydrogenase; *: $p \le 0.05$.



Brazilian Cohort

Table 1 Baseline characteristics of patients

CHARACTERISTICS	N = 234 (%)
Female	131 (56)
Age (years)	
Median	30
Range	14-79
Age ≥ 45	56 (24)
Age ≥ 60	27 (11.5)
Histological subtype	
Non-other specification	95 (40.5)
With subclassification	139 (59.5)
Nodular sclerosis	114 (82)
Mixed cellularity	18 (13)
Lymphocyte-rich	7 (5)
Clinical stage	
I - II	95 (40.6)
III – IV	139 (59.4)
B Symptoms	165 (70.5)
Bulky ^a	133 (57)
Mediastinal bulky	81/133 (61)
Risk stratification	
$GHSG^{b} \ge 1$	81/95 (88)
$IPS^c > 2$	79/139 (58)
ECOG > 2	18 (7.7)

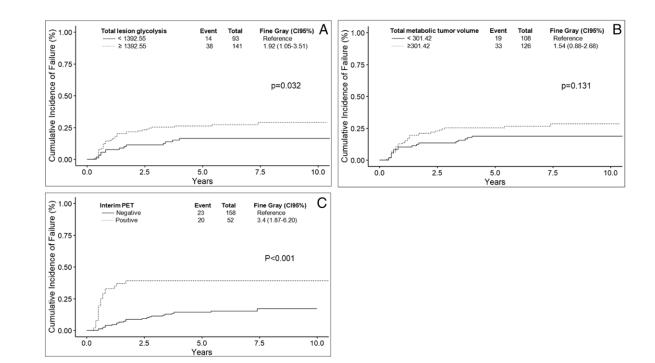


Fig. 1 Seven-year cumulative incidence of treatment failure with death as a competitor for: **A**: low and high TLG: 15.3% vs 26.6%, respectively; **B**: low and high TMTV: 18.0% vs 25.7%, respectively; **C**: interim PET negative: 15.1% vs positive: 39%



Brazilian Cohort

Table 4 Impact of Δ SUVmax, Δ TMTV and Δ TLG on progression-free survival

		Univariate analysis		Multivariate analysis	
Parameter	cutoff	HR (95% CI)	<i>p</i> -Value	HR (95% CI)	<i>p</i> -Value
ΔSUVmax	≥68.8%	0.25 (0.09–0.66)	0.005	0.31 (0.11- 0.86)	0.024
$\Delta TMTV$	≥92.7%	0.42 (0.19–0.95)	0.037	0.76 (0.32–1.76)	0.519
ΔTLG	≥99.6%	0.16 (0.02–1.15)	0.068	0.23 (0.03–1.79)	0.160

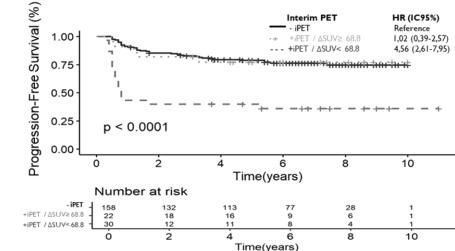
Cox proportional risk model



Brazilian Cohort

Variable ^a	Univariate ($N = 234$)		Multivariate $(N=161)$	
	HR (IC95%)	p value	HR (IC 95%)	p value
TMTV≥301.4	1.54 (0.88–2.68)	0.133	_	_
TLG≥1392.55	1.92 (1.05-3.51)	0.035	-	-
Positive iPET	3.40 (1.87-6.20)	< 0.001	3.40 (1.87-6.20)	< 0.001
Male sex	1.56 (0.91-2.67)	0.105	-	-
$\text{ERS} \ge 50$	2.01 (1.08-3.75)	0.027	-	-
Leucocytes≥15,000	1.78 (0.95-3.33)	0.072	-	-
CRP≥55.4	1.95 (1.02-3.74)	0.043	2.15 (1.02 - 4.54)	0.043
Subset of early stage				
Univariate (N=95)			Multivariate (N = 78)	
TMTV≥419.52	2.38(1.04-5.48)	0.041	-	-
TLG≥1392.55	3.81(1.51-9.62)	0.004	-	-
Positive iPET	4.80 (2.03-11.3)	< 0.001	3.82(1.53-9.58)	0.004
Nodal area \geq 3	2.39 (0.42-0.92)	0 .074	-	
ERS \geq 30 and B symptoms or ERS \geq 50 ^b	3.51 (1.16–10.7)	0.027	3.00(0.94–9.57)	0.063

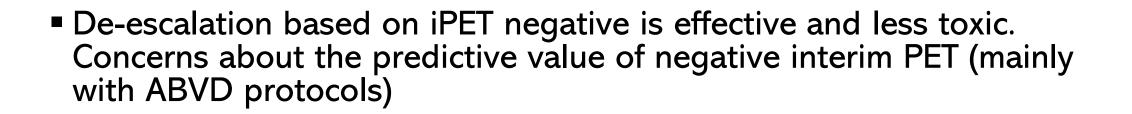
Fig. 2 Progression-free survival according to visual and quantitative iPET analysis: -PET: negative iPET (Deauville score 1, 2 or 3), + iPET/ Δ SUVmax \geq 68.8: positive iPET (Deauville score 4 or 5) and SUVmax reduction \geq 68.8%, + iPET/ Δ SUVmax <68.8: positive iPET (Deauville score 4 or 5) and SUVmax reduction <68.8%



^aAll variables with p < 0.20 in the univariate and included in the multivariate

^bMissing data: 14





Conclusions

- Escalation with iPET positive is a more effective therapy but carries more toxicity
- It remains controversial which is the best approuch in first line treatment for patients with advanced disease (nivo-avd x brecadd)
- iPET in immunotherapy era at first line? ctDNA will replace?



Obrigada!

Talita Silveira