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HAEMATOLOGICAL MALIGNANCIES

886MO Health-related quality of life (HRQoL) from KEYNOTE-204: A phase III, randomized, open-label study of pembrolizumab (pembro) vs brentuximab vedotin (BV) in relapsed or refractory classical Hodgkin lymphoma (R/R cHL)

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Background: In the phase III KEYNOTE-204 (NCT02684292) study, pembro demonstrated clinically meaningful improvement in PFS vs BV in patients (pts) with R/R cHL. HRQoL was evaluated.

Methods: Pts aged ≥18 y, were post−autologous stem cell transplant (auto-SCT) or ineligible for auto-SCT, measurable disease and ECOG PS 0 or 1 were randomized 1:1 to pembro 200 mg IV Q3W or BV 1.8 mg/kg IV Q3W. EORTC QLQ-C30 and EuroQoL EQ5D scales were protocol-specified exploratory end points administered electronically at baseline (BL) and Q6W up to wk 24 and Q12W thereafter. Analysis population included pts who received ≥1 dose of study treatment and completed ≥1 HRQoL assessment. Least-squares mean (LSM) changes from BL to prespecified wk 24 end point were calculated. Time to deterioration (TTD; ≥10-point decline from BL) was assessed by Kaplan-Meier. Differences evaluated using two sided p-values not controlled for multiplicity.

Results: 296 pts were included (pembro, 146; BV, 150). Completion and compliance rates were >90% for both groups at BL and remained high (>80%) at wk 24. Improvement was observed at wk 24 with pembro in the QLQ-C30 global health status/quality of life (GHS/QoL; LSM difference [95% CI]: 8.60 [3.89-13.31]; P=0.0004) and physical functioning (6.42 [1.87-10.62]; P=0.0054) scores vs BV, which showed a worsening. Similar improvements were seen for pembro in EQ5D utility (0.09 [0.04-0.14); P=0.0004) and VAS scores (6.12 [1.91-10.34]; P=0.0046). Pembro demonstrated an improvement in QLQ-C30 GHS/QoL score vs BV in pts who progressed (11.76 [5.66-17.86]; P=0.0002) and did not progress (5.10 [−2.53, 12.73]; P=0.187). Prolonged TTD was observed with pembro vs BV for QLQ-C30 GHS/QoL (HR, 0.40; 95% CI, 0.22-0.74; P=0.003) and physical functioning score (HR, 0.56; 95% CI, 0.32-0.97; P=0.034).

Conclusions: Among R/R cHL pts, pembro demonstrated improvement in HRQoL compared with BV, which showed a worsening. These data, along with statistically significant and clinically meaningful improvements in PFS, support pembro as new standard of care for pts who relapsed post auto-SCT or are ineligible for auto-SCT.

Clinical trial identification: NCT02684292.

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887MO Real-world treatment management of patients with advanced-stage classic Hodgkin lymphoma receiving front line therapy

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Background: Despite the therapeutic success in the management of Hodgkin lymphoma (HL), customization of therapy requires skillful decisions taking into consideration the risk of adverse events (AEs), even among subpopulations treated with low intensity regimens. This study aims to evaluate the usage of PET-adapted strategies and the management of AEs in cHL patients receiving front line therapies in Italy (IT), Spain (SP), and Israel (IL).

Methods: At 28 sites in IT, SP and IL, medical records were abstracted for patients diagnosed between March 2014 and August 2018 with advanced cHL and treated with conventional 1L systemic therapies.

Results: The aggregate sample (N=256) comprised of patients with advanced- stage cHL, treated in 1L with ABVD (86.3%), AVD (2.7%), BEACOPPinitiation-based (8.6%), or other systemic therapy (2.3%), and distributed across IT (35.5%), SP (41.3%), and IL (23.2%). Median (range) age at initial cHL diagnosis was 39 (19 − 91), males- 54.3%. Among 221 patients who received 1L ABVD (the most prevalent regimen type), 187