

# Outcome of Pediatric Relapsed/Refractory Hodgkin Lymphoma Patients in 2 different Latin American Settings: AHOPCA (Asociación de Hemato-Oncología Pediátrica de Centro América) and GATLA (Grupo Argentino de Tratamiento de Leucemia Aguda)

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## Introduction

AHOPCA and GATLA have been cooperating on HL since 2012. Patients were treated with OEPA/COPDAC for high Risk (HR) and ABVD for Intermediate (IR) and Low Risk (LR) patients. This collaborative work significantly improved previous outcomes in Central America and Argentina and reduced radiotherapy as we reproduced the EuroNet experience for HR patients in a different setting. However, patients with refractory/relapsed (r/r) disease were salvaged according to the local resources of each setting. Aim: To describe the outcome of high-risk patients with r/r disease in AHOPCA and GATLA.

## Methods

HR patients with r/r disease were treated with ICE +/- RDT (AHOPCA) or with GV(Gemcitabine-Vinorelbine)/IV(Ifosfamide-Vinorelbine) +/- radiotherapy (RDT) + autologous stem cell transplant (ASCT) (GATLA) depending on patient's status performance.

## Results

In GATLA 7 out of 77 patients (9%) relapsed: Of 3 patients with early relapse/refractory disease one died of progressive disease, 2 were refractory to GV/IV strategy but are alive in CR after subsequent therapies. Four patients with late relapse were rescued with GV/IV +/- RT + ASCT and are alive in CR. In AHOPCA 16 out of 123 (13%) relapsed: All 9 patients with early relapse/refractory disease died of progressive disease. Of the 7 late relapsed patients rescued by ICE+/-RDT, 3 were refractory and died and 4 remain alive and in CR.

## Conclusion

In an ethical randomization due to local resources, HR patients with early relapse or refractory disease after OEPA-COPDAC were difficult to salvage in both settings even with access to ASCT. Patients with late relapse after OEPA COPDAC appear to benefit from ASCT.

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