

Speed-Report: Hodgkin Lymphom

Andreas Engert, MD

Chairman, German Hodgkin Study Group
University Hospital of Cologne

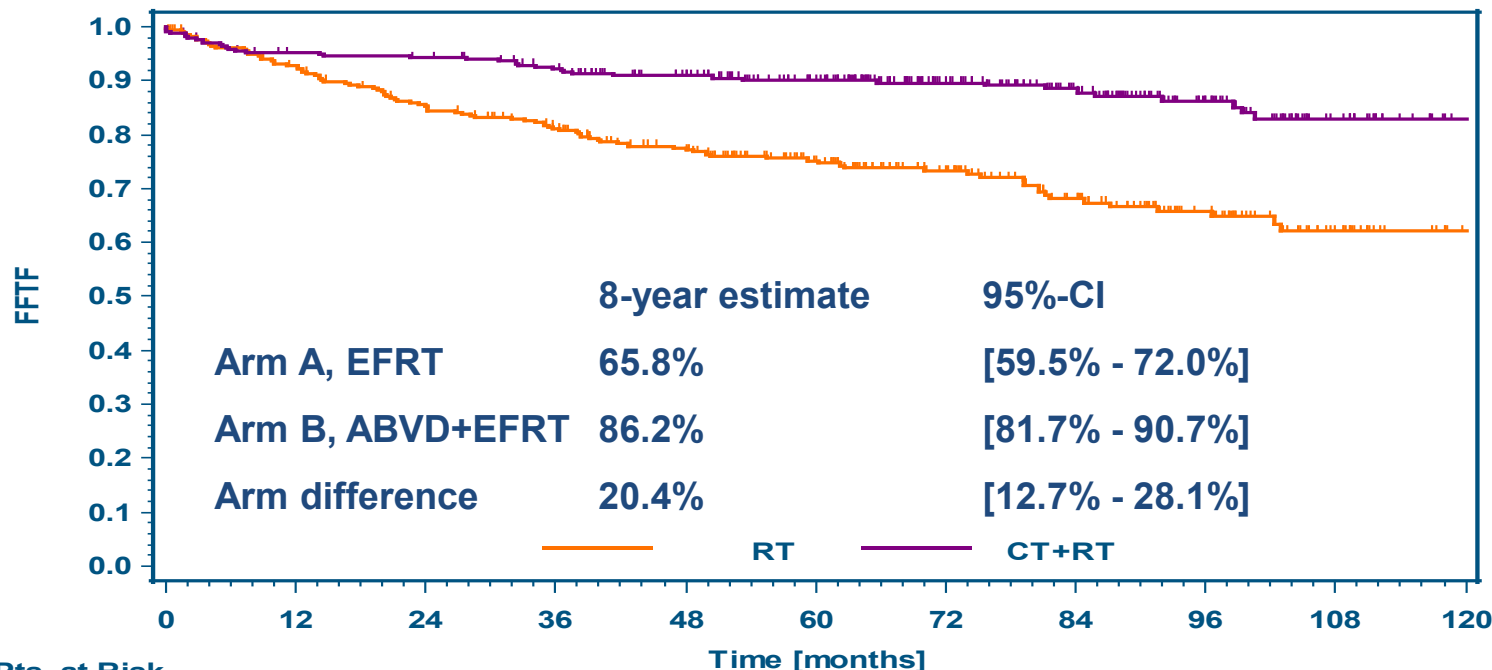
Offenlegung Interessenskonflikte

- 1. Anstellungsverhältnis oder Führungsposition: Ltd Oberarzt Klinik I für Innere Medizin, Univ.-Klinikum Köln; Chairman, German Hodgkin Study Group, Köln**
- 2. Beratungs- bzw. Gutachtertätigkeit: Takeda/Millennium, BMS, MSD**
- 3. Besitz von Geschäftsanteilen, Aktien oder Fonds: Nein**
- 4. Patent, Urheberrecht, Verkaufslizenz: Nein**
- 5. Honorare: Takeda/Millennium, BMS, MSD, Affimed**
- 6. Finanzierung wissenschaftl Untersuchungen: Takeda/Millennium, BMS, Affimed**
- 7. Andere finanzielle Beziehungen: Nein**
- 8. Immaterielle Interessenkonflikte: Nein**

- **Frühe und mittlere Stadien**
- **Fortgeschrittene Stadien**
- **Rezidive**
- **Zusammenfassung**

HD7 Clinical Trial

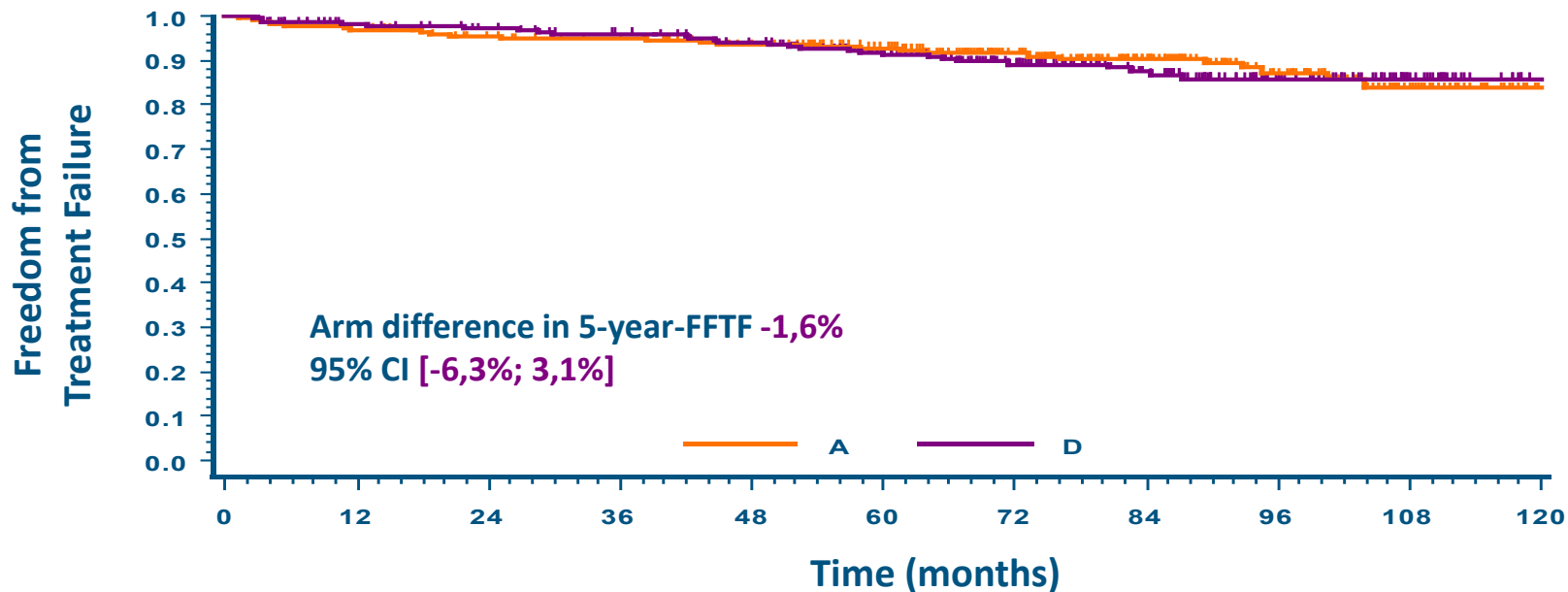
For early favorable HL (FFTF)



Pts. at Risk	0	12	24	36	48	60	72	84	96	108	120
RT	311	282	255	232	206	170	131	99	68	36	16
CT+RT	316	291	287	274	251	219	166	132	85	49	26

GHSQ HD10 Studie

Schwächsten vs stärksten Therapiearm (FFTF)



HD16: Progression-free survival PET-negative per protocol set

PFS rate

	5-year estimate [95% CI]
2x ABVD + IF-RT:	93.4% [90.4% to 96.5%]
2x ABVD:	86.1% [81.4% to 90.9%]
Difference:	-7.3% [-13.0% to -1.6%]

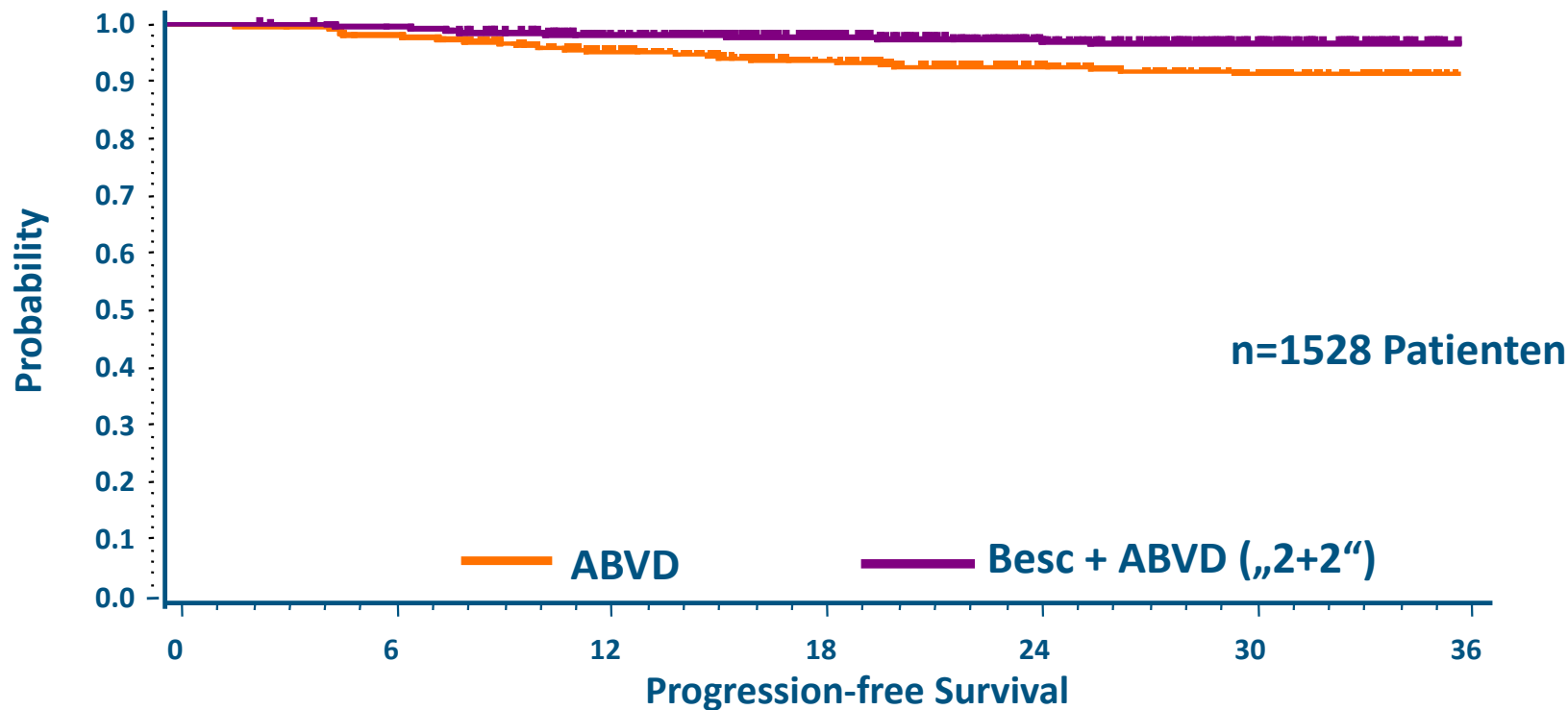
Hazard ratio [95% CI] 1.78 [1.02 to 3.12]
Log-rank p=0.040

Median observation time 47 months

**Non-inferiority margin of
3.01 not excluded**

HD14 Studie der GHSG

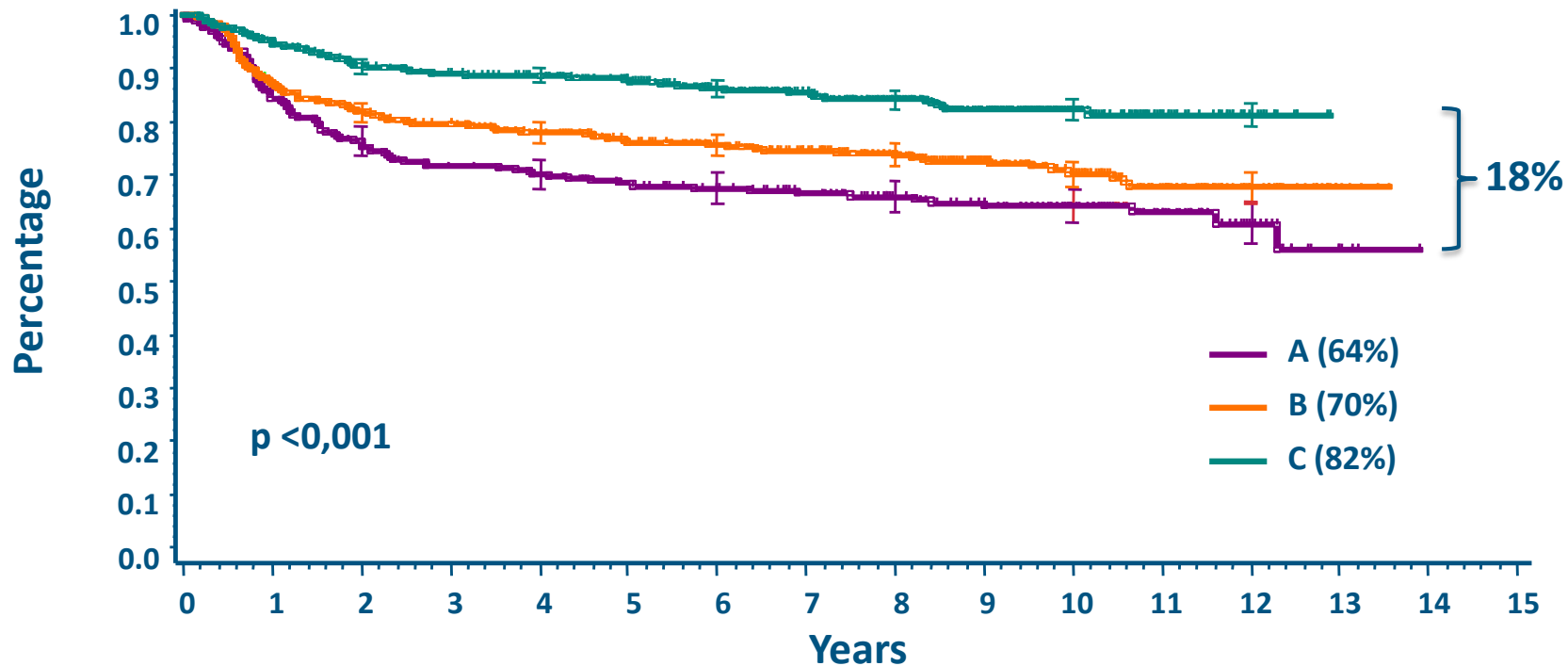
Early unfavorable HL (PFS)



- **Frühe und mittlere Stadien**
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GHSG HD9 Studie

FFTF by treatment arm



HD18 für PET-2 negative Patienten

Overall Survival

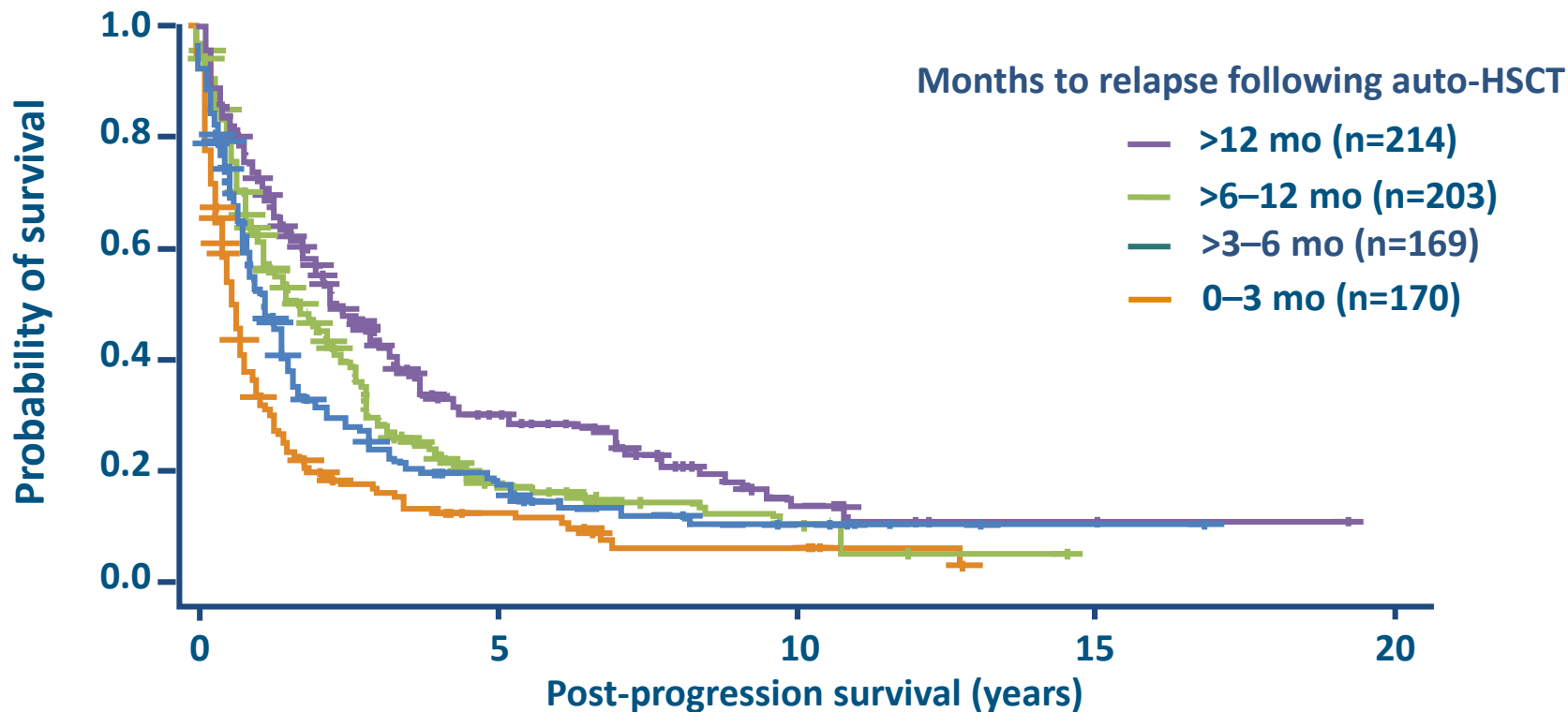
Overall Survival rate

	3-year estimate	5-year estimate
8/6x eBEACOPP:	95.9% [94.1-97.7]	95.4% [93.4-97.3]
4x eBEACOPP:	98.7% [97.6-99.7]	97.6% [96.0-99.2]
Difference:	+2.7 [+0.6-+4.8]	+2.2% [-0.3-+4.7]
	Hazard Ratio 0.36 [0.17 to 0.76]	
	log-rank test p=0.006	
Median observation time 56 months		

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Hodgkin Lymphom

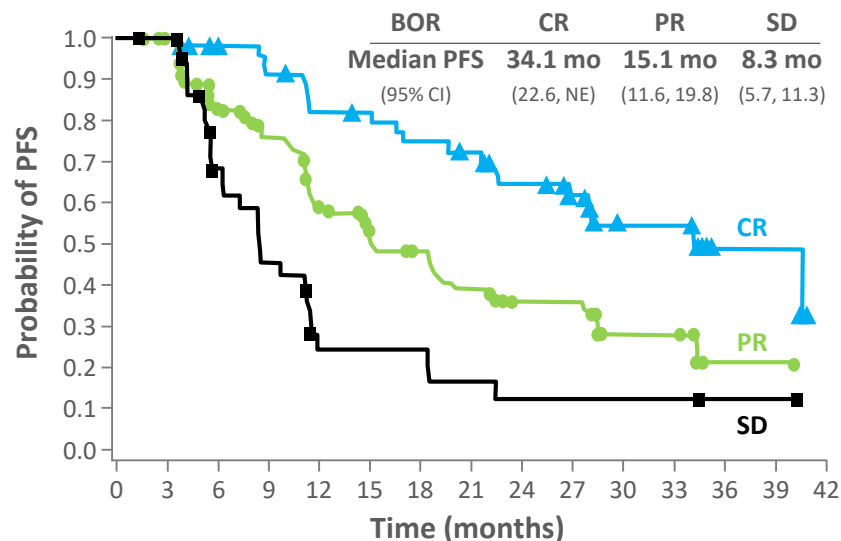
Prognose rezidivierter Patienten nach HDCT



Nivolumab beim r/r cHL nach auto TX

CheckMate 205 Update (12/18)

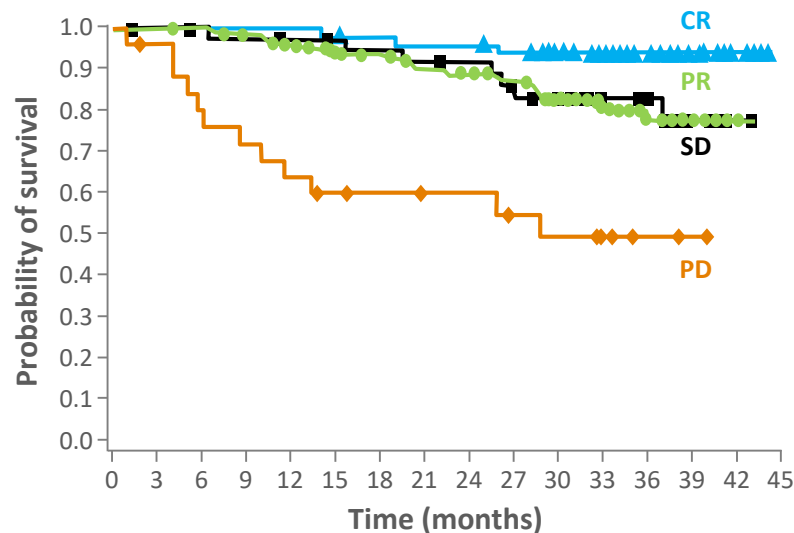
PFS



Number of patients at risk

	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42
CR	51	51	43	40	35	34	31	29	24	20	11	11	3	3	0
PR	122	119	81	69	52	36	32	26	20	20	11	11	1	1	0
SD	40	39	21	14	6	6	6	4	3	3	3	3	1	1	0

OS

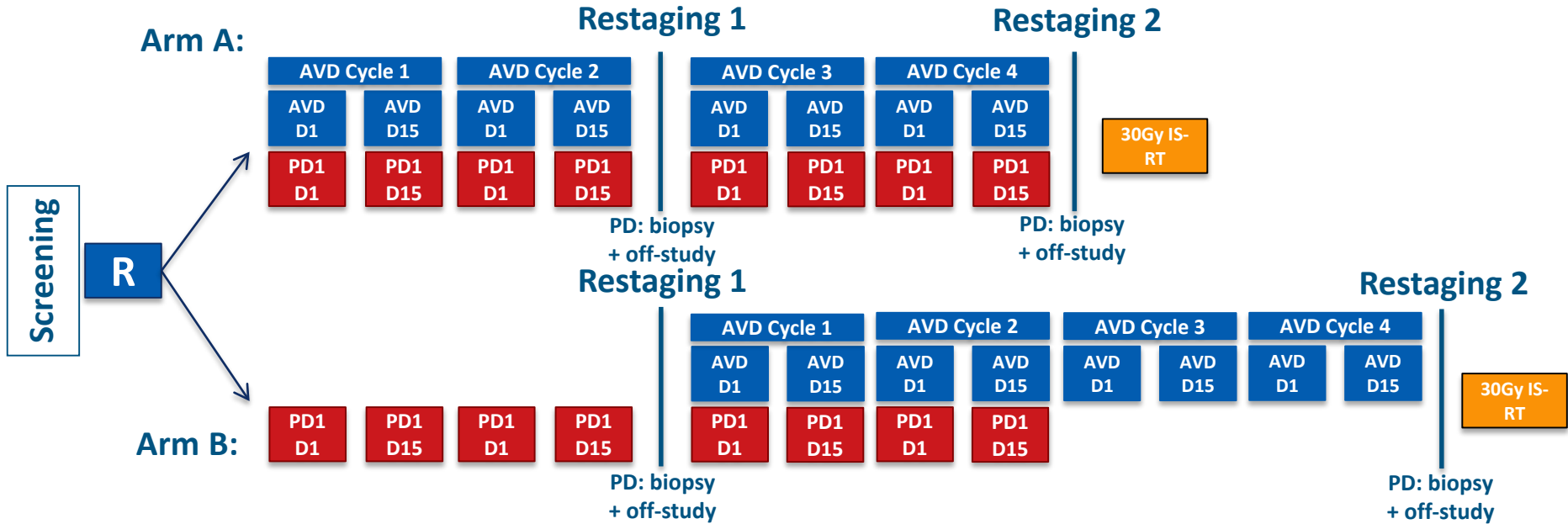


Number of patients at risk

	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45
CR	51	51	51	51	51	50	49	48	48	46	41	35	22	14	4	0
PR	12	12	12	11	11	10	99	92	90	86	76	54	37	23	3	0
SD	2	2	0	7	1	4	34	33	32	29	27	19	17	9	1	0
PD	40	39	38	37	36	35	13	12	12	10	9	7	2	1	0	0
	26	24	20	18	16	14										

NIVAHL: HD20 GHSG Pilot

Randomized trial in early unfavorable HL



AVD: Adriamycin, Vinblastin, Dacarbazine; PD1: Nivolumab

NIVAHL: Efficacy

Progression-Free Survival

PFS rate +/- 95%-CI

	Median follow-up	12-month estimate
Concomitant	9 months	100%
Sequential	9 months	98% [94-100]



Hodgkin Lymphom

Behandlung vor 20 Jahren und heute

Stadium	1999	2019
Frühe	2xCOPP/ABVD + 30Gy EF	2xABVD+20Gy IS
Mittlere	2xCOPP/ABVD + 30Gy EF	2+2+30Gy IS 4xN-AVD
Fortgeschrittene	8xBEACOPPesc + 30Gy IF	PET-driven: 4xBEACOPPesc.
Rezidive	2xDexaBEAM + autoTX	2xDHAP+autoTX ImmunCheckpoint

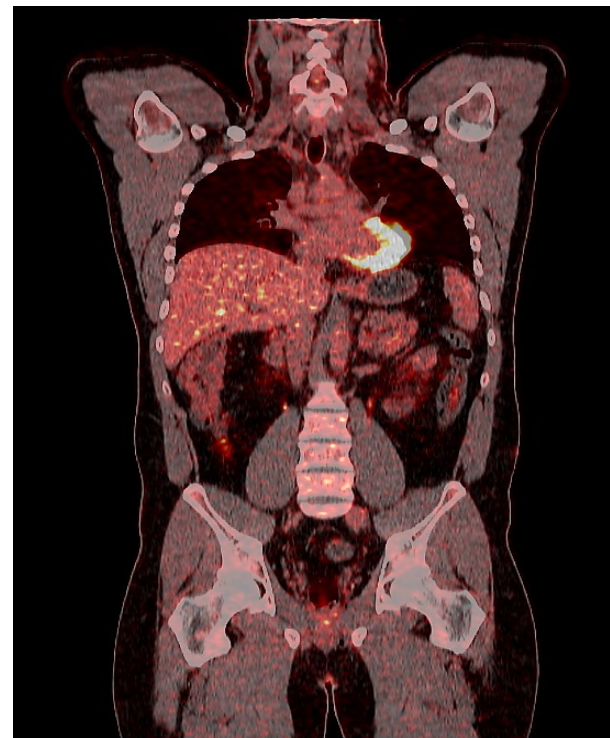


ISHL 12

October 24–26,
2020

NIVAHL: Early unfavorable cHL

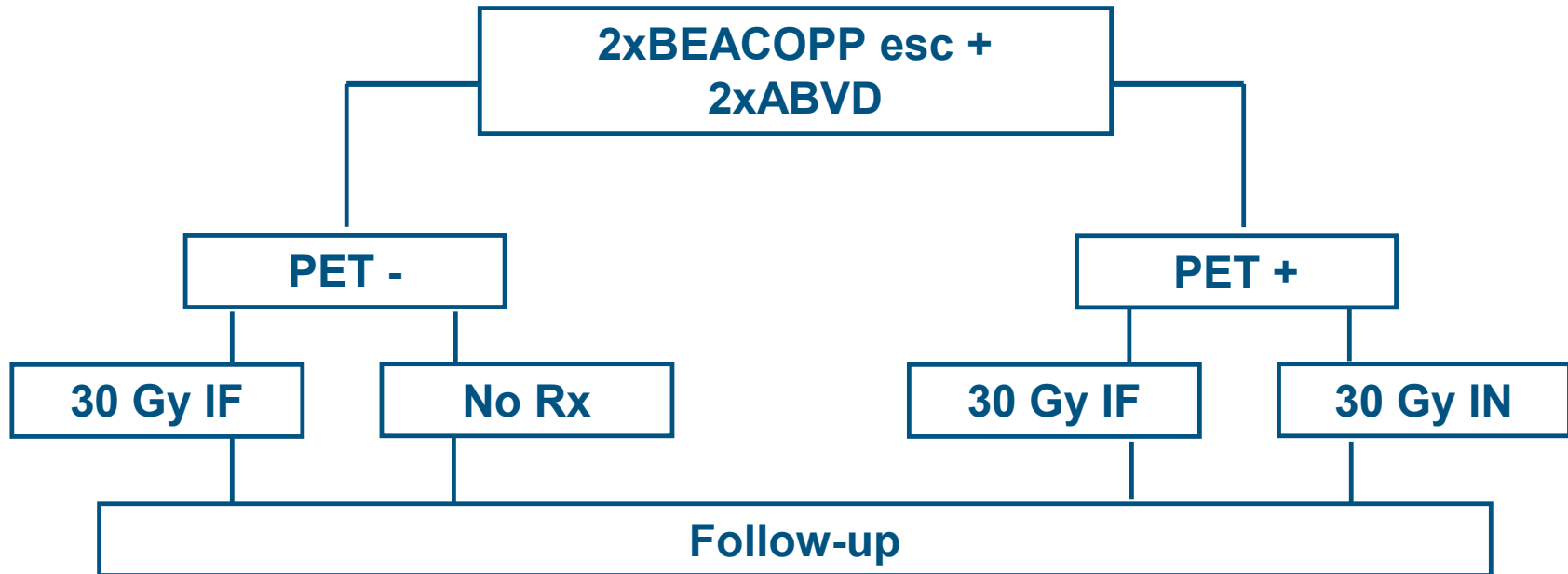
Response after 4x Nivolumab



**27-year old male in CS IIB with RF ≥ 3 areas + elevated ESR
PET-negativity at interim-restaging after 4x Nivolumab monotherapy**

HD17 Studie der GHSG

Early unfavorable HL (PFS)



- **Frühe Stadien: 2xABVD+20Gy ISRT**
- **Mittlere Stadien: „2+2“ PET-driven. NIVAHL Phase-2 Studie!**
- **Fortgeschrittene Stadien: PET-2 neg: nur 4xB.esc (3y FFTF 94.8% OS 98.7%); PET+ insgesamt 6xB.esc plus RT (HD18)**
- **Neue Ansätze für ältere Patienten**
- **PD1 Inhibitoren beim r/r cHL sehr effektiv**
- **Checkpoint Inhibitoren ergänzen bzw ersetzen zunehmend die Chemo- und Strahlentherapie beim cHL**