

The GATLA (Argentinian Collaborative Group) experience through international cooperation in Pediatric Hodgkin Lymphoma (HL)

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Introduction

The GATLA Cooperative Group has a 50 year (y) long experience of running cooperative trials for lymphomas in Argentina. Our aim is to describe the outcome of pediatric patients treated according to the international AHOPCA / GATLA strategy (11-EHP-12) adopting OEPA/COPDAC for high Risk (HR) and ABVD for Intermediate (IR) and Low Risk (LR) patients.

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. 170 pediatric patients were enrolled since November 2012. 133 evaluable patients with 37 on treatment and/or follow up of less than 5 years. Sex: M/F: 85(64%)/48. Median age: 13 y (4-18 y). Histology: nodular sclerosis 91 (68%), mixed cellularity 31 (23%), lymphocyte rich 1 (0,7%), lymphocyte depleted 1 (0,7%), nodular lymphocyte predominant 8 (7%). Stage: I: 16 (12%), II: 51 (38%), III: 27 (20%), IV: 39 (29%). B Symptoms: 66 (50%). Distribution by risk groups: 77 (58%) HR, 35 (26%) IR, 21 (16%) LR. Only 109/133 (82%) patients had an interim PET, while 14 were evaluated only by TC.

Results

5y-OS was 94% (100% for LR and IR, and 91% HR) and 5y-EFS was 88% (100% for LR, 91% IR, and 84% HR). 95% of LR and 72% of the IR patients did not undergo radiotherapy; 70% of HR patients achieved CR after the 2nd OEPA and received 20 Gy IFRT. According to PR or CR after 2nd OEPA, the 5y-EFS for HR patients was 84% and 90% respectively.

Conclusion

Thanks to this international cooperation we could significantly improve the results in Argentina compared to our previous experience (7-PHD-96: COPP-ABV x 6 + IFRT Bulky disease or PR (20/25Gy): 5y-OS 85%, 5y-EFS 67%), and reduce the number of patients who required radiotherapy as we reproduced the EuroNet experience for HR patients in a different context.

Acknowledgment

The authors have no conflicts of interest.