and advanced disease were 100%, 94%, and 80% (P<.0001), respectively. The impact of socioeconomic status (SES) on outcomes was analyzed in pts treated with ABVD. The 5-year PFS in higher and lower SES were 75% and 60% (P<.0001). The 5-year OS in higher and lower SES were 90% and 77% (P<0.0001). The fatality ratio during treatment was 5.0% and 1.1% for lower and higher SES (P<0.0001). After adjustments for potential confounders, lower SES remained independently associated with poorer survival (HR 2.10 [1.52–2.90] for OS and HR 1.58 [1.26–1.99] for PFS).
Conclusions: This analysis confirmed the predominance of advanced disease and high-risk profile pts. There was an increase in the use of PET and a reduction in RT in recent years. We confirmed that the outcomes are 10–15% lower in Brazil than reported in the literature. SES was an independent factor associated with shorter survival.

P019: UNFAVORABLE PROGNOSTIC VALUE OF THE PREDOMINANCE OF THRLBCL-LIKE HISTOPATHOLOGICAL GROWTH PATTERNS IN NODULAR LYMPHOCYTE-PREDOMINANT HODGKIN LYMPHOMA (NLPHL)

Elena Dorokhina[1], T.N. Moiseeva[1], A.M. Kovrigina[1], Irirna Shupletsova[1], L.S. Al-Radi[1], Yu. A. Chabaeva[1], Ya.K. Mangasarova[1]

[1]National Medical Research Center for Hematology, Moscow, Russian Federation (Russia)

Introduction: NLPHL is characterized by variable morphology and histopathological growth patterns of the tumor substrate. Our study demonstrated the prognostic significance of THRLBCL-like histopathological growth patterns.
Purpose: to evaluate the efficacy of 1st line therapy of NLHLP depending on THRLBCL-like histopathological growth patterns in the tumor substrate.
Materials and Methods: We analyzed the results of 1st line therapy in 150 patients with NLHLP from 2010 to 2021 yrs. Growth patterns without THRLBCL-like sites were noted in 87/150 (58%), THRLBCL-like patterns - in 63/150 (42%). Additionally, patients with a predominance of THRLBCL-like areas (more than 50% of the cut area) were identified - 32/150 (21%) pts.
Results: In 87 (58%) pts with growth patterns without THRLBCL-like areas, 30/87 (34%) pts did not receive chemotherapy; radiation therapy was applied in 20/30 (complete remission (CR) was achieved in all 20 pts); observation after surgical treatment - 10/30 pts; 5 pts - no data. Chemotherapy (R-ABVD - 44%; R-BEACOPP-14–38%; other - 17% pts) was performed in 52/87 (60%) pts; CR was achieved in 68/87 (78%).
In 63 (42%) pts with THRLBCL-like patterns, 2/63 (3%) did not receive chemotherapy; 1 patient - in CR after radiation therapy; 1 - under observation after surgical treatment; 4 patients - no data. Chemotherapy (R-ABVD - 18%; R-BEACOPP-14–54%; R-CHOP - 21%; other - 7% pts) received 57/63(90%) pts; CR was achieved in 31/63(49%) pts, partial remission (PR) - in 15/63(24%), stabilization (S) - 2(3%), progression - 4(6%) pts.
In 32 (21%) pts with predominance of THRLBCL-like areas, 30 pts underwent chemotherapy (R-ABVD - 16%; R-BEACORP-14–57%; R-CHOP- 27% pts); CR was achieved in 12 (37%), PR-10 (31%), S-1 (3%), progression - 4 (13%) pts. In 2 pts - no data.
The 5-year OS for groups with the absence, presence and predominance of THRLBCL-like patterns was 99%, 100%, 68% (p-<0.0001), respectively, the 5-year EFS was 75%, 68%, 32% (p-< 0.0001) respectively. Median follow-up is 34 months.
Conclusion: In NLHLP the group of patients with a predominance of THRLBCL-like patterns has the most unfavorable prognosis - CR achieved in 37%, 5-year OS does not exceed 68%, EFS - 32%. Therefore an intensification of first-line therapy is needed for this group of patients.

Early Stages

T020: INTERIM PET-GUIDED TREATMENT OF EARLY-STAGE NODULAR LYMPHOCYTE-PREDOMINANT HODGKIN LYMPHOMA: A SUBGROUP ANALYSIS OF THE GHSG HD16 AND HD17 STUDIES

Dennis A. Eichenauer[1], Ina Bühnen[1], Michael Fuchs[1], Richard Greil[2], Alden Moccia[3], Josée. M. Zijlstra[4], Sylvia Hartmann[5], Carsten Kobe[1], Markus Dietlein[1], Andreas Engert[1], Peter Borchmann[1]

[1]University Hospital Cologne, [2]Paracelsus Medical University Salzburg, [3]Oncology Institute of Southern Switzerland, Bellinzona, [4]Vrije Universiteit Amsterdam, [5]University Hospital Frankfurt

Background: The optimal treatment for patients with early-stage nodular-lymphocyte predominant Hodgkin lymphoma (NLPHL) other than stage IA is undefined.
Patients and Methods: We investigated characteristics and outcomes of patients with early-stage NLPHL (favorable: 85 patients; unfavorable: 15 patients) who had treatment within the randomized GHSG HD16 and HD17 studies. Results were compared to those from patients with classical Hodgkin lymphoma (cHL) (favorable: 495 patients; unfavorable: 764 patients) treated within the same studies. Chemotherapy consisted of 2 cycles of ABVD (HD16) or 2 cycles of escalated BEACOPP plus 2 cycles of ABVD („2+2“) (HD17). In the experimental study arms, consolidation radiotherapy (RT) was applied on the basis of the result of interim positron emission tomography (PET-2). In the standard arms, consolidation RT was mandatory. Progression-free survival (PFS) and overall survival (OS) were analyzed using the Kaplan-Meier method.
Results: In the HD16 and HD17 studies, 62/85 (73%) and 13/15 (87%) NLPHL patients were male as compared to 254/495 (51%) and 337/764 (44%) cHL patients. The median age of patients with NLPHL was 37 years in the HD16 study (cHL: 36 years) and 42 years in the HD17 study (cHL: 31 years). The majority of NLPHL patients included in the HD16 and HD17 studies presented with a typical histopathological growth pattern (HD16: 66%; HD17: 70%)
The 5-year PFS for all NLPHL patients was 90.3% (cHL: 90.8%) in the HD16 study and 92.9% (cHL: 95.7%) in the HD17 study. In the HD16 study, the 5-year PFS for the subgroup of PET-2-positive NLPHL patients was 89.3% (cHL: 91.6%); PET-2-negative NLPHL patients had a 5-year PFS of 91.0% (cHL: 90.4%). For PET-2-negative NLPHL patients assigned to the chemotherapy only arm, the 5-year PFS was 83.0% (cHL: 88.2%) whereas PET-2-negative NLPHL patients treated with chemotherapy plus RT had a 5-year PFS of 100% (cHL: 92.3%) (p=0.05). Subgroup analyses according to the PET-2 result were not conducted for NLPHL patients treated within the HD17 study due to the small number of individuals with NLPHL histology included in this trial. The 5-year OS for NLPHL patients treated within the HD16 and HD17 studies was 100% (cHL: 98.6% in HD16; 99.2% in HD17).
Conclusion: Contemporary HL-directed treatment results in excellent 5-year outcomes for patients with newly diagnosed early-stage NLPHL and should thus be considered as valid approach for this patient group.

T021: RADIATION-FREE THERAPY AS THE INITIAL TREATMENT OF GOOD-PROGNOSIS EARLY NON-BULKY HODGKIN LYMPHOMA, DEFINED BY A LOW METABOLIC TUMOR VOLUME AND A NEGATIVE PET-2 - RAFTING TRIAL.

Andrea Gallamini[1], Marco Picardi[2], Kateryna Filonenko[3], Manuel Gotti[4], Javier Núñez Céspedes[5], Andrea Rossi[6], Eva Domingo-Domènech[7], Agnieszka Giza[8], Roberto Sorasio[9], Livio Trentin[10], Mariana Bastos Oteiro[11], Ewa Paszkiewicz-Kozik[12], Ramon García Sanz[13], Caterina Patti[14], Stephane Chauvie[15], Fabrizio Bergesio[15], Luca Guerra[16], Alessandro Rambaldi[6], Ana Sureda Balari[7], Jan Maciej Zaucha[3]

[1]Research and Innovation. Antoine Lacassagne Cancer Centre. Nice, France, [2]University Hospital Federico II, Internal medicine and surgery department, Naples, Italy, [3]Hematology and Transplantology Department, Medical University of Gdańsk, Gdańsk, Poland, [4]Hematology Department, IRCCS S. Matteo Hospital, Pavia, Italy, [5]University Hospital Marques de Valdecilla, Santander, Spain, [6]Hematology Department Papa Giovanni XXIII Hospital, Bergamo, Italy, [7]Hematology Department, Hospital Duran i Reynals, Catalan Oncology Institute IDIBELL, Barcelona, Spain, [8]Department of Hematology, Jagiellonian University Medical College, Cracow, Poland, [9]Hematology Department, S. Croce e Carle Hospital, Cuneo, Italy, [10]Internal Medicine Department, Padua Hospital,Padova, Italy, [11]Hematology Department, General University Hospital Gregorio Marañon, Madrid, Spain, [12]Hemato-Oncology Department M Sklodowska-Curie National Institute of Oncology, Warsaw, Poland, [13]Hematology Department (CIBERONC), University Hospital, Salamanca, Spain, [14]Hematology Department Cervello Hospital, Palermo, Italy, [15]Medical Physics Department, S. Croce e Carle Hospital, Cuneo, Italy, [16]Nuclear Medicine Department, S. Gerardo University Hospital, Monza, Italy

Introduction: The efficacy of combined modality treatment (CMT) with chemotherapy (CT) and radiotherapy (RT) in early-stage Hodgkin Lymphoma (eHL) is offset by long-term morbidity, with a cumulative incidence of Second Primary Malignancy (SPM) at 40