Hodgkin Lymphoma Clinical Trials

The following clinical trials are currently open and accruing for patients with Hodgkin lymphoma.

Contact Kalin Morrell (Assistant Clinical Research Manager),
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TRIALS FOR RELAPSED/REFRACTORY PATIENTS

17-282  
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A randomized, open-label, phase 3 trial of nivolumab plus brentuximab vedotin versus brentuximab vedotin alone in patients with relapsed/refractory or ineligible for autologous stem cell transplant (ASCT) advanced stage classical Hodgkin lymphoma (CheckMate 812: CHECKpoint pathway and nivolumab clinical trial evaluation 812)

14-072  
p. 3
A phase 1/2a dose escalation and cohort expansion study of the safety, tolerability, and efficacy of anti-LAG-3 monoclonal antibody (BMS 986016) administered alone and in combination with anti-PD-1 monoclonal antibody (Nivolumab, BMS-936558) in relapsed or refractory B-Cell malignancies

See the following pages for more information about these trials.

These trials are offered through Dana-Farber/Harvard Cancer Center, an NCI-designated Comprehensive Cancer Center.
TRIALS FOR PATIENTS WITH RELAPSED/REFRACTORY DISEASE

17-282: A randomized, open-label, phase 3 trial of nivolumab plus brentuximab vedotin versus brentuximab vedotin alone in patients with relapsed/refractory or ineligible for autologous stem cell transplant (ASCT) advanced stage classical Hodgkin lymphoma (CheckMate 812: CHECKpoint pathway and nivolUMaB clinical trial evaluation 812)

Rationale: This is a phase 3 open-label randomized trial between BV alone and BV +Nivo. This is open-label and unblinded.

Key Eligibility Criteria:
- Relapsed/refractory classical Hodgkin lymphoma
- ASCT ineligible (by comorbidity or chemorefractoriness) or relapse after ASCT
- Not BV refractory (if prior BV exposure, must have achieved at least PR and not progressed within 3 months of last treatment)
- No active pneumonitis, grade 2 or above neuropathy, autoimmune disease, prior malignancy (unless >3y ago with no anticipation of needing therapy)

Treatment Schedule:
Patients will be required to come every three weeks for treatment. BV will be given for maximum of 16 cycles; nivo (on the experimental arm) is given until CR, progression or toxicity. All patients will be scanned after 5 cycles of treatment and every 5 cycles thereafter. Patients will have 2 required follow upon visits in clinic after the discontinuation of treatment and will be followed every 3 months thereafter for survival. Patients must get all their treatments at Dana-Farber and will not be able to go locally for treatment.

Principal Investigator: Philippe Armand, MD PhD

Slots Available at Last Update: This is a large multi-center trial and we currently have many slots open. Please email us for the latest information.
To discuss a patient, email kalin_morrell@dfci.harvard.edu.

14-072: A phase 1/2a dose escalation and cohort expansion study of the safety, tolerability, and efficacy of anti-LAG-3 monoclonal antibody (BMS 986016) administered alone and in combination with anti-PD-1 monoclonal antibody (nivolumab, BMS-936558) in relapsed or refractory B-cell malignancies

Rationale: This is a phase 1/2 study of combination PD-1 and LAG-3 blockade that is currently open for relapsed/refractory Hodgkin lymphoma patients. Patients can be PD-1 Naïve or PD-1 refractory. LAG-3 is another checkpoint that may serve as an escape mechanism for cHL treated with PD-1 blockade.

Key Eligibility Criteria:
- Classical Hodgkin lymphoma, relapsed or refractory after at least 1 prior therapy.
- Patients can be either naïve to antiPD-1/PD-L1 or had to have disease progression while on or within 3 months of treatment with anti-PD-1 or anti-PD-L1
- No autoimmune disease, prior malignancy (except if >2y treated with curative intent), prior grade 4 immune toxicity from PD-1 or CTLA-4 blockade, significant cardiovascular disease.

Treatment Schedule:
Patient will need to have a pre-treatment and on-treatment biopsy unless not safely or technically feasible. Patients will be treated every 2 weeks with both nivolumab and anti-LAG-3 for up to 12 cycles, which is 2 years of treatment. They will then be followed for every 3 months with both clinic visits and phone call check ins.

Principal Investigator: Philippe Armand, MD PhD

Slots Available at Last Update: There are currently only 3 slots left, please contact the study contact ASAP if interested to see if there are slots open.

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