

SUCCESSFUL TREATMENT WITH BRENTUXIMAB VEDOTIN AS FIRST-LINE AGENT FOR ADVANCED HODGKIN LYMPHOMA: CASE REPORT

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Current guidelines for advanced Hodgkin Lymphoma (HL) recommend adriamycin, bleomycin, vinblastine, and dacarbazine (ABVD) or escalated bleomycin, etoposide, adriamycin, cyclophosphamide, vincristine, procarbazine, and prednisone (BEACOPP) as first-line regimens. ABVD appears to be as effective, with fewer side effects, as escalated BEACOPP. Brentuximab vedotin, a CD30-directed antibody conjugate is approved by the Food and Drug Administration and the European Medicines Agency for the treatment of advanced HL.

Case report: We present you 19-year-old man with a tumor mass on the right side of the neck, with individual lymph nodes (LN) up to 45 mm. Radiological processing verified multiple micronodular changes in the right lung. In the mediastinum in all groups, conglomerates of pathologically enlarged LN, the largest 58mm, in the abdomen up to 37mm. Bone marrow biopsy showed no infiltration by an underlying disease. The patient was found to have clinical stage IVBE Hodgkin's lymphoma, with lung involvement. nodular sclerosis subtype. The value of the International prognostic score was 3. He was treated with the 6 cycles of A-AVD (Brentuximab Vedotin- Adriablastin, Vinblastin, Doxorubicin) protocol with disease remission. Due to the residual positivity of the interim PET CT, the implementation of Involved field radiation therapy is applied. The patient achieved complete remission which was maintained during 8 month follow-up.

Conclusion: A recent advance in the treatment of advanced HL is the shift to molecularly targeted cancer therapy. Brentuximab vedotin specifically targets HL cells. Compared to cytotoxic chemotherapy that is usually used in we conducted brentuximab vedotin with the aim of reducing the toxic effects while maintaining the efficacy, that is achieved.

Key words: Hodgkin, lymphoma, brentuximab vedotin, ABVD, efficacy