с длительностью БПВ. У 173 пациентов была проведена оценка НЯ: любые НЯ были зарегистрированы у 72% пациентов, в том числе – НЯ 3-4 ст. у 21% и НЯ 5 ст. у 2% пациентов, включающих вторичный МДС у 2 пациентов и пневмонию у 1 пациента. Дополнительная терапия после Ниво потребовалась у 78% пациентов и включала: в 25% случаев – Ниво в монорежиме, у 7% – химиотерапию (ХТ), у 7% – БВ в монорежиме, у 57% больных – комбинацию Ниво с ХТ или БВ, аллогенную (алло-) и ауто-ТГСК – у 3% и у 1% пациентов, соответственно. Алло-ТГСК после первичной монотерапии Ниво или после дополнительной терапии проведена у 15% пациентов.

Выводы

Наше исследование продемонстрировало высокую эффективность и приемлемый профиль токсичности терапии Ниво у пациентов с р/р кЛХ. Среди прогностических факторов отсутствие В-симптомов на момент начала терапии, женский пол и достижение раннего ПО (через 3 мес.) статистически значимо увеличивали длительность БПВ. В то же время у большинства пациентов Ниво не позволяет достигнуть излечения заболевания. Применение в последующем терапии, включающей PD-1 ингибиторы, а также выполнение алло-ТГСК позволяют увеличить выживаемость в этой группе пациентов.

Ключевые слова

Ниволумаб, PD-1 ингибиторы, иммунотерапия, лимфома Ходжкина, критерии LYRIC.

LY-04

Prospective study: autologous hematopoietic stem cell transplantation in patients with HIV-related lymphoma

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Background

Despite the widespread use of antiretroviral therapy (ART), human immunodeficiency virus (HIV) infection is associated with an increased incidence of non-Hodgkin lymphoma (NHL) and Hodgkin lymphoma (HL). Concurrently, autologous stem cell transplantation (ASCT) becomes a feasible approach to either rescue or consolidate HIV-related lymphoma patients. However, there is only limited number of prospective matched case-controlled studies to prove the safety and efficacy of ASCT in HIV-related lymphoma.

Patients and methods

Between August 2014 and May 2022, fifteen patients with HIV-related lymphoma who underwent ASCT were included in prospective matched case-control study (study group, n=15). Sixty non-HIV-infected patients were enrolled into the control group (n=60, 1:4). Their median age was 35 (19-66) y.o. The underlying diseases in study group were as follows: 7 cases of HL (46.6%), and 8 patients with NHL (53.4%), with complete remission prior to ASCT (73.3%). Conditioning regimen was BEAM with BCNU replaced by Bendamustine (160 mg/m^2/day on D-7, D-6). HIV viral load was undetectable, and the median number of CD4+ cells was 360 cells/mcL (133-715). All patients received HAART schedules. The median follow-up time was 2.9 years (1 day to 5.2 years). The primary endpoints were, as follows, overall survival (OS), progression-free survival (PFS) and time-to-progression (TTP) 2 years after ASCT. Secondary endpoints included terms of hematopoietic recovery, organ toxicity and transplant-related mortality (TRM). Common Terminology Criteria for Adverse Events (CTCAE 5.0) were used for the toxicity analysis.

Results

The 3-year OS (n=75) was 88%: 86.7% in the study group, 88.3% among control group, and did not significantly differ between the groups (p= 0.876). Progression-free survival (PFS) at 3 years was 66.7% in the study group, and was not different against the control group (76.7%, p=0.411). Time-to-progression (TTP) at 3 years was 20% in study group, *versus* 18.3% in controls (p=0.796). Complete remission at the time of ASCT was associated with better PFS levels (p=0.049) and TTP (p=0.052) in the total group. The median recovery terms for leukocytes, neutrophils, and platelets were, respectively, D+16 (10-25), D+15 (12-30), and D+15 (11-31) in study group compared with D+15 (10-22), D+14 (10-23), and D+14 (8-31) in control group. There was no intergroup difference in the rates of organ toxicities, according to CTCAE criteria.

Conclusion

Three-year overall survival in the patients with HIV-related lymphoma was 86.7%; PFS, 66.7%, and TTP, 20%. Complete remission at the moment of ASCT improved PFS and TTP levels in the total group. Our data provide further evidence that ASCT is a safe and effective option for the patients with HIV-related lymphoma.

Keywords

Hematopoietic stem cell transplantation, autologous, lymphoma, HIV-related.