

Seven-year overall survival analysis from ECHELON-1 study of A+AVD versus ABVD in patients with previously untreated stage III/IV classical Hodgkin lymphoma.

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Background: In ECHELON-1 (NCT01712490), 6-year follow-up (FU) analyses demonstrated significant improvements in overall survival (OS) and progression-free survival (PFS) with A+AVD (brentuximab vedotin plus doxorubicin, vinblastine, and dacarbazine) versus ABVD (doxorubicin, bleomycin, vinblastine, and dacarbazine), with a comparable safety profile. Here, we report data at 7-year median FU. **Methods:** Analyses of OS and PFS per investigator were conducted in the intent-to-treat (ITT) population (data cut-off March 11, 2023). Patients (pts) were randomized 1:1 to receive ≤ 6 cycles of A+AVD (n=664) or ABVD (n=670) on days 1 and 15, every 28 days. PET scan after cycle 2 (PET2) evaluation was mandatory. Long-term safety outcomes in the safety population included resolution or improvement of peripheral neuropathy (PN), second malignancies, and pregnancies. **Results:** At median FU of 89.3 months (95% CI 87.0–90.2), 7-year OS rates were 93.5% (95% CI 91.1–95.2) with A+AVD and 88.8% (95% CI 85.8–91.1) with ABVD; OS favored A+AVD over ABVD (HR 0.62; 95% CI 0.42–0.90; p=0.011). Subgroup analyses showed consistent OS benefit for A+AVD, including in the age <40 years and Stage IV disease subgroups (Table). 7-year PFS rates with A+AVD vs ABVD were 82.3% (95% CI 79.1–85.0) vs 74.5% (95% CI 70.8–77.7; HR 0.68 [95% CI 0.53–0.86]; p=0.001). PN improved/resolved in most pts at last FU (A+AVD: 86%; ABVD: 87%). Median (range) time to complete resolution of PN (A+AVD vs ABVD) was 16 (0–373) vs 10 (0–343) weeks; median (range) time to improvement was 42 (2–182) vs 19 (15–142) weeks. PN was ongoing in 28% (4% grade ≥ 3) of A+AVD and 20% (1% grade ≥ 3) of ABVD pts. Second malignancies were reported in 5% of A+AVD and 6% of ABVD pts. Pts and their partners reported 84/92 livebirths/pregnancies with A+AVD and 59/73 with ABVD; no stillbirths were recorded. **Conclusions:** At 7-year median FU, pts with stage III/IV cHL who received A+AVD showed a sustained PFS and OS benefit vs ABVD, with PFS rates indicating potential curability. The safety profile in pts treated with A+AVD showed no new safety signals at 7 years. Clinical trial information: NCT01712490. Research Sponsor: Takeda Development Center Americas, Inc. (TDCA), Lexington, MA, USA.

7-year OS rates by subgroup (ITT).

Group, % (95% CI)	A+AVD OS Rate, % (95% CI) n=664	ABVD OS Rate, % (95% CI) n=670	HR (95% CI) p-value
All pts	93.5 (91.1–95.2) n=664	88.8 (85.8–91.1) n=670	0.62 (0.42–0.90) 0.01
PET2 negative	95.0 (92.8–96.6) n=588	90.2 (87.2–92.5) n=577	0.57 (0.37–0.87) 0.009
PET2 positive	90.7 (72.3–97.1) n=47	74.0 (59.9–83.8) n=58	0.34 (0.11–1.03) 0.05
Aged <40 years	98.2 (96.2–99.1) n=396	95.0 (91.9–96.9) n=375	0.39 (0.16–0.95) 0.032
Aged <60 years	96.4 (94.4–97.7) n=580	92.9 (90.3–94.9) n=568	0.49 (0.29–0.83) 0.007
Aged ≥ 60 years	72.6 (60.6–81.5) n=84	66.7 (55.9–75.5) n=102	1.01 (0.59–1.71) 0.98
Stage III	92.1 (87.6–95.1) n=237	90.3 (85.3–93.7) n=246	1.01 (0.54–1.87) 0.98
Stage IV	94.2 (91.3–96.2) n=425	88.1 (84.3–91.0) n=421	0.49 (0.30–0.79) 0.003