



**64th ASH Meeting 2022**  
**New Orleans & virtuell**

# Lymphom Kompetenz KOMPAKT



**KML KONGRESSE**

Expert:innen berichten zu  
Lymphomen & Leukämien



**Prof. Dr. med. Peter Borchmann**  
Uniklinik Köln

# Hodgkin Lymphom (HL)

# Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – ASH2021 wird in Kooperation mit sechs unterstützenden Firmen durchgeführt.  
Meine persönlichen Disclosures betreffen:

**Consultancy:** Takeda Oncology, Bristol-Myers Squibb, MSD, Roche, Novartis, Amgen

**Research Funding:** Takeda Oncology, MPI, Roche, Novartis, MSD, Amgen

**Honoraria:** Takeda Oncology, Novartis, MSD, Roche, Merck Sharp & Dohme

**Patents and Royalties:** NA

**Membership on an entity's Board of Directors or advisory committees:** NA

**Discussion of off-label drug use:**NA

# Kapitel 1

Wie können wir PD1 Antikörper und Chemotherapie in der Erstlinie des klassischen Hodgkin Lymphoms am besten kombinieren?

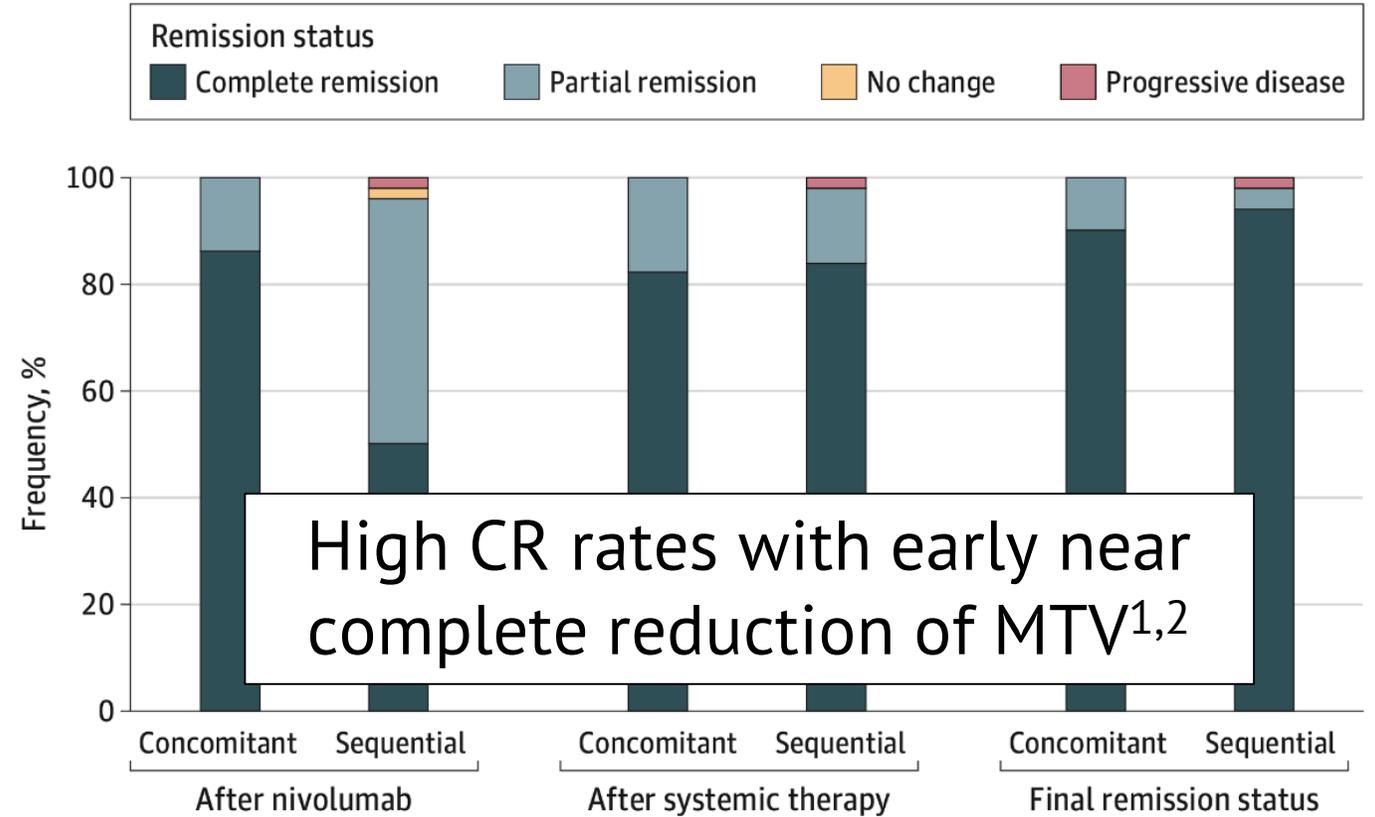
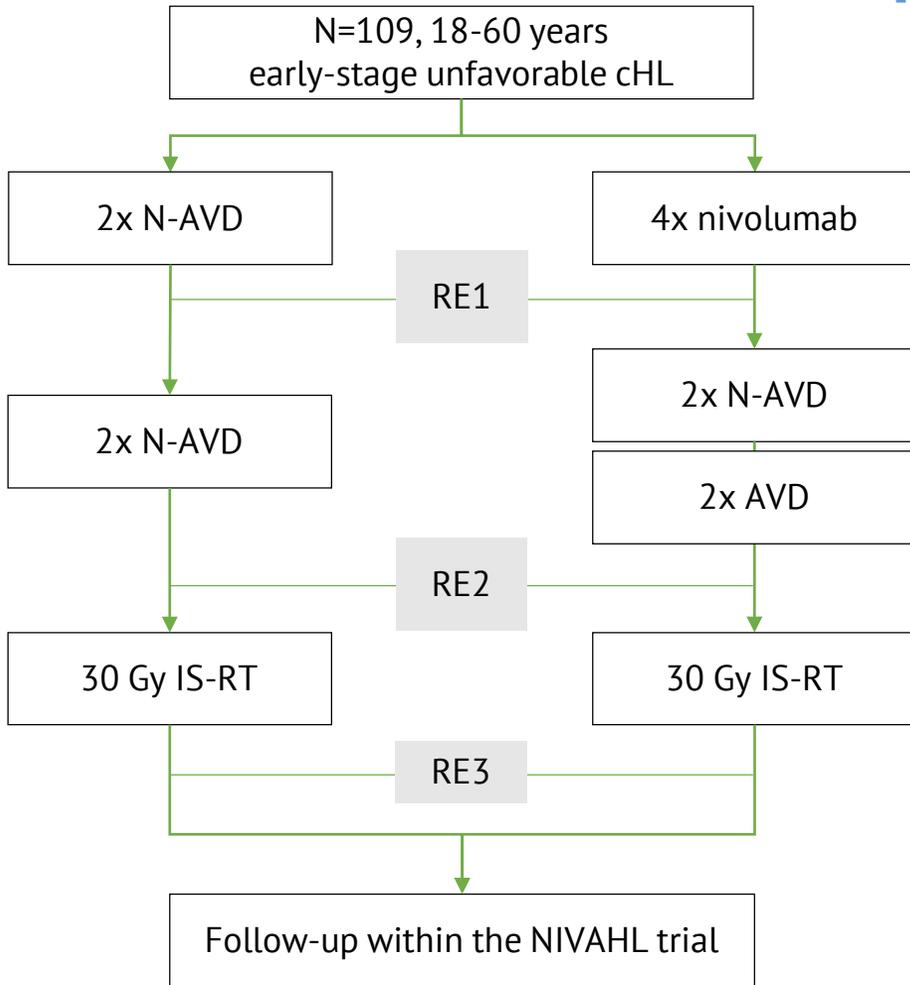
Die GHSG NIVHAL Studie

# PD1i und Chemotherapie in der Erstlinientherapie des cHL

## **729: Nivolumab and AVD in Early-Stage Unfavorable Hodgkin Lymphoma: Follow-up Analysis of the Randomized GHSB Phase II NIVAHL Trial**

Paul Bröckelmann on behalf of the GHSB

# NIVAHL Background

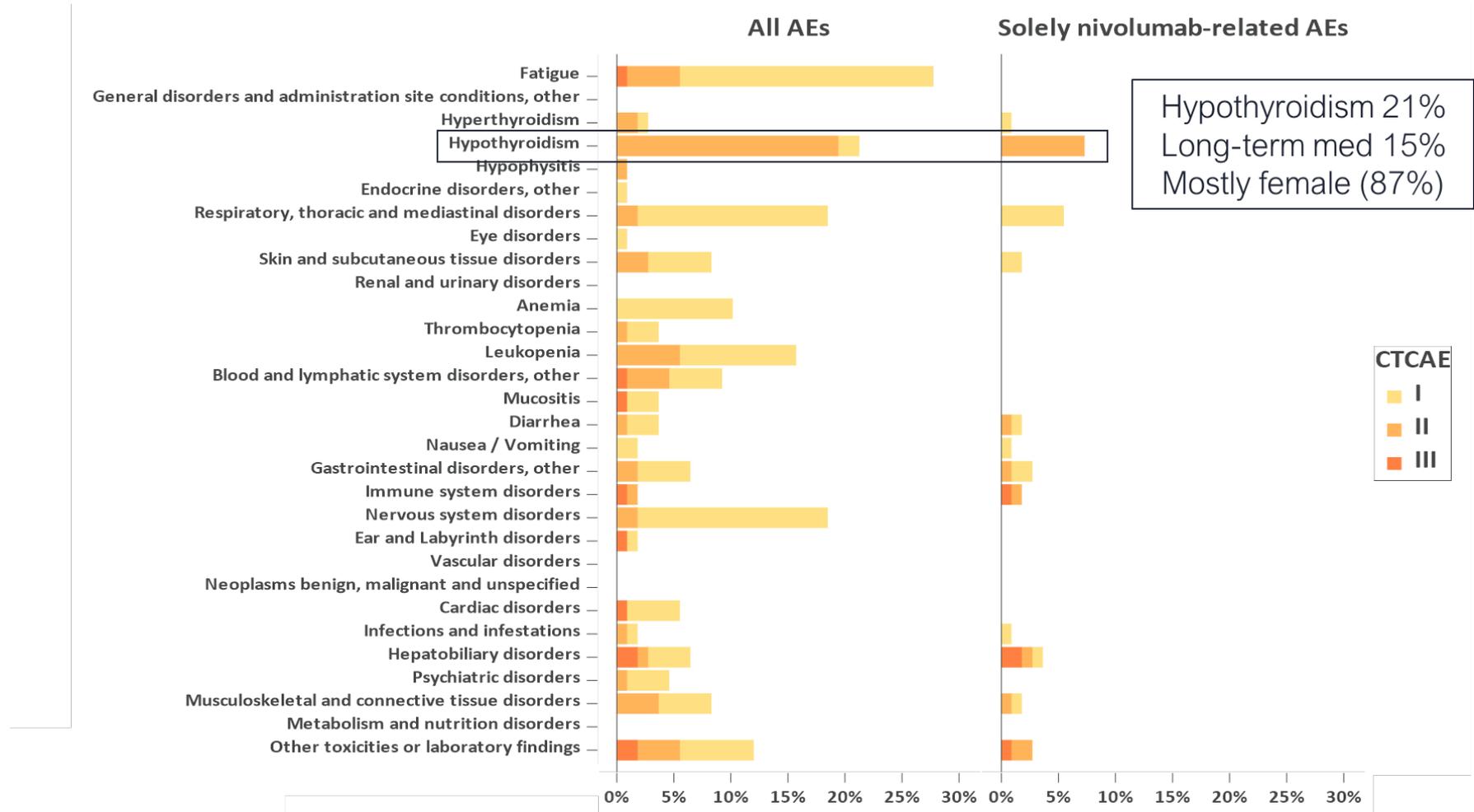


Very early histologic CR<sup>3</sup> and reversion of exhausted lymphocyte phenotypes<sup>4</sup>

<sup>1</sup> Bröckelmann PJ et al. *JAMA Oncol* 2020, <sup>2</sup> Voltin CA (...) Bröckelmann PJ *Clin Cancer Res* 2020, <sup>3</sup> Reinke S\* & Bröckelmann PJ\* et al. *Blood* 2020, <sup>4</sup> Garcia-Marquez MA (...) Bröckelmann PJ\* & Schlösser HA\* *Leukemia* 2021

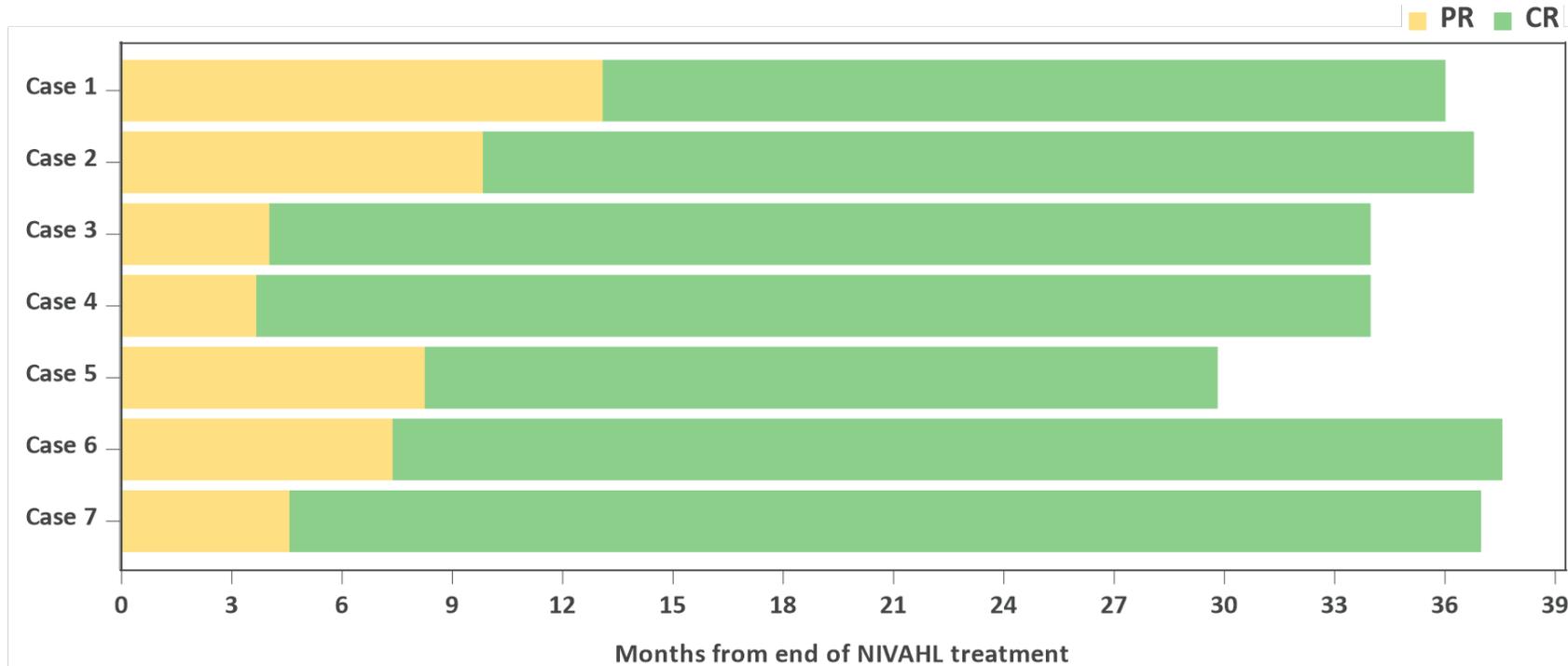
# PD1i und Chemotherapie in der Erstlinientherapie des cHL

## Nebenwirkungen?



# PD1i und Chemotherapie in der Erstlinientherapie des cHL

## Wirksamkeit?



PR at EOT converted to ongoing CR w/o additional treatment in all patients

Abbreviations: PR: partial remission, EOT: end of treatment, CR: complete remission, w/o: without

# PD1i und Chemotherapie in der Erstlinientherapie des cHL

## Wirksamkeit?

Figure 1: Progression-free survival (PFS) in arm A (blue) and arm B (orange) of the NIVAHL trial

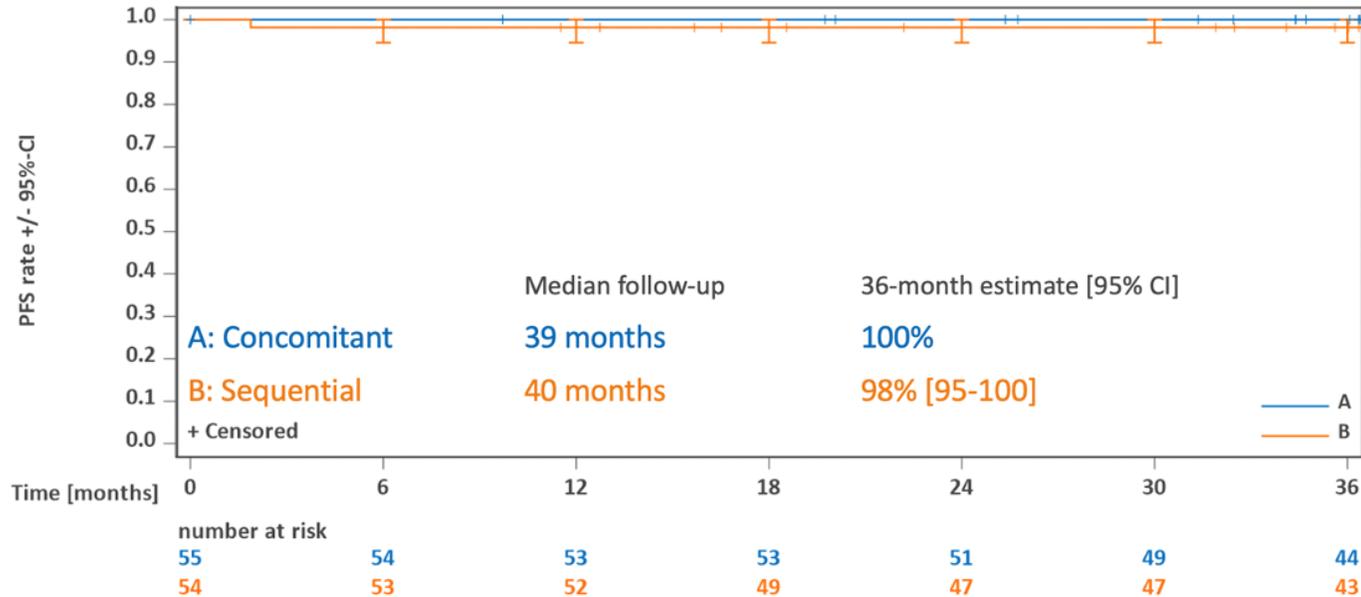
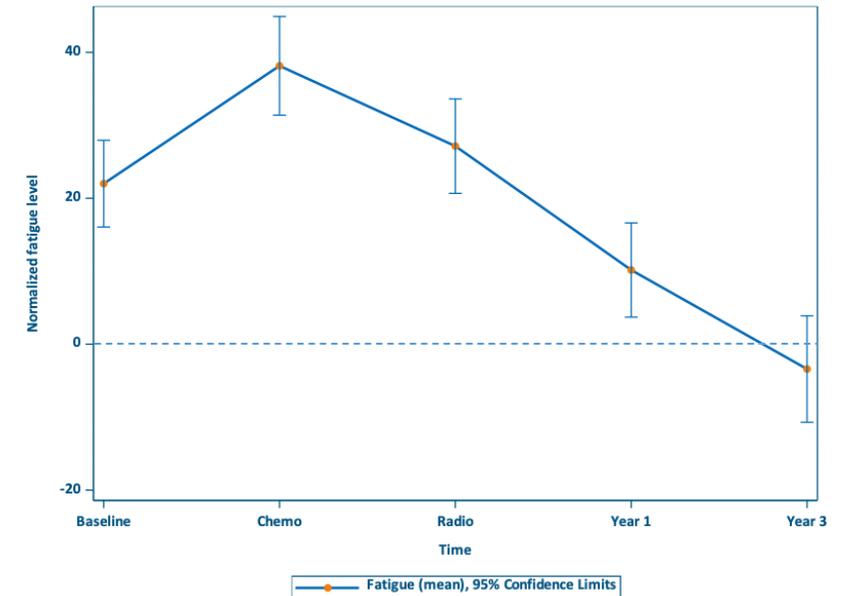


Figure 2: Mean fatigue score by EORTC QLQ-C30 normalized to the German reference population



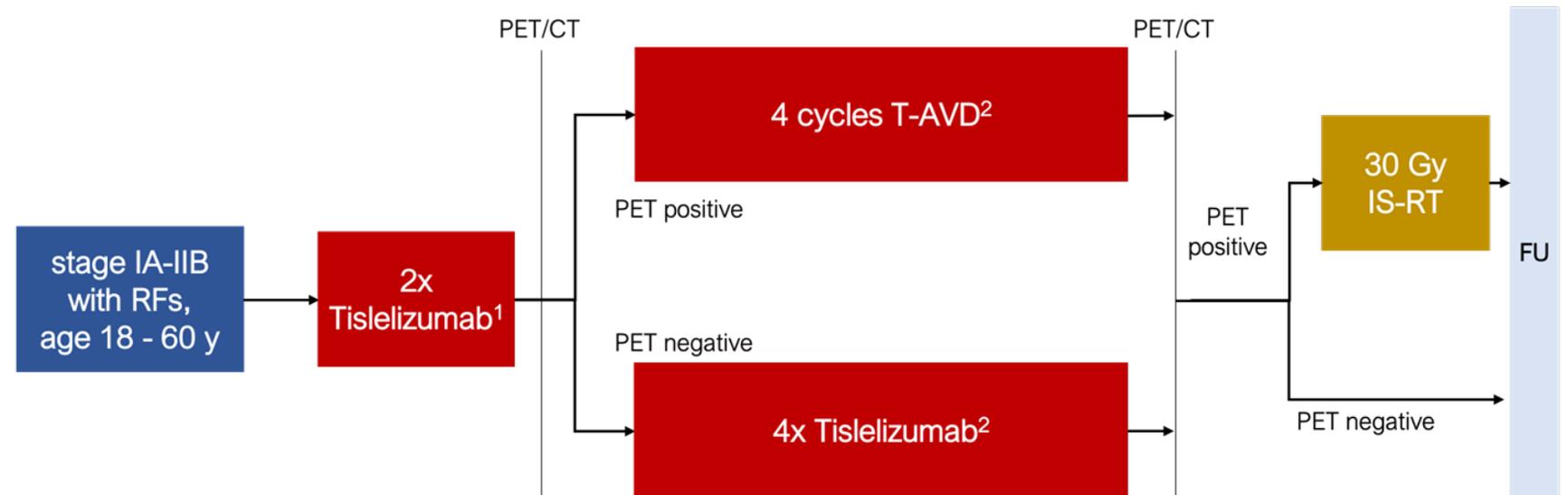
# PD1i und Chemotherapie in der Erstlinientherapie des cHL

## Schlussfolgerungen?

Offenbar sehr wirksam und verträglich, jedoch auch mit PD1-spezifischen dauerhaften IRAEAs

aber: CMT (HD17 ist schon „weiter“, da PET-guided RT anstelle des CMT Konzepts

**INDIE:** Individualized Immunotherapy in Early-Stage Unfavorable HL  
An investigator-sponsored, multicenter GHSG phase II trial



Endpoint: 1-year PFS, secondary endpoints: 1-year OS, 3-year PFS & OS, PROs, correlative studies  
Main cohort: 100 patients 18-60 years; exploratory cohort with mandatory RT: 20 patients >60 years of age

## Kapitel 2

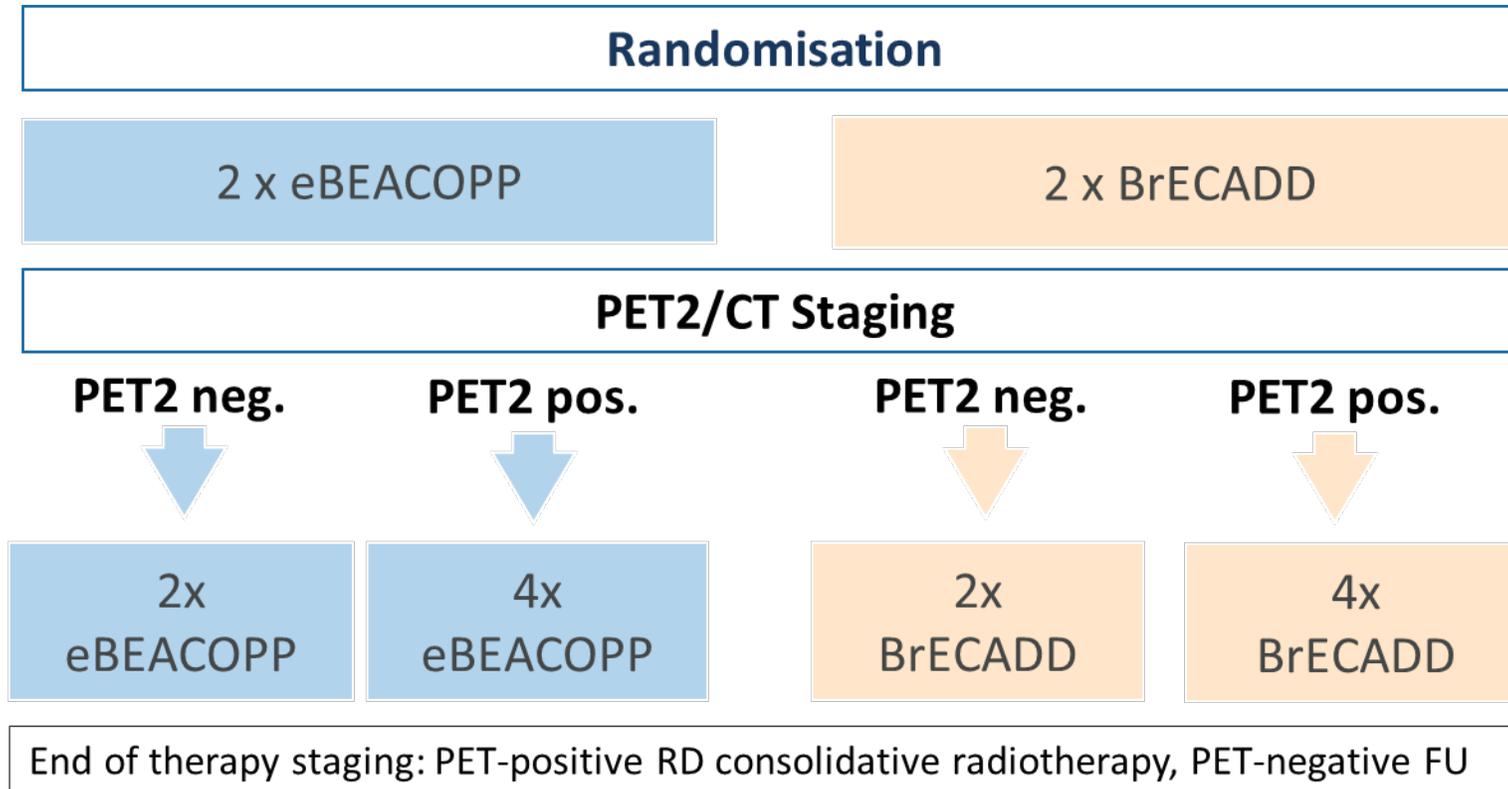
Können wir das Verhältnis von Nutzen und Risiken  
voneBEACOPP Schema mit Hilfe von Brentuximab vedotin  
verbessern?

## **317: Treatment Related Morbidity in Patients with Classical Hodgkin Lymphoma: Results of the Ongoing, Randomized Phase III HD21 Trial By the German Hodgkin Study Group**

Peter Borchmann on behalf of the GHSg

# BrECADD: Tolerabilität von BV modifiziertem eBEACOPP in der HD12 Studie

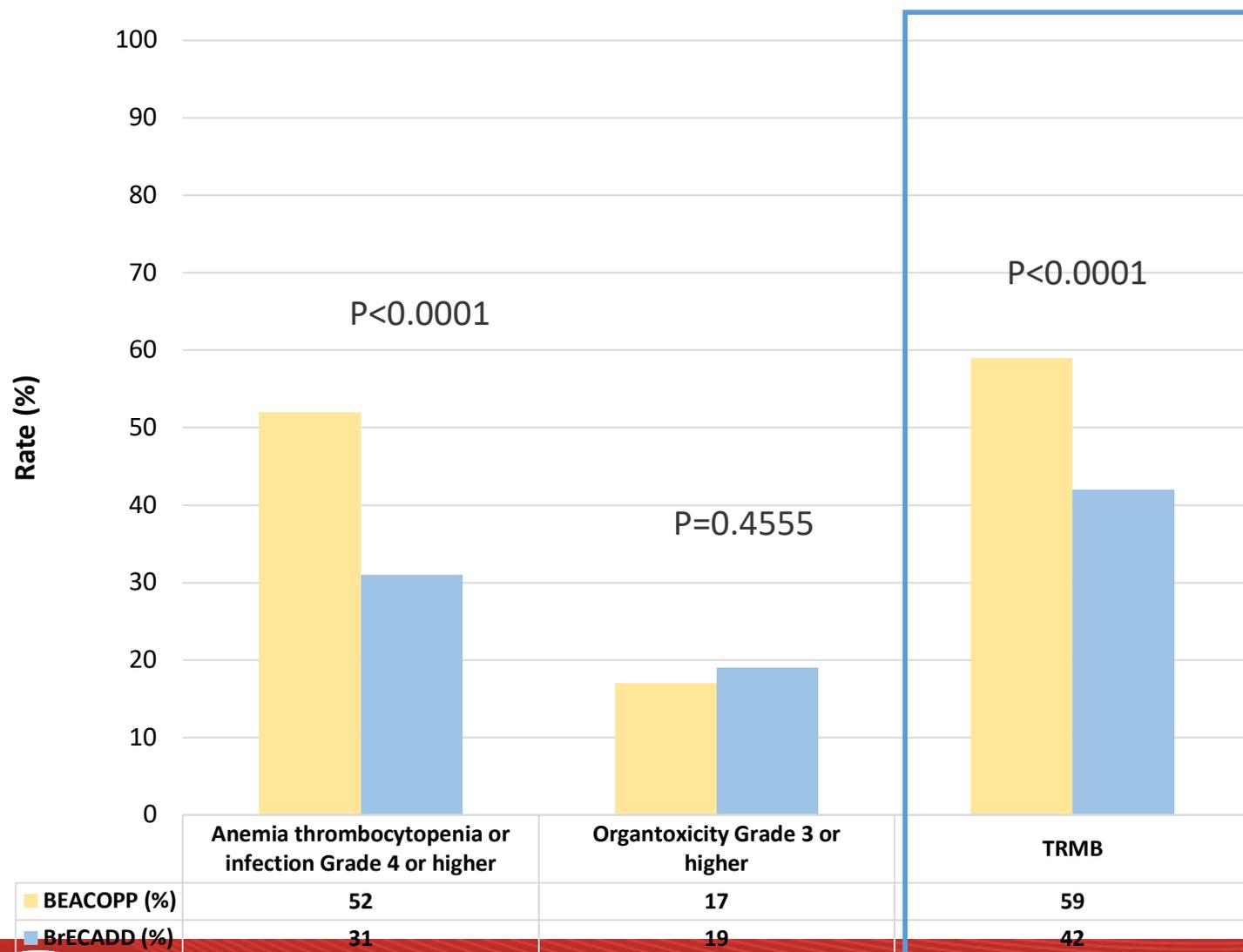
Die GHSG HD21 Studie: „Treatment related morbidity“: co-primärer Endpunkt Wirksamkeit (PFS) und Sicherheit



*superiority* for treatment related morbidity (TRMB)

- Acute non-hematological organ toxicity of CTCAE grade 3 or 4
- Acute hematological toxicity: grade 4 anemia, grade 4 thrombocytopenia, and grade 4 infections
- during primary chemotherapy up to 12m

# GHSG HD21 primary safety endpoint TRMB analyses results



Per-protocol analysis of TRMB°  
 C-Rel-Risk of BrECADD =  
**0.70**; 95%-CI = **0.63 – 0.78**; p < **0.0001**

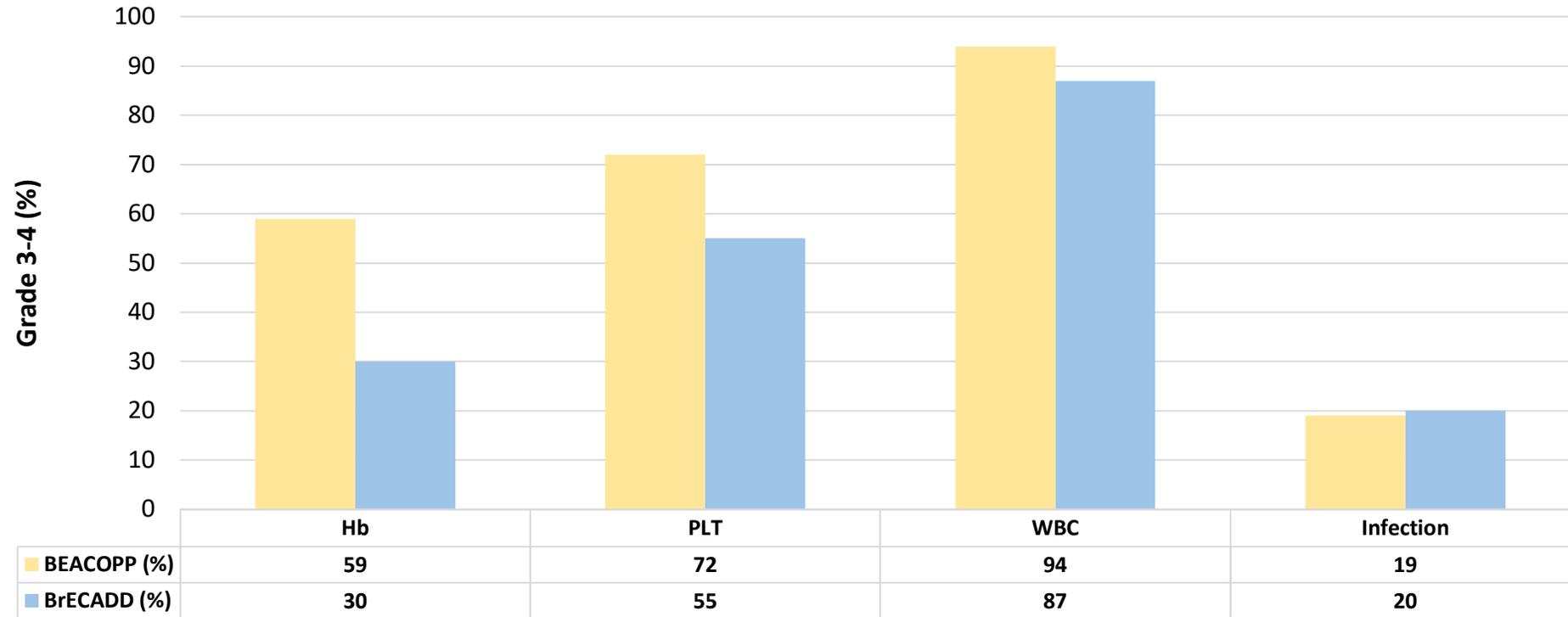
ITT-analysis of „explicitly treatment related“ TRMB\*, C-Rel-Risk of BrECADD =  
**0.71**; 95%-CI = **0.64 – 0.80**; p < **0.0001**

ITT-analysis of TRMB°  
 C-Rel-Risk of BrECADD =  
**0.72**; 95%-CI = **0.65 – 0.79**; p < **0.0001**

\*Events excluded if not at least „possibly related“ to study treatment (local investigator)

° TRMB-Incidence: ITT-TRMB: 50.5%; ITT-TRMB2: 48.4%; PP-TRMB: 50.8%

# GHSG HD21 acute hematological treatment related morbidity



# GHSG HD21 clinical implications of observed differences

Toxicity	eBEACOPP (%)	BrECADD (%)
red cell transfusion*	53	24
platelet transfusion*	34	17

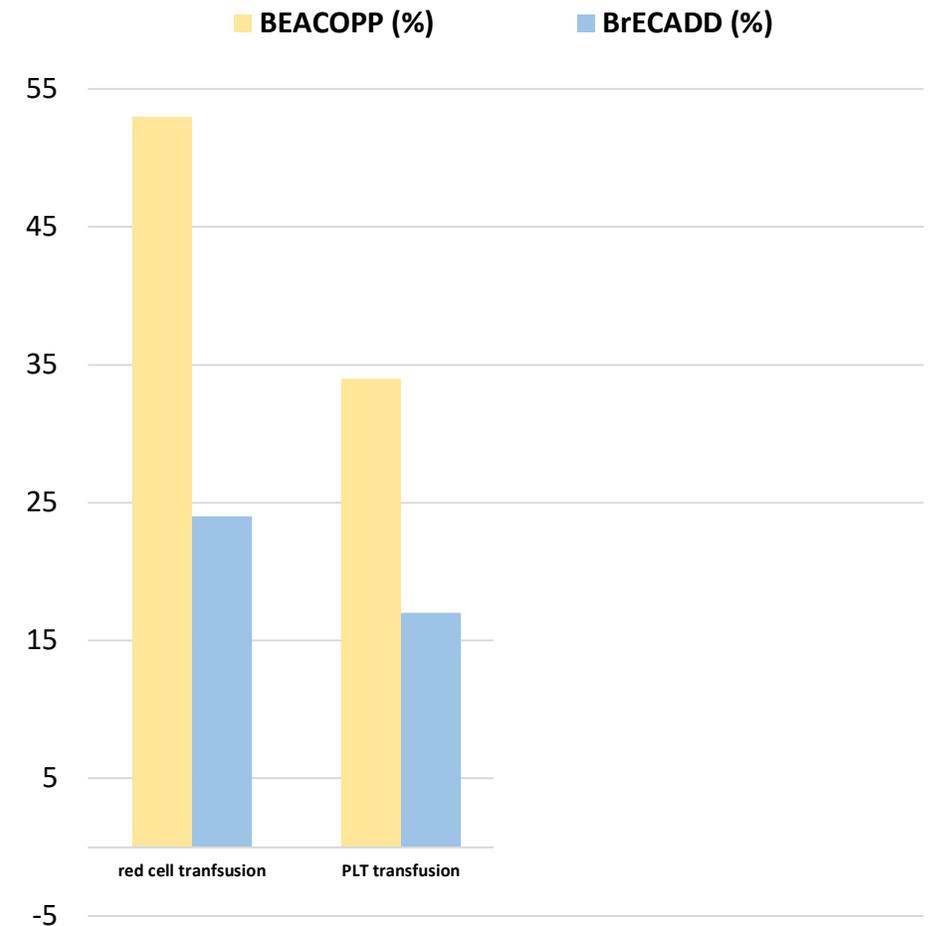
  

	eBEACOPP (%)	BrECADD (%)
Sensory PNP		
All grades	49	38
Grade 2	14	6
Grade 3	2	1

	eBEACOPP (%)	BrECADD (%)
Treatment related mortality	< 1%	0%

\*pts with at least one transfusion



# GHSB HD21 gonadal dysfunction determined by FSH (U/l)

## female patients (18-39) per arm

	BEACOPP (N=326)		BrECADD (N=331)	
	N	Mean	N	Mean
N (min FU12 m)	145	<b>27,2 U/l</b>	149	<b>13,4 U/l</b>

- FSH normal values (cycle dependent):  
1,7 – 21,5 U/l
- FSH documented in:  
58 % in BEACOPP and 57 % in BrECADD

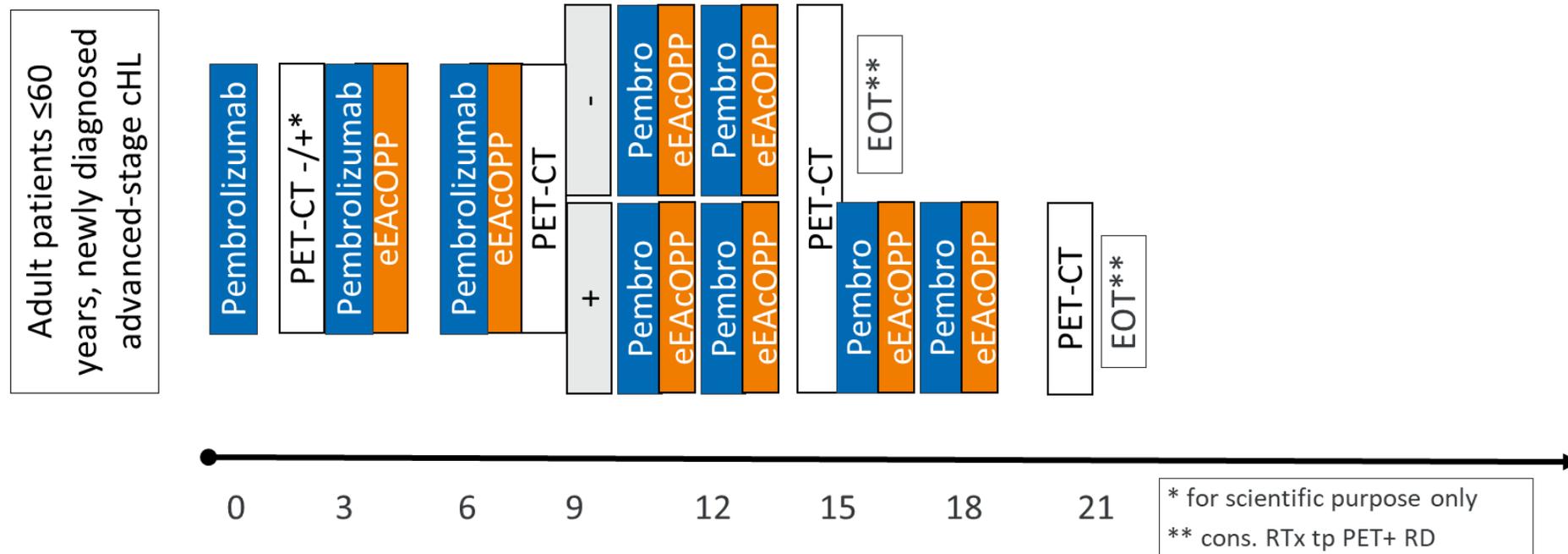
## male patients (18-49) per arm

	BEACOPP (N=418)		BrECADD (N=417)	
	N	Mean	N	Mean
N (min FU12 m)	189	<b>20,5 U/l</b>	178	<b>11,9 U/l</b>

- FSH normal values:  
FSH: 1.5 – 12.4 U/l
- FSH was documented in:  
45 % in BEACOPP and 45 % in BrECADD

# Pembro-FLASH pilot:

Can Pembro-eBEACOP increase the percentage of PET2 negative patients?



status: MSD approved study, contracting ongoing, trial in preparation (eCRFs, data base set-up, CTIS documents), start Q1 23

# GHSG HD21 PFS and OS for the *entire study cohort*

# Zusammenfassung | Take-Home-Messages

Viele Kombination von PD1 AK und BV und Chemotherapie in frühen Phasen auf diesem ASH, aber wenig praxis-relevantes für uns

Relevante Studien waren in der Tat die beiden GHSB Arbeiten

Die Kurzpräsentationen sind online unter

**[www.lymphome.de/ash2022](http://www.lymphome.de/ash2022)**

Für den Inhalt verantwortlich:

Prof. Dr. med. Peter Borchmann

Uniklinik Köln

Das Informationsprojekt wird unterstützt von den Firmen:

abbvie

AMGEN

AstraZeneca

BeiGene

Bristol Myers Squibb™

gsk

HEXAL

A Sandoz Brand

janssen  
PHARMACEUTICAL COMPANIES  
of Johnson & Johnson

Diese hatten keinen Einfluss auf die Inhalte.