23rd INTERNATIONAL ULTMANN CHICAGO LYMPHOMA SYMPOSIUM

APRIL 10-11, 2026

JW MARRIOTT CHICAGO

#IUCLS2026

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23rd INTERNATIONAL ULTMANN CHICAGO LYMPHOMA

Key Updates in Early-Stage Hodgkin Lymphoma

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Disclosures

	Consulting	Research Funding
Kite Pharma		
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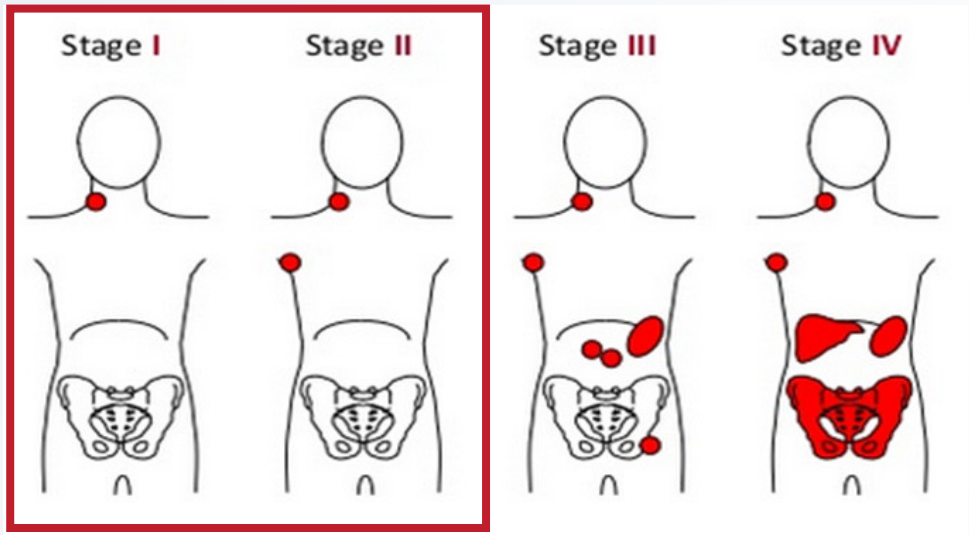
Genentech		
BeOne		
Caribou Biosciences		
Lyell Immunopharma		
CRISPR Therapeutics		
Morphosys AG		
Repare Therapeutics		
Artiva Biosciences		
Newave		
AstraZeneca		

Early-Stage (ES) Classical Hodgkin's Lymphoma (cHL)



Unfavorable Risk Factors for Stage I–II Hodgkin Lymphoma

Risk Factor	GHSG	EORTC	NCCN
Age		≥50 years	
ESR and B symptoms	≥50 mm/hr if A; ≥30 mm/hr if B	≥50 mm/hr if A; ≥30 mm/hr if B	≥50 mm/hr or any B symptoms
Mediastinal mass[n]	MMR >0.33	MTR >0.35	MMR >0.33
# Nodal regions	≥3*	≥4*	≥4
E lesion	any		
Bulky[n]			>10 cm

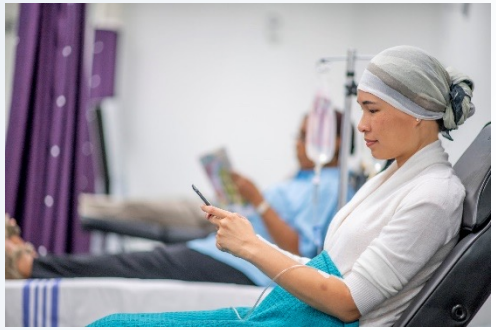
GHSG = German Hodgkin Study Group
EORTC = European Organization for Research and Treatment of Cancer

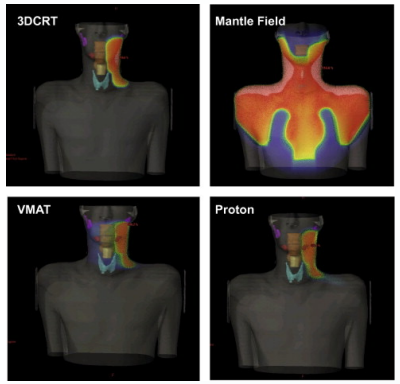
MMR = Mediastinal mass ratio, maximum width of mass/maximum intrathoracic diameter as measured on chest radiograph (CXR)
MTR = Mediastinal thoracic ratio, maximum width of mediastinal mass/intrathoracic diameter at T5–6 as measured on CXR

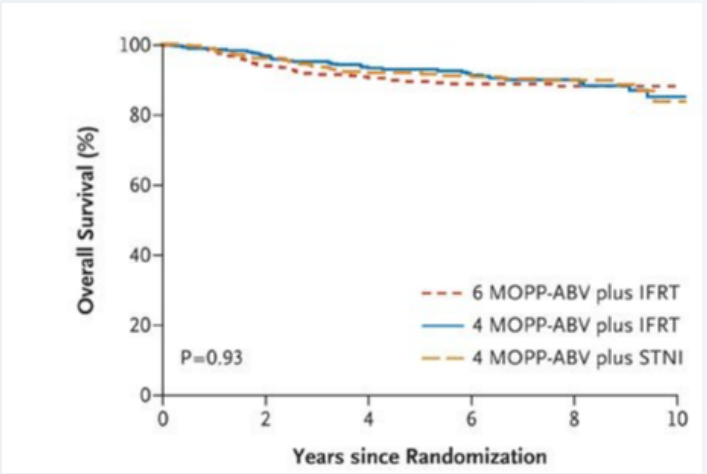
Hodgkin Lymphoma NCCN Guidelines Accessed 13MAR2026

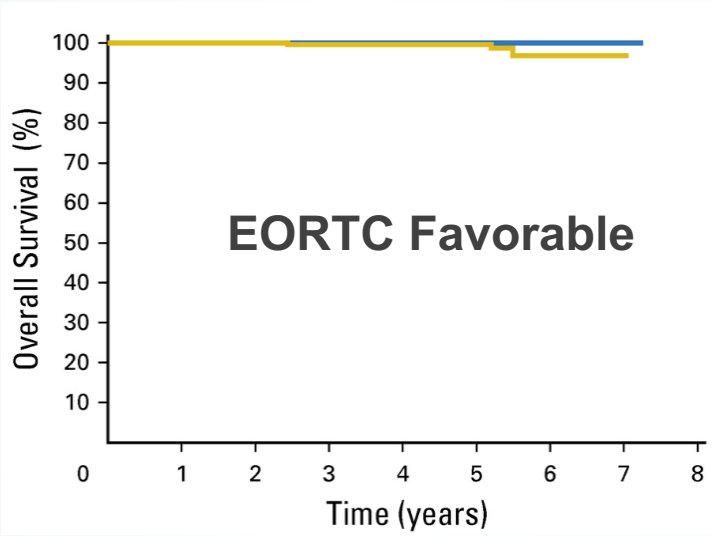
ES cHL Is A Highly Curable Disease

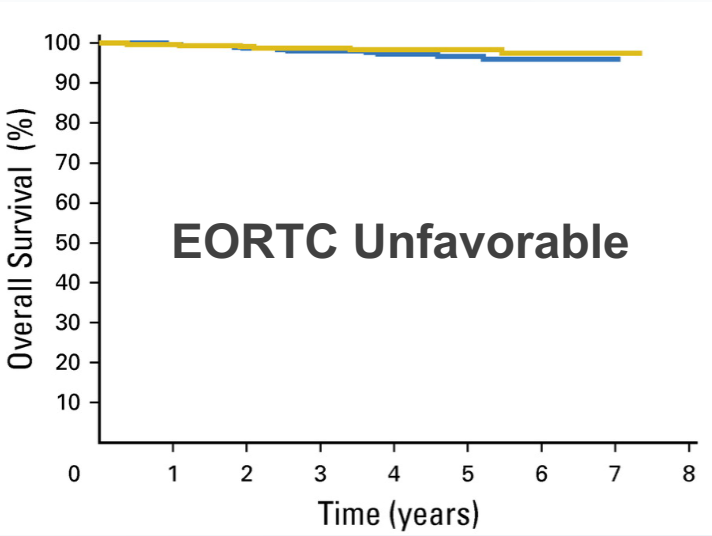
Chemotherapy (ABVD-based) +/- **Radiation**





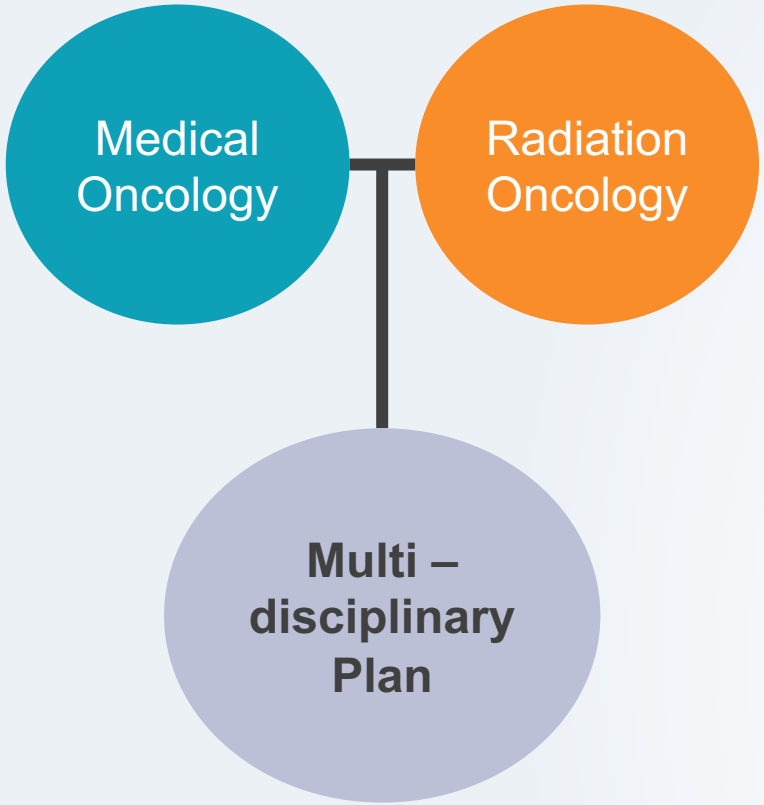


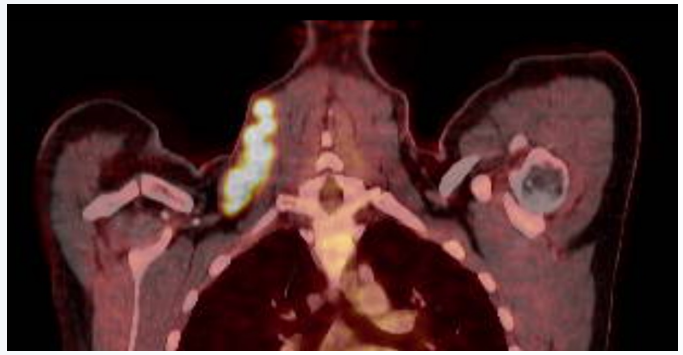


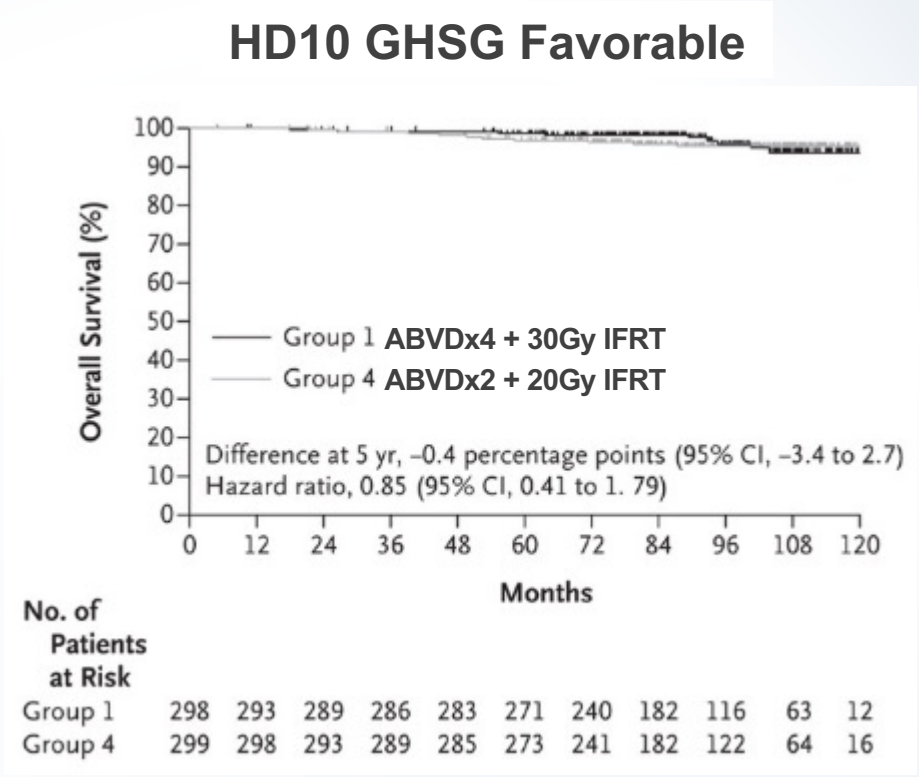


Ferme et al. NEJM (2007) 357: 1916-27
Andres et al. JCO (2017). 35;16: 1786-1794

To Radiate or To Not Radiate?

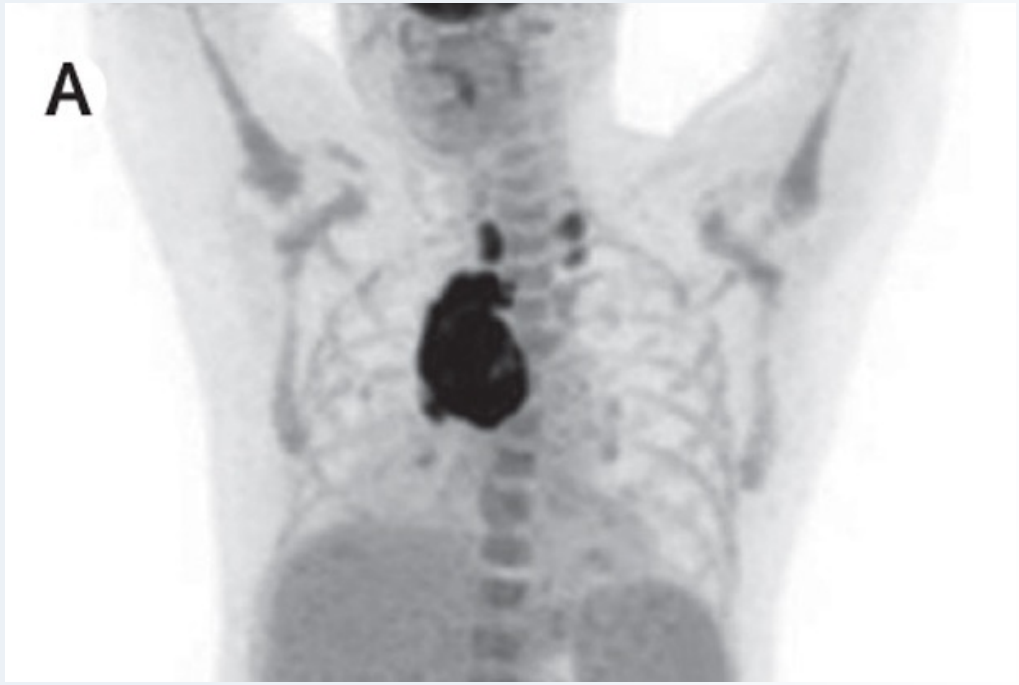






Engert et al. NEJM (2010) 363: 640-652.

Not All ES Favorable Disease Are Equal

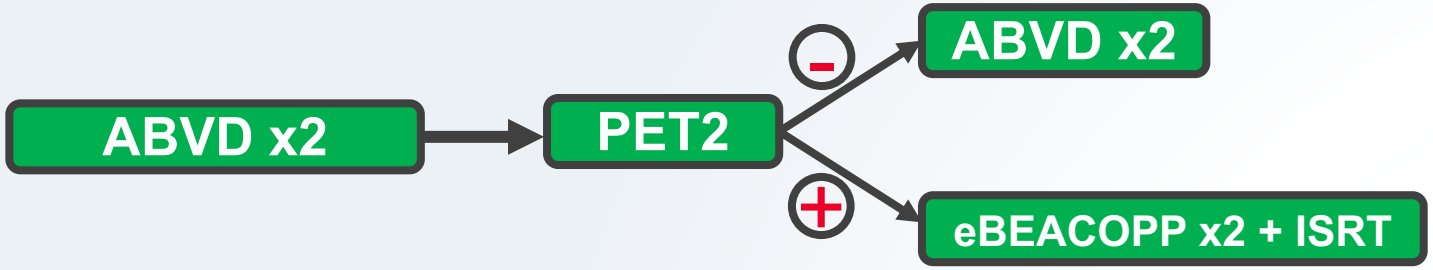


	EORTC Nodal Regions	GHSG Nodal Regions
R Cervical/Supraclavicular		
R ICL/Subpectoral		
R Axilla		
L Cervical/Supraclavicular		
L Infraclavicular/Subpectoral		
L Axilla		
Mediastinum		
R Hilum		
L Hilum		

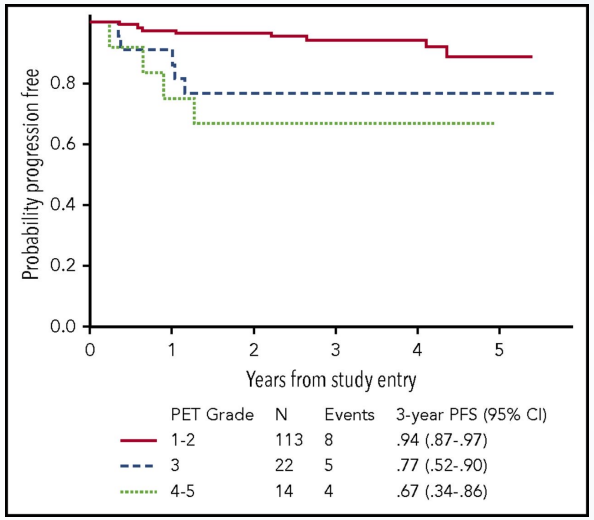
Hodgkin Lymphoma NCCN Guidelines Accessed 13MAR2026

Radiation Free Treatment Strategies for ES cHL

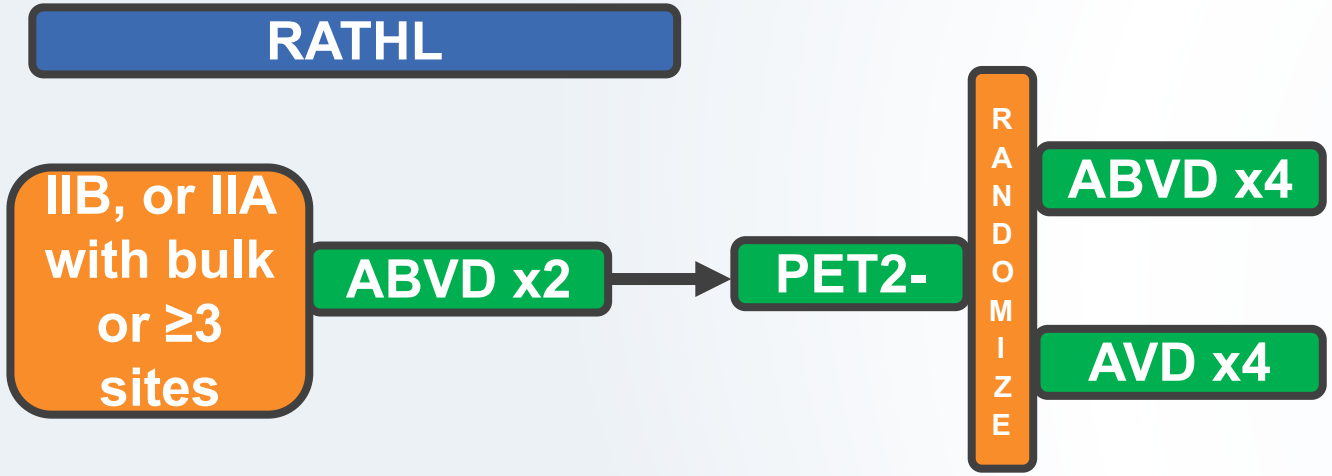
CALGB 50604



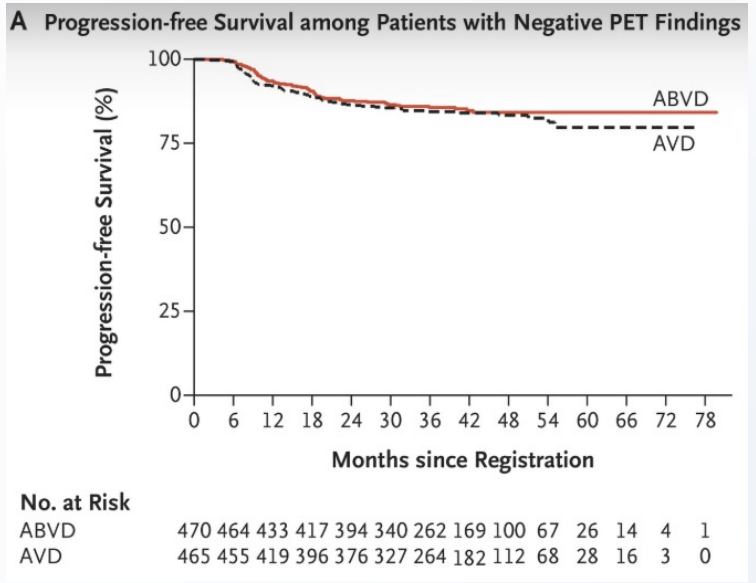
Straus DJ et al. Blood (2018) 132;10: 1013-1021.

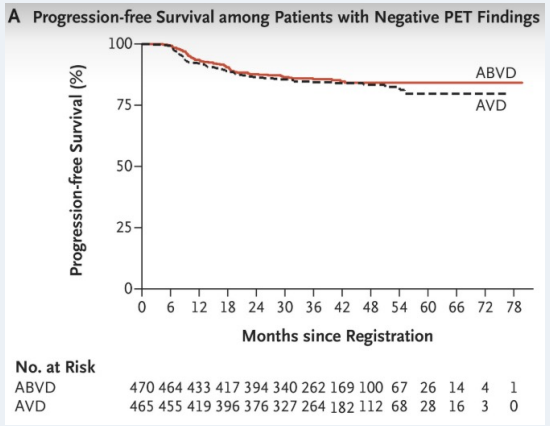


RATHL



Johnson P et al. NEJM (2016) 374: 2419-2429.





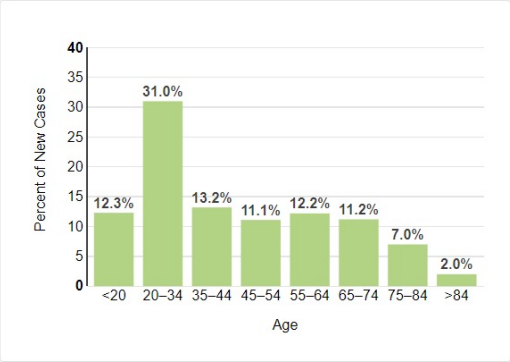
Johnson P et al. NEJM (2016) 374: 2419-2429.
Straus DJ et al. Blood (2018) 132;10: 1013-1021.
Seer database: https://seer.cancer.gov/statfacts/html/hodg.html

Continue to Improve Cure Rates

What Are Some of The Remaining Questions/Unmet Needs?

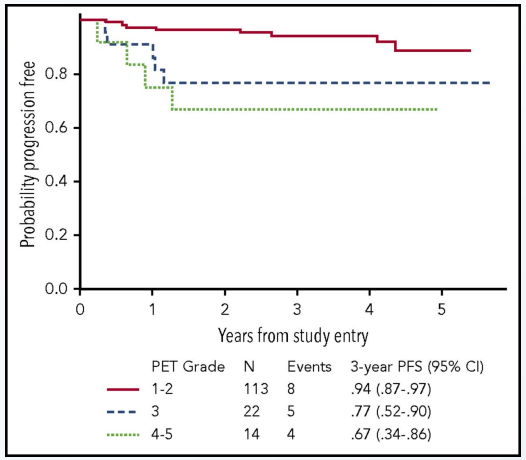
PET2 Positive

Eliminate/Reduce Chemotherapy and Radiation Therapy Exposure

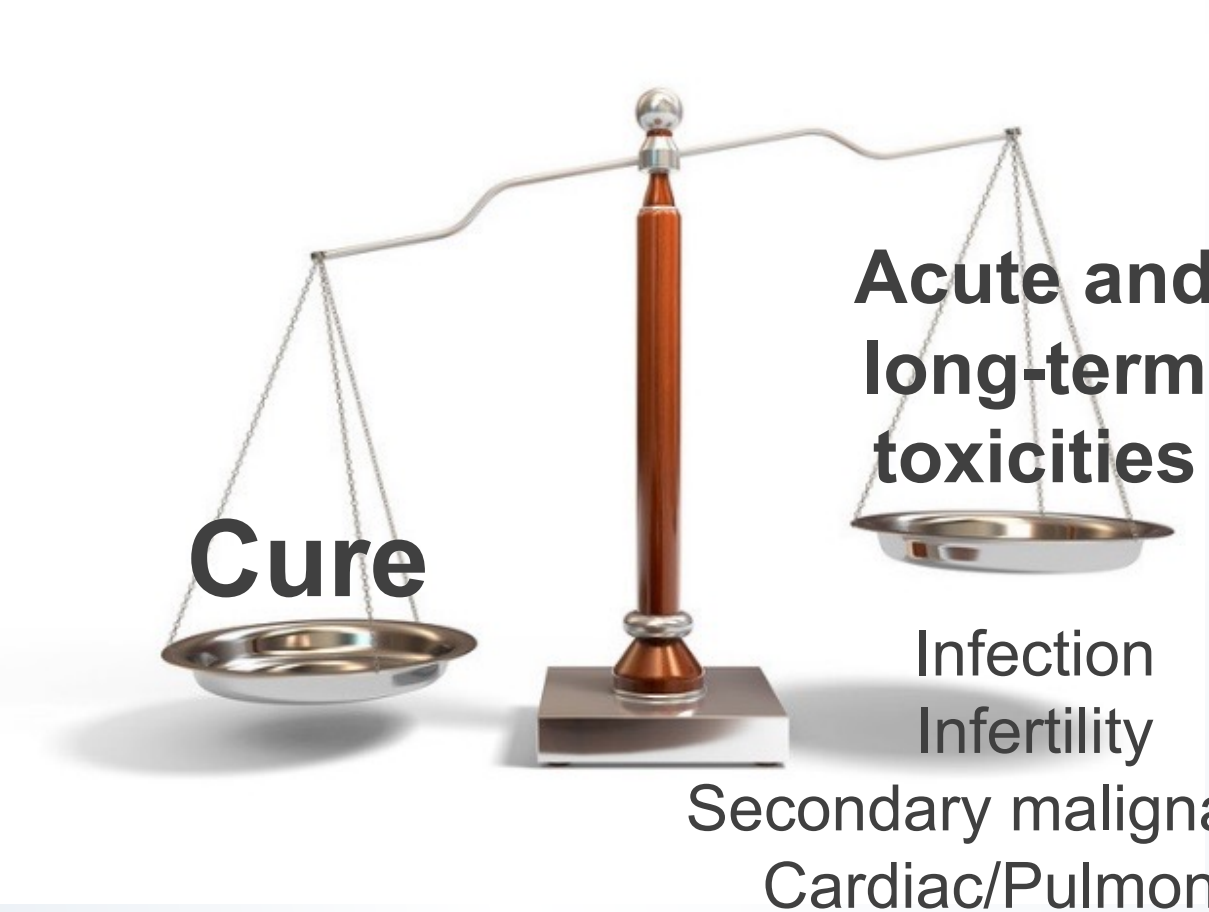


Hodgkin lymphoma is most frequently diagnosed among people aged 20–34.

Median Age At Diagnosis
39

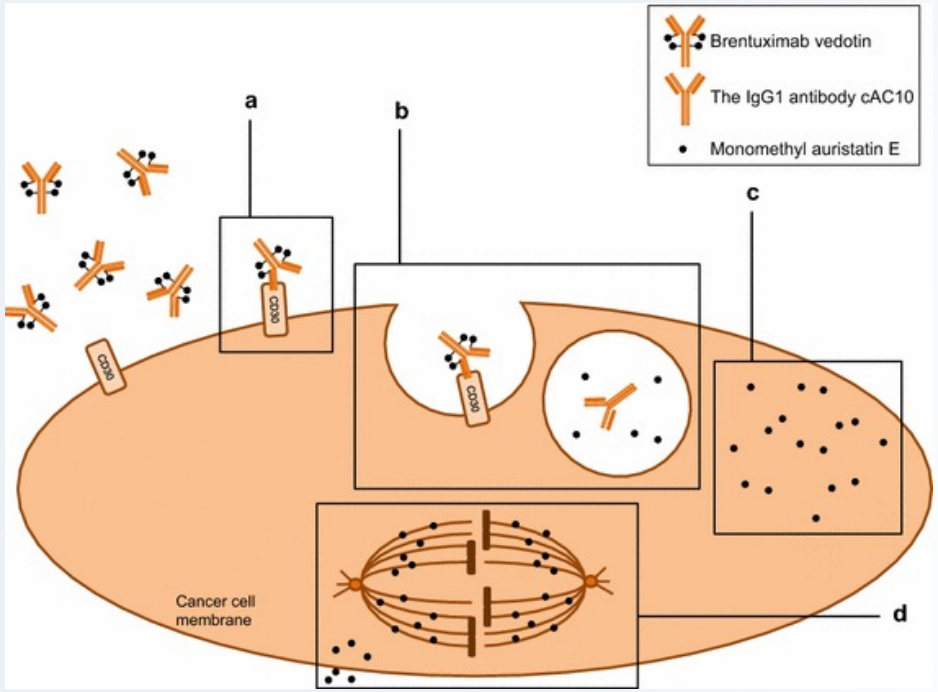


A Balancing Act

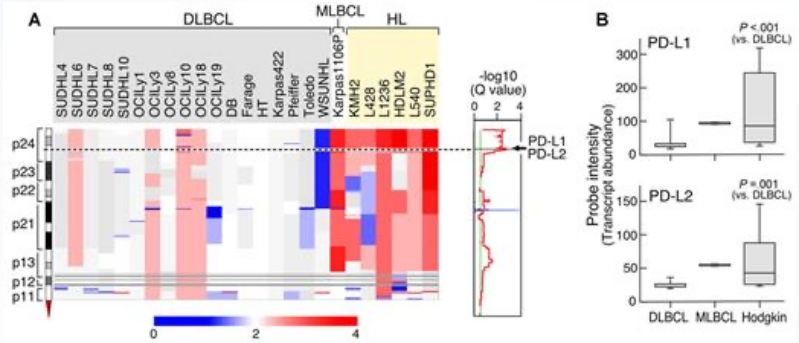


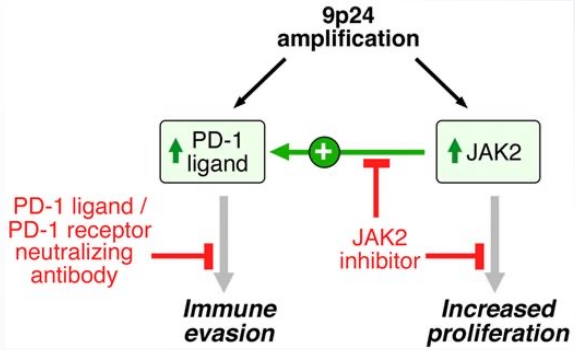
Immunotherapeutic Targets in cHL

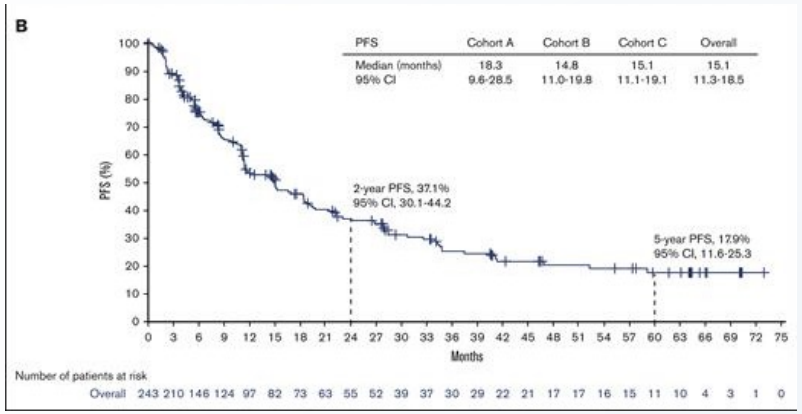
Brentuximab Vedotin (BV)



Immune Checkpoint Blockade



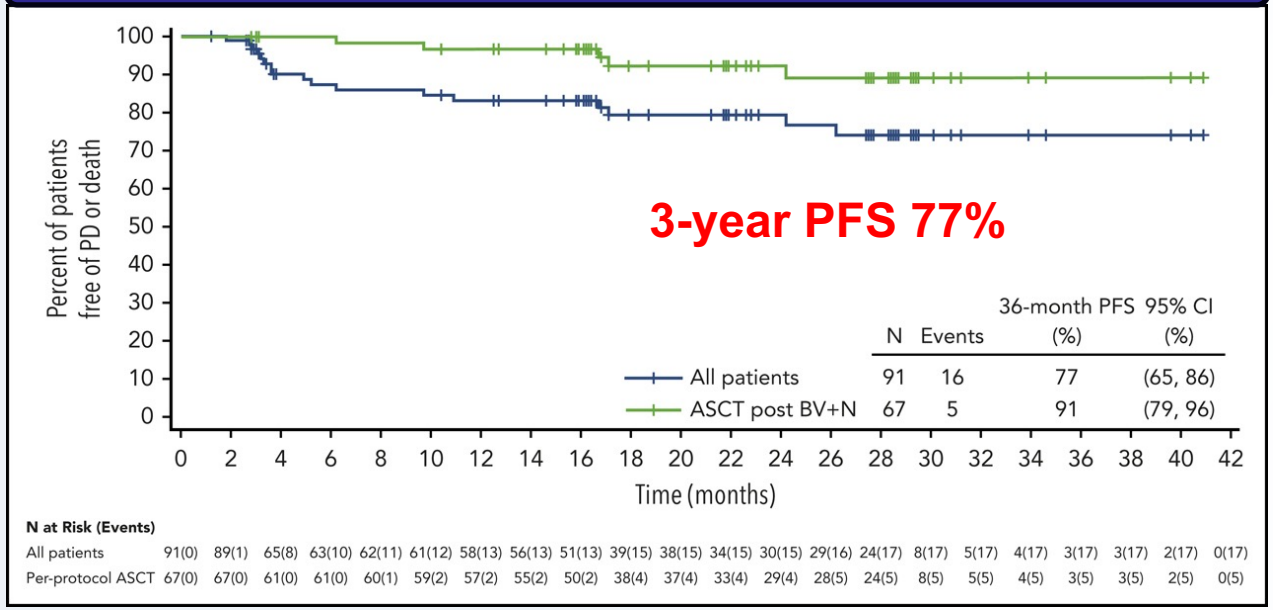




Scott LJ. Drugs (2017) 77: 435-445.
Green MR et al. Blood (2010) 116; 17: 3268-3277.
Ansell S et al. Blood Adv (2023) 7;20: 6266-6274.

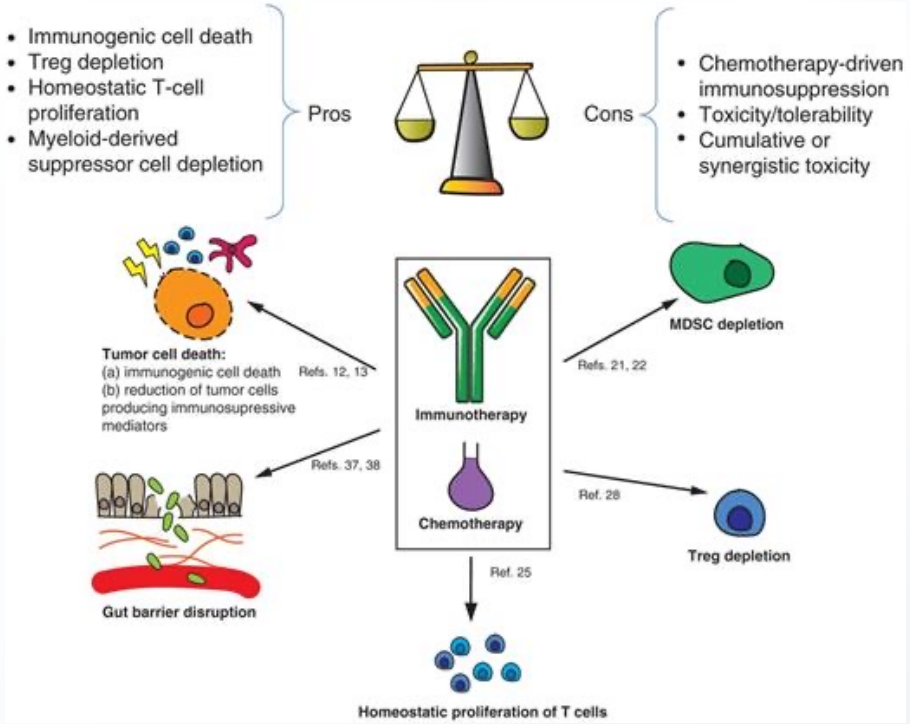
<u>Research Question</u>: How can we better utilize these novel therapies to **improve cure rates** while simultaneously **minimizing** long-term morbidity and treatment-related mortality by **reducing patient exposure** to radiotherapy and high cumulative doses of chemotherapy?

Combination BV + Nivolumab in R/R cHL



ORR 85%
CR 67%

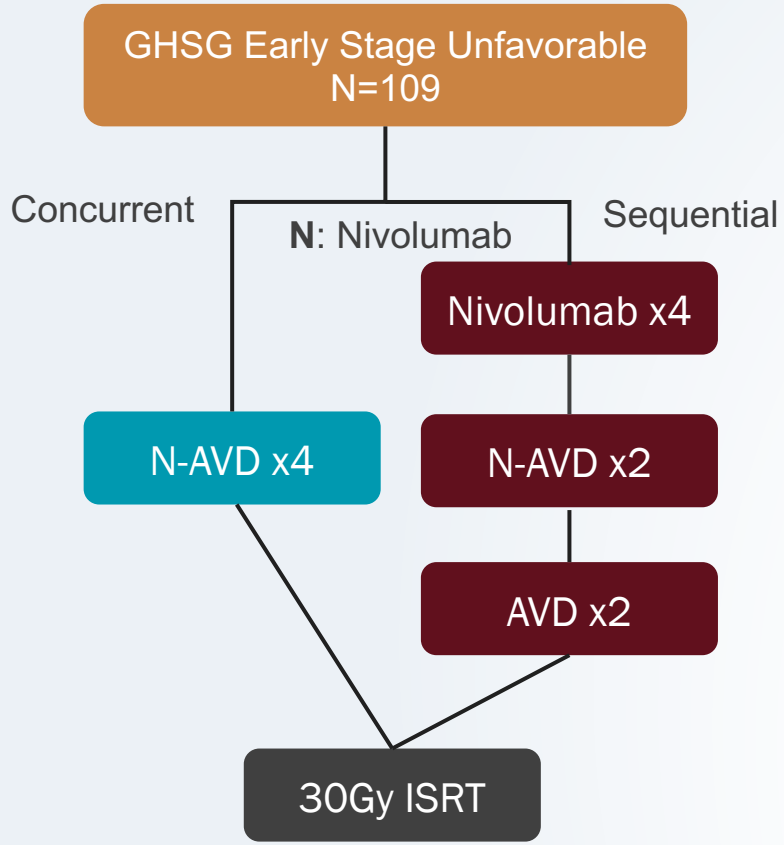
Chemo + Immune Checkpoint Blockade are Synergistic

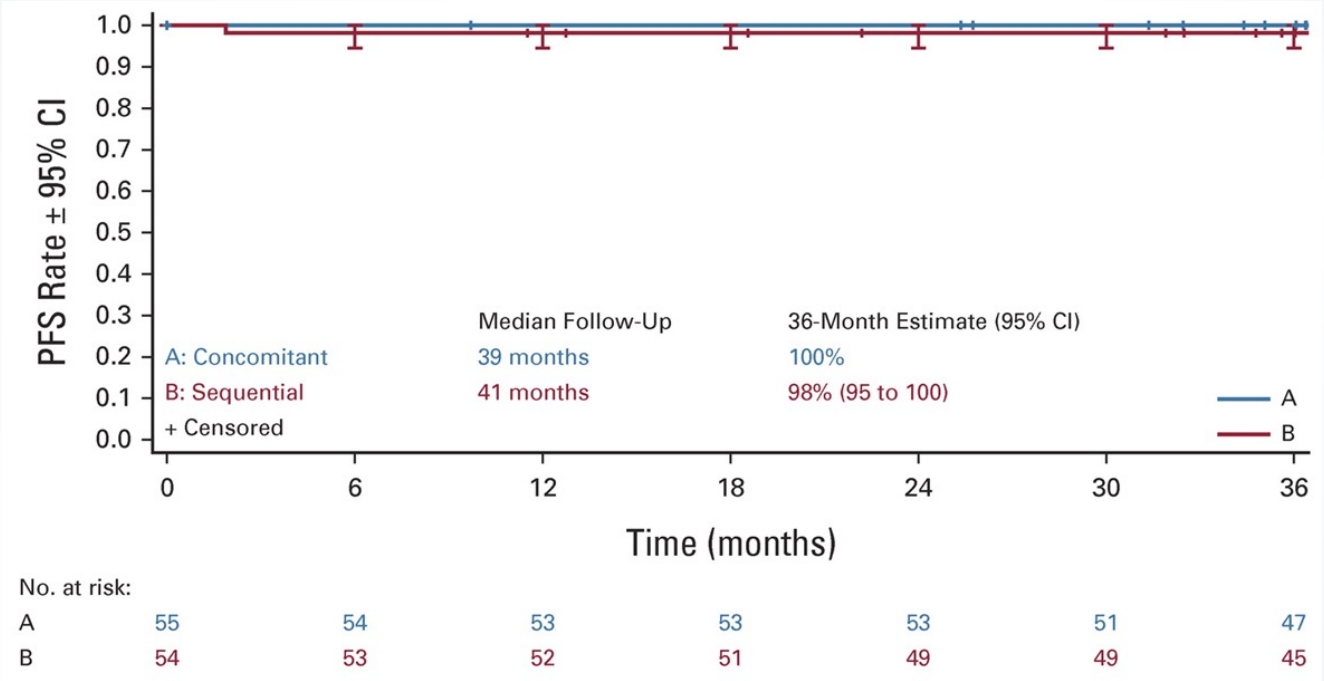


Advani et al. Blood (2021) 138;6: 427-438.
Salas-Benito D et al. Cancer Discovery (2021) 11;6: 1353-1367.

Concurrent Chemotherapy and Immunotherapy

NIVAHL





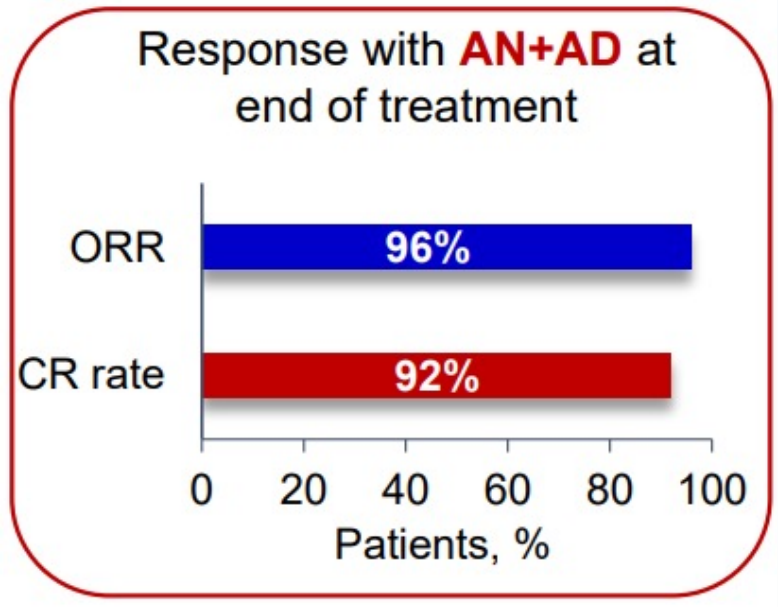
Brockelmann PJ et al. JCO (2023) 41 (6): 1193-1199.

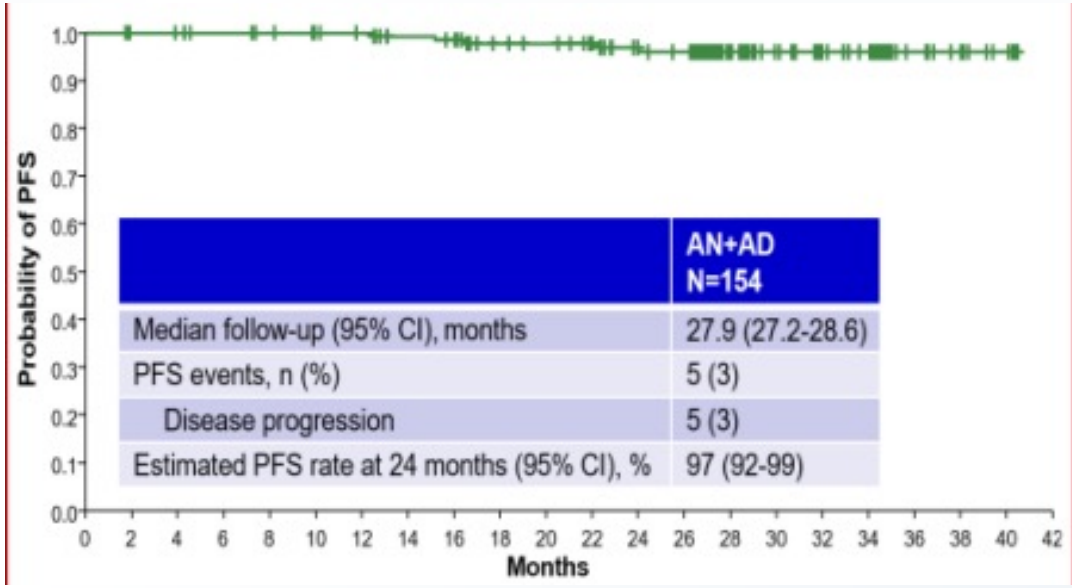
Non-Bulky Early Stage

AN+AD x4

(doxorubicin, nivolumab, BV, dacarbazine)

	N=154
Age	
• <60	130 (84%)
• ≥60	24 (16%)
GHSG Risk	
• Favorable	56 (36%)
• Unfavorable	97 (63%)





Abramson JS et al. Blood (2025) Ahead of Print
https://doi.org/10.1182/blood.2025030190

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Sequential Chemotherapy and Immunotherapy

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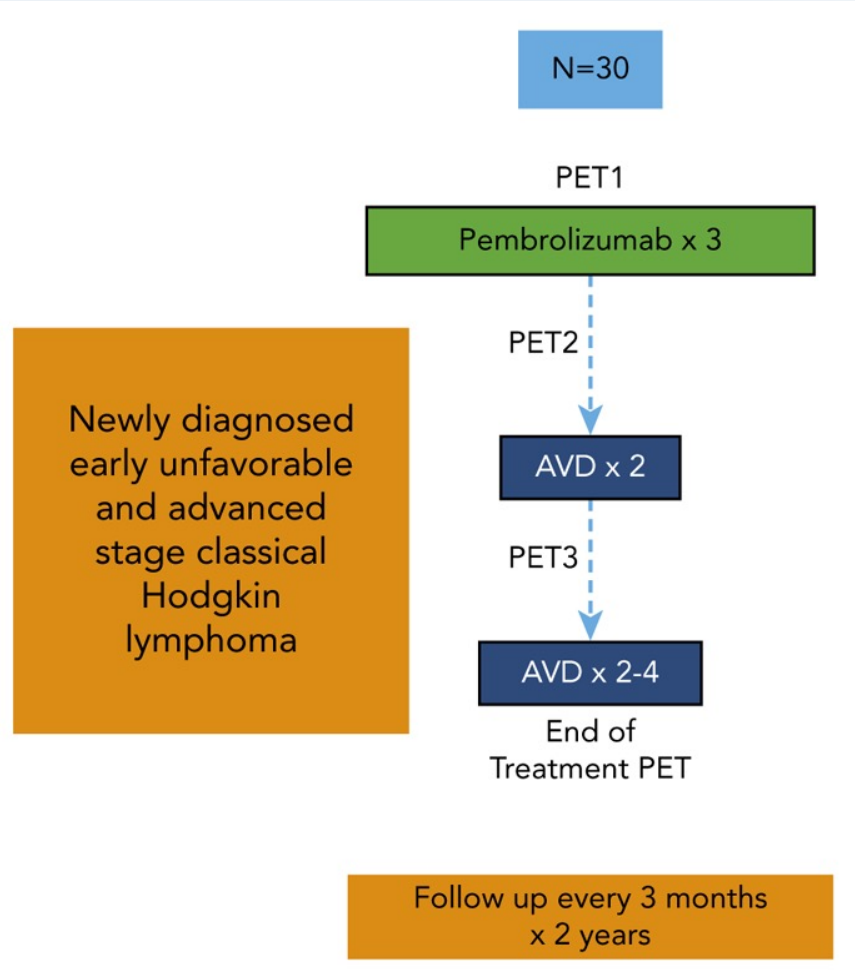
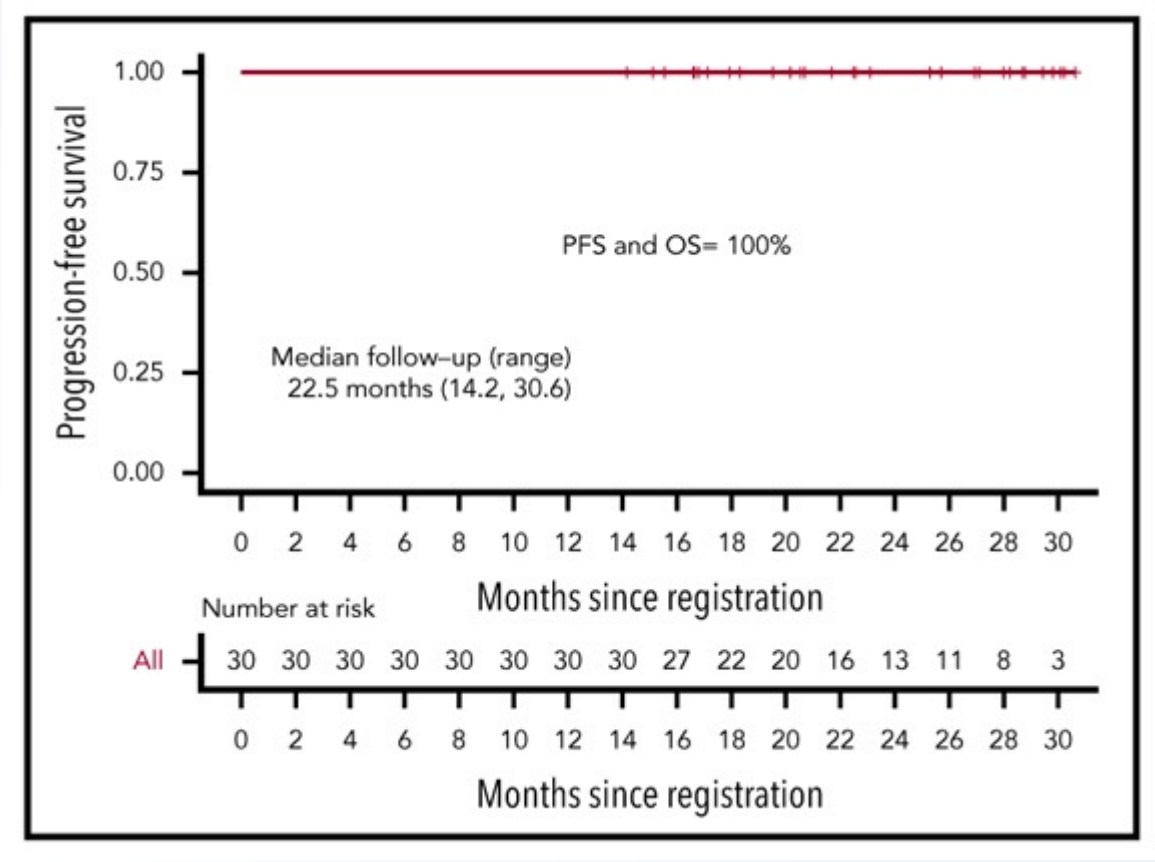
Sequential Pembrolizumab and Chemotherapy

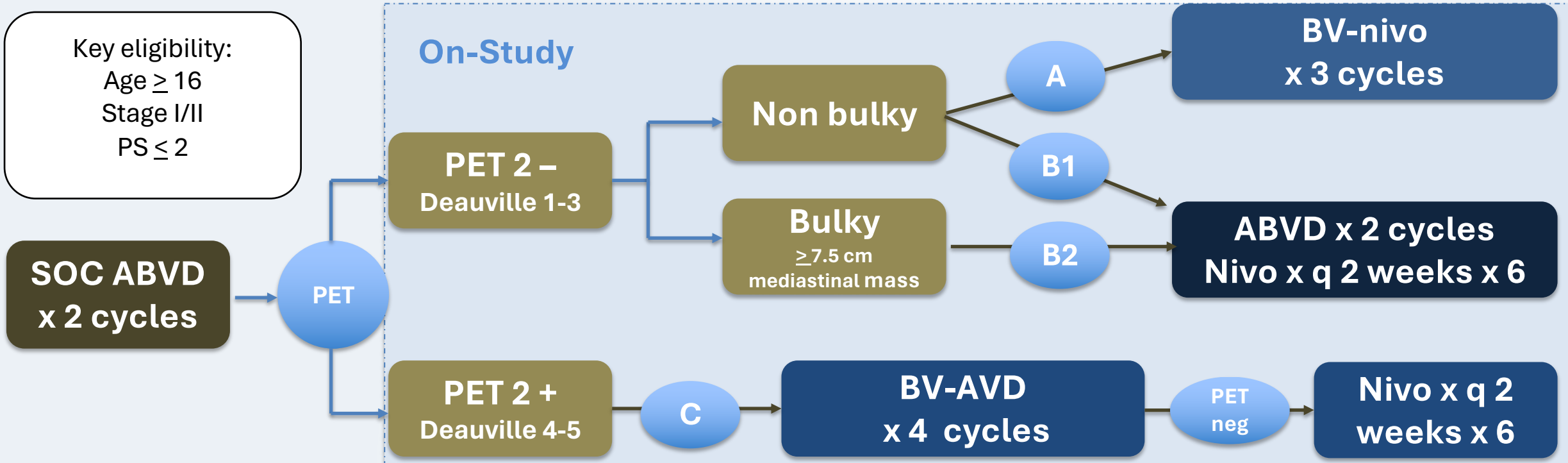




Allen PB et al. Blood (2021) 137 (10): 1318-1326.

NAHLC

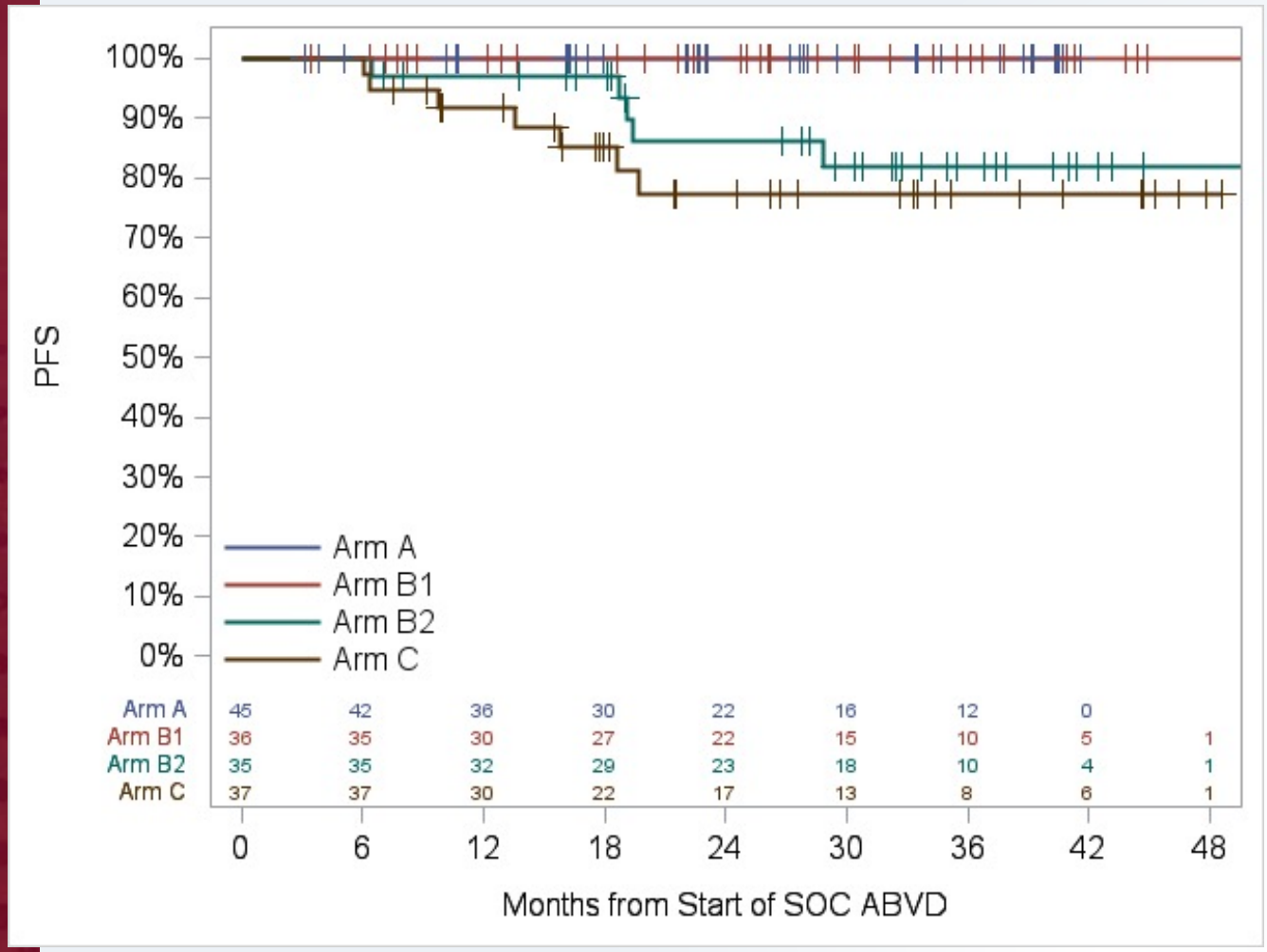
Key eligibility:
Age ≥ 16
Stage I/II
PS ≤ 2

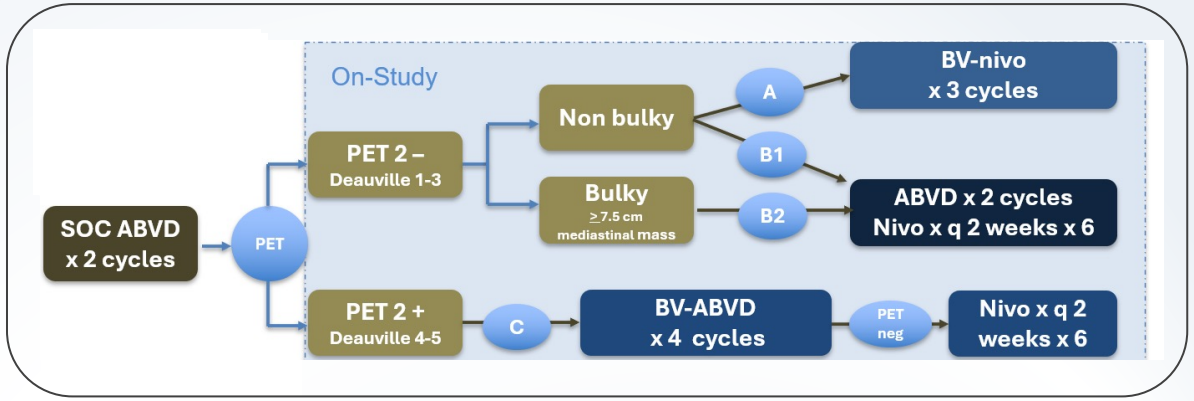


Exclusion:
- No sensory > gr 1 PN
- Any motor PN
- No condition requiring prednisone > 10 mg/ immunosuppressive medications within 14 d

ABVD could be given prior to enrollment
Randomization stratified between stage I vs II and A vs B sx
Interim PET scored (Lugano 2014) per local review

LaCasce AS et al. 2024 ASH Annual Meeting Oral Abstract #459
Slide Courtesy of Dr. Ann LaCasce





PFS (95% CI)	# of PD/Rel	18-month	24-month
Arm A (n=45)	0	100%	100%
Arm B1 (n=36)	0	100%	100%
Arm B2 (n=35)	5	97% (81-100%)	86% (67-95%)
Arm C (n=37)	7	85% (68-94%)	77% (57-89%)

No deaths reported thus far.
Median follow-up is 27.7 months (range 3.2-51.0).

LaCasce AS et al. 2024 ASH Annual Meeting Oral Abstract #459

AHOD2131 TRIAL DESIGN

EORTC Favorable (F) and Unfavorable (UF):
- Age ≥50
- >3 nodal sites
- ESR >50 if A; >30 if B
- MTR >0.35
- Bulky ≥10cm

Sample Size Projections:
1875 enrolled over 5 years
1782 evaluable (1/3 F, 2/3 UF)

Newly diagnosed, previously untreated stage I or II cHL
Ages 5-60

ABVD 2 cycles

PET2*

RER -

Randomize

F: ABVD x 2 cycles
UF: AVD x 4 cycles

BV/Nivo x 4 cycles

Stratification:
- Age <15; ≥15 to <45; ≥45
- PET2 -: 5-PS 1-2 vs. 3
- PET2 +: 5-PS 4 vs. 5

+ SER

Randomize

eBEACOPP/eBPDac x 2 cycles | **ISRT**

BV/Nivo x 4 cycles | **ISRT**

1° endpoint: Superiority of PFS

2° endpoint: Noninferiority of 12-year OS

*Rapid central review
PET2-neg = 5-PS 1-3

Projected Numbers
PET2 neg (85%): N=1514
PET2 pos (15%): N=268

RER: Rapid Early Responders
SER: Slow Early Responders

NCT05675410

Conclusions

- **Multidisciplinary decision making** is key in determining the optimal treatment strategy for early-stage patients.
- Future clinical trials and development of new treatment paradigms for HL aim to **reduce exposure** to chemotherapy and radiotherapy to **minimize** acute and late term effects of treatment.
- Incorporation of **immunotherapy-based treatments** either as **concurrent** or **sequential** therapy with chemotherapy has changed and will continue to change the treatment landscape of HL.
- Sequential **ABVD → BV/Nivo** has demonstrated **100% PFS** for interim PET2 negative **early-stage HL** in a smaller phase II study and serves as support for the larger intergroup **AHOD2131** clinical trial.

Thank you!

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