PEDIATRIC LYMPHOMA

R. Carr J. Fidalgo H. Moller

NON-HODGKIN LYMPHOMA IN ADOLESCENT AND YOUNG ADULTS - A NATIONAL PROSPECTIVE POPULATION-BASED STUDY

Authors Conclusion from the abstract:

This preliminary analysis highlights the poor prognosis of T-cell NHL at this age. More surprising is the 32% deaths in Burkitt's lymphoma, a disease with excellent outcome in younger children. It is worrying that 7 patients have died soon after presentation, perhaps highlighting the consequences of delayed diagnosis at this age.

J. Flerlage, C. Mauz-Körholz, K. Kelly, K. McCarten, et al.

INCLUSION OF A PEDIATRIC PERSPECTIVE INTO RECOMMENDATIONS FOR THE INITIAL EVALUATION AND STAGING OF HODGKIN LYMPHOMA: A CALL TO ACTION FROM THE INTERNATIONAL SEARCH WORKING GROUP

Authors Conclusion from the abstract: As the field of HL moves forward, initial staging is an evolving process. Despite differences in the treatment of pediatric and adult patients with HL there is a need to ensure consistency in the staging between the groups. The SEARCH for CAYAHL working group has representation from all major pediatric consortia and should work together with colleagues from the adult groups towards a common goal and vision for the establishment of new staging criteria.

M. Metzger, C. Mauz-Körholz, J. Flerlage, J. Bartelt, et al.

SAFETY AND RESPONSE AFTER 2 CYCLES OF BRENTUXIMAB VEDOTIN SUBSTITUTING VINCRISTINE IN THE OEPA/COPDAC REGIMEN FOR HIGH RISK **PEDIATRIC HODGKIN LYMPHOMA (HL)**

Authors Conclusion from the abstract: AEPA/CAPDac is very well tolerated without substantial neurotoxicity. Substitution of vincristine with Bv did not reduce the proportion of individuals receiving radiation compared to EuroNet-C1 trial; however, radiating only sites of inadequate response (less than 1

out of 5 sites) rather than all sites of initial disease reduces the number of sites treated. Additional follow-up is required to determine the sustainability of disease free and overall survival. This is a PI initiated trial, sponsored by Seattle Genetics Inc.

K.M. Kelly, S. Daw, C. Mauz-Körholz, M. Mascarin, et al.

RESPONSE-ADAPTED TREATMENT WITH NIVOLUMAB AND BRENTUXIMAB VEDOTIN IN YOUNG PATIENTS WITH RELAPSED/REFRACTORY CLASSICAL HODGKIN LYMPHOMA: CHECKMATE 744 SUBGROUP ANALYSES

Authors Conclusion from the abstract: Response-adapted tx with nivolumab + BV achieved high CMR rates after 4 IND cycles in primary refractory pts with cHL. In pediatric pts with a standard risk of relapse, IND with nivolumab + BV, followed by BV + benda INT for suboptimal response, demonstrated high CMR rates and favorable safety prior to consolidation.

A. Burke, A. Beishuizen, D. Bhojwani, B. Burkhardt, et al.

IBRUTINIB + CHEMOIMMUNOTHERAPY (CIT) FOR RELAPSED/REFRACTORY MATURE B-CELL **NON-HODGKIN LYMPHOMA (B-NHL) IN CHILDREN (SPARKLE TRIAL): INITIAL SAFETY, PK, AND EFFICACY**

Authors Conclusion from the abstract: These results support continued assessment of ibr + RICE/RVICI in this poor prognosis pediatric population. Safety is consistent with known profiles of the drugs in the combination regimens. Part 2 is ongoing, assessing the efficacy of the combination with ibr at 440 mg/m2 and 329 mg/m2 in pts aged

W.Q. Zhang, B. Hu, L. Jin, J. Yang, et al.

CHIMERIC ANTIGEN RECEPTOR T-CELLS (CAR-T) FOR REFRACTORY AND RELAPSED BURKITT'S LYMPHOMA, EARLY RESPONSE IN PEDIATRIC PATIENTS

Authors Conclusion from the abstract: CD19/CD20/CD22-CAR-T therapy showed a robust efficacy in pediatric patients with refractory and relapsed BL and the toxicity profiles were moderate and could be well controlled.

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