

ASH: A+CHP bests CHOP for peripheral T-cell lymphoma

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(HealthDay)—For patients with CD30-positive peripheral T-cell

lymphoma, brentuximab vedotin, cyclophosphamide, doxorubicin, and prednisone (A+CHP) is superior to cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP), according to a study published online Dec. 3 in *The Lancet* to coincide with the annual meeting of the American Society of Hematology, held from Dec. 1 to 4 in San Diego.

Steven Horwitz, M.D., from the Memorial Sloan Kettering Cancer Center in New York City, and colleagues conducted a double-blind, placebo-controlled, active-comparator phase 3 study involving 452 [patients](#) from 132 sites in 17 countries with previously untreated CD30-positive peripheral T-cell lymphomas. Patients were randomly assigned in a 1:1 ratio to receive either A+CHP or CHOP for six or eight 21-day cycles.

The researchers found a [median progression-free survival](#) of 48.2 and 20.8 months in the A+CHP and CHOP groups, respectively (hazard ratio, 0.71). Between the groups, [adverse events](#) were similar, including incidence and severity of febrile neutropenia (18 and 15 percent, respectively) and peripheral neuropathy (52 and 55 percent, respectively). Fatal adverse events occurred in 3 and 4 percent of patients, respectively.

"The addition of brentuximab vedotin to CHP resulted in higher rates of progression-free and overall survival without added toxicity and supports the potential for A+CHP to become a new standard of care for many patients with CD30-positive peripheral T-cell lymphoma," the authors write.

Seattle Genetics, the manufacturer of brentuximab vedotin, and Millennium Pharmaceuticals partially funded the study.

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