Hodgkin Lymphoma Clinical Trials

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

Contact Jillian Foreman (Clinical Research Manager), jillianm_foreman@dfci.harvard.edu, 617-582-8713 to discuss a patient.

FRONTLINE TRIALS – NEWLY-DIAGNOSED PATIENTS

<table>
<thead>
<tr>
<th>Trial Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-113p. 2</td>
<td>A phase 2 front-line PET/CT-2 response-adapted brentuximab vedotin and nivolumab incorporated and radiation-free management of early stage classical Hodgkin lymphoma (cHL)</td>
</tr>
</tbody>
</table>

TRIALS FOR RELAPSED/REFRACTORY PATIENTS

<table>
<thead>
<tr>
<th>Trial Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-582p. 3</td>
<td>A phase 1/phase 2 clinical study to evaluate the safety and efficacy of a combination of MK-4280 and pembrolizumab (MK-3475) in participants with hematologic malignancies</td>
</tr>
</tbody>
</table>

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 FRONTLINE TRIALS – NEWLY-DIAGNOSED PATIENTS

19-113 – A phase 2 front-line PET/CT-2 response-adapted brentuximab vedotin and nivolumab incorporated and radiation-free management of early stage classical Hodgkin lymphoma (cHL)

Rationale: The primary goal of this study is to determine the 18-month progression free survival (PFS) of patients with early stage Hodgkin lymphoma treated with the addition of novel drugs and without radiotherapy. The study is divided into arms A, B1, B2, and C. Therapy is stratified according to PET/CT-2 response.

Key Eligibility Criteria:
- To be eligible for this trial, patients must have previously untreated stage IA, IB, IIA, or IIB classical Hodgkin lymphoma.
- Patients must be at least 16 years of age, have an ECOG performance status of 0-2, and have adequate organ function.
- Patients cannot have had another primary malignancy within the past 3 years.
- Patients with cerebral/meningeal disease, pancreatitis, symptomatic cardiac disease, or history of progressive multifocal leukoencephalopathy are excluded. Sensory neuropathy greater than grade 1 or the presence of any motor neuropathy will make a patient ineligible.
- After the completion of protocol therapy, patients will be actively followed every 6 months for a total of 3 visits and will subsequently enter survival follow up until 3 years post-treatment.

Treatment Schedule:
Patients who are PET/CT-2 negative (Deauville 1-3) with NON-BULKY disease will be randomized onto either Arm A (BV plus NIVO for 3 cycles) or Arm B1 (ABVD x2 cycles followed by NIVO every 2 weeks x 3 months). Patients who are PET/CT-2 negative with BULKY disease will go on Arm B2 (ABVD x2 cycles followed by NIVO every 2 weeks x 3 months). Patients who are PET/CT-2 positive (Deauville 4 or 5) will go on Arm C (BV plus AVD x 4 cycles followed by NIVO every 2 weeks x 3 months). Bulky disease is defined by mediastinal mass of 7.5 cm or greater. The first two cycles of ABVD are standard of care, therefore patients may consent and enroll on the study after the start of ABVD as long as they start protocol therapy within the specified timelines. After the completion of protocol therapy, patients will be actively followed every 6 months for a total of 3 visits and will subsequently enter survival follow up until 3 years post-treatment.

Principal Investigator: Ann LaCasce, MD, MMSc

Slots Available at Last Update: Slots will vary. Please email us for the latest slot availability.

Hodgkin Lymphoma Clinical Trials, Dana-Farber/Brigham and Women’s Cancer Center.
These trials are conducted through Dana-Farber/Harvard Cancer Center, an NCI-designated Comprehensive Cancer Center.
TRIALS FOR PATIENTS WITH RELAPSED/REFRACTORY DISEASE

18-582: A phase 1/phase 2 clinical study to evaluate the safety and efficacy of a combination of MK-4280 and pembrolizumab (MK-3475) in participants with hematologic malignancies

**Rationale:** This is a phase 1/2 study to evaluate the safety and efficacy of MK-4280 in combination with pembrolizumab for patients with PD-1/L1 naïve or refractory R/R classical Hodgkin lymphoma, R/R DLBCL or R/R indolent non-Hodgkin lymphoma. The primary goals of the study are to examine the safety and tolerability and to establish a preliminary recommended phase 2 dose of MK-4280 in combination with pembrolizumab. MK-4280 is a humanized IgG4 mAb that antagonizes LAG-3. Because of LAG-3’s proposed role on both effector T-cells and Tregs, it is one of several immune checkpoint molecules where simultaneous blockade of both cell populations has the potential to enhance antitumor immunity. This trial provides an option for patients with Hodgkin lymphoma who have progressed on prior PD-1 blockade. We recently completed a similar trial of LAG3/PD1 combined blockade with another set of antibodies that showed several responses in PD1-refractory Hodgkin patients.

**Key Eligibility Criteria:**
- R/R classical Hodgkin lymphoma, including both PD-1 naïve and PD-1 refractory. Prior brentuximab is NOT required.
- The trial is also open for DLBCL and indolent B-NHL though we have other higher priority trials for those patients at present.
- Confirmed measurable disease (1.5cm long or 1cm short axis)
- Able to have a tumor biopsy at screening or archival tissue within the past 3 months
- Principal exclusion criteria: CNS involvement, significant heart disease, prior anti-LAG-3 treatment, prior CAR-T cell therapy, allotransplant within last 5 years, secondary malignancy in the past 3 years that is progressing or requiring active treatment, immunodeficiency, autoimmune disease or chronic systemic steroid therapy, HIV or active HepB/HepC.

**Treatment Schedule:**
Cycles are 21 days and patients will need to come to clinic 4 times in cycle 1, and then on day 1 of each cycle thereafter. Pembrolizumab and MK-4280 infusions will be given on Day 1 of each visit, for up to 35 cycles (~2 years) or until a protocol determined standard is met to discontinue treatment.

**Principal Investigator:** Philippe Armand, MD, PhD

**Slots Available at Last Update:** Currently in phase 1 so slots are available only intermittently. Please call/email the latest slot availability.