

Hodgkin Lymphoma – First Relapse

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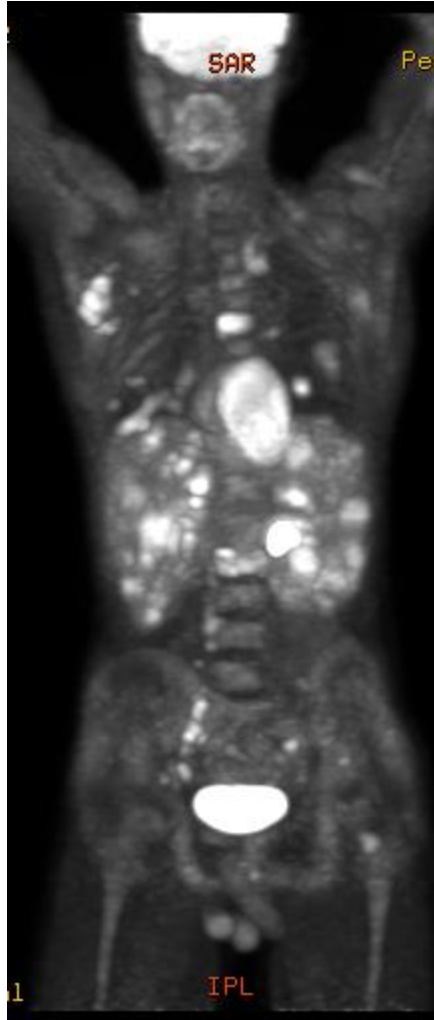
Disclosures for Stephen Ansell, MD, PhD

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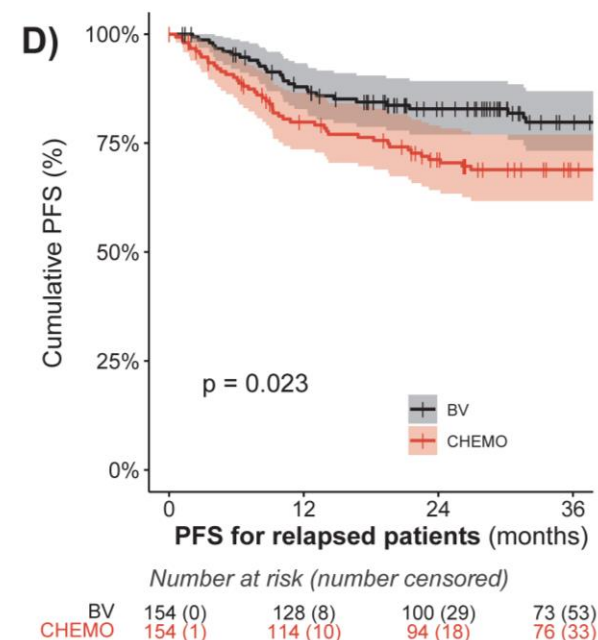
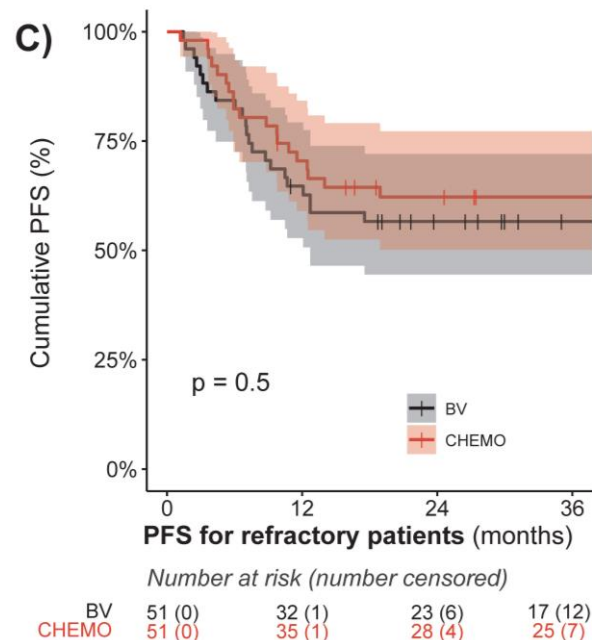
Hodgkin Lymphoma Case



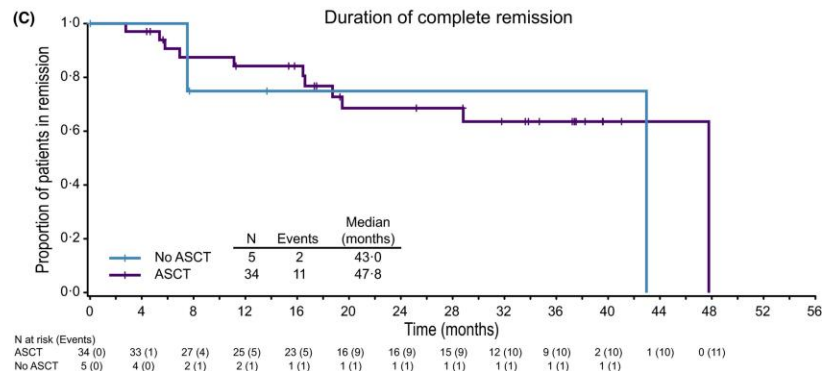
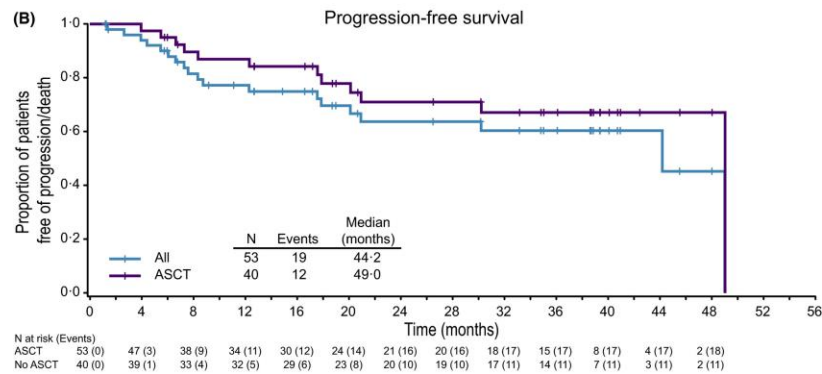
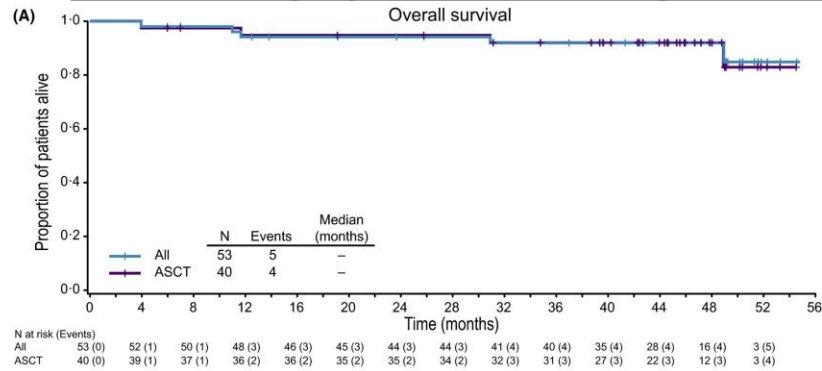
- A 27 year old male patient relapses 9 months after completing 6 cycles of ABVD chemotherapy for stage IVA classic Hodgkin lymphoma.
- He has biopsy-proven intra-thoracic and intra-abdominal lymph nodes. He has spleen and liver involvement.
- He also has recurrent pulmonary nodules that are biopsied and the biopsies show nodular sclerosis Hodgkin lymphoma.
- Standard of care = salvage chemotherapy followed by an autologous stem cell transplant and consolidation therapy with brentuximab vedotin for 1 year

Effect of BV Addition to Chemotherapy in Patients with Relapsed/Refractory cHL

- 718 transplant eligible R/R cHL patients - 391 patients were treated with BV and chemotherapy (BV-cohort), and 327 with chemotherapy alone (Chemo-cohort) followed by ASCT
- BV to salvage chemotherapy followed by ASCT increases PFS in relapsed, but not in primary refractory cHL patients

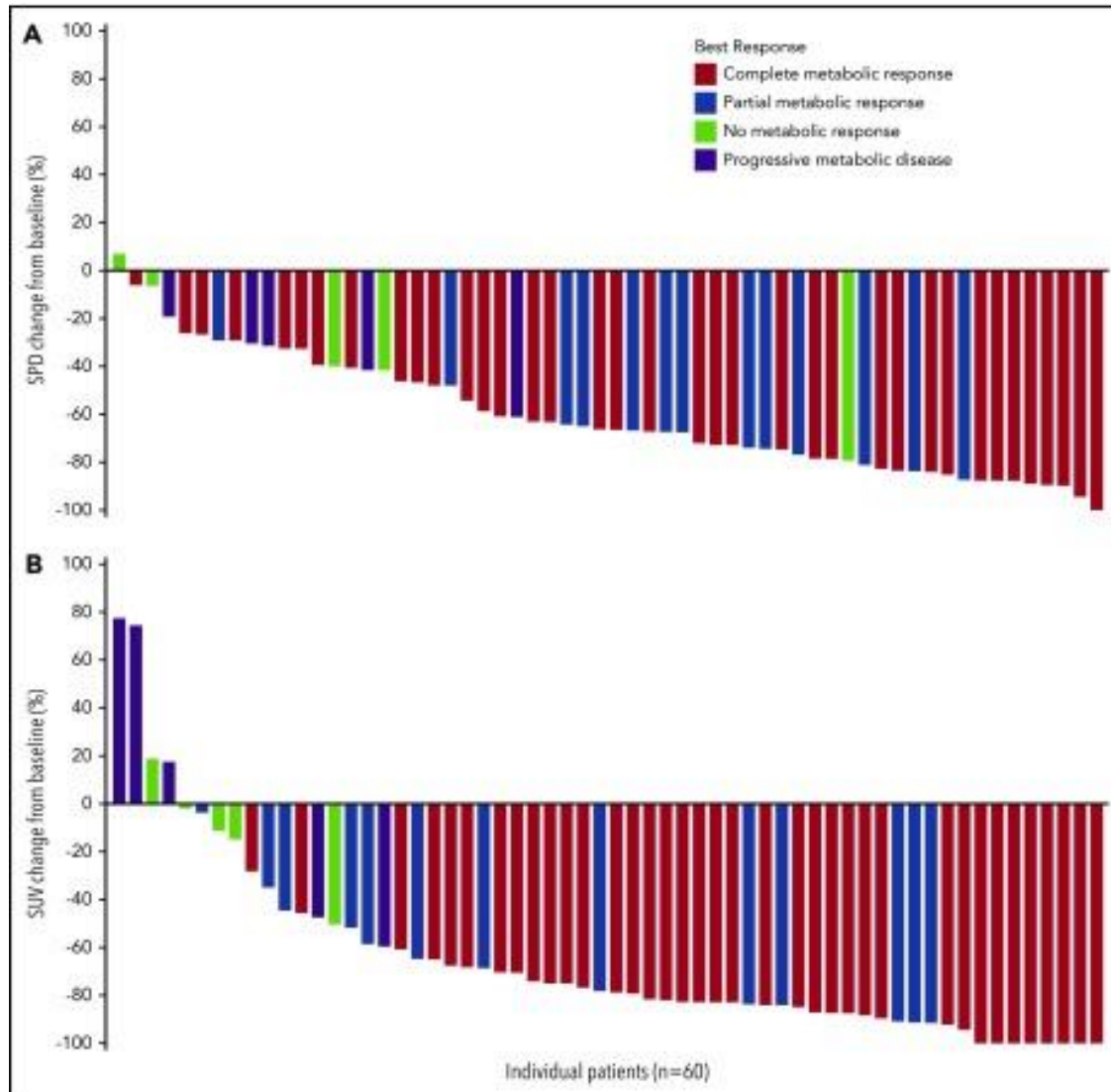


Brentuximab vedotin plus bendamustine as first salvage therapy in relapsed or refractory Hodgkin lymphoma



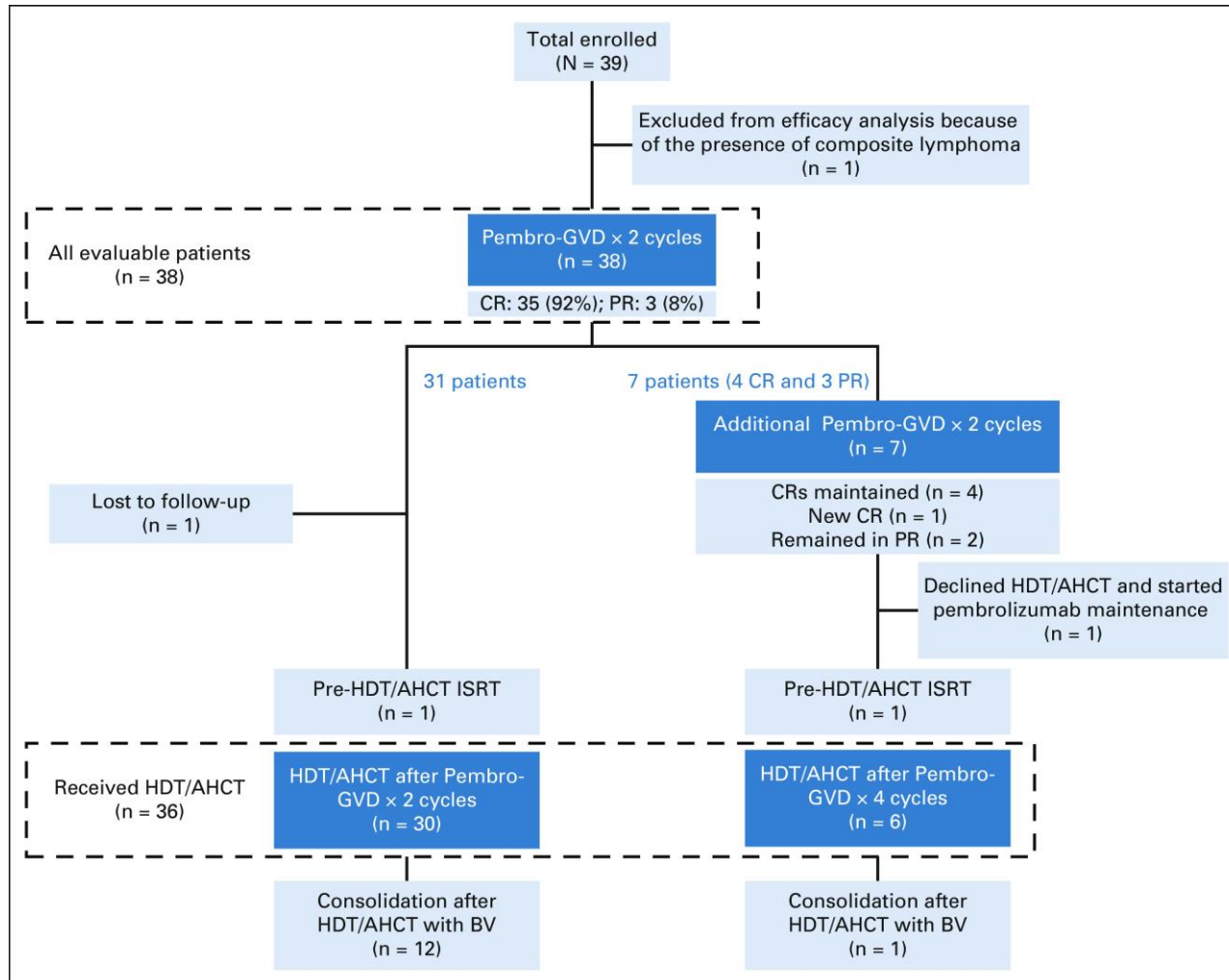
- 55 Patients
- ORR was 92.5%
- 73.6% complete remission rate
- Of 53 efficacy evaluable patients, 40 (75.5%) underwent ASCT and 13 (24.5%) did not.
- PFS at 3 years was 60.3%
- OS at 3 years was 92.0%

Brentuximab vedotin in combination with nivolumab in patients with R/R Hodgkin lymphoma



- 62 patients received up to 4 cycles of brentuximab vedotin (BV) and nivolumab (Nivo). Patients could then proceed to ASCT.
- The CR rate among all treated patients (n = 61) was 61%, with an objective response rate of 82%.
- Infusion-related reactions occurred in 44% of patients.
- The combination of BV plus Nivo was well-tolerated, potentially providing patients with R/R HL an alternative to traditional chemotherapy.

Pembrolizumab Plus GVD As Second-Line Therapy for Relapsed or Refractory cHL

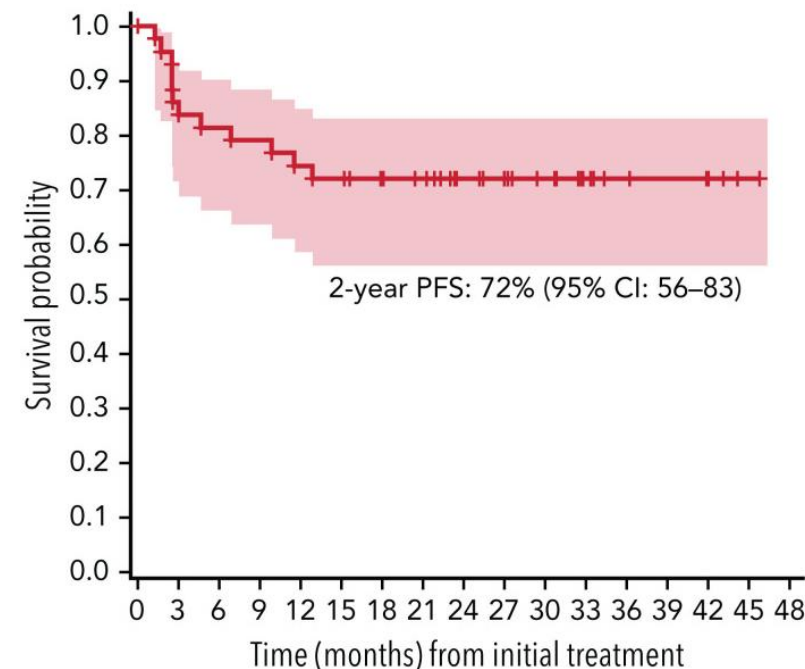


- 39 patients enrolled, 41% had refractory disease and 38% relapsed within 1 year of frontline treatment.
- ORR and CR rates after pembro-GVD were 100% and 95%, respectively.
- 36 (95%) patients proceeded to ASCT, 13 (33%) received post-ASCT brentuximab vedotin maintenance.
- All 36 transplanted patients were in remission at a median post-transplant follow-up of 13.5 months.

Nivolumab Plus ICE As First Salvage Therapy in High-Risk Relapsed/Refractory Hodgkin Lymphoma

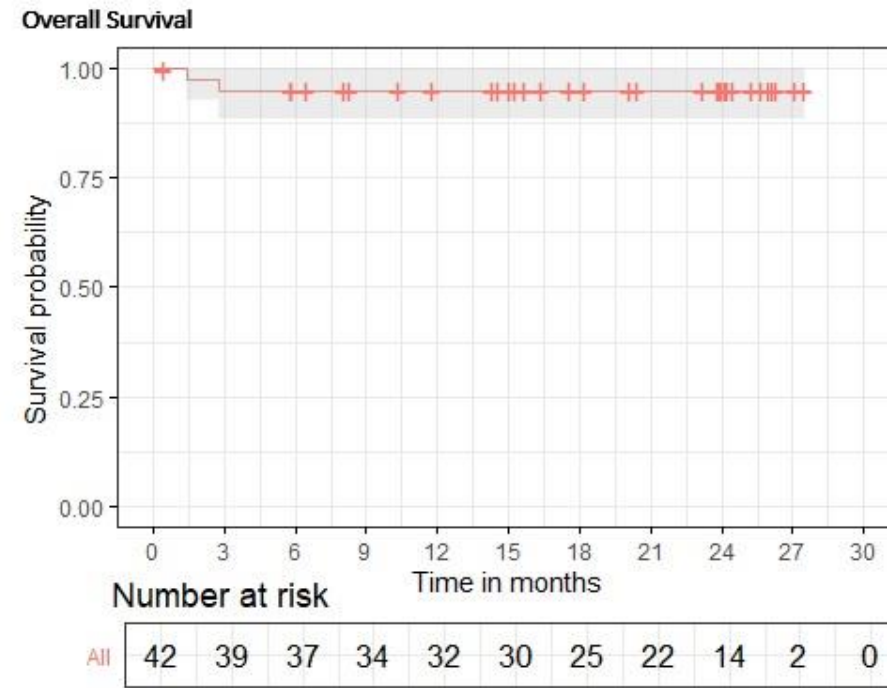
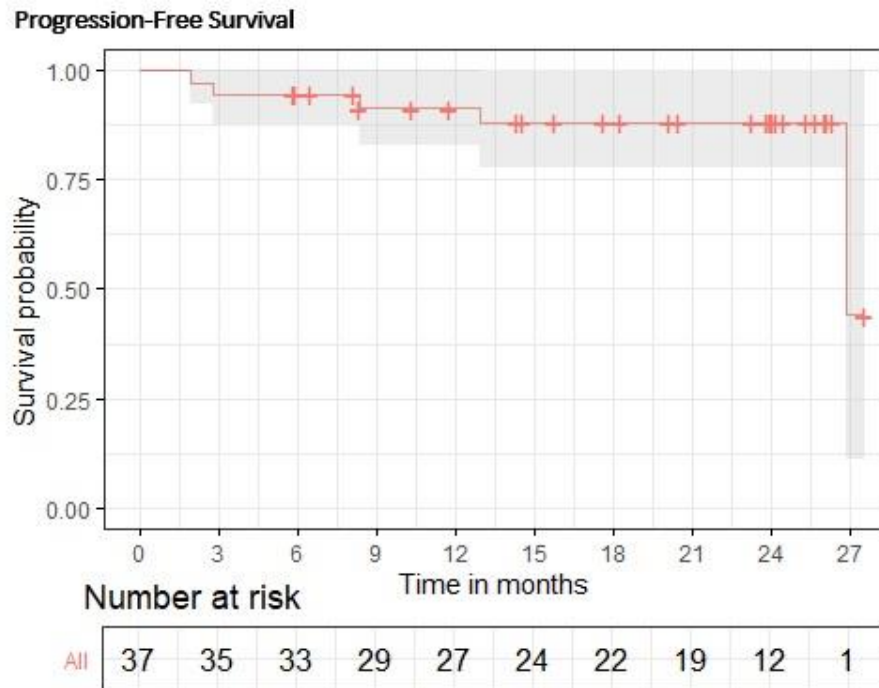
Characteristics	n (%)
Total	43 (100)
Male sex	26 (60)
Age (median, range), y	35 (18-70)
Stage at diagnosis	
I-II	17 (40)
III-IV	26 (60)
Frontline regimen	
A(B)VD	37 (86)
BV+AVD	2 (5)
BV→ABVD (sequential)	1 (2.3)
ABVD/BV+AVD	1 (2.3)
ABVE+PC	1 (2.3)
BEACOPP escalated	1 (2.3)
Stage at baseline	
I-II	17 (40)
III-IV	26 (60)
B symptoms at baseline	15 (35)
Extranodal disease at baseline	16 (37)
Bulky disease at baseline (>5 cm)	8 (19)
Prior radiation	5 (12)
Primary refractory	19 (44)
Relapsed	24 (56)

- After nivolumab, the ORR was 81%, and the CR rate was 71%.
- At the end of protocol therapy, the ORR and CR rates were 93% and 91%.
- Thirty-three patients were bridged directly to AHCT, including 26 after Nivo alone.
- The 2-year PFS and OS were 72% and 95%, respectively.

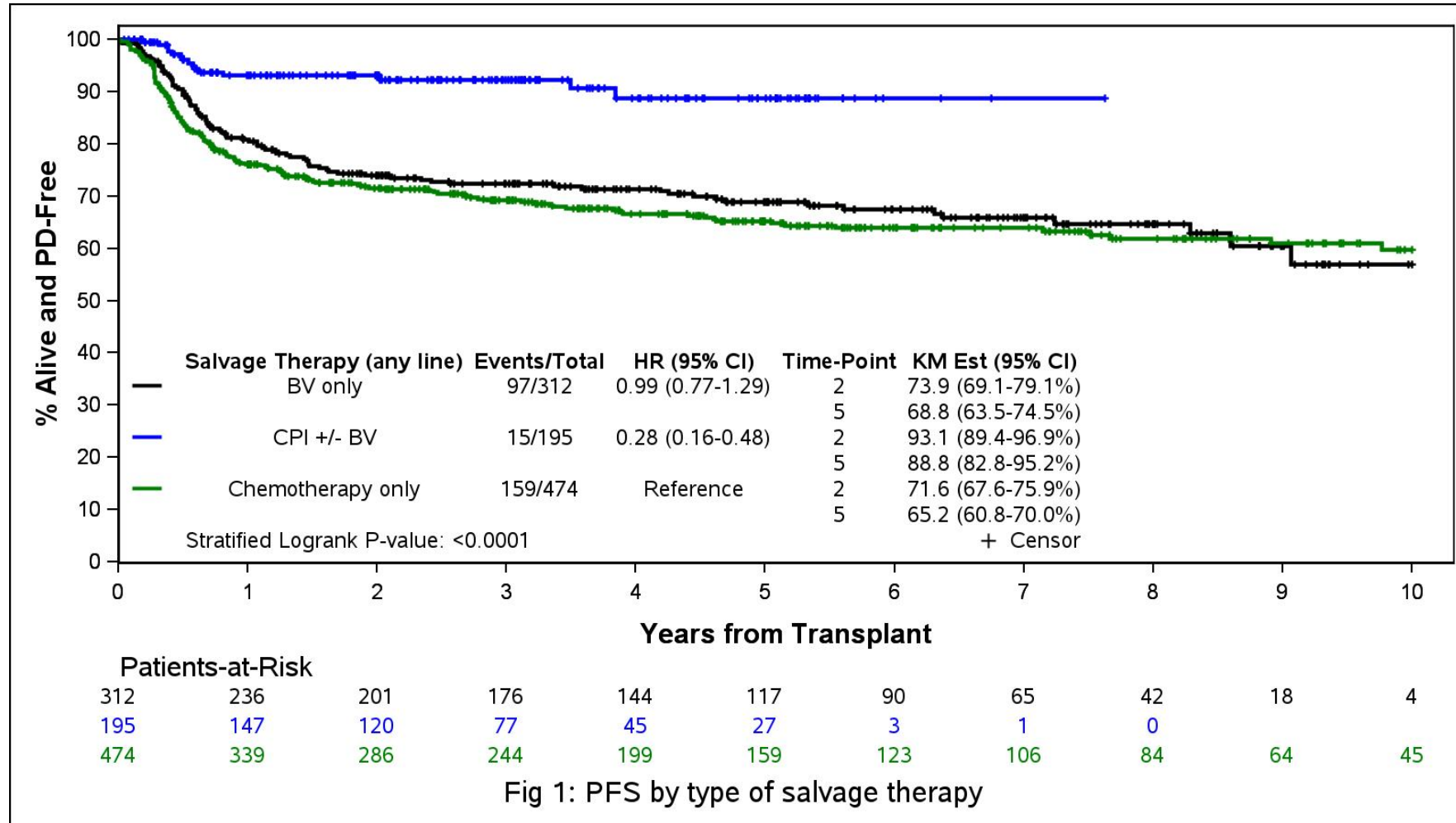


Pembrolizumab Added to ICE Chemotherapy Results in High CMR Rates in R/R cHL

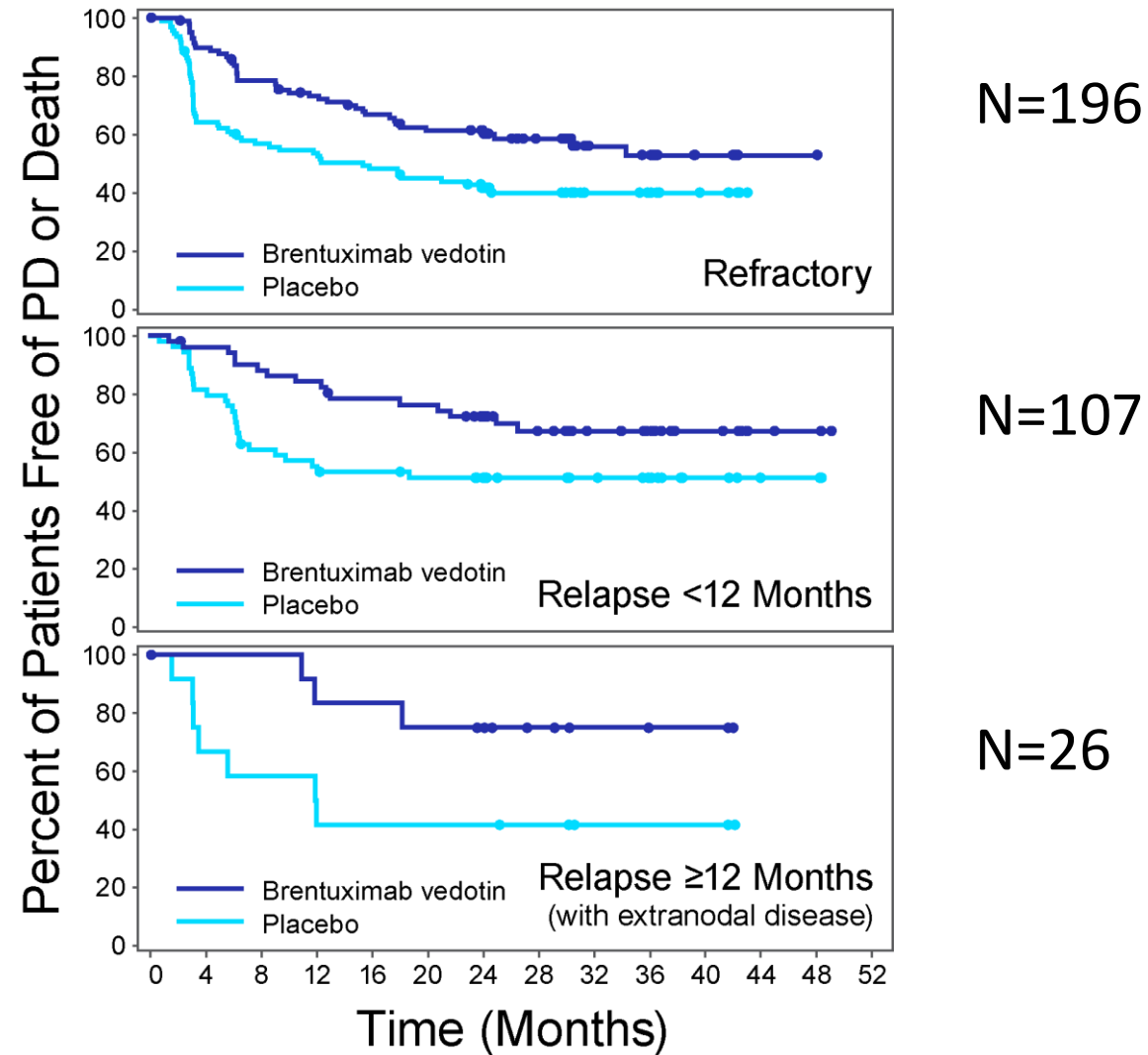
- 42 patients were enrolled with 37 patients evaluable for the primary endpoint. 16 patients had primary refractory disease.
- The CMR rate assessed by PET/CT imaging following 2 cycles of PEM-ICE was 86.5%
- PFS and OS 2-year estimates were 87.2% and 95.1% respectively.



PD-1 Blockade before Autologous Stem Cell Transplantation Improves Outcomes in *Relapsed/Refractory* cHL

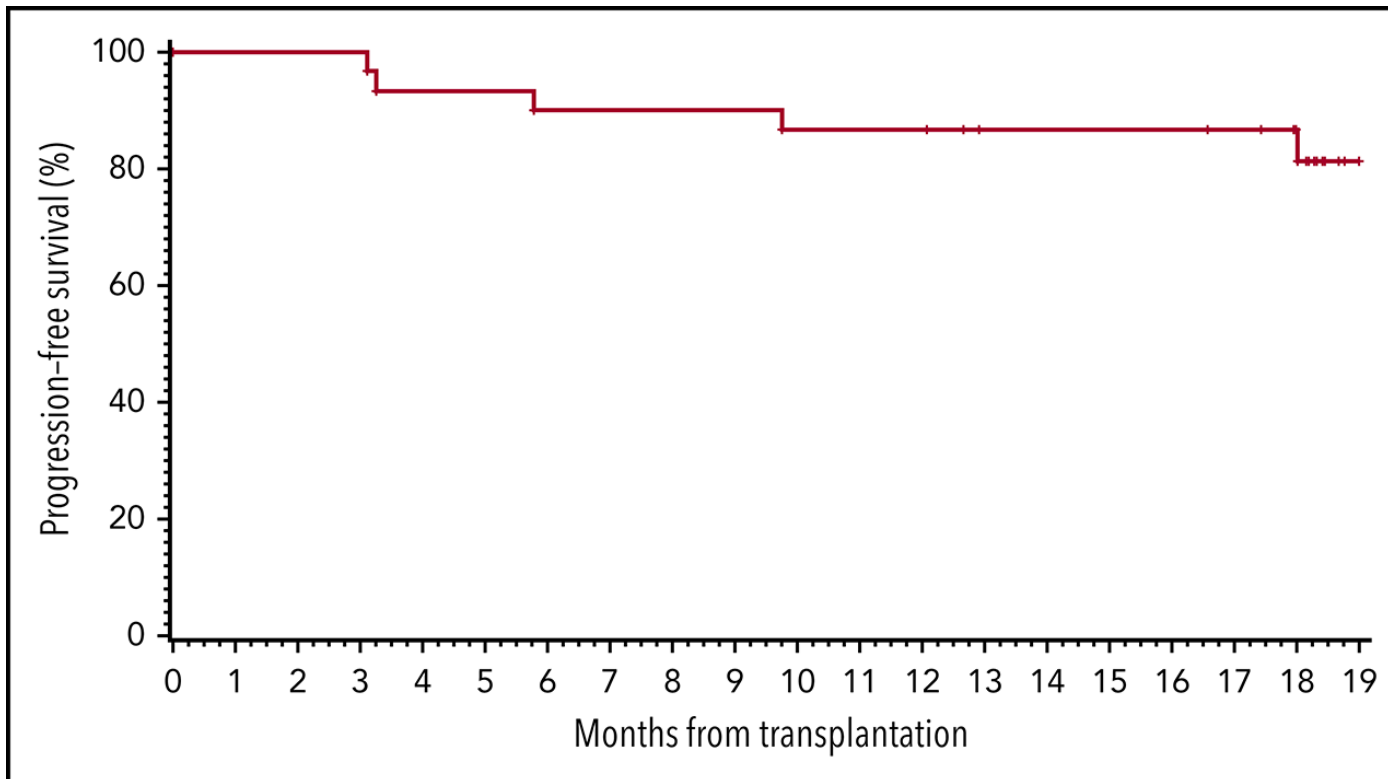


Brentuximab vedotin post transplant in Relapsed Hodgkin lymphoma (AETHERA)



* Per investigator analysis

PD-1 blockade with pembrolizumab for classical Hodgkin lymphoma after autologous stem cell transplantation



- 30 patients treated on the study.
- 90% were high-risk by clinical criteria.
- Seventy-seven percent completed all 8 cycles. Two patients were lost to follow-up in complete remission at 12 months.
- PFS at 18 months for the 28 evaluable patients was 82%, meeting the primary end point.
- The 18-month overall survival was 100%.

Discussion points

- What is the preferred salvage regimen for Hodgkin lymphoma when novel agents are standardly being used in frontline treatment?
- Should salvage regimens contain a PD1 antibody?
- What is the role of consolidation post transplant?
- What agent should be used as consolidation when it may have been used prior to transplant?