Not All Patients with Relapsed HL Need ASCT

Winship DDHO 2025

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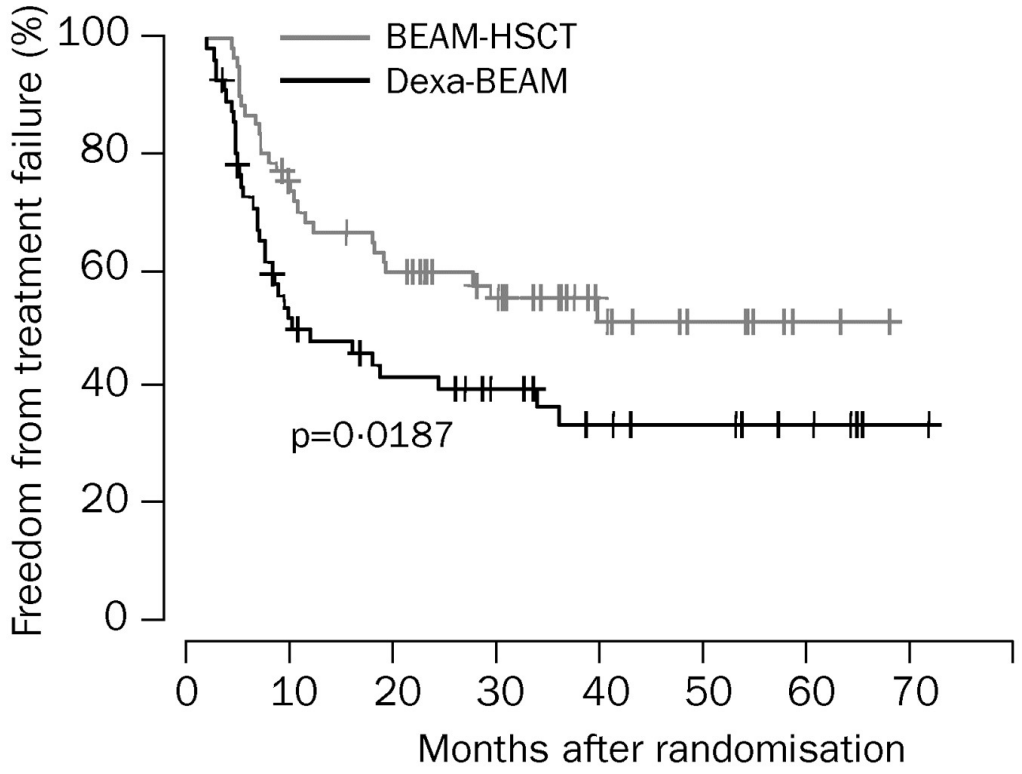
Disclosures

- Consultant/Advisor/Speaker: ADC Therapeutics, AstraZeneca, BeiGene, Janssen
- Researcher: AstraZeneca, BeiGene, BMS, Genentech, Lilly, Novartis, Nurix, Takeda

We do have randomized data favoring ASCT in CHL

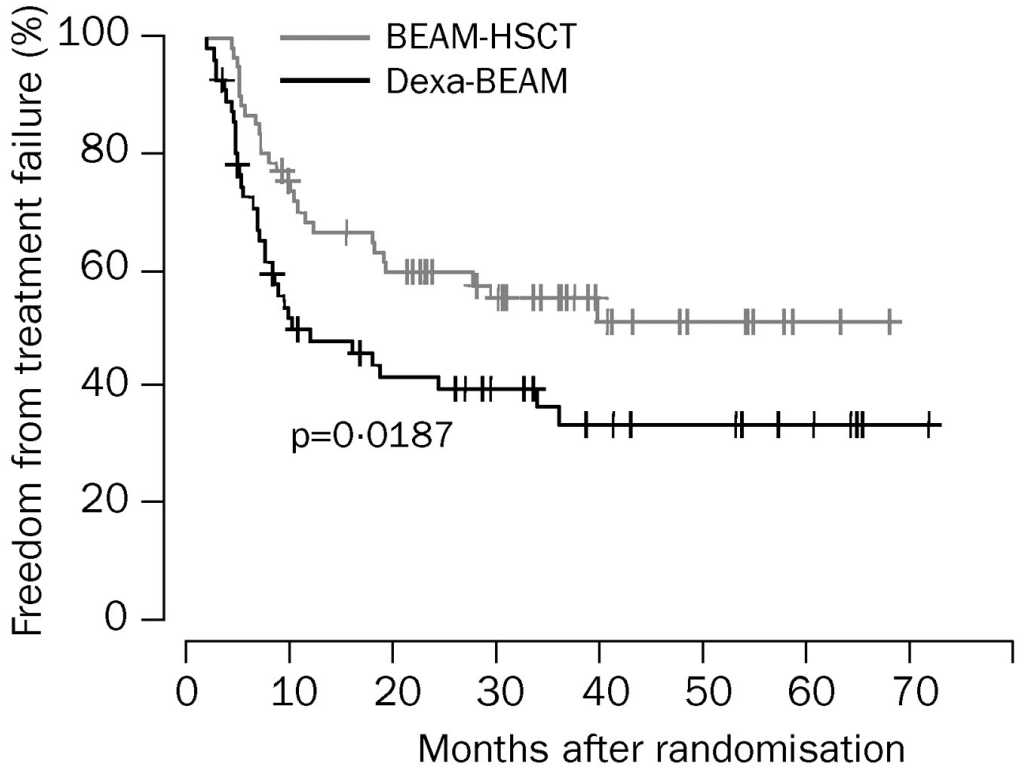


Number of patients

BEAM-HSCT	61	43	34	25	13	8	7	0
Dexa-BEAM	56	27	20	15	10	8	5	1

Schmitz et al, Lancet 2002

We do have randomized data favoring ASCT in cHL



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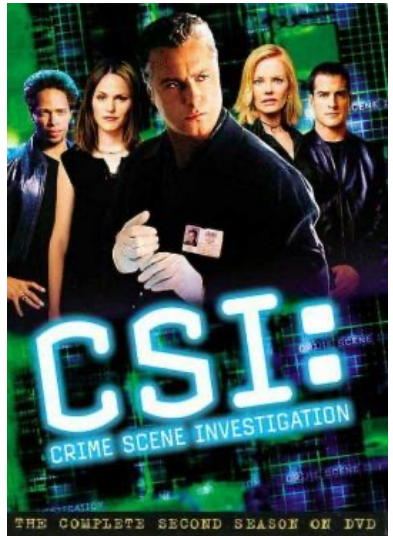
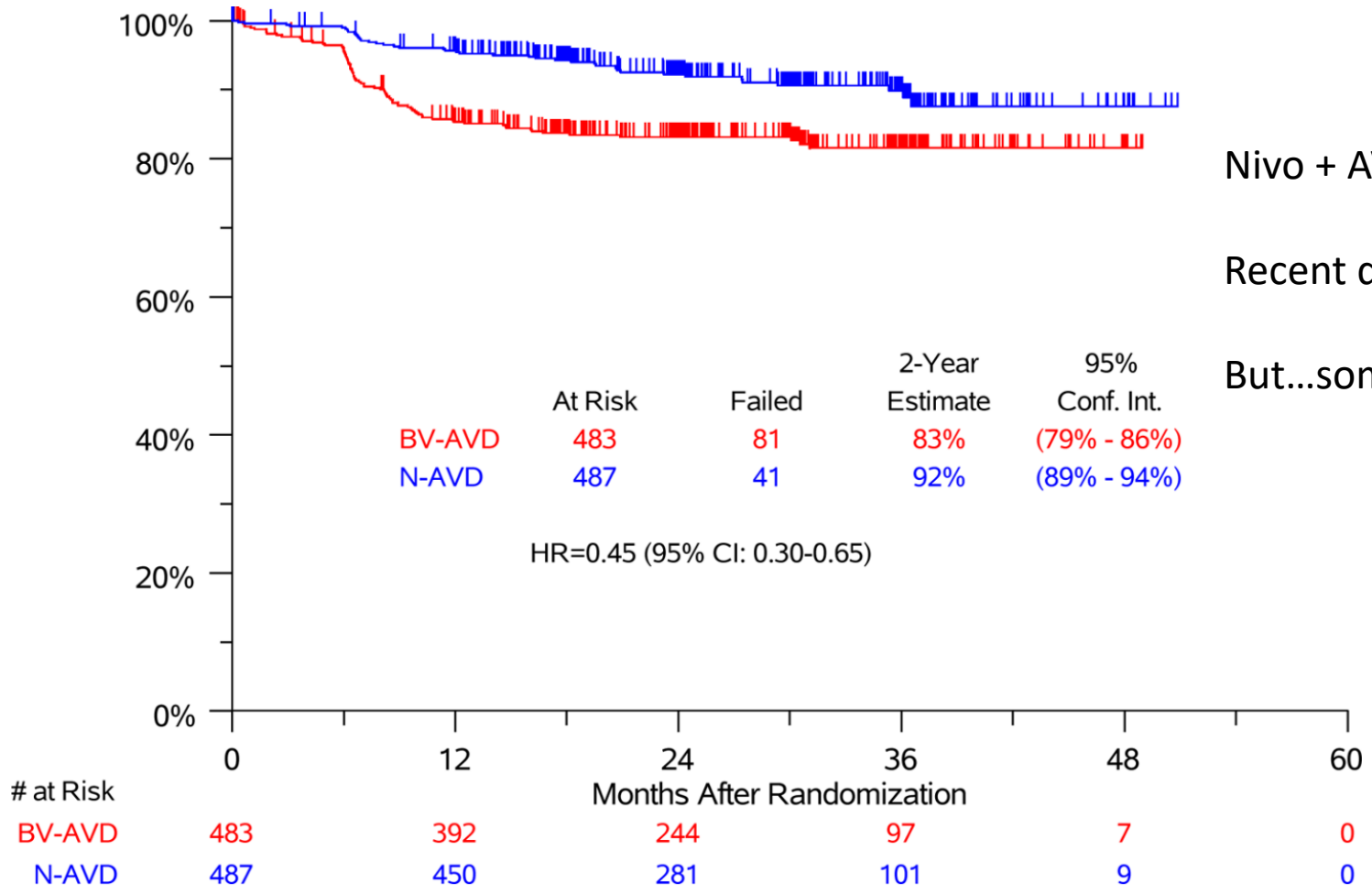


Schmitz et al, Lancet 2002

Relapsed cHL is Increasingly Rare



Nivo + AVD current standard

Recent data highlight activity and safety in older patients

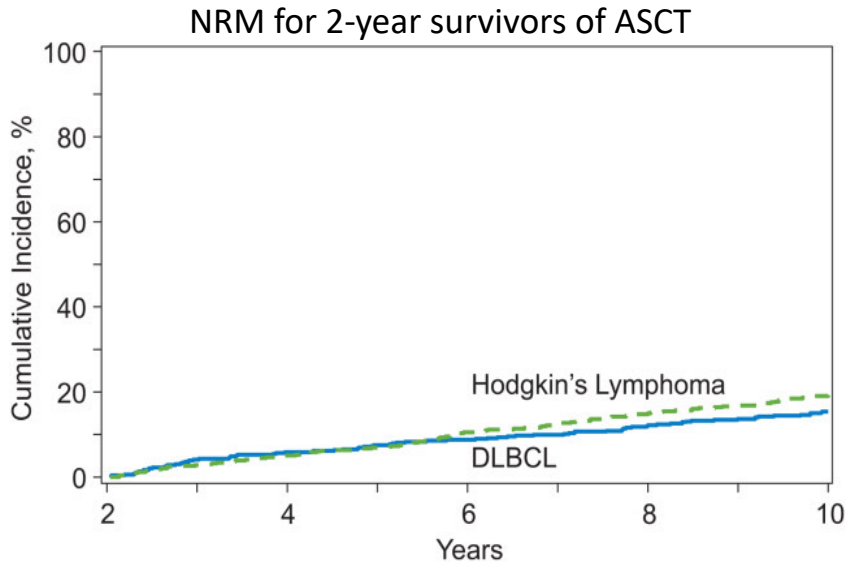
But…some patients still will relapse.

Herrera et al, NEJM 2024

Auto SCT in Hodgkin Lymphoma

- Likely does cure some patients

- Results in long-term infertility
- Highly disruptive, often for young adults
- Highly toxic
- Increased rate of long-term treatment related comorbidities



Myers et al, Cancer 2018

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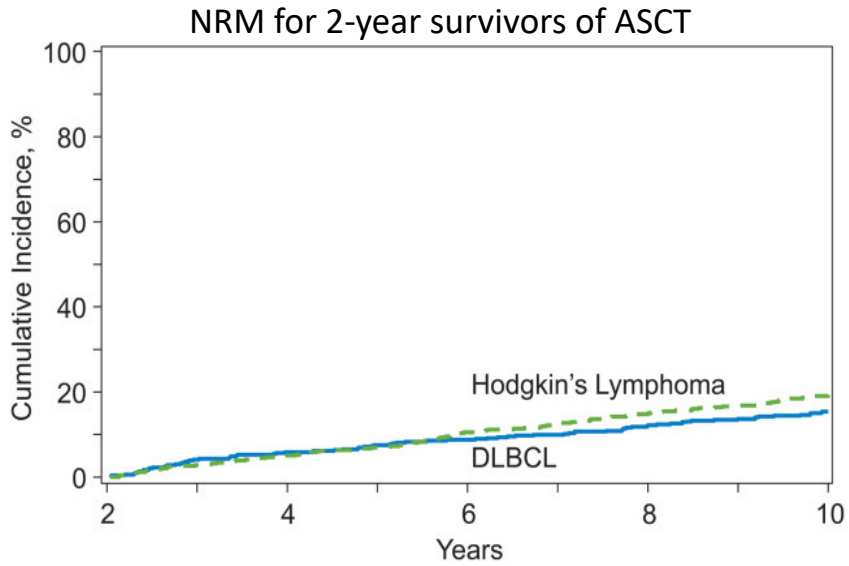
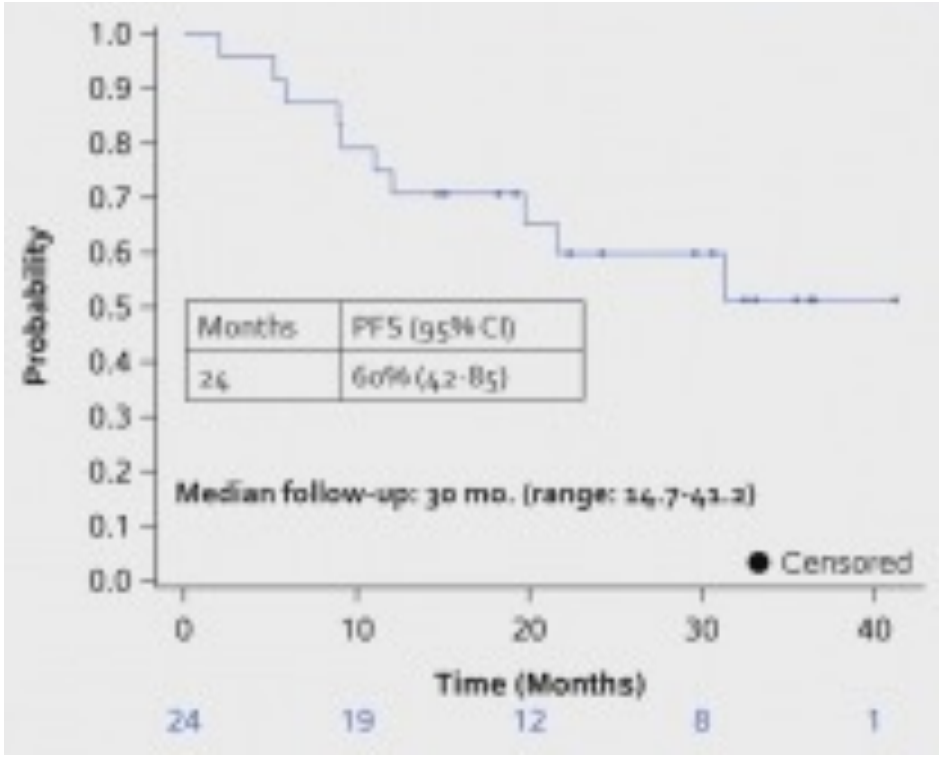


Shouldn't we do better for patients in 2025?

Myers et al, Cancer 2018

Alternatives

- Pembro-GVD followed by Pembro maintenance
  - Open to all stages
  - 2-year PFS 60%
  - 9 of 10 patients who progressed received ASCT and are still in remission



Alternatives

- Pembro-GVD followed by Pembro maintenance
- Pembro + RT for limited stage relapse
    - RT dose based on initial response to pembro x 4
    - 2 / 16 patients with CR after Pembro/RT have relapsed

Dreyfuss et al, ICML 2025

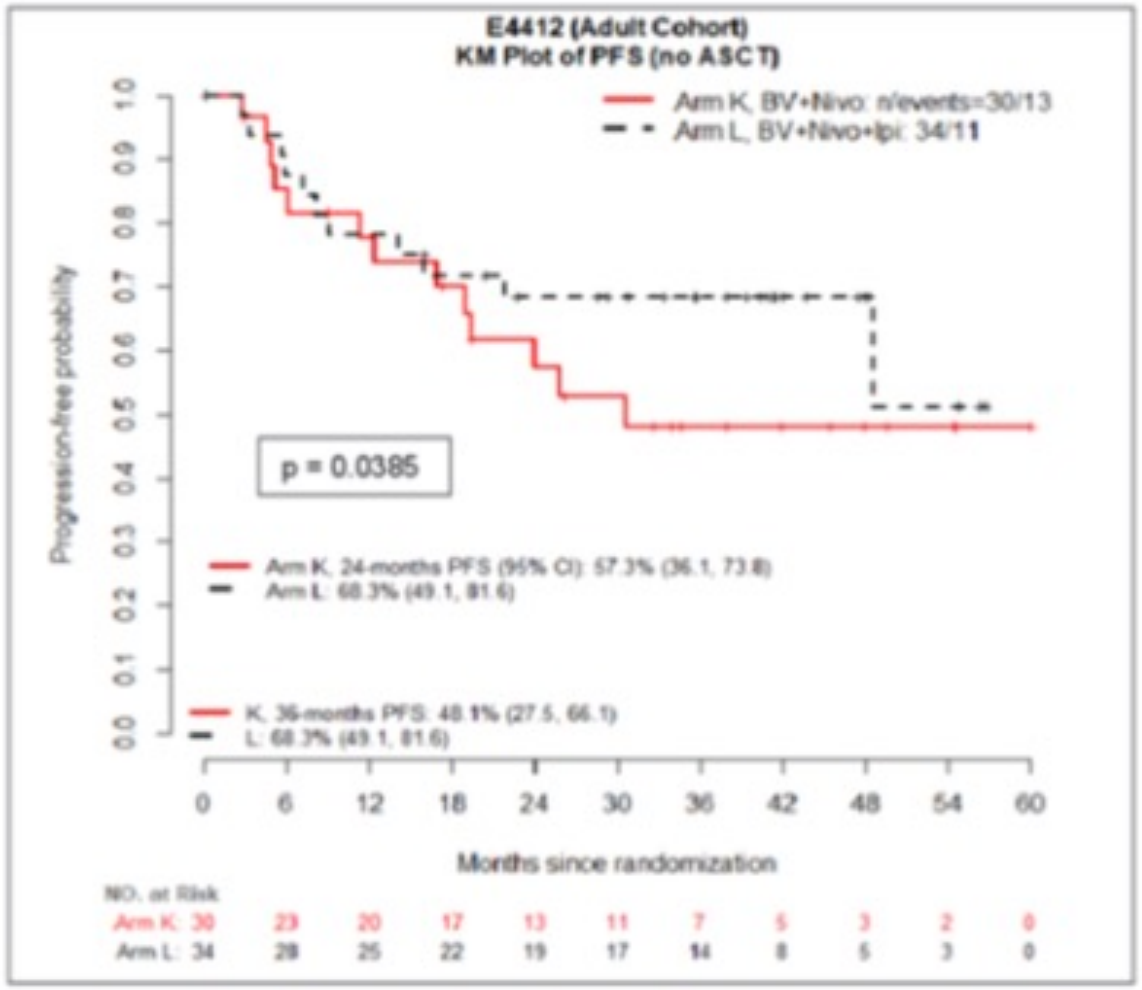
Alternatives

- Pembro-GVD followed by Pembro maintenance
- Pembro + RT for limited stage relapse
- CheckMATE 744: Nivolumab + Brentuximab vedotin
  - AYA Cohort
  - BV + Nivo -> Resp assessment → ISRT if in CR
  - 82% CR to combination; 3-year PFS 95%

Harker-Murray et al, ASCO 2023

E4412: BV/Nivo vs BV/Nivo/Ipi

24 month PFS ~ 50% for patients on study not proceeding to ASCT.

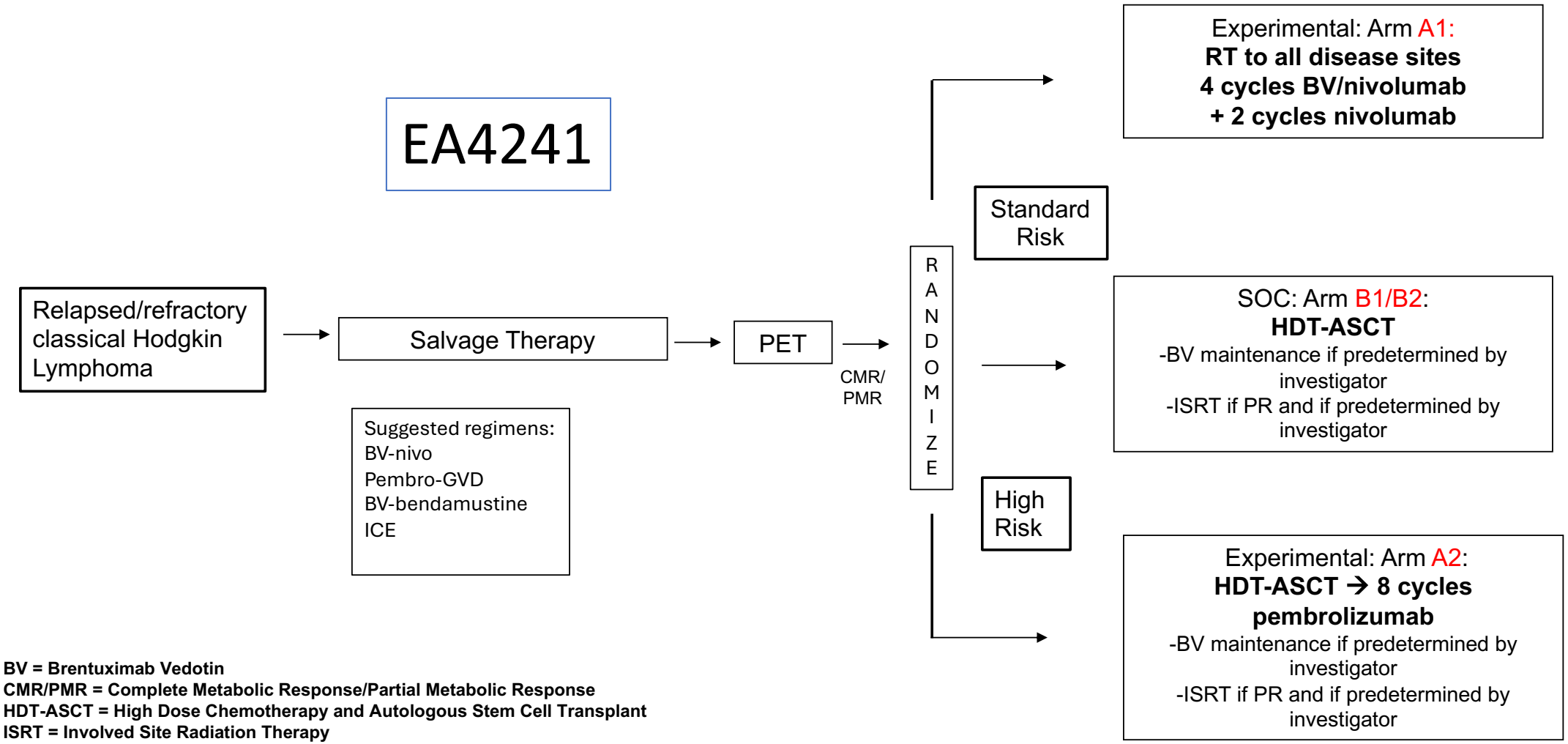


Diefenbach et al, ISHL 2024

Overarching Thoughts

- Most patients will never need to consider these options.
- ASCT likely does cure some patients and is likely appropriate for some, but not ALL, patients with recurrent HL.
- Many patients can achieve prolonged remission with available novel therapies.
- Patients who experience a second relapse can often then complete ASCT.
- Upcoming studies will explore this question further but patients with low burden/localized recurrence are good candidates to avoid transplant.

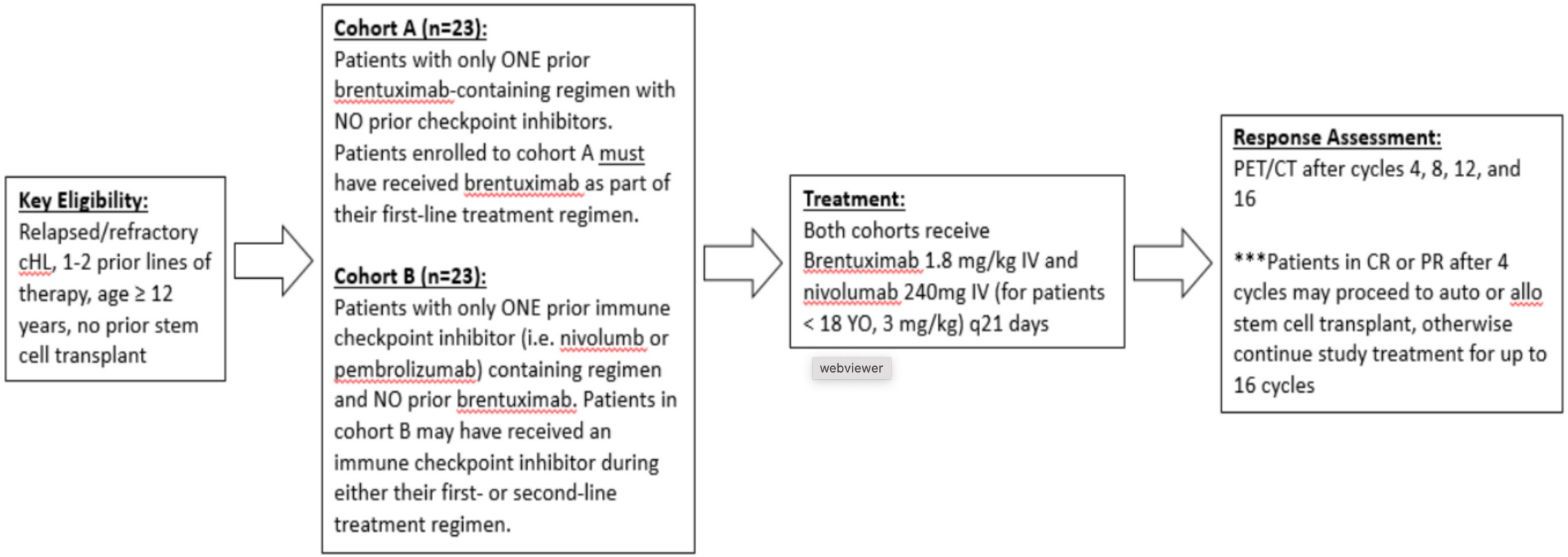
Fortunately a trial is coming…



BV = Brentuximab Vedotin
CMR/PMR = Complete Metabolic Response/Partial Metabolic Response
HDT-ASCT = High Dose Chemotherapy and Autologous Stem Cell Transplant
ISRT = Involved Site Radiation Therapy

Slide courtesy: Vaishalee Kenkre MD

Winship 5260 – PI: K Blum



THANK YOU!