

Is it Possible to Work together in Latin America? The Latin American Consortium (CLEHOP) experience with Hodgkin Lymphoma (HL)

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Introduction

The idea of working coordinately arose in Latin America in 2012 with the creation of CLEHOP. The Consortium is made up of regional and national groups and supported by SJCRH.

Aim: Describe the outcome of patients treated according to the AHOPCA-GATLA-SOBOPE strategy (11-EHP-12) adopting OEPA/COPDAC for high Risk (HR) and ABVD for Intermediate (IR) and Low Risk (LR).

Methods

11-EHP-12: Risk assignment according to the Stanford/Danna-Farber/SJCRH consortium classification. LR: ABVD x 4 ± 20 Gy IFRT; IR: ABVD x 6 ± 20 Gy IFRT; HR: OEPA-COPDAC + 20/25 Gy IFRT. Response evaluation: LR after 4th cycle, IR and HR after the 2nd cycle. Complete Remission (CR): > 80% reduction and negative PET. Partial Remission (PR): >50% and <80% reduction and/or positive PET.

Results

465 patients were enrolled since 2012 in the 3 groups, 366 evaluable. In AHOPCA, GATLA and SOBOPE the epidemiological data are: Sex: M:78%, 64% and 67%. Median age: 8.6y, 13y and 12y (range 2.2-18 y). Histology: nodular sclerosis is the main subtype: 85%, 68% and 59,6%. While mixed cellularity 11%, 23% and 21%. Most patients were diagnosed in advance stages in all groups. Risk groups of treatment: AHOPCA: 53%HR, 37%IR, 10%LR. GATLA: 58%HR, 26% IR, 16%LR. SOBOPE: 46%HR, 32.6%IR, 21.4%LR. The 2y-OS /2y-EFS achieved in SOBOPE is 100%/93,8%, while the 5y-OS/5y-EFS in AHOPCA and GATLA are 90%/86% and 94%/88% respectively.

Conclusion

Thanks to this cooperation, Latin-America significantly improve outcome compared to the previous experience and reduce the number of patients who required radiotherapy while reproducing the EuroNet experience for HR patients in a different setting.

Acknowledgment

We all declare no conflicts of interest.