

Lymphom
Kompetenz
KOMPAKT



KML KONGRESSE

Expert:innen berichten zu
Lymphomen & Leukämien



18th ICML LUGANO
17. – 21. Juni 2025



Prof. Dr. med. Peter Borchmann
Uniklinik Köln

Hodgkin Lymphom (HL)

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – ICML 2025 LUGANO, Italien wird in Kooperation mit fünf unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

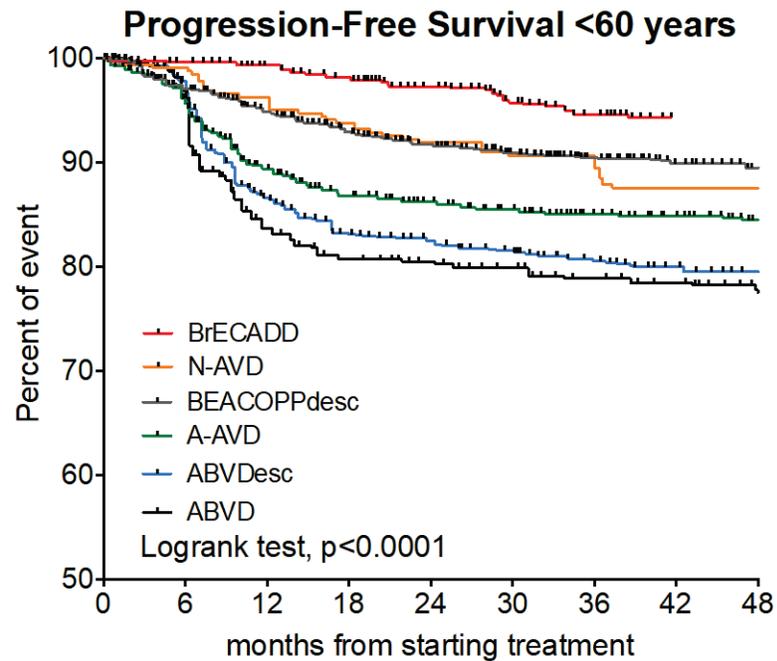
Employment, management position	–
Advisory/expert activity	Takeda Oncology, BMS, Roche, Amgen, Novartis, Miltenyi Biotech, Gilead, MSD, Incyte, Beigene
Ownership (shares, stocks, funds)	–
Patent, copyright, sales license	–
Honoraria	Takeda Oncology, Novartis, BMS, Roche, MSD, Celgene, Miltenyi Biotech, Gilead, Abbvie
Funding scientific research	Takeda Oncology, MSD, Incyte, Amgen
Other financial relationships	–
Intangible conflicts of interest	–

Kapitel 1

Zwei neue „Standards“: gibt es Unterschiede?

Progression-Free Survival

- The extrapolated 3-year PFS increased from 79% with ABVD to 81% with ABVDesc, 85% with A-AVD, 90% with N-AVD or BEACOPPdesc, and 94.5% with BrECADD ($p < 0.0001$).
- Of note, a significant difference was identified between BrECADD vs N-AVD (HR 0.44, 95%CI 0.27-0.71, $p = 0.0002$) and A-AVD (HR 0.31, 95%CI 0.23-0.42, $p < 0.0001$).



	p values of Logrank tests				
	<0.0001	<0.0001	<0.0001	0.0014	0.7598
	<0.0001	0.0003	<0.0001	0.0001	-
	<0.0001	0.0979	<0.0001	-	-
	0.0002	0.3844	-	-	-
	0.0002	-	-	-	-
	-	-	-	-	-

Visentin et al., EHA 25

cHL MAIC N-AVD versus BrECADD

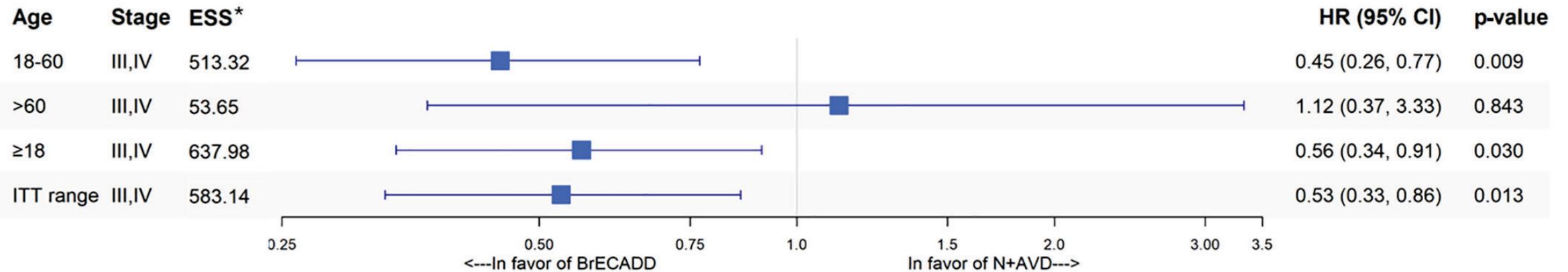
Abs 354. A matching-adjusted indirect treatment comparison (MAIC) of BrECADD vs N+AVD in populations with advanced Hodgkin lymphoma (aHL) treated in the Front-Line (FL) setting

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cHL MAIC N-AVD versus BrECADD

Abs 354. A matching-adjusted indirect treatment comparison (MAIC) of BrECADD vs N+AVD in populations with advanced Hodgkin lymphoma (aHL) treated in the Front-Line (FL) setting

Figure 1. Cox Regression Results for PFS Fully-Adjusted Base Case Scenarios



*ESS calculated represents the adjusted BrECADD patient sample after weighting. BrECADD unweighted sample sizes were originally ≤60y n= 751, >60y n= 85 , and ≥18y n= 836. N+AVD sample sizes were ≤60y n= 319 , >60y n= 50, ≥18y n= 365, and ITT n= 487.

Abbreviations: BrECADD, PET-guided Brentuximab vedotin, etoposide, cyclophosphamide, adriamycin/doxorubicin; CI, confidence interval; ESS, Effective Sample Size; HR, hazard ratio; ITT, intent-to-treat; N+AVD, Nivolumab + adriamycin/doxorubicin, vinblastine, and dacarbazine; PFS, progression-free survival

Kapitel 2

Therapiesteuerung mit ctDNA?

Prognostic Value of Circulating Tumor DNA in Patients with Advanced Stage Classic Hodgkin Lymphoma Treated on SWOG S1826

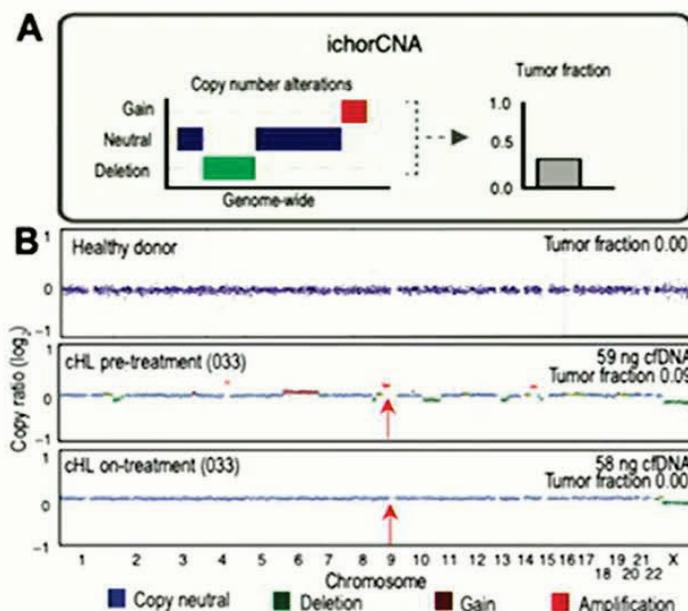
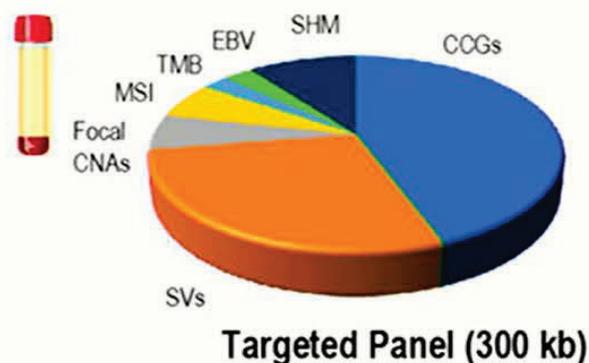
Julia Paczkowska^{1,*}, Marcin Kaczkowiak^{2,*}, Michael LeBlanc^{3,*}, Chip Stewart^{2,*}, Alex F. Herrera^{4,*}, Juan Carlos Fernando del Castillo², Sharon M. Castellino⁵, Sarah C. Rutherford⁶, Andrew M. Evens⁷, Kelly Davison⁸, Hongli Li³, Donna Neuberg¹, Mark Murakami¹, Jasmine Makker¹, Brad Kahl⁹, John P. Leonard⁶, Nancy L. Bartlett⁹, Sonali M. Smith¹⁰, Joo Y. Song⁴, Kara M. Kelly¹¹, Gad Getz^{2,∞}, Jonathan W. Friedberg^{12,∞}, Margaret A. Shipp^{1,∞}

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S1826 CtDNA Analyses - Two Complementary Approaches



- **Targeted panel**

- ~300KB, ~1200 targets, based on our earlier studies^{1,2}
- Added AID hotspots for clustered variant **MTB estimation**
- Added bait sets for **EBV detection**
- **Duplex reads** → higher base qualities
- Provides:

- Mutations; Tumor fraction/ “**Molecular tumor burden**”
- Copy number alterations; Translocations

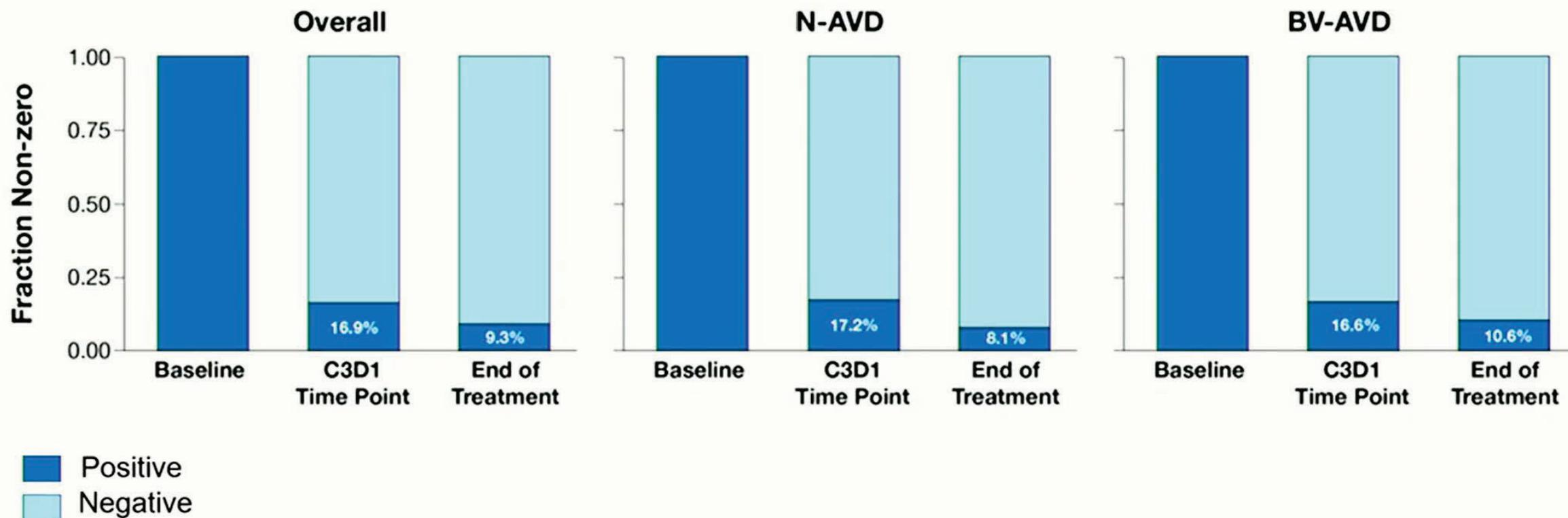
- **Ultra-low-pass WGS:**

- 0.2x coverage across whole genome
- Provides:
 - Arm-level (and focal) copy number events (iChorCNA)
 - Independent estimate of tumor fraction (iChorCNA)

¹ Wienand K et al. Blood Adv 2019 ² Chapuy B et al Blood 2019.

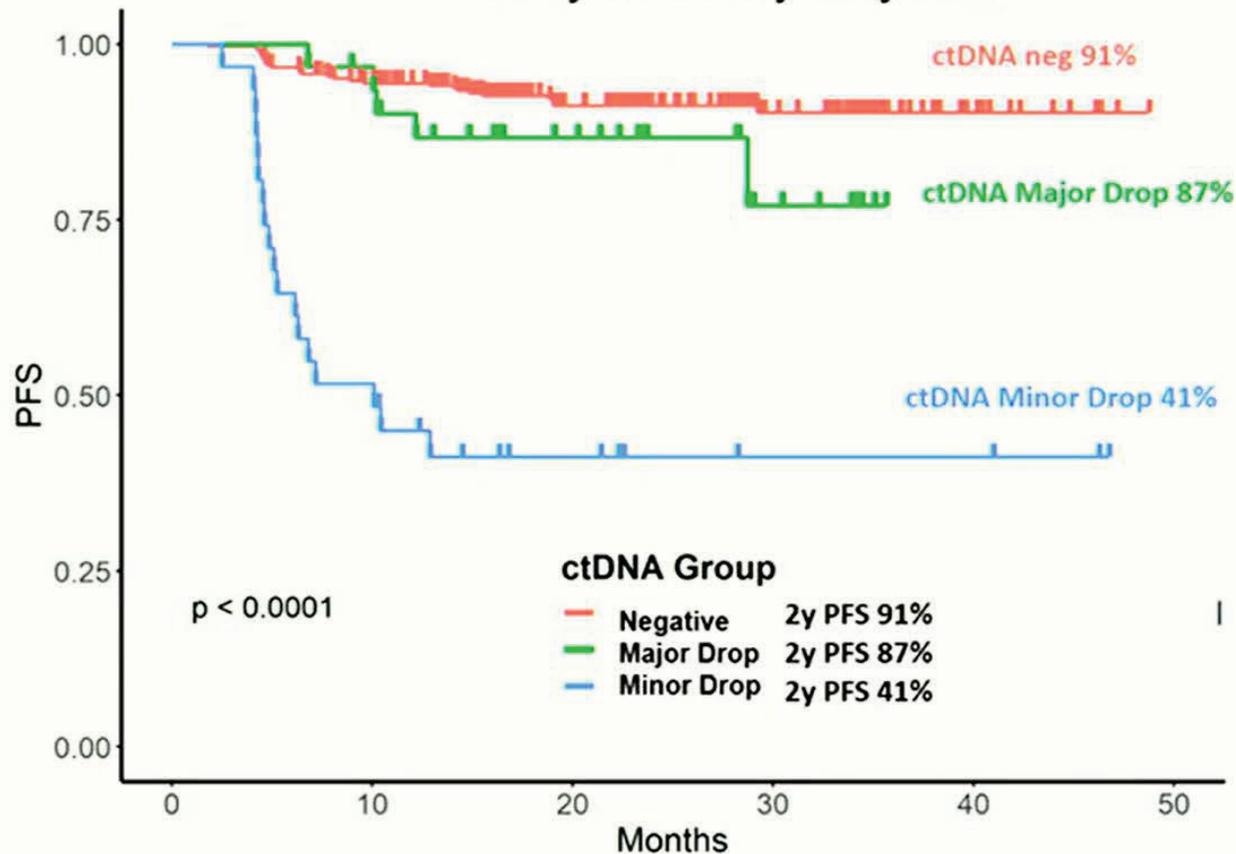
Changes in Molecular Tumor Burden Over Time

Fraction with Detectable ctDNA (MTB) by Timepoint and Treatment Arm

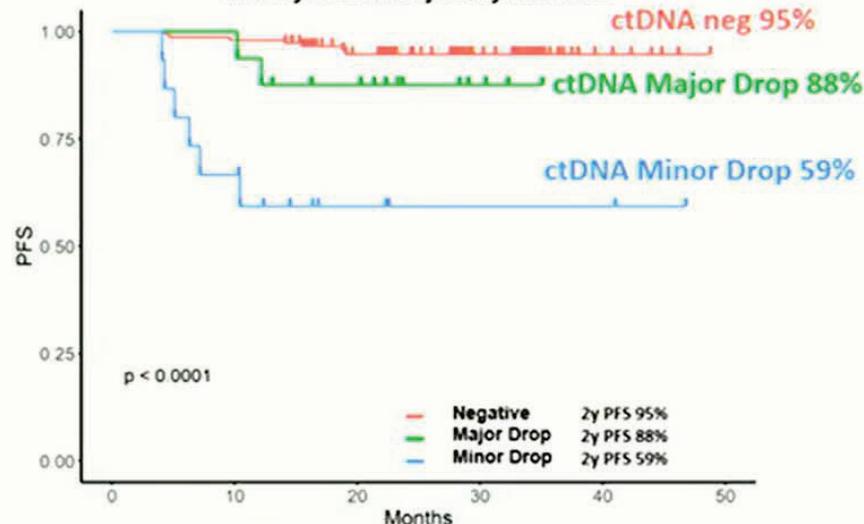


MTB Trajectory at C3D1 Identifies High- and Low-risk CtDNA+ Groups

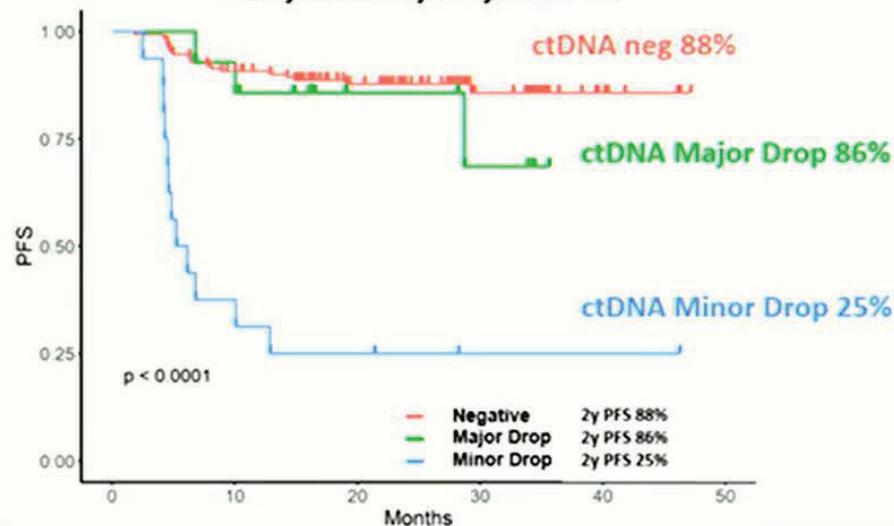
PFS by ctDNA Trajectory in All



PFS by ctDNA Trajectory in N-AVD



PFS by ctDNA Trajectory in BV-AVD



Kapitel 3

Therapiesteuerung mit verbesserter PET-Beurteilung?

Therapiesteuerung mit verbesserter PET-Beurteilung?

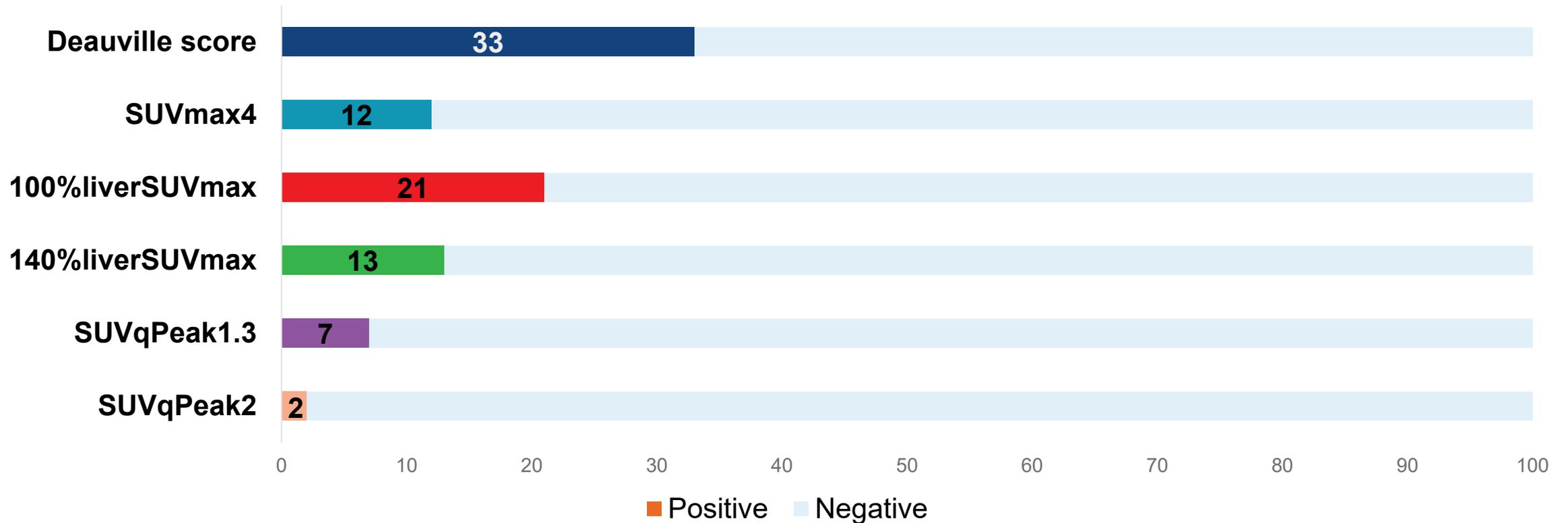
Imaging Biomarkers for the Definition of Response in the GHSG HD18, GHSG HD21 and LYSA AHL2011 Trials for Advanced-stage Hodgkin Lymphoma

Justin Ferdinandus^{*}, Cedric Rossi^{*}, Helen Kaul, Simon Leiders, Olivier Casasnovas, Herve Guesquieres, Caroline Rossoni, Salim Kanoun, Solene Malmon, Michael Fuchs, Gundolf Schneider, Peter Borchmann, Carsten Kobe[#], Anne-Ségolène Cottereau[#]

Therapiesteuerung mit verbesserter PET-Beurteilung?

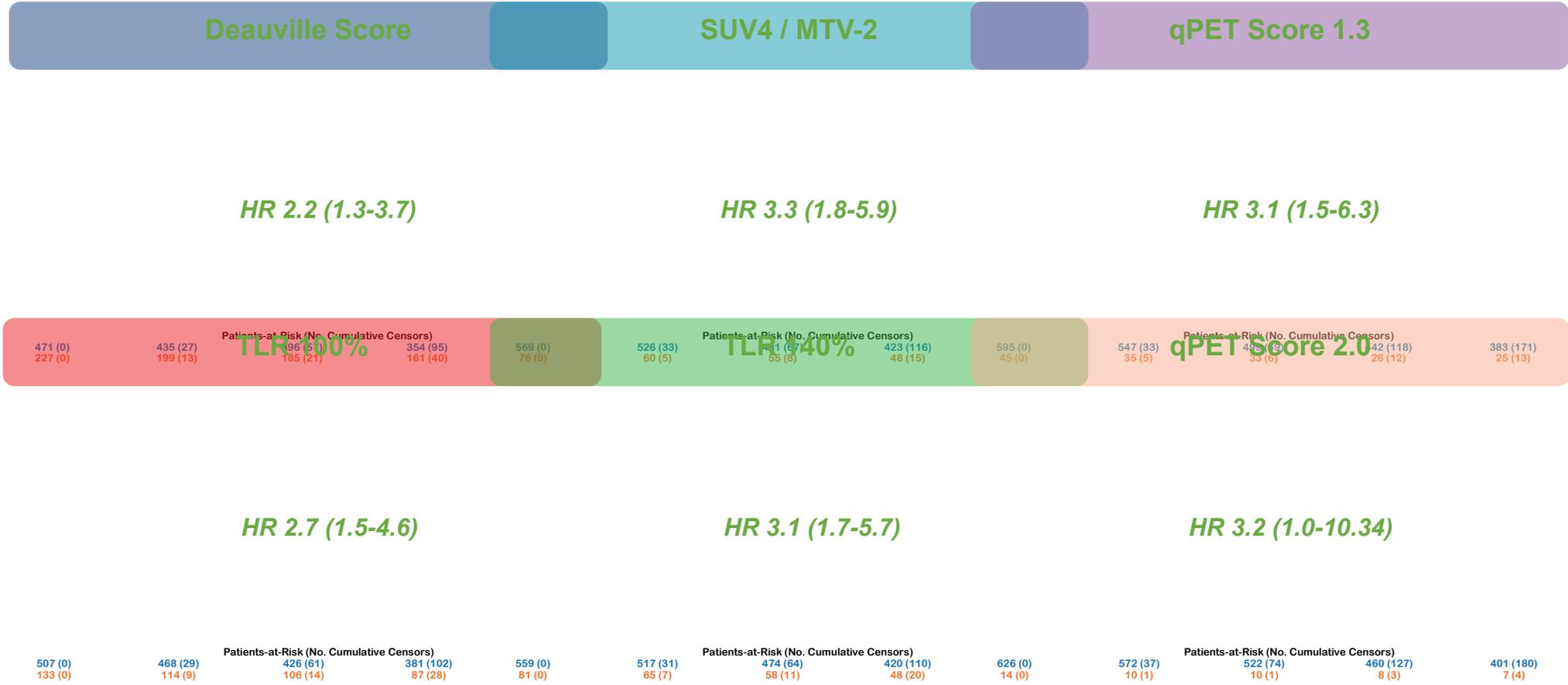
HD18 6xeB: PET-2 Positivity by different definitions

PET-2 Positivity (%)



Therapiesteuerung mit verbesserter PET-Beurteilung?

HD18 6xeB: Impact PET-positivity definitions on PFS



All Cohorts: Time-dependent sensitivity & Specificity

HD18 6xeB (no PET-guidance):

Metric	DOR at 12mo	DOR at 24mo
Deauville score	3.66	2.48

Hodgkin Lymphom ICML2025: take home messages

1. BrECADD ist mit der verfügbaren Evidenz mit verschiedenen Methoden bestätigt das wirksamste Schema zur Therapie des fortgeschrittenen klassischen Hodgkin Lymphoms.
2. Die MRD Bestimmung mittels ctDNA ist prognostisch bedeutsam: der Stellenwert zur Therapiesteuerung muss noch etwas herausgearbeitet werden.
3. Die quantitative Auswertung der PET zeigt eine sehr hohe Testqualität und sollte unbedingt prospektiv evaluiert werden.

Alle Kurzpräsentationen sind online unter

www.lymphome.de/icml2025

Für den Inhalt verantwortlich:

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Das Informationsprojekt wird unterstützt von:

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Lilly

Die Firmen hatten keinen Einfluss auf die Inhalte.