Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu Lymphomen & Leukämien

ASH 2025

ORLANDO | 06.-09. Dezember 2025

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Expert:innen berichten zu Lymphomen & Leukämien

Prof. Dr. med. Peter Borchmann
Uniklinik Köln

Hodgkin Lymphom (HL)

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – ASH2025 wird in Kooperation mit acht unterstützenden Firmen durchgeführt.
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Employment, management position	–
Advisory/expert activity	Takeda Oncology, BMS, Roche, Amgen, Novartis, Miltenyi Biotech, Gilead, MSD, Incyte,
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

Endauswertung der Phase III GHSG HD21 Studie mit 5 Jahren medianem FU: Bestätigen sich Sicherheit und Wirksamkeit?

Endauswertung der Phase III GHSG HD21 Studie mit 5 Jahren medianem FU: Bestätigen sich Sicherheit und Wirksamkeit?

Final analysis of the Phase III GHSG HD21 trial: PET-guided BrECADD vs. eBEACOPP in advanced-stage classic Hodgkin lymphoma.

Justin Ferdinandus1, 2, Helen Kaul1, 2, Alden Moccia3, 4, Richard Greil5, 6, Mark Hertzberg7, 8, Valdete Schaub9, Andreas Hüttmann10, Felix Keil11, Judith Dierlamm12, Mathias Hänel13, Urban Novak4, 14, Julia Meissner15, Johannes Hellmuth16, Stephan Mathas17, 18, 19, 20, Josée Zijlstra21, Alexander Fosså22, 23, Andreas Viardot24, Sonja Martin25, Pratyush Giri26, Peter Kamper27, 28, Daniel Molin29, 30, Janina Jablonski1, 2, Michael Fuchs1, 2, Andreas Rosenwald2, 31, Wolfram Klapper2, 32, Hans Eich2, 33, Christian Baues2, 34, Markus Dietlein2, 35, Carsten Kobe2, 35, Bastian von Tresckow2, 36, Peter Borchmann1,

Final analysis of the Phase III GHSG HD21 trial: PET-guided BrECADD vs. eBEACOPP in advanced-stage classic Hodgkin lymphoma.

Wirksamkeit: 5y PFS

GHSG HD21 Progression-free survival in the ITT population

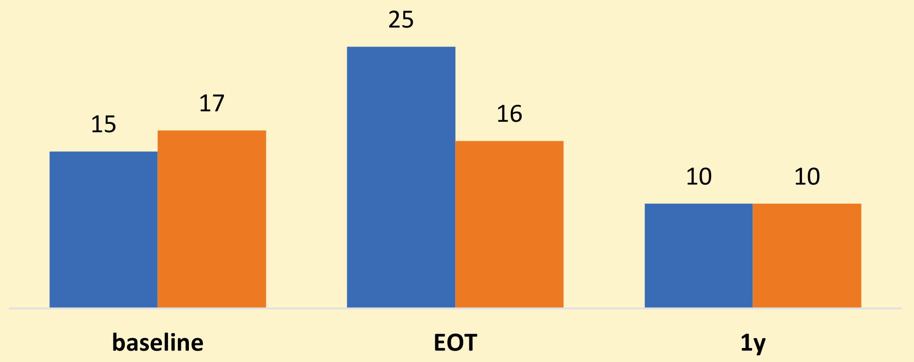
Only one PFS-event since publication in BrECADD arm (vs. 4 in eBEACOPP)

Patients-at-Risk (No. Cumulative Censors)

734 (0)	682 (22)	647 (39)	624 (56)	581 (92)	359 (311)
739 (0)	701 (20)	672 (36)	637 (68)	587 (113)	358 (340)

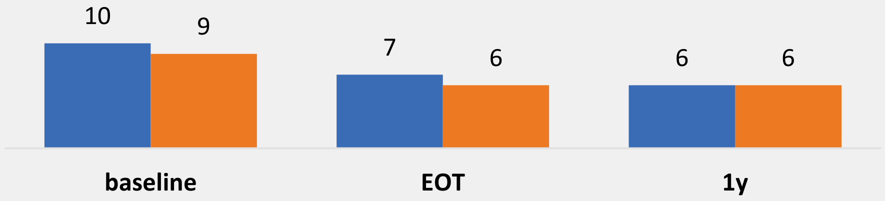
GHSG HD21 eBEACOPP vs. BrECADD Organ function over time

Abnormal pulmonary function (%)



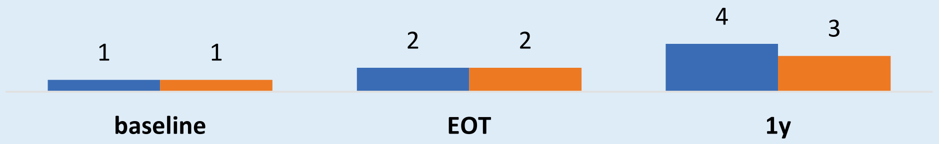
0 vs. 1 patients with CTCAE G3-4 toxicity

Abnormal cardiac function (%)



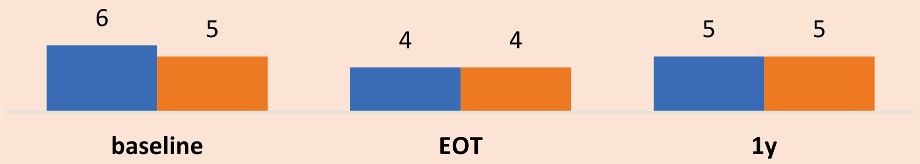
3 vs. 1 patients with CTCAE G3-4 toxicity

Abnormal renal function (%)



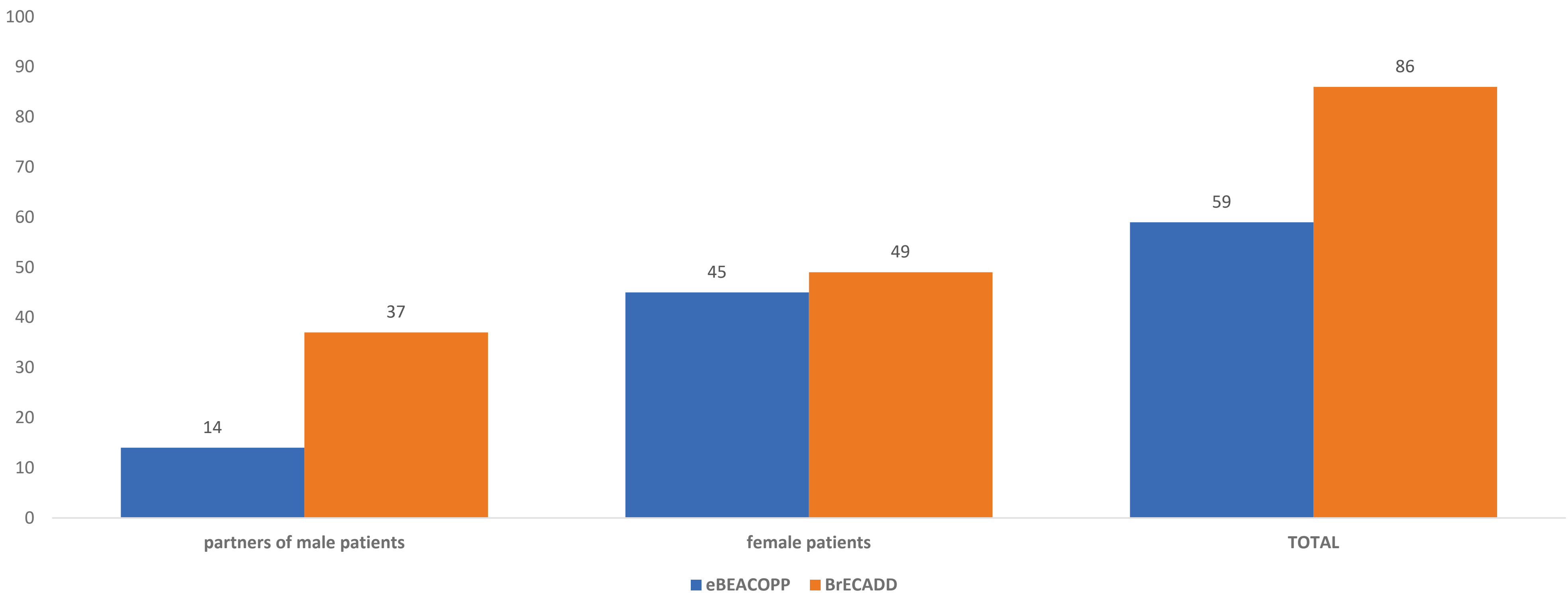
No patients with CTCAE G3-4 toxicity

Abnormal thyroid function (%)



No patients with CTCAE G3-4 toxicity

GHSG HD21 Childbirth at 5y mFU



More children born in the BrECADD arm

Final analysis of the Phase III GHSG HD21 trial: PET-guided BrECADD vs. eBEACOPP in advanced-stage classic Hodgkin lymphoma.

GHSG HD21 Second malignancies

		eBEACOPP N=734	BrECADD N=739	ITT N=1473
Second malignancy	Yes	19 (3%)	21 (3%)	40 (3%)
	No	717 (97%)	720 (97%)	1437 (97%)
Type of malignancy	AML/MDS	6 (1%)	1 (<1%)	7 (<1%)
	NHL	2 (<1%)	8 (1%)	10 (1%)
	Solid tumor	9 (1%)	11 (1%)	20 (1%)
	Other hematological malignancy	2 (<1%)	1 (<1%)	3 (<1%)
Year of event	2016-2023 (pre-publication)	16/19 (84%)	21/21 (100%)	37/40 (93%)
	2024	**3/19 (16%)**	**0/21 (0%)**	3/40 (8%)

Low rate of secondary malignancies. Lower rate of AML/MDS likely driven by omission of procarbazine.

Final analysis of the Phase III GHSG HD21 trial: PET-guided BrECADD vs. eBEACOPP in advanced-stage classic Hodgkin lymphoma.

GHSG HD21 Final Analysis (5y mFU): Summary and Conclusions

Very high primary cure rate with BrECADD

5y PFS 94% for all patients

PET-2 guided approach:

- Allows short treatment for most patients with 5y-PFS 96% after 4 cycles
- Negates risk from higher lymphoma burden with 5y-PFS 90% after 6 cycles

Low rate of long-term side effects with BrECADD

Omission of problematic drugs led to

- improvements in organ function,
- very low AML/MDS rate and
- high childbirth rate

Almost all patients recovered from peripheral neuropathy and any other toxicity during FU

Individualized BrECADD sets a new benchmark for the primary cure rate of AS-cHL with minimal long-term side effects

Kapitel 2

Und was ist mit Infektionen unter BrECADD?

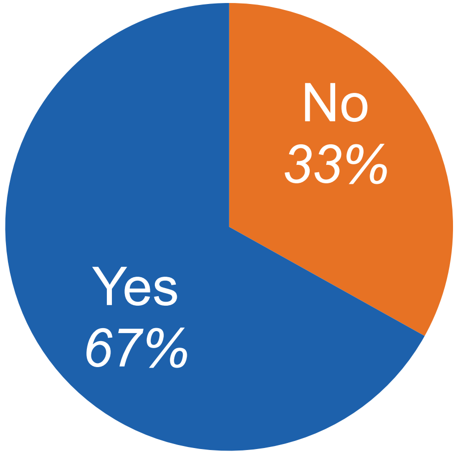
Und was ist mit Infektionen unter BrECADD?

Effects of antibiotic prophylaxis in first-line therapy of advanced stage classic Hodgkin lymphoma: An analysis of the GHSG HD21 study

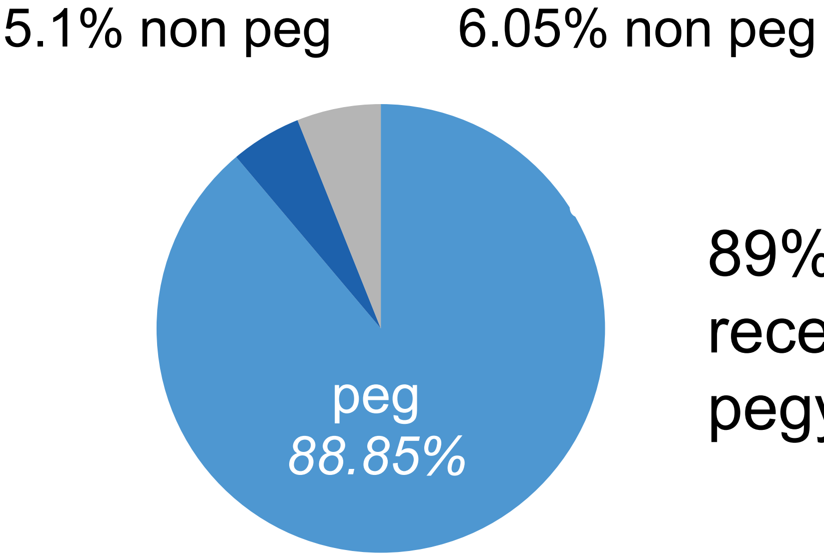
Hishan Tharmaseelan[1], Janina Jablonski[1], Gundolf Schneider[1], Helen Kaul[1], Christian Jaworek[1], Anne Sophie Robertz[1], Justin Ferdinandus[1], Michael Fuchs[1], Paul Bröckelmann[1], Jannik Stemler[2,3,4], Peter Borchmann[1]

Effects of antibiotic prophylaxis in first-line therapy of advanced stage classic Hodgkin lymphoma: An analysis of the GHSG HD21 study

Welche Prophylaxen wurden verabreicht?



67% of patients received ABP at some time during treatment



89% of patients received only pegylated G-CSF

Effects of antibiotic prophylaxis in first-line therapy of advanced stage classic Hodgkin lymphoma: An analysis of the GHSG HD21 study

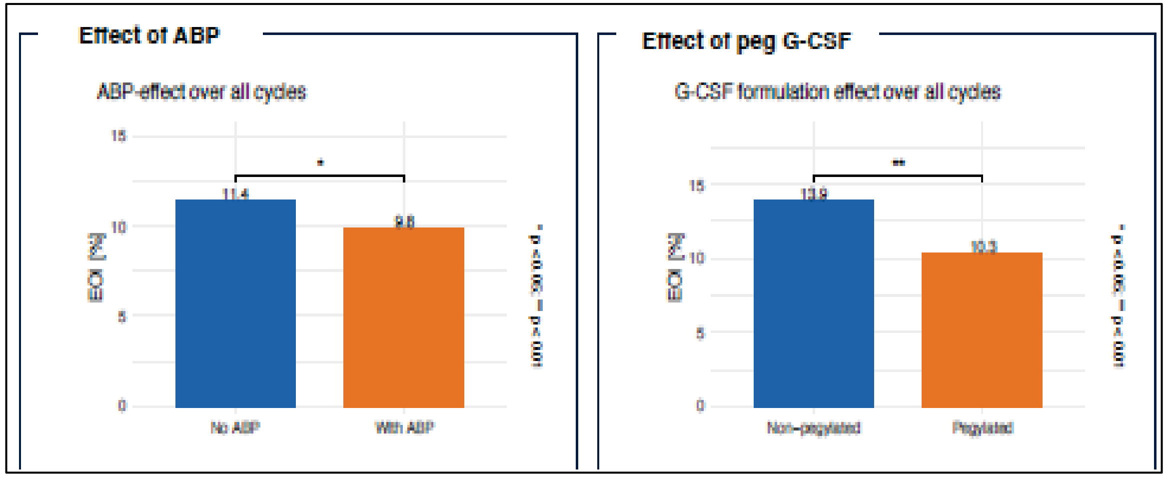
Welche Prophylaxen wurden wie verabreicht?

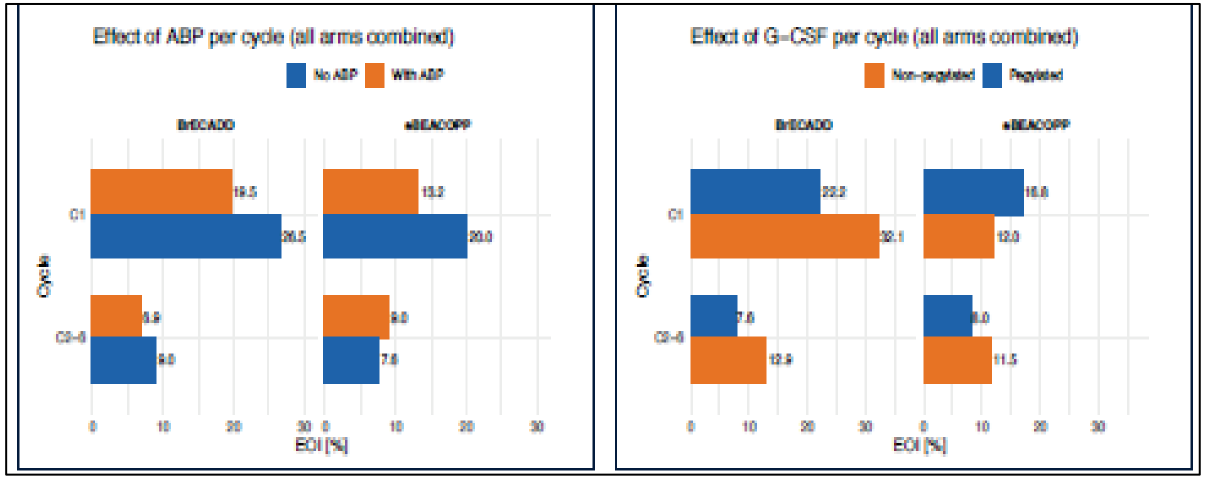
ABP (>90 FC) effect over all cycles

G-CSF formulation effect over all cycles

ABP effect per cycle (1 vs 2-6)

G-CSF effect per cycle (1 vs 2-6)



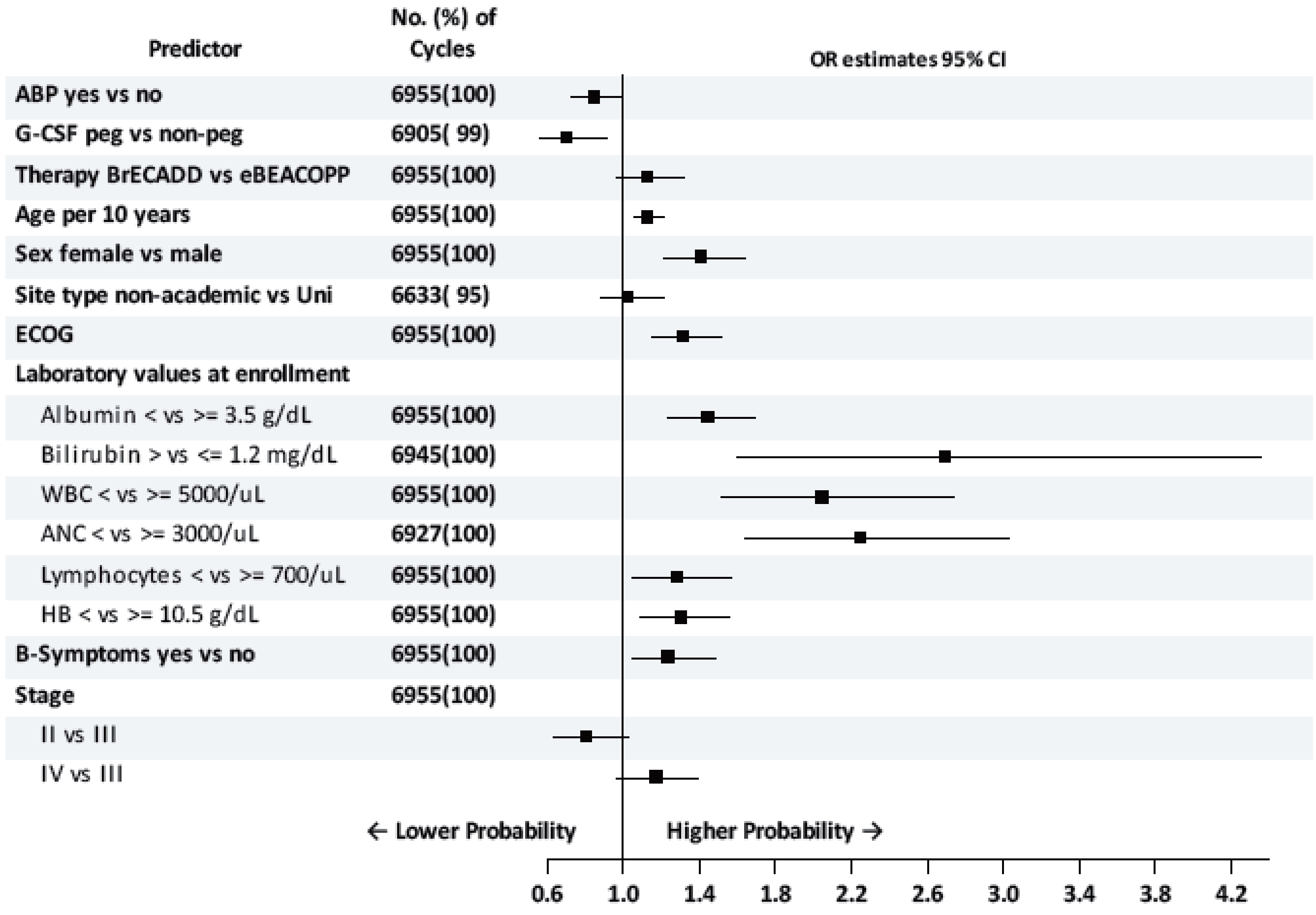


Effects of antibiotic prophylaxis in first-line therapy of advanced stage classic Hodgkin lymphoma: An analysis of the GHSG HD21 study

Welche RF gibt es für das Ereignis Infektion?

Protektive RF sind die Gabe von pegyliertem G-CSF und ABP

Negative RF sind das Geschlecht das Alter, ein schlechterer AZ,und Laborveränderungen im Sinne einer generalsierten Inflammation miz Hypalbuminämie, Hyperbilirubinamie, Leukoztose



Effects of antibiotic prophylaxis in first-line therapy of advanced stage classic Hodgkin lymphoma: An analysis of the GHSG HD21 study

Fazit

- The results **demonstrate the efficacy of ABP and peg G-CSF** in the treatment of AS-cHL in preventing FN and higher-grade infections.
- **This effect is pronounced in the first cycle.**
- Based on these results, **we recommend the use of ABP during the first cycle of** the **BrECADD** regimen**, at least.**

Kapitel 3

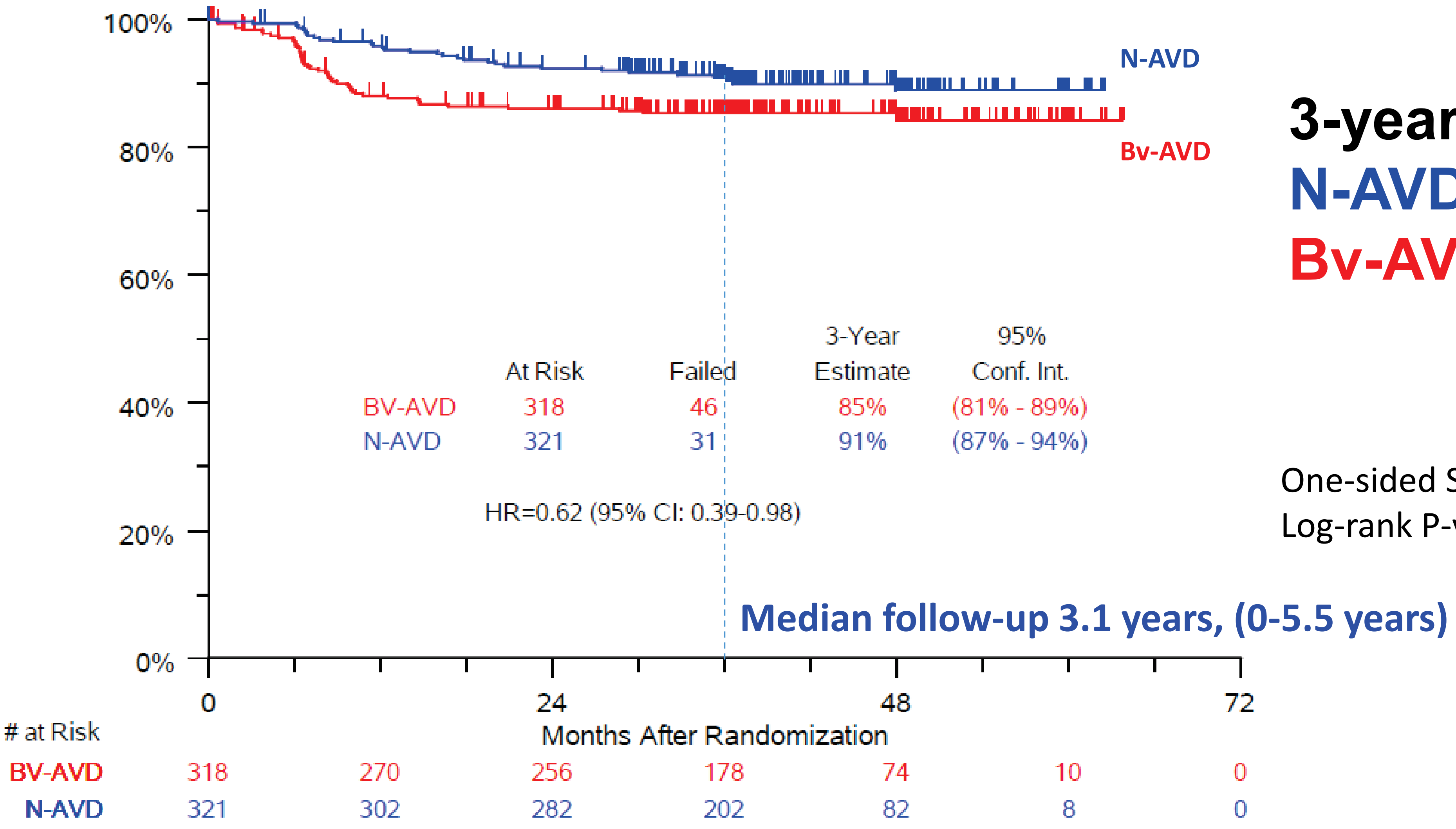
Halten die Daten der SOWG S1826 für N-ABVD beim fortgeschrittenen Hodgkin Lymphom mit nun 3 Jahren medianem FU?

Halten die Daten der SOWG S1826 für N-ABVD beim fortgeschrittenen Hodgkin Lymphom mit nun 3 Jahren medianem FU?

3-year follow-up of the S1826 study confirms improved progression-free survival with nivolumab-AVD compared to brentuximab vedotin-AVD in advanced stage classic Hodgkin lymphoma

Alex Herrera[1], Michael Leblanc[2], Sharon Castellino[3], Hongli Li[2], Sarah Rutherford[4], Andrew Evens[5], Kelly Davison[6], Susan Parsons[7], Sairah Ahmed[8], Carla Casulo[9], Nancy Bartlett[10], Joseph Tuscano[11], Matthew Mei[1], Brian Hess[12], Ryan Jacobs[13], Boyu Hu[14], Craig Moskowitz[15], Christopher Forlenza[16], Andrew Doan[17], Adam Lamble[18], David Hodgson[19], Anca Prica[19], Michael Knopp[20], Tricia Hernandez[21], Richard Little[22], Margaret Shipp[23], Michael Crump[24], Brad Kahl[10], John Leonard[25], Sonali Smith[26], Joo Song[1], Kara Kelly[27], Jonathan Friedberg[28]

N-AVD prolongs PFS in 18-60 year-old adults



3-year PFS

N-AVD 91%

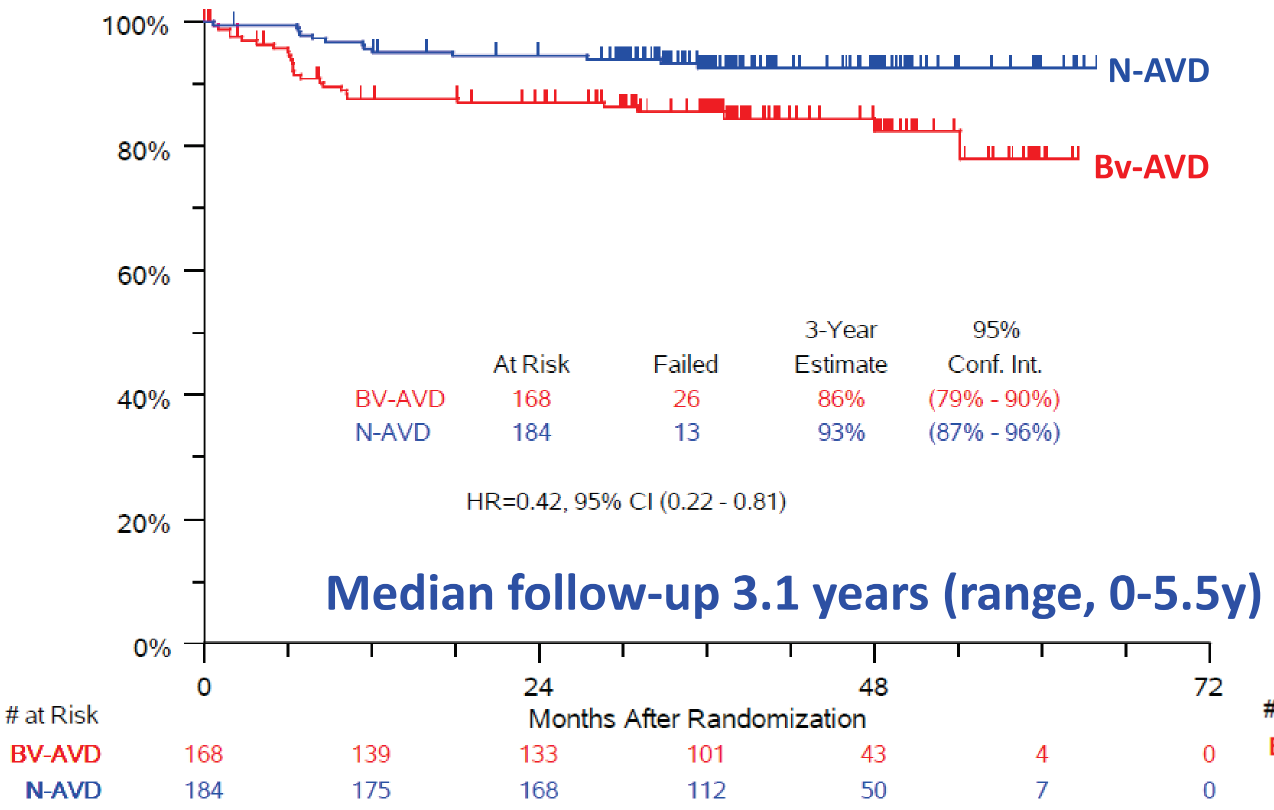
Bv-AVD 85%

One-sided Stratified
Log-rank P-value = .015

Presented by: Alex F. Herrera, MD

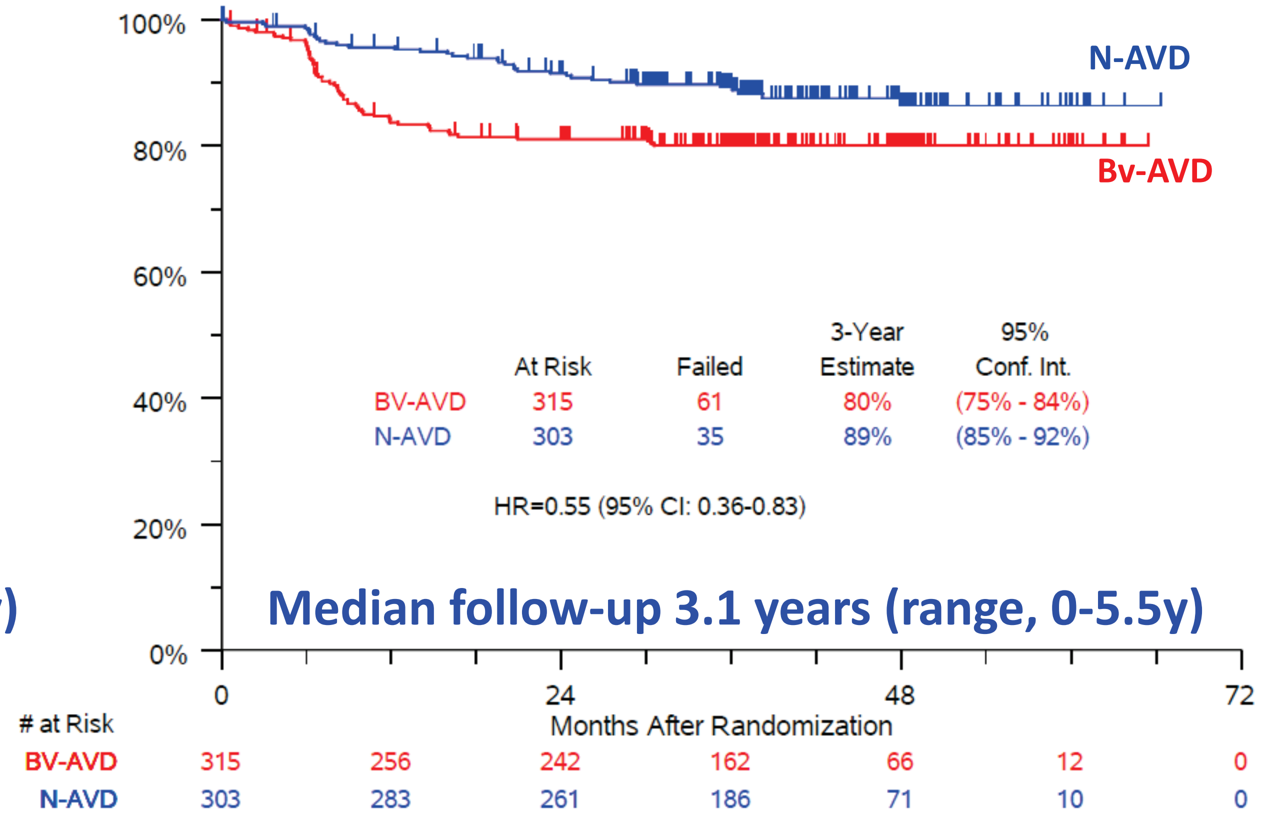
N-AVD prolongs PFS in Stage III and Stage IV cHL

Stage III



Two-sided Log-rank P-value = 0.008

Stage IV



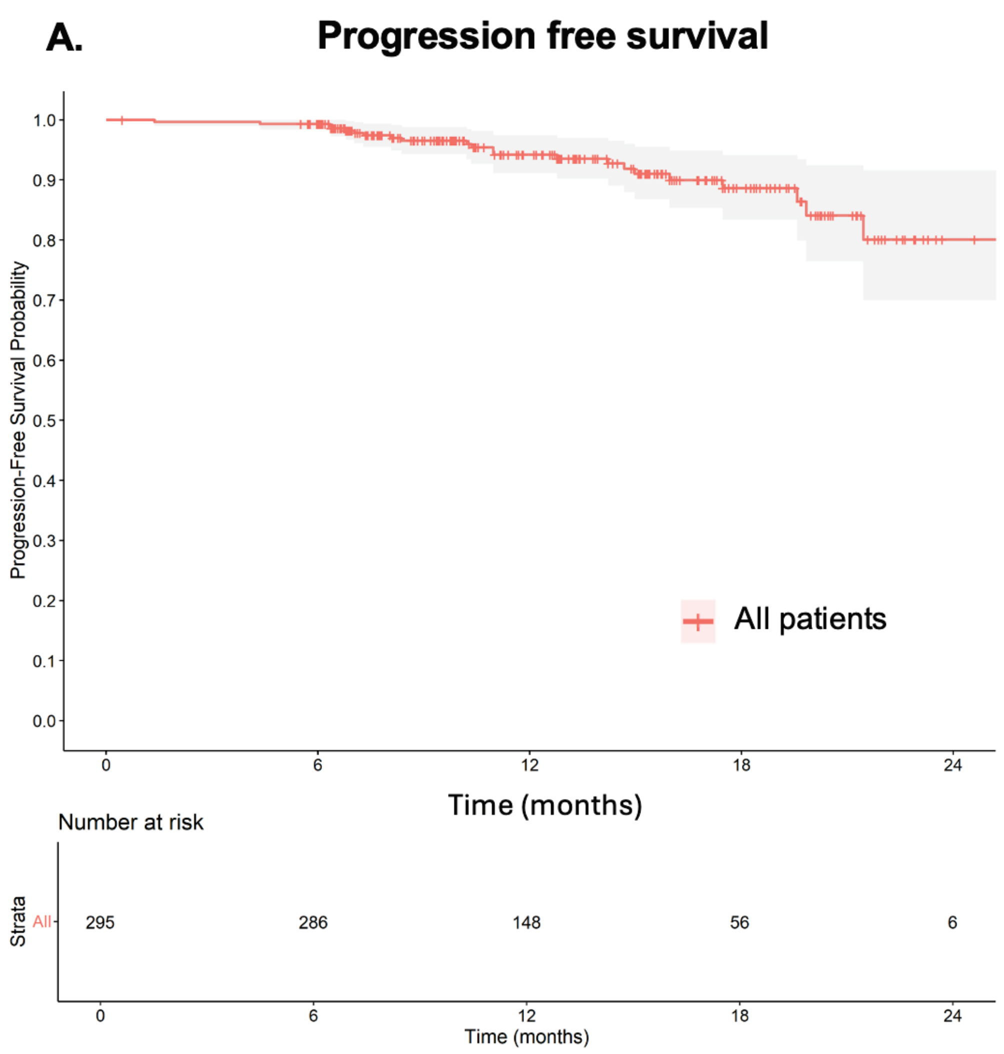
Two-sided Log-rank P-value = 0.004

Presented by: Alex F. Herrera, MD

1841: A real-world analysis of safety and outcomes with first line nivolumab in combination with doxorubicin, vinblastine, and dacarbazine (NAVD) in patients with classic Hodgkin lymphoma (cHL) – a multicenter cohort study

Allison Bock et al., Salt Lake City, USA

Table 3. Immune related adverse events among all patients (n=332)



Immune related adverse events (irAE)(n=329)[1]	
Grade 1-2 irAE (n=329)	
Hypothyroidism	31 (9%)
Rash	11 (3%)
Inflammatory arthritis[2]	10 (3%)
Hepatotoxicity	8 (2%)
Pneumonitis	2 (1%)
Thyroiditis	3 (1%)
Colitis	3 (1%)
Adrenal insufficiency	2 (0.6%)
Pericarditis	2 (0.6%)
Other[3]	8 (2%)
Grade $\geq$ 3 irAE[4] (n=329)	
Hepatotoxicity	14 (4%)
Inflammatory arthritis	3 (1%)
Colitis	3 (1%)
Adrenal insufficiency	2 (0.6%)
Type 1 diabetes mellitus	1 (0.3%)
Pneumonitis	2 (0.3%)
HLH in setting of baseline CVID	1 (0.3%)
AKI/ATN requiring HD	1 (0.3%)
Myocarditis	1 (0.3%)
Thyrotoxicosis	1 (0.3%)
Pancreatitis	1 (0.3%)
DRESS	1 (0.3%)

Zusammenfassung | Take-Home-Messages

- HD21:
  - 5 Jahres Daten sind sehr stabil mit einem PFS von 94%
  - Nebenwirkungen sind im FU nicht relevant, bzw komplett erholt. SPM Rate ist ebenfalls niedrig mit nur einer sAML im BrECADD arm.
  - Die Umstellung von DS auf MTV2 könnte zu einer relevanten Steigerung der Patientenzahl führen (auf etwa 90%), die mit nur 4 Zyklen behandelt werden kann: Das wird in der QUANTIFY Studie getestet, Start 2026!
- SWOG S1826
  - 3 Jahres Daten zeigen ebenfalls relativ stabile Daten auf einem etwas niedrigeren Niveau (3y PFS 91% für N-AVD, zum Vergleich: 3y PFS mit BrECADD war 95%)
  - SPM Rate ist ebenfalls gering, die Resolution von IRAEs wurde nicht berichtet.
  - RWE zeigen jedoch, dass IRAEs bei etwa 15% der PatientInnen relevant sind und bei etwa 8% persisteiren.

Die Kurzpräsentationen sind online unter

www.lymphome.de/ash2025

Für den Inhalt verantwortlich:

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