

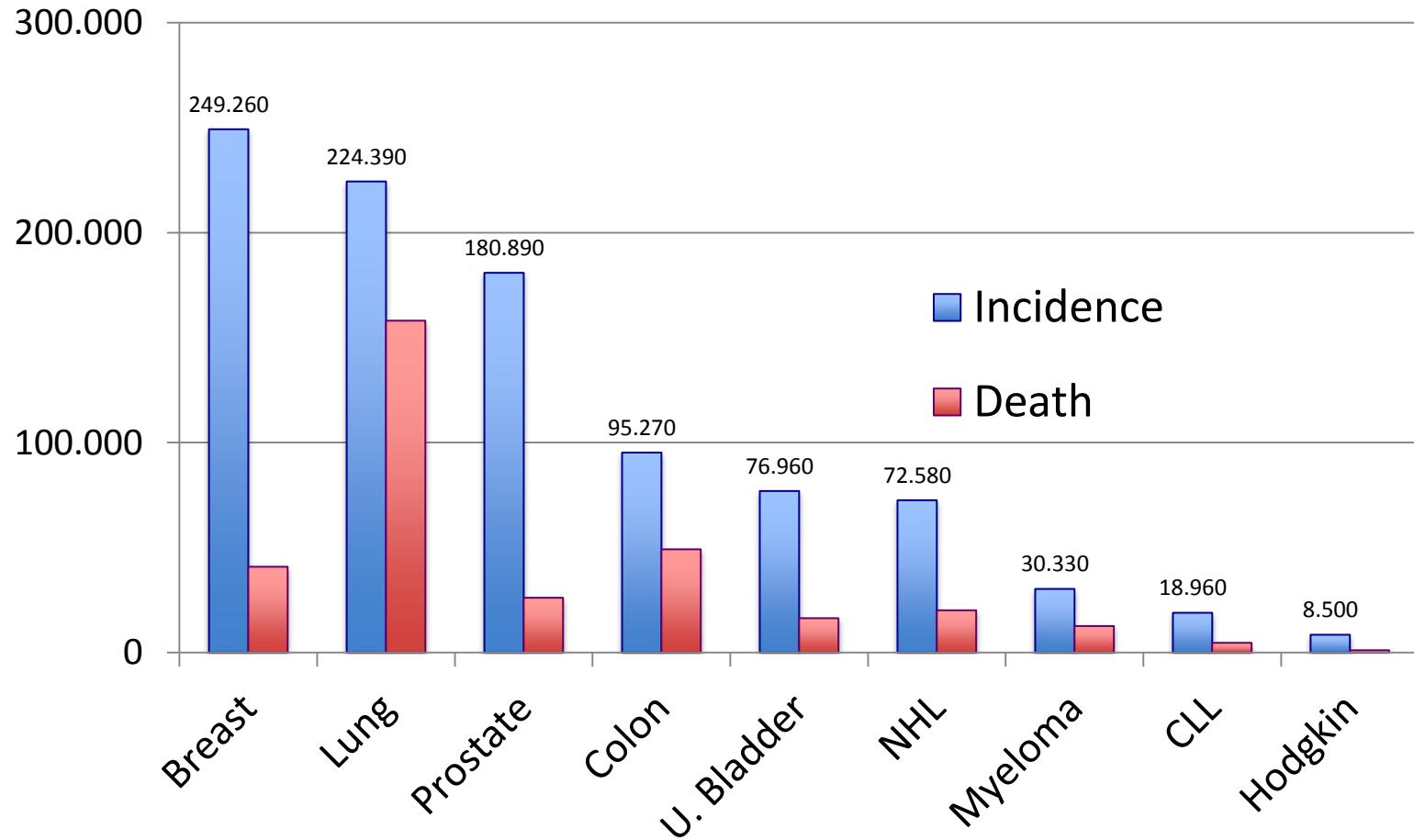
New Drugs In Hematology

# **Brentuximab Vedotin in Lymphomas**

**Anas Younes, M.D.  
Chief, Lymphoma Service  
Memorial Sloan-Kettering Cancer Center**

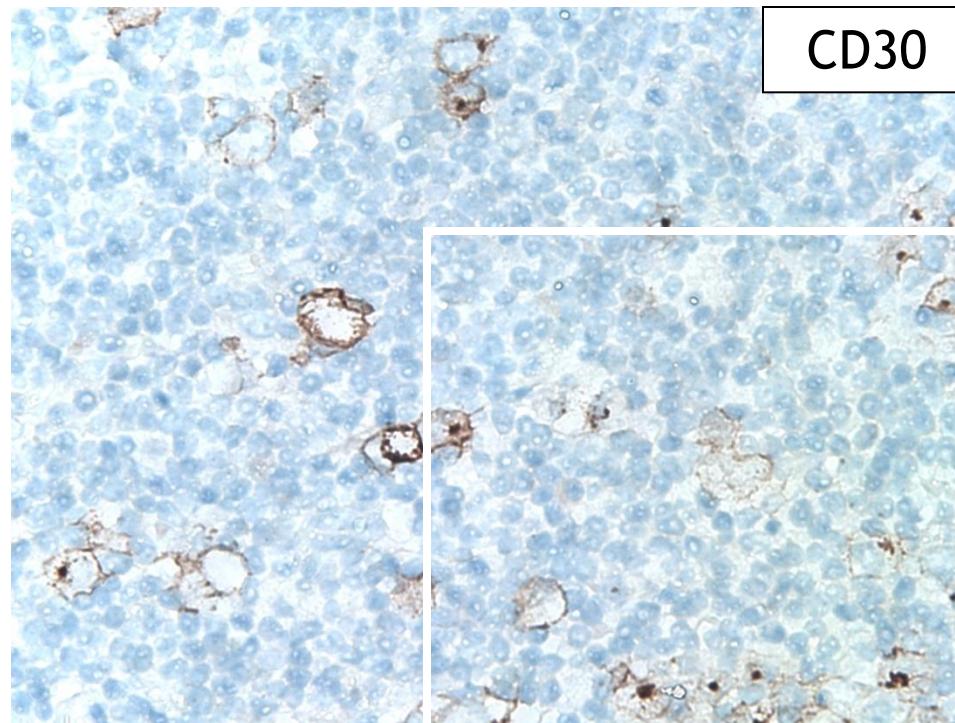
Monday, May 9, 2016  
9:15-9:45 a.m

# U.S. Cancer Statistics 2016

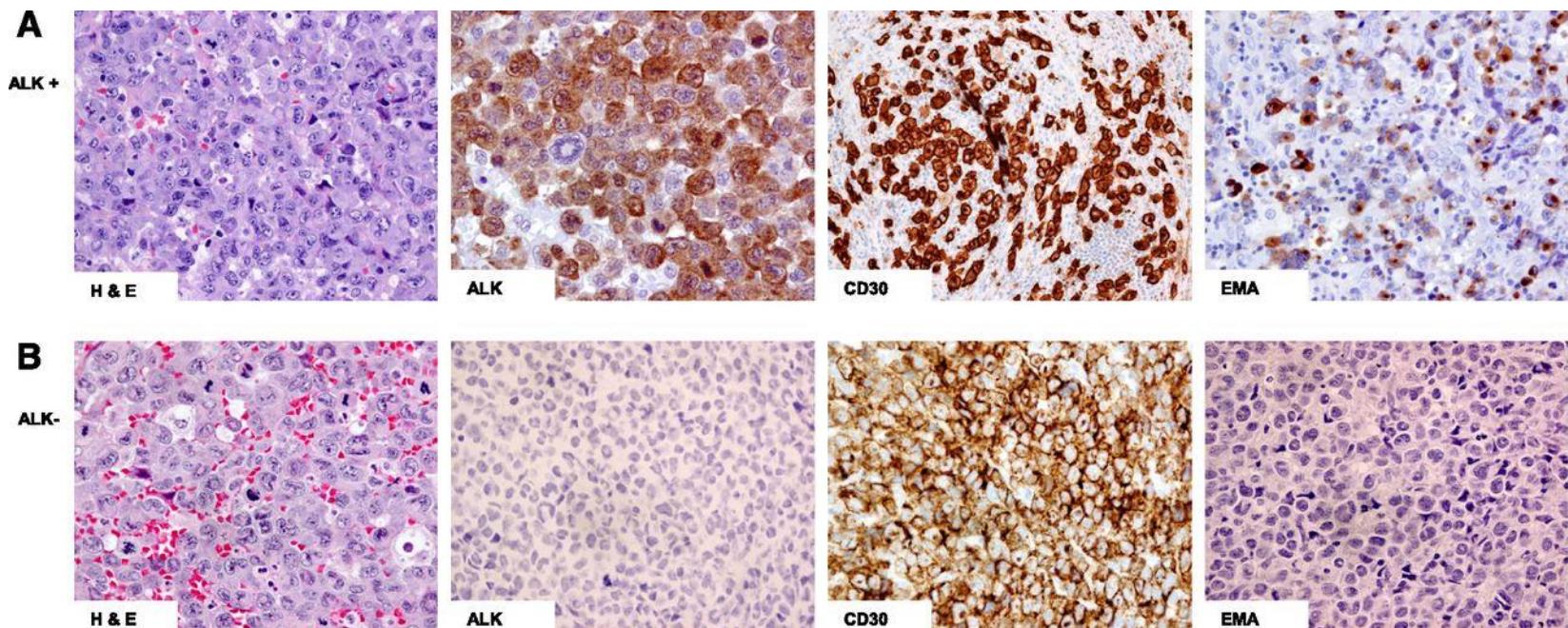


**1982, Nature: Schwab, Stein and Diehl:**

Production of Ki-1 monoclonal antibody that detects CD30 on HRS cells

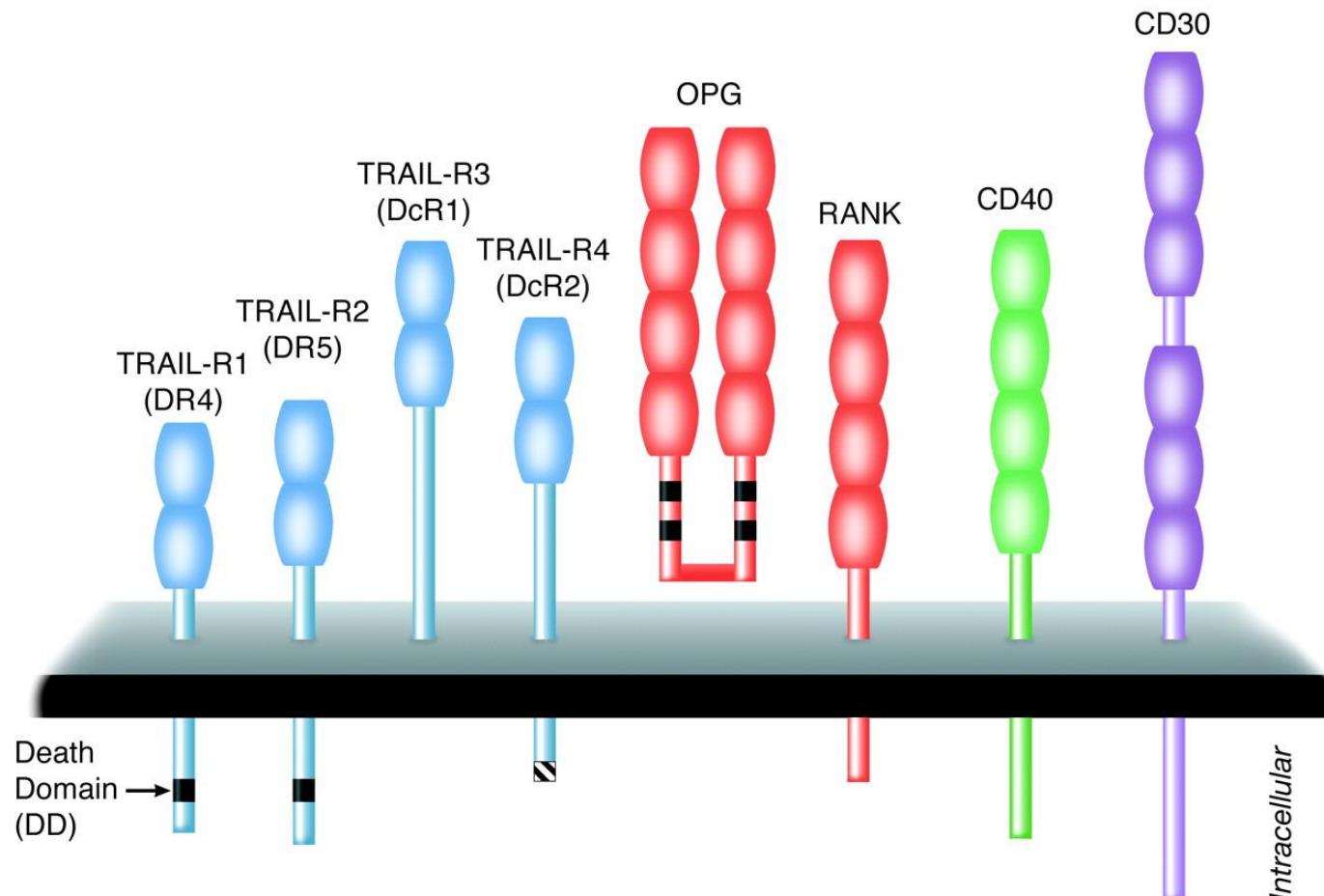


# CD30 Expression systemic anaplastic large cell lymphoma



**1992 (Cell): Durkop and Stein:**  
**Molecular cloning of CD30 = TNF receptor family member**

**1993 (Cell): Smith et al:**  
**Molecular cloning of CD30L = TNF family member**



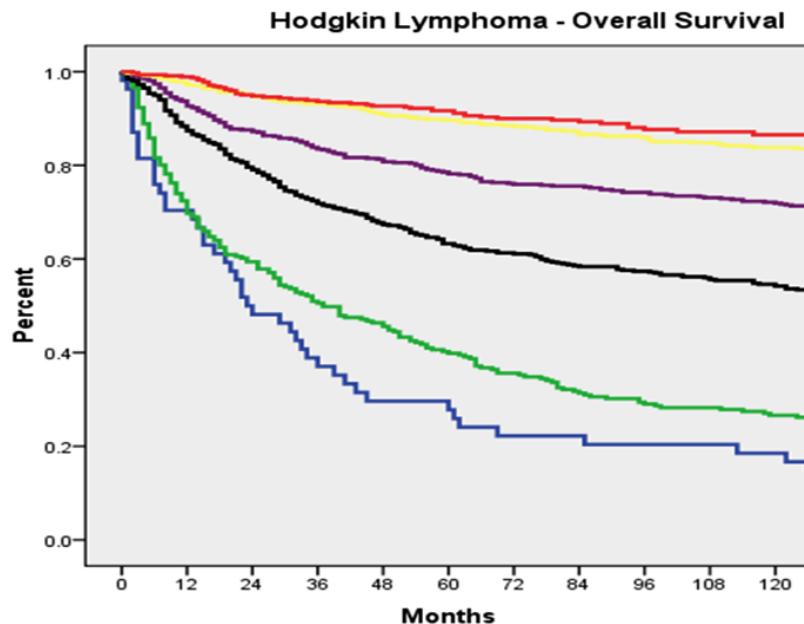
## Expression Pattern of CD30 and CD30L

	CD30	CD30L
Gene locus	1p35	9q33
Molecular weight	120 KDa	26 KDa
Soluble form	85 KDa	?
Expression by hematopoietic cells		
Benign	Activated B and T cells Virally infected lymphocytes	Activated T and NK cells Resting B cells
Malignant	HRS cells of HL ALCL subsets of PTCL PMLCL immunoblastic lymphoma	B cell lymphomas
Expression by non-hematopoietic cells	Germ cell tumors Seminoa	

# Overall survival rates for patients with Hodgkin lymphoma

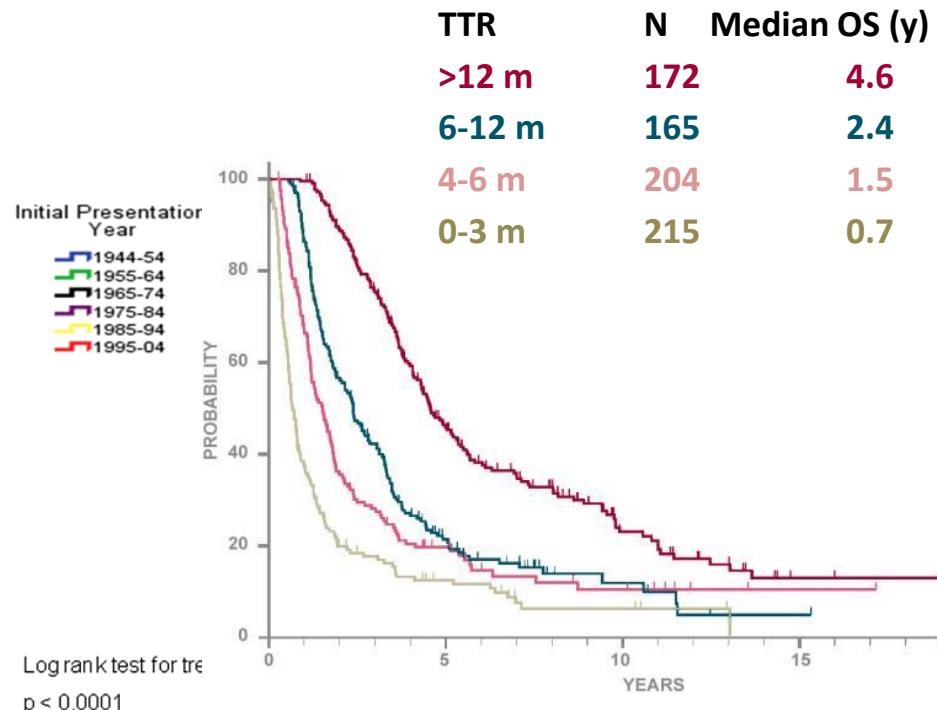
## Initial Therapy

MDACC (1944-2004)  
N=2,723



Fanale M and Younes, A et al, 2013

## Post ASCT

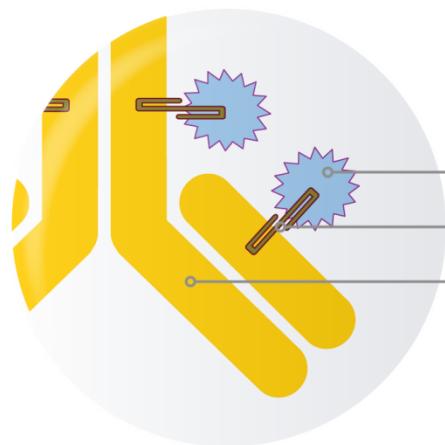


Horning S et al, Ann Oncol 2008;19 (suppl 4):Abstract 118  
Arai S et al. Leukaemia and Lymphoma. 2013. In print

## Summary results of phase I/II clinical trials using naked antibodies targeting CD30

Drug	Disease	Antibody type	Phase	Number of evaluable patients	PR	CR	%PR + CR
MDX-060	HL, ALCL	Humanized	I	HL = 63 ALCL = 9	2 2	2 0	6% 22%
SGN-30	HL, ALCL	Chimeric	I	24	0	0	0
SGN-30	HL, ALCL	Chimeric	II	HL = 38 ALCL = 41	0 5	0 2	0 17%
Xmab2513	HL	Humanized	I	13	1	0	7%

# Brentuximab vedotin: mechanism of action



Brentuximab vedotin (SGN-35) ADC

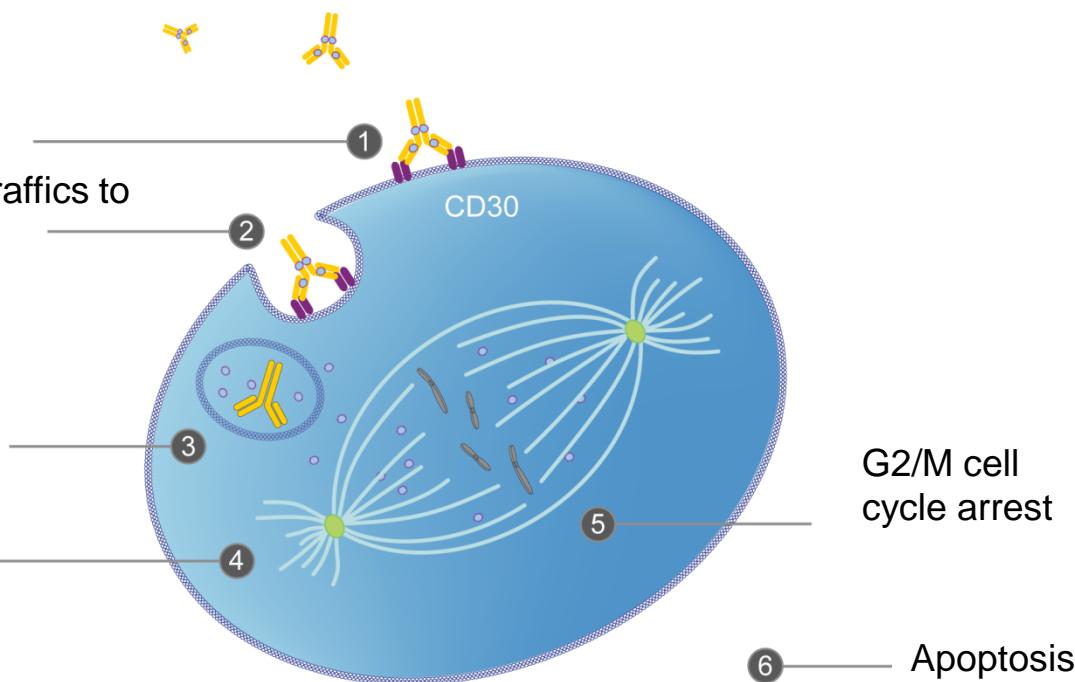
monomethyl auristatin E (MMAE), potent antitubulin agent  
protease-cleavable linker  
anti-CD30 monoclonal antibody

ADC binds to CD30

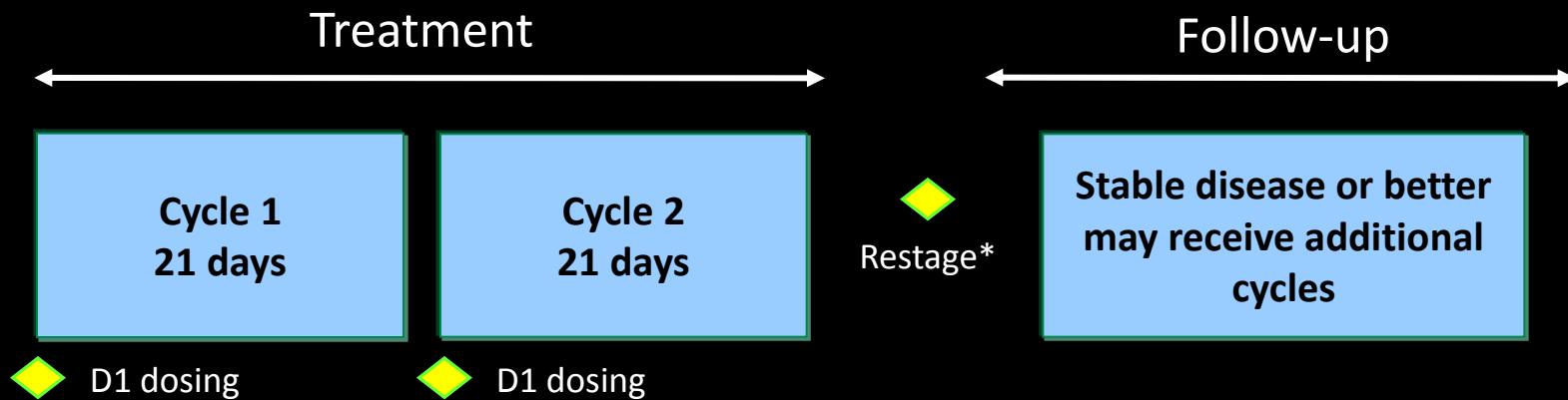
ADC-CD30 complex traffics to lysosome

MMAE is released

MMAE disrupts  
Microtubule network



# Phase I Study of Brentuximab Vedotin (SGN-35) in Relapsed HL and ALCL



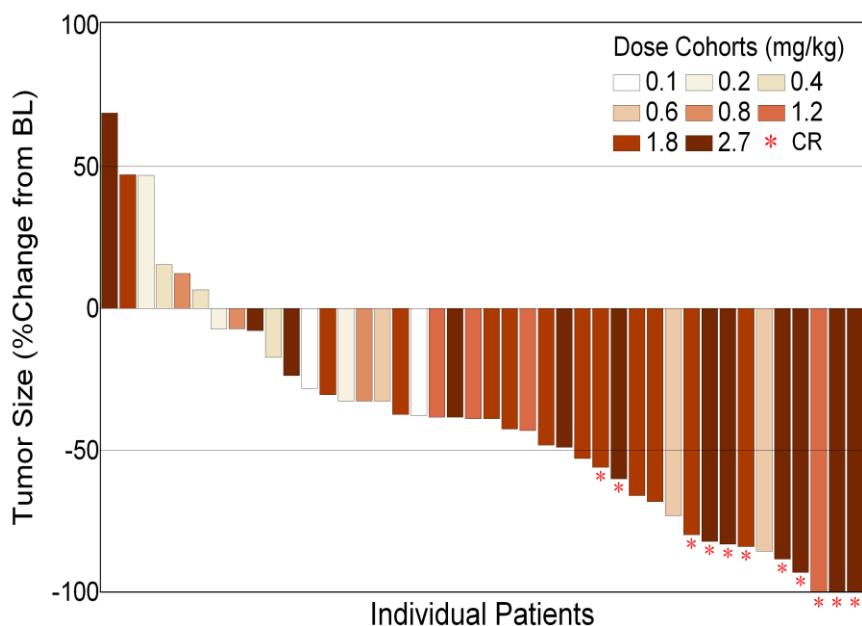
- SGN-35 administered IV every 21 days
- Dose cohorts: 0.1, 0.2, 0.4, 0.6, 0.8, 1.2, 1.8, 2.7, 3.6 mg/kg

\* CT and PET scans were retrospectively reviewed by an independent review facility (IRF)

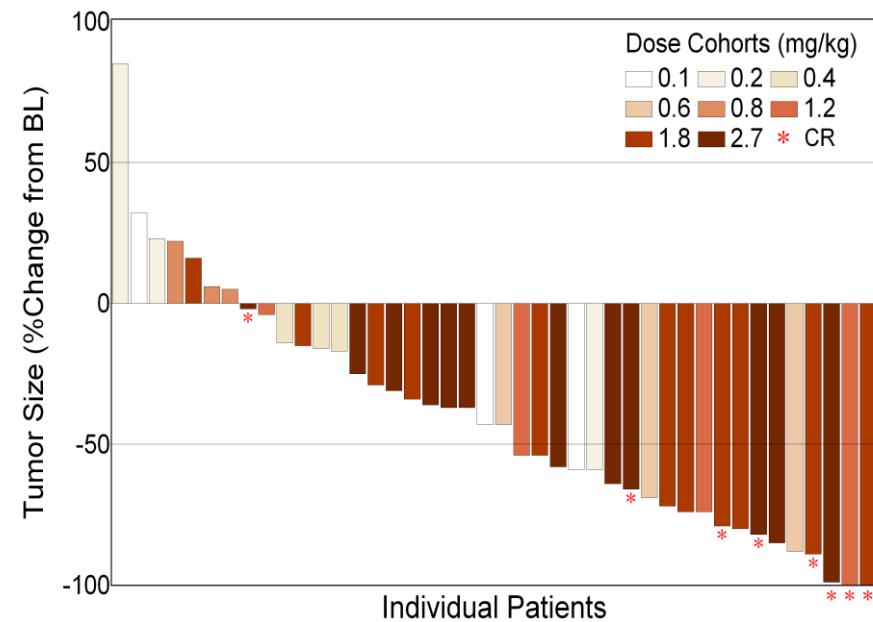
# Phase-I brentuximab vedotin in relapsed CD30+ HL and ALCL

## Treatment Response

### Investigator Assessment



### IRF Assessment



# Brentuximab vedotin: Phase I trial

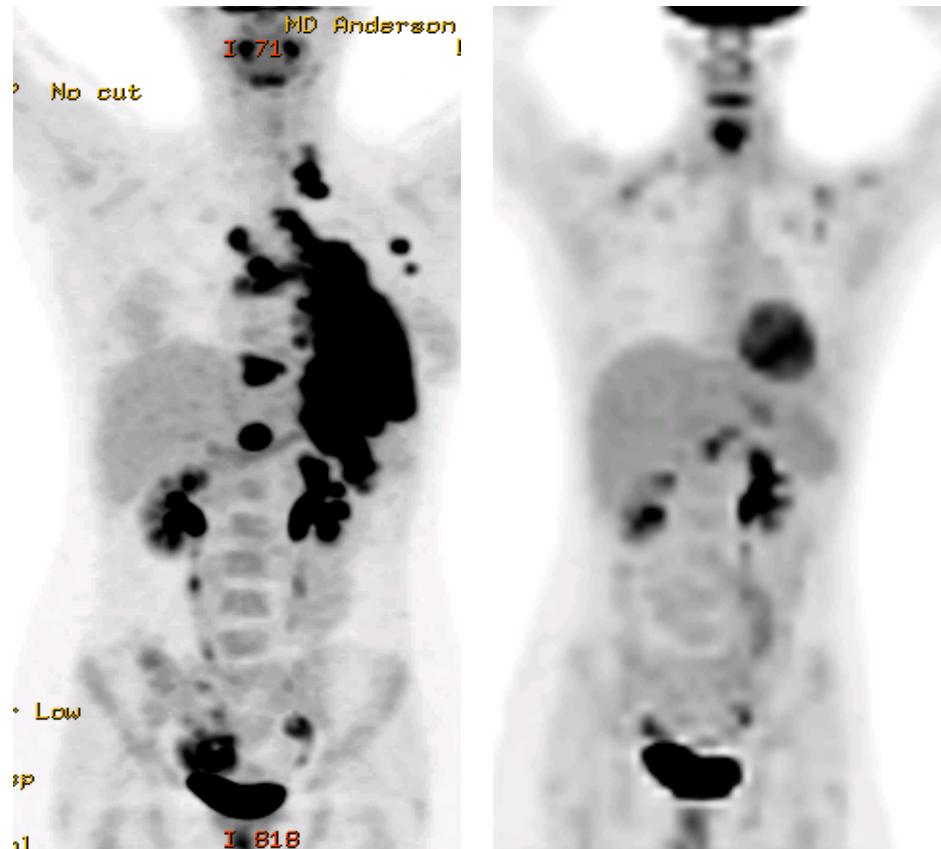
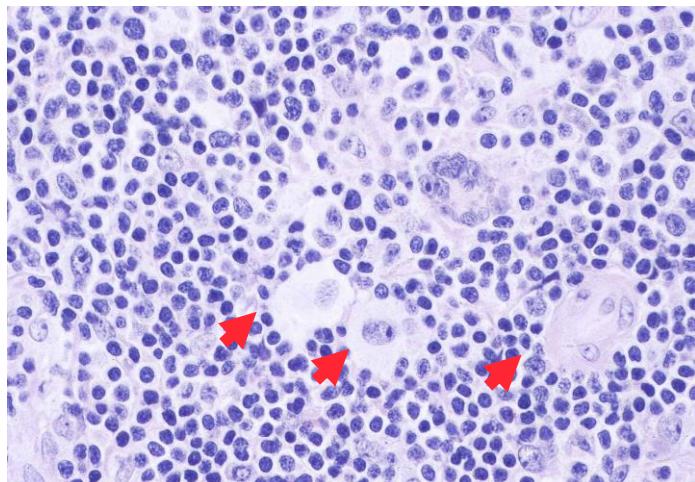
- Phase I dose-escalation study in patients with relapsed or refractory CD30+ lymphoma: best clinical response in 45 patients
- Objective response rate (ORR) (CR+PR) = 38%; CR = 24%; SD = 43%; ORR in patients receiving maximum tolerated dose 1.8 mg/kg = 50%

Response	Dose (mg/kg)								
	0.1 (n=3)	0.2 (n=4)	0.4 (n=3)	0.6 (n=3)	0.8 (n=3)	1.2 (n=4)	1.8 (n=12)	2.7 (n=12)	3.6 (n=1)
Complete response (CR)	0	0	0	0	0	1	4	6	0
Partial response (PR)	0	0	0	2	0	1	2	1	0
Stable disease (SD)	2	0	2	1	2	2	5	5	0
Progressive disease (PD)	1	4	1	0	1	0	1	0	0
Could not be evaluated	0	0	0	0	0	0	0	0	1

- Tumour regression in 86%, with tumour-related symptoms resolved in 81% of patients
- Median duration of objective response at least 9.7 months

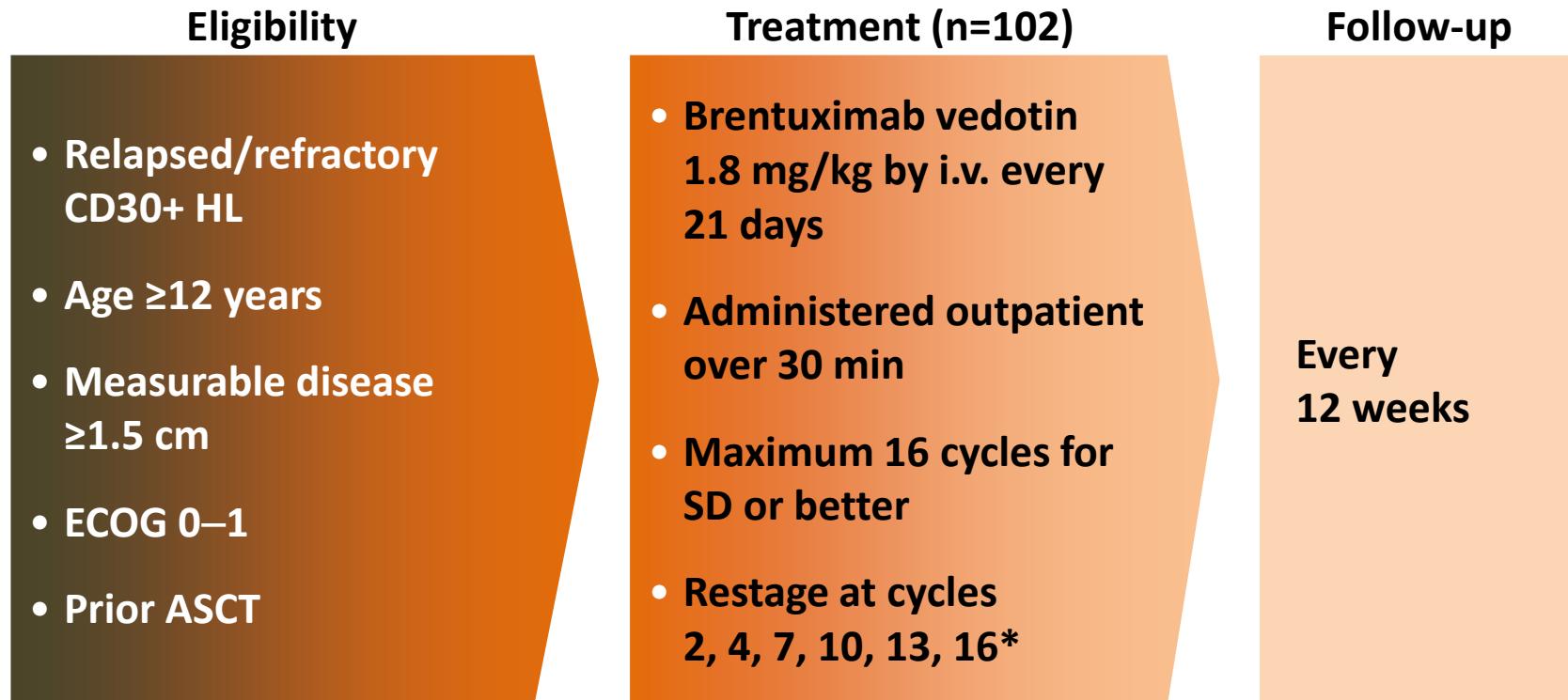
# Phase I Brentuximab Vedotin in Relapsed HL

- 21-year-old female
- HL diagnosed 2003
  - ABVD + XRT to mediastinum
  - ICE
  - BEAM→ASCT
  - HDAC-inhibitor
- SGN-35 2.7 mg/kg x 8 cycles
  - Best clinical response: CR
  - CT 93% reduction, PET-
  - PET negative

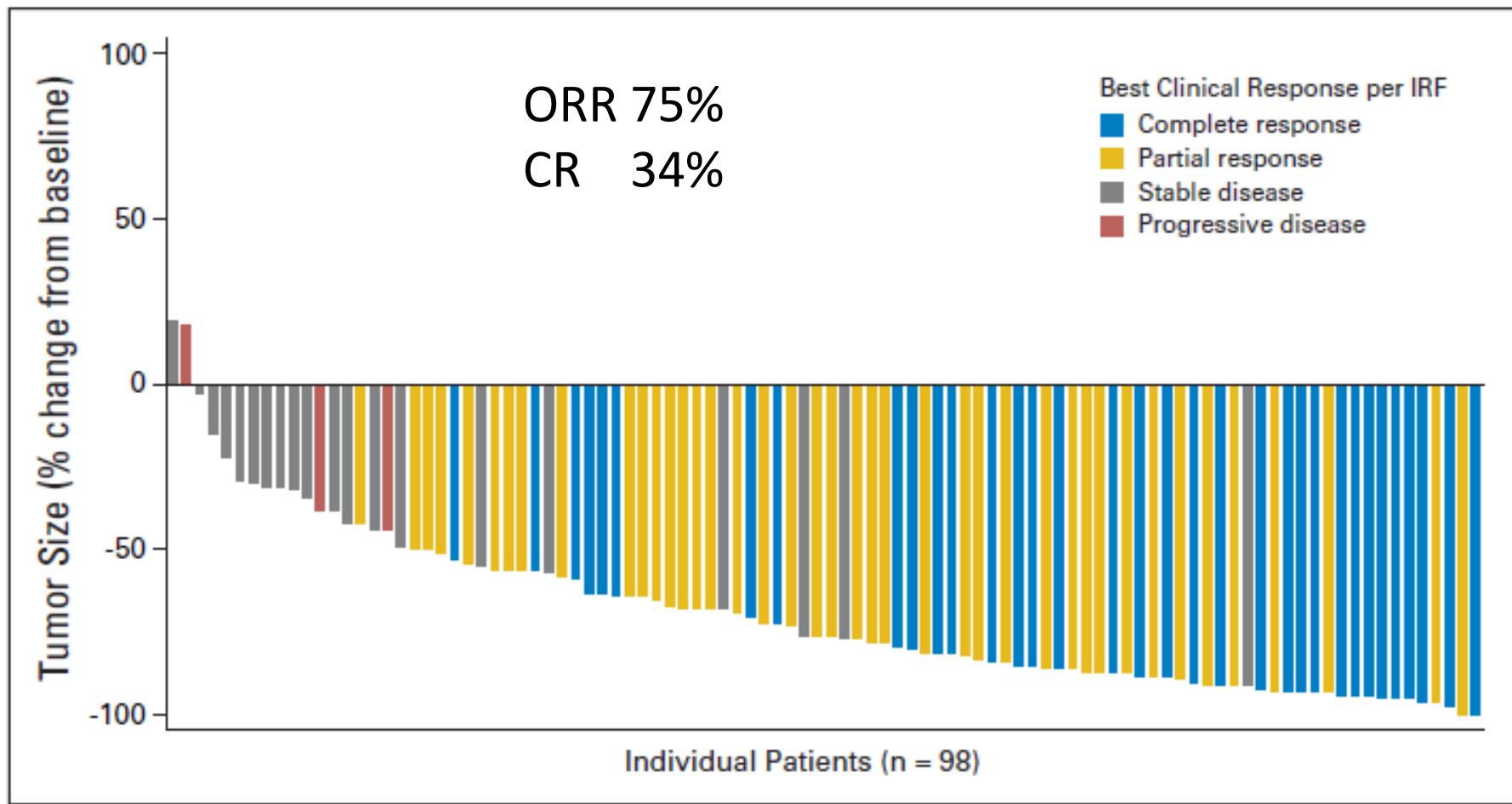


# Brentuximab vedotin: pivotal Phase II trial

- 102 patients with relapsed/refractory HL post-autologous stem cell transplantation (ASCT)



# Phase II pivotal study of brentuximab vedotin in relapsed HL post ASCT

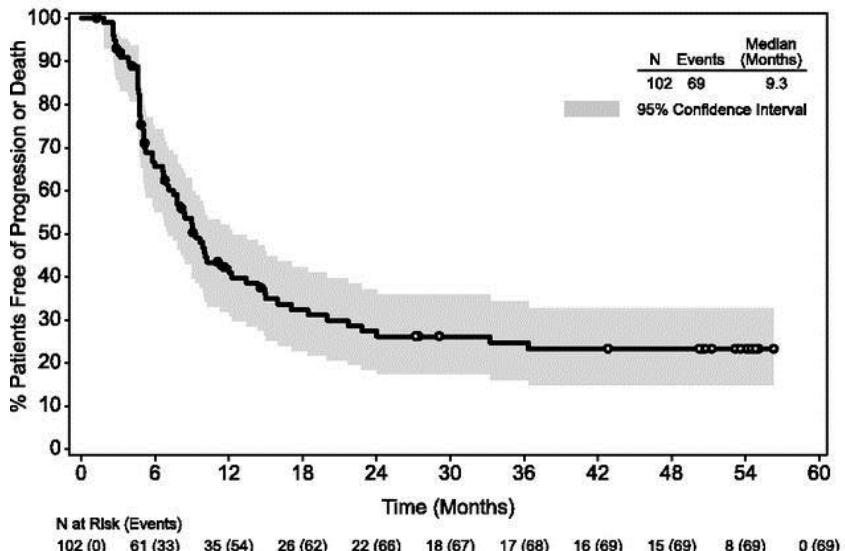


94% patients achieved tumour reduction

# brentuximab vedotin in relapsed or refractory HL

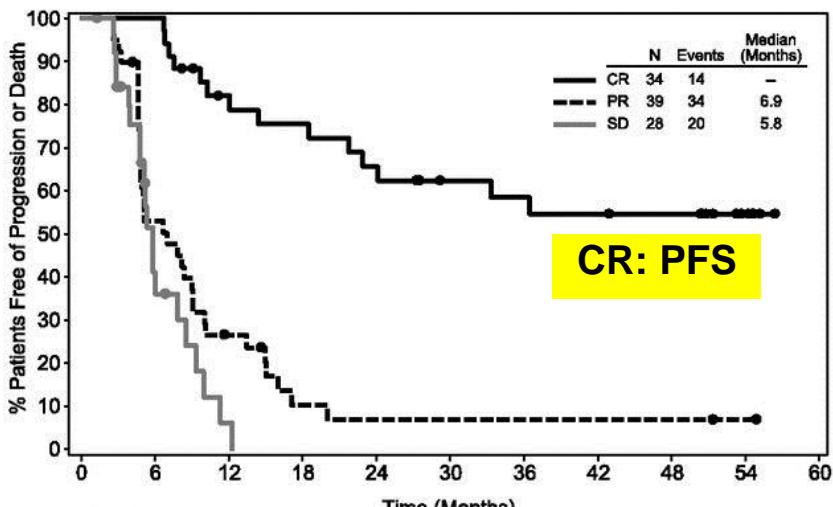
## Long Term Follow-Up

**A**



N at Risk (Events)	
102 (0)	61 (33)
35 (54)	26 (62)
22 (66)	18 (67)
17 (68)	16 (69)
15 (69)	8 (69)
0 (69)	

**B**



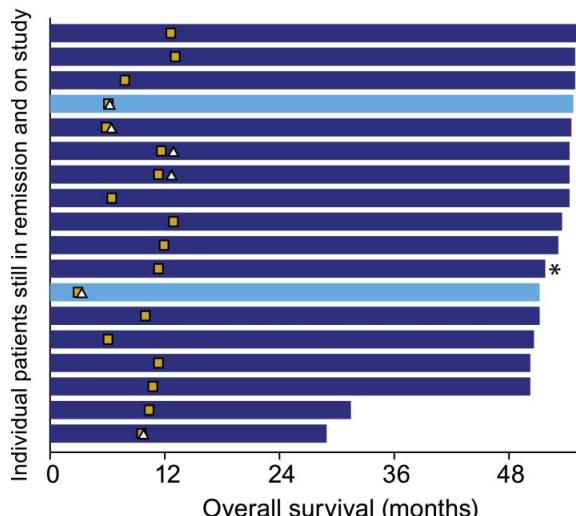
**CR: PFS**

N at Risk (Events)	
CR	34 (0)
PR	39 (0)
SD	28 (0)

N at Risk (Events)	
CR	34 (0)
PR	20 (18)
SD	7 (14)
	9 (28)
	3 (33)
	0 (20)
	2 (34)
	0 (20)
	2 (34)
	0 (20)
	1 (34)
	0 (34)
	0 (20)
	0 (20)
	0 (20)
	0 (20)

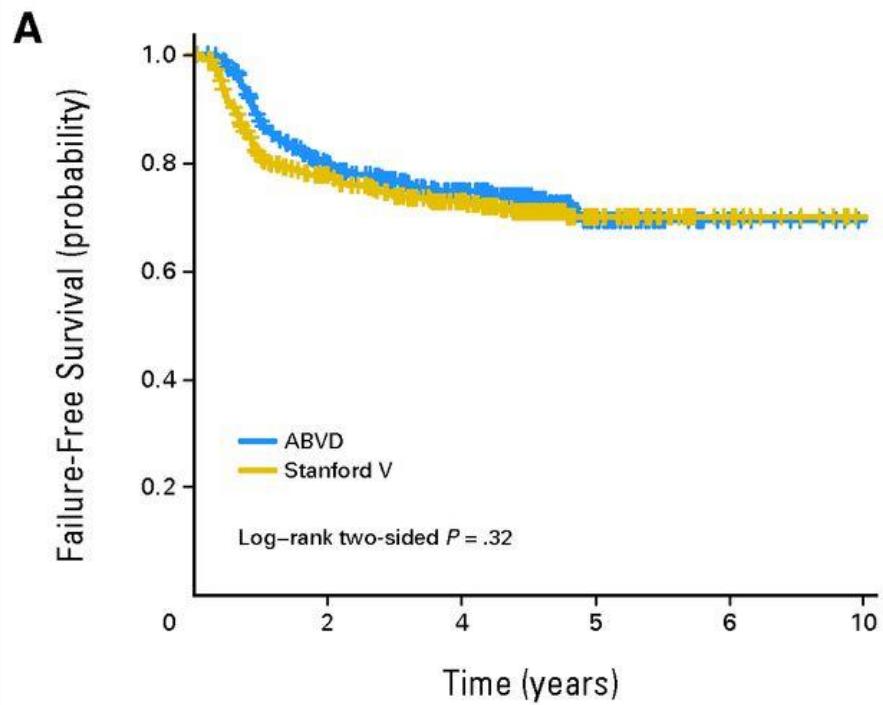
- Complete remission
- End of treatment
- Partial remission
- △ Allogeneic stem cell transplant



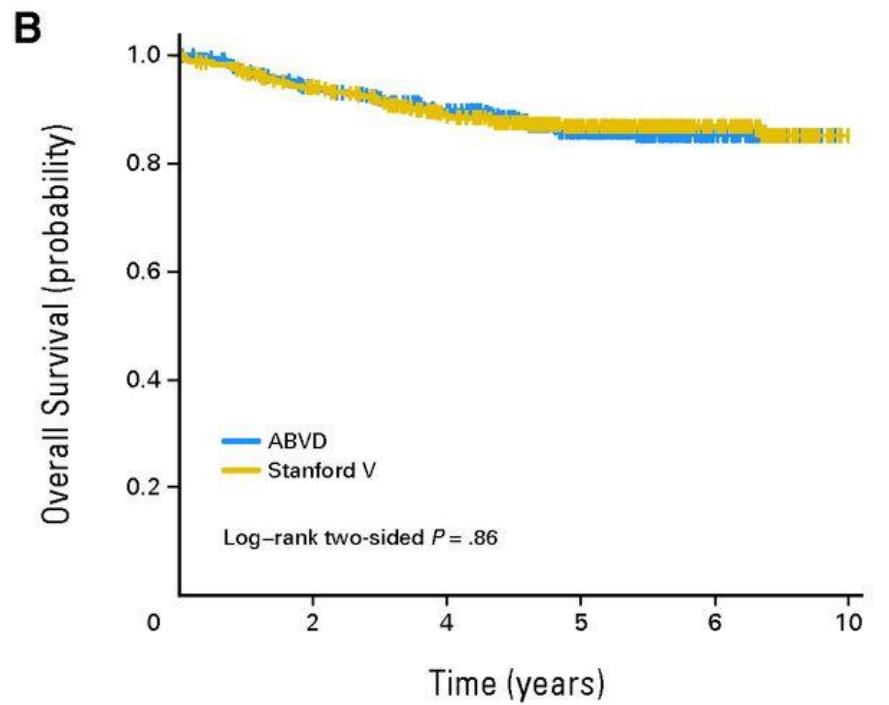
4/16 in CR had Allo SCT

# ABVD vs. Stanford V

FFS



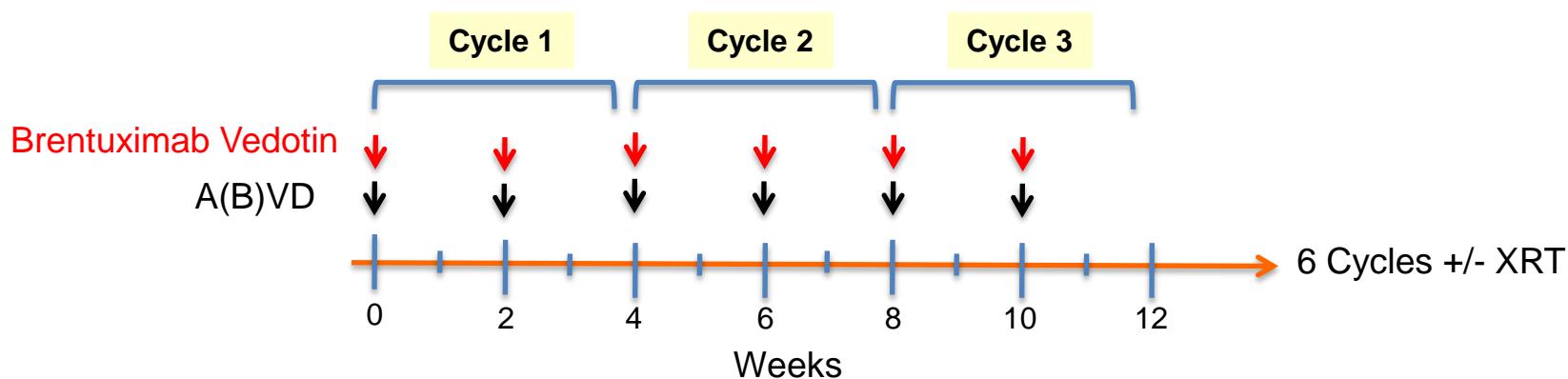
OS



Gordon L I et al. JCO 2013;31:684-691

# Phase 1 ABVD/AVD + brentuximab vedotin

## Stage IIa bulky, IIB, III-IV



# ABVD or AVD + Brentuximab Vedotin

Brentuximab vedotin + ABVD  
N=25 total

Cohort 1 (0.6 mg/kg)  
N=6

Cohort 2 (0.9 mg/kg)  
N=13

Cohort 3 (1.2 mg/kg)  
N=6

Brentuximab vedotin + AVD  
N=26 total

Cohort 4 (1.2 mg/kg)  
N=6

Expansion cohort (1.2 mg/kg)  
N=20

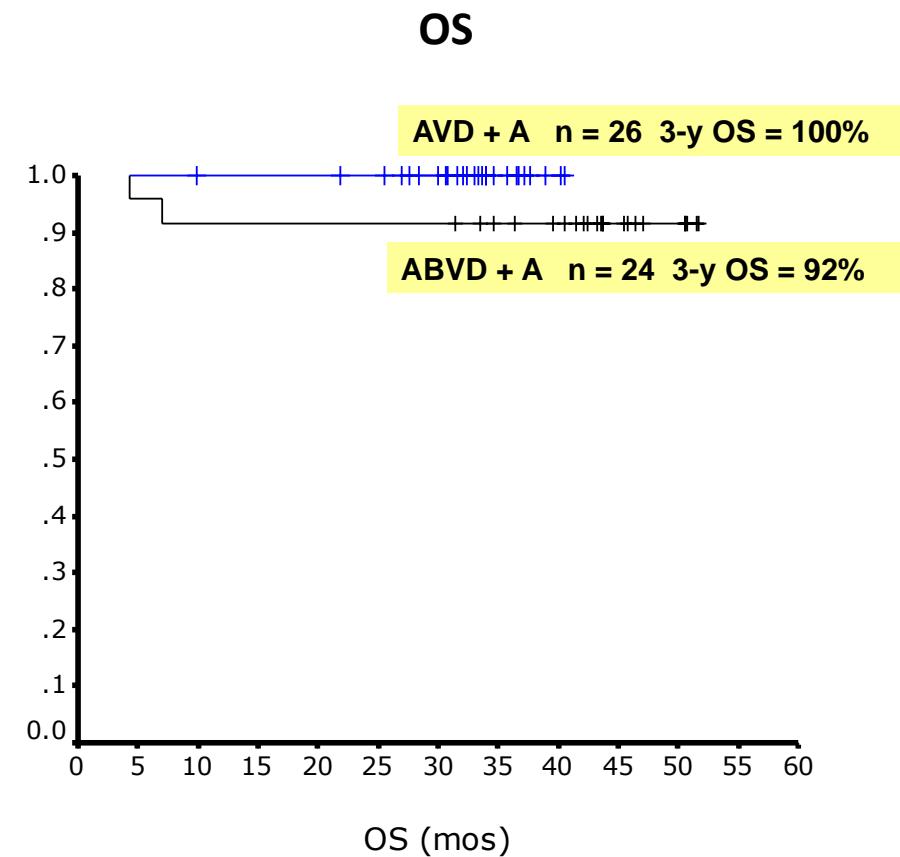
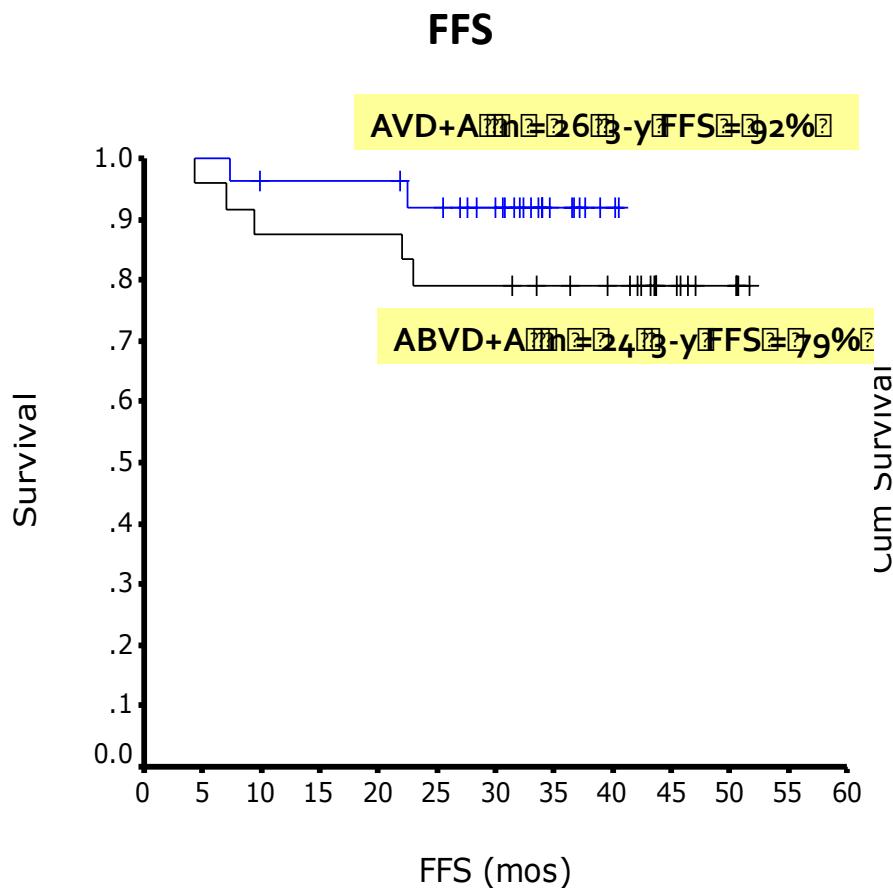
- Dose-limiting toxicities were defined as any Cycle 1 toxicity requiring ≥7-day delay in ABVD or AVD
- Study has completed enrollment
- All patients in the AVD expansion cohort are currently receiving treatment

# Brentuximab Vedotin + ABVD or AVD

## Pulmonary Toxicity and Efficacy

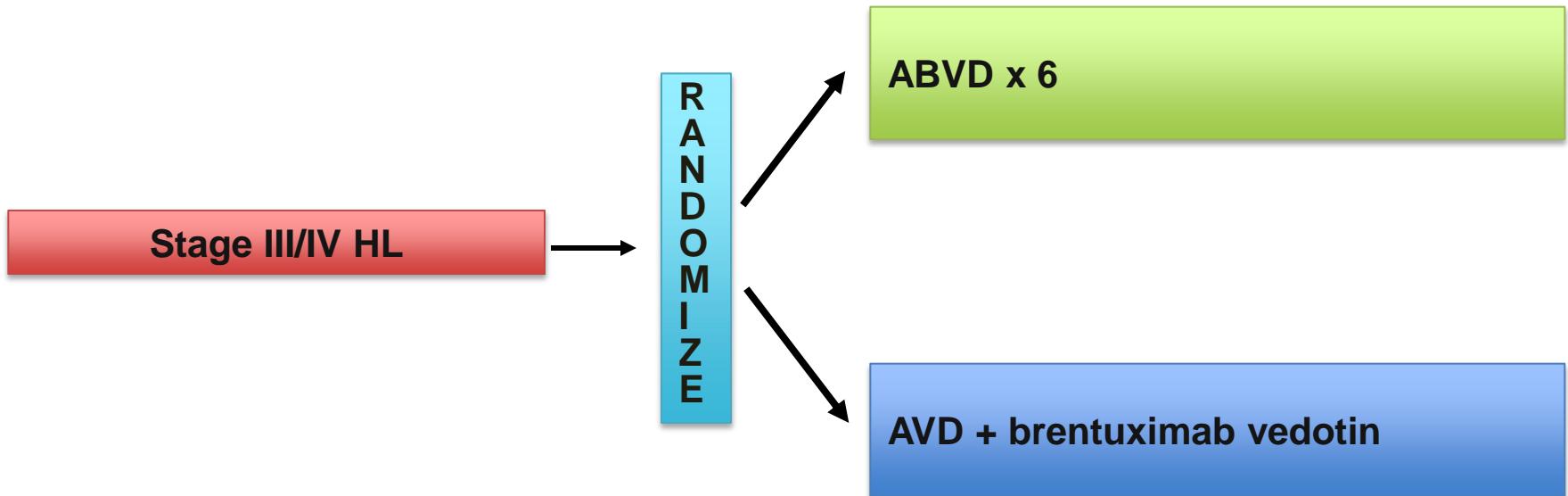
	ABVD with brentuximab vedotin N=25	AVD with brentuximab vedotin N=26
Any event	11 (44)	0
Pulmonary toxicity	9 (36)	0
Interstitial lung disease	1 (4)	0
Pneumonitis	1 (4)	0
PET2 negative results	100%	92%
% CR at end of therapy	95%	96%

# Phase-I Brentuximab vedotin + AVD Advanced stage HL 3-Year follow up



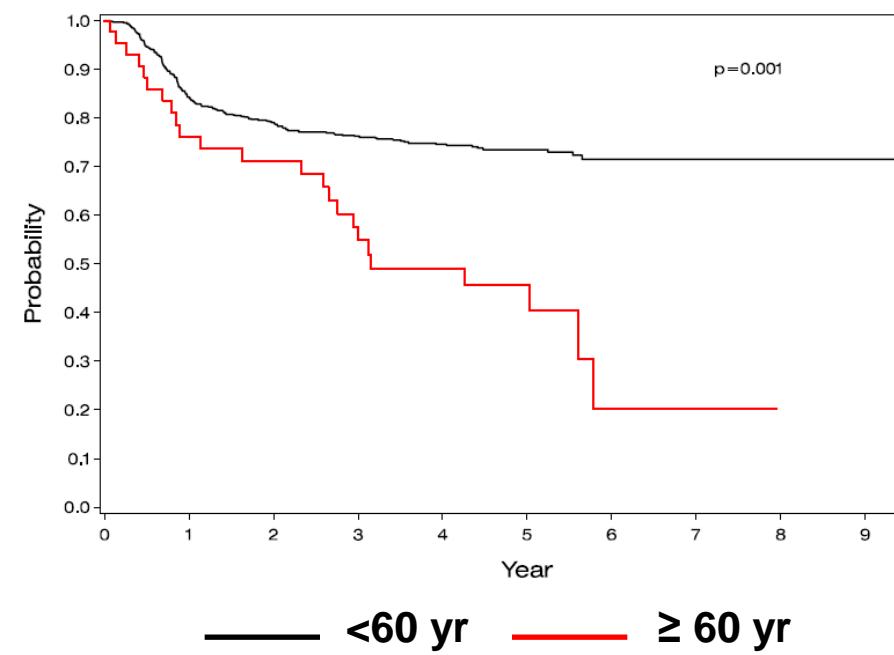
# **Randomized study in newly diagnosed advanced stage HL**

## **Echelon-1**

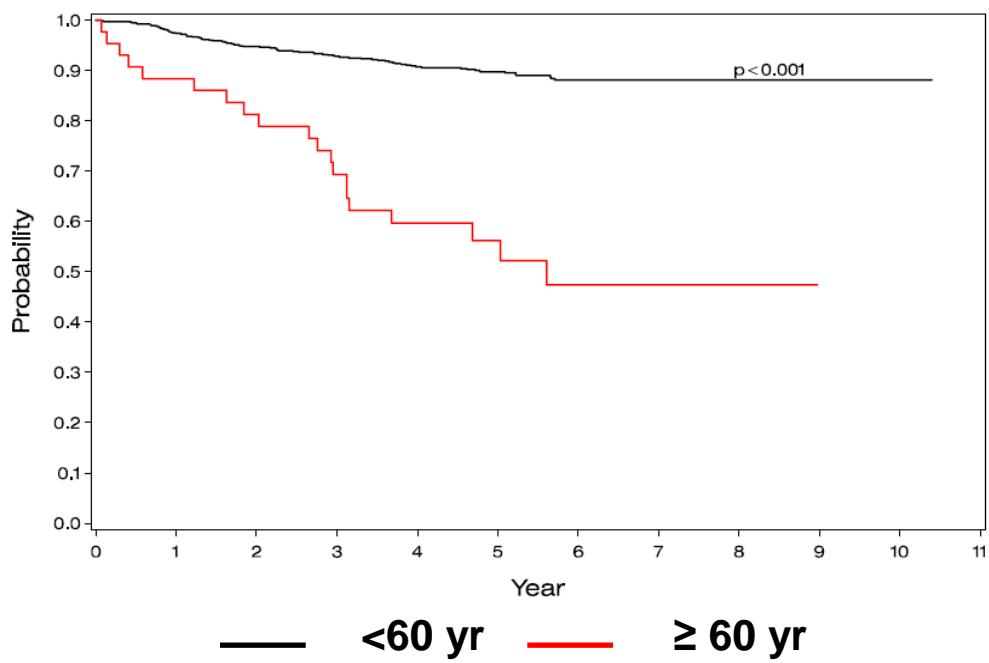


# E2496 Advanced Stage HL (ABVD/Stanford V)

## Failure-free survival



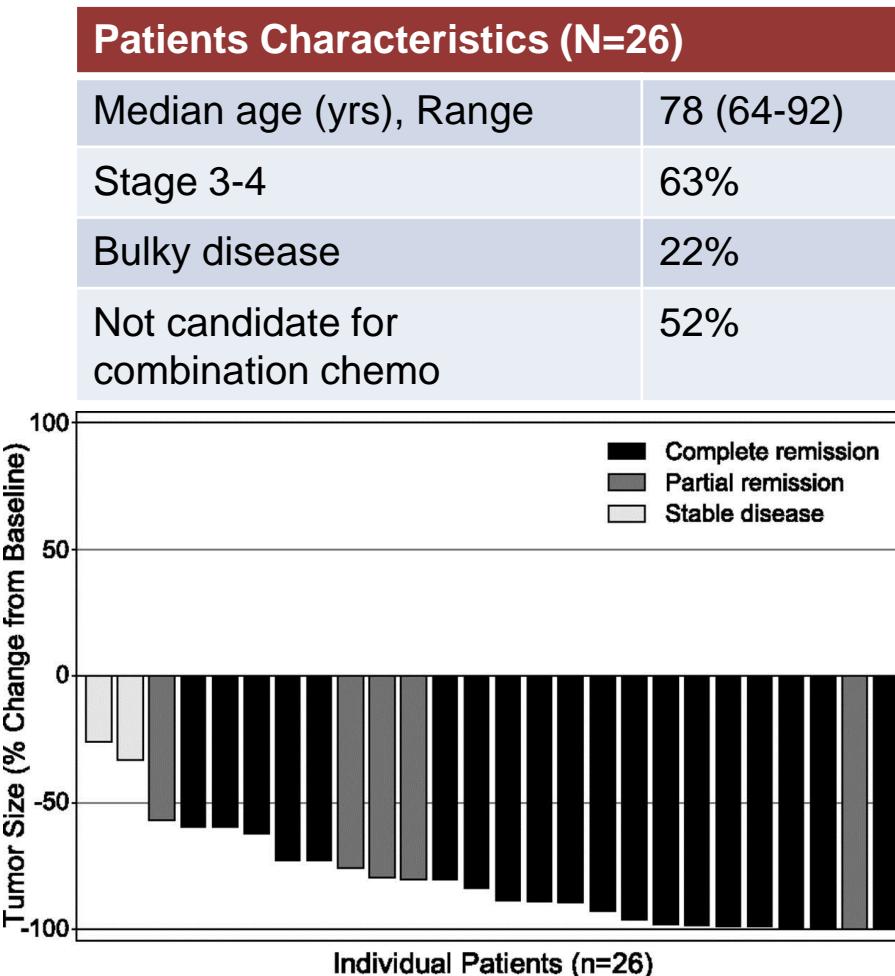
## Overall survival



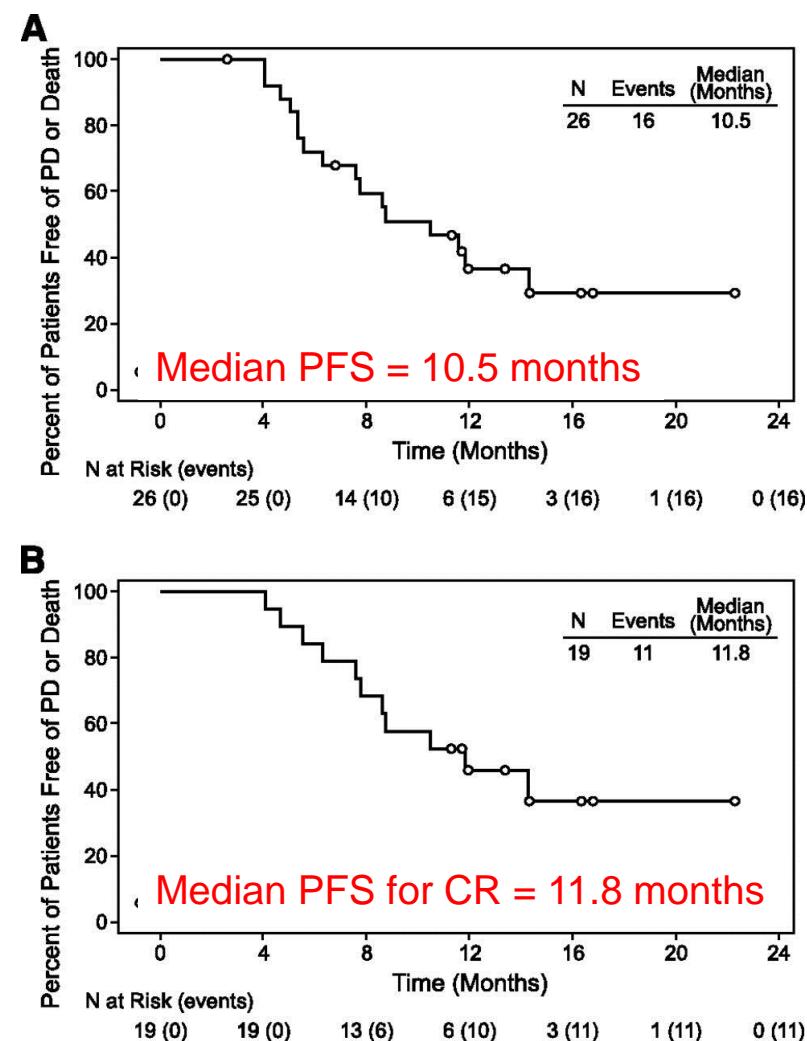
		< 60 years	=/> 60 years	P
FFS	3-year	76%	56%	<b>0.002</b>
	5-year	74%	48%	
OS	3-year	93%	70%	<b>&lt;0.0001</b>
	5-year	90%	58%	

# Frontline brentuximab vedotin monotherapy in Hodgkin lymphoma patients aged 60 years and older

ORR = 92% (CR= 73%, PR= 19%)

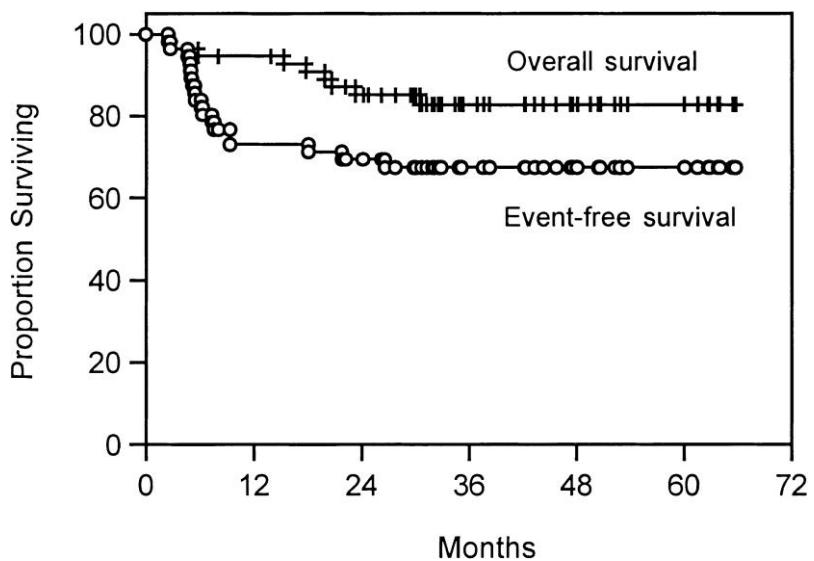


Patients received a median of 8 cycles of brentuximab vedotin (range, 3 to 23 months), with 4 patients completing 16 cycles and 1 patient completing 23 cycles.



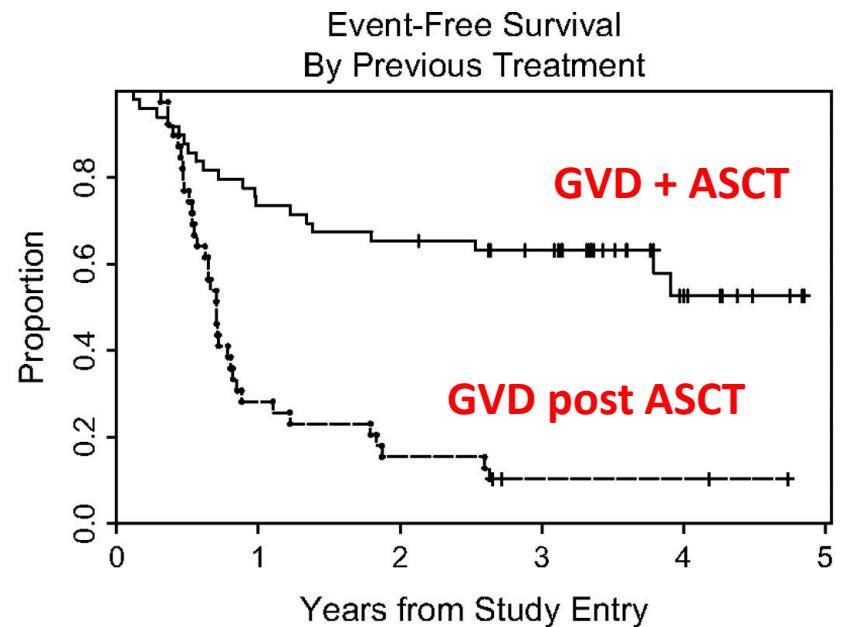
# ASCT for relapsed / refractory HL

## ICE + ASCT



Moskowitz C H et al. Blood 2001;97:616-623

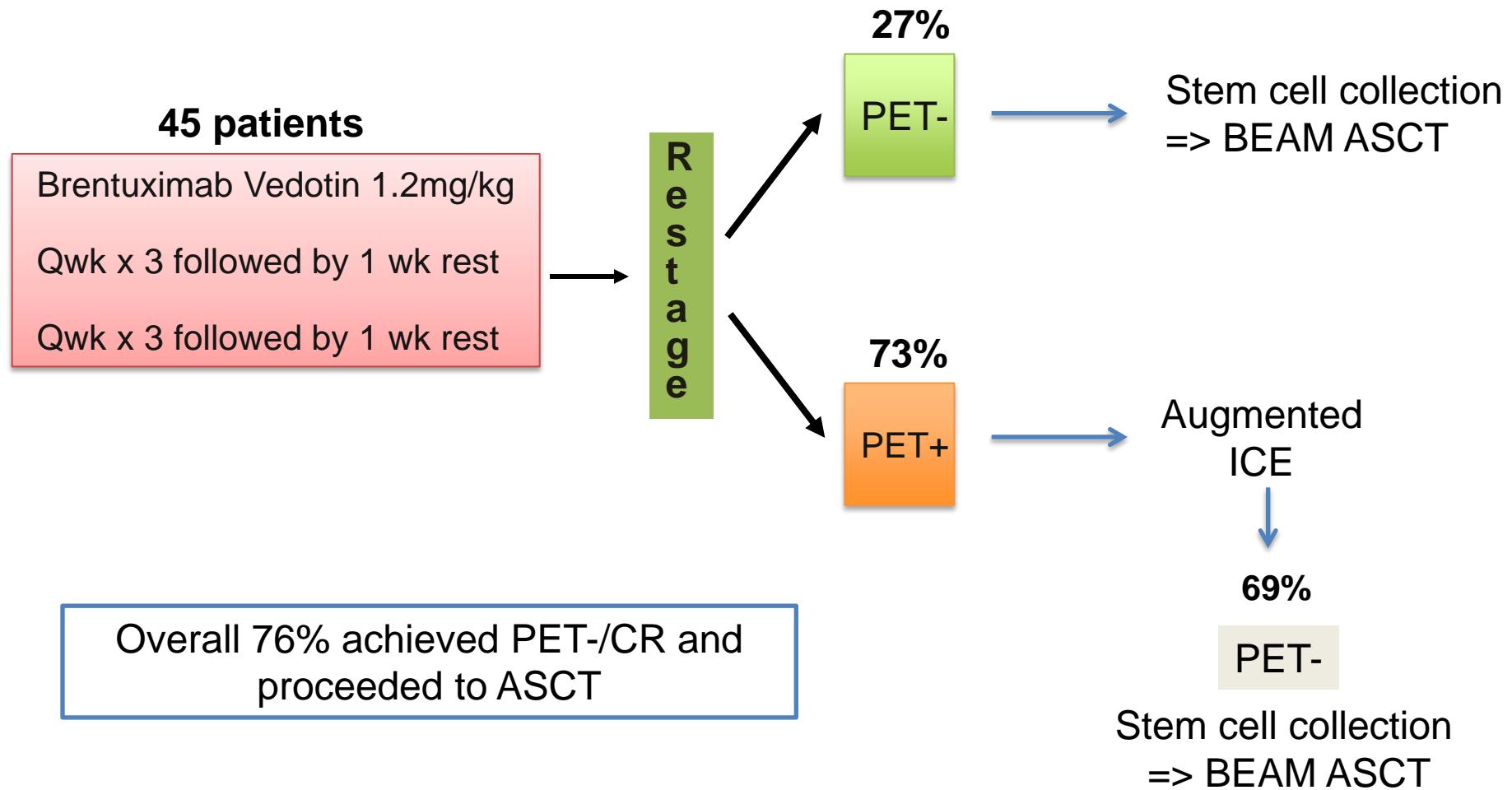
## GVD + ASCT



— No Prev Tran N= 49 Events= 20 Median= NA Chi-square= 25.94  
- - - Prev Tran N= 39 Events= 35 Median= 0.71 p-value= <0.0001

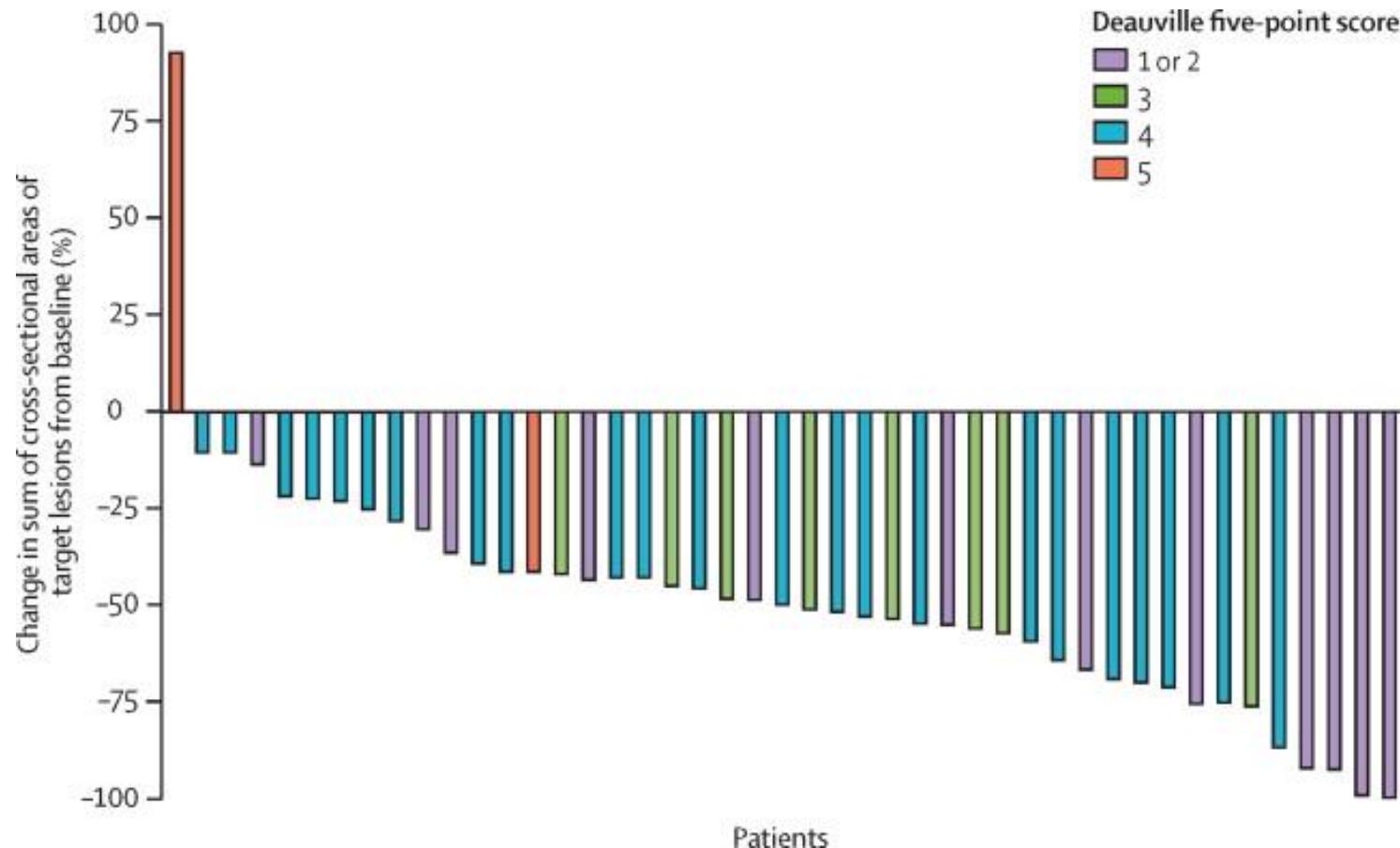
Bartlett N et al. Ann Oncol 2007;18:1071-1079

# Response adapted salvage therapy for transplant eligible HL

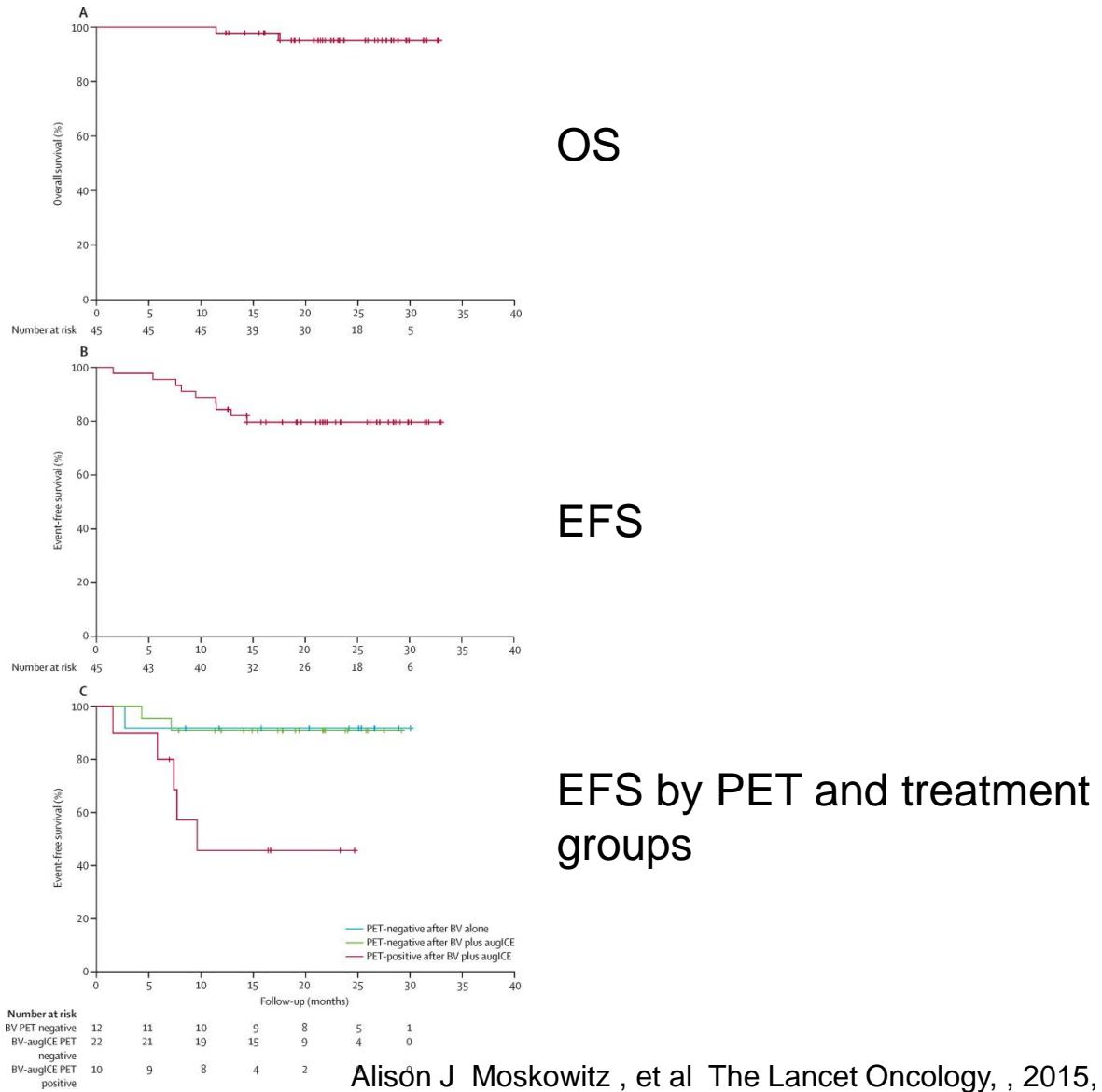


# Tumour reduction after brentuximab vedotin

## Data shows PET status according to the Deauville scores of 1–5



# Brentuximab vedotin +/- AugICE for relapsed HL



# Brentuximab Vedotin as Second-Line Therapy before Autologous Transplantation in Relapsed/Refractory Hodgkin Lymphoma

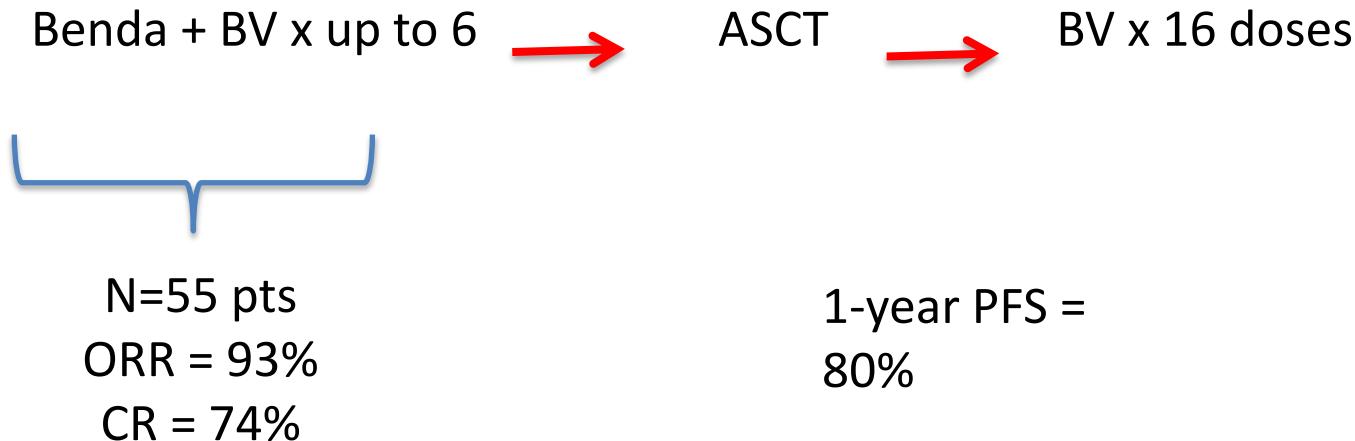
	Best response to BV (N=37)	Response to chemotherapy after BV (ICE/IGEV/GND) (N=18)	Best response at the time of ASCT (n=33)
N	37	18	33
ORR	68%	89%	
CR	35%	61%	73%
PR	32%	28%	27%
SD	27%	6%	3%
PD	5%	6%	

# Brentuximab vedotin in pre-ASCT therapy

	N	% CR	% CR with BV	Reference
ICE	97	60%	N/A	Mockowitz C, BLOOD 2012
BV->ICE	46	73%	27%	Moskowitz A, Lancet Oncol 2015
BV -> chemo	36		35%	Chen R, ASH 2014
BV+Benda	34	82%	N/A	LaCasce A, ASH 2014

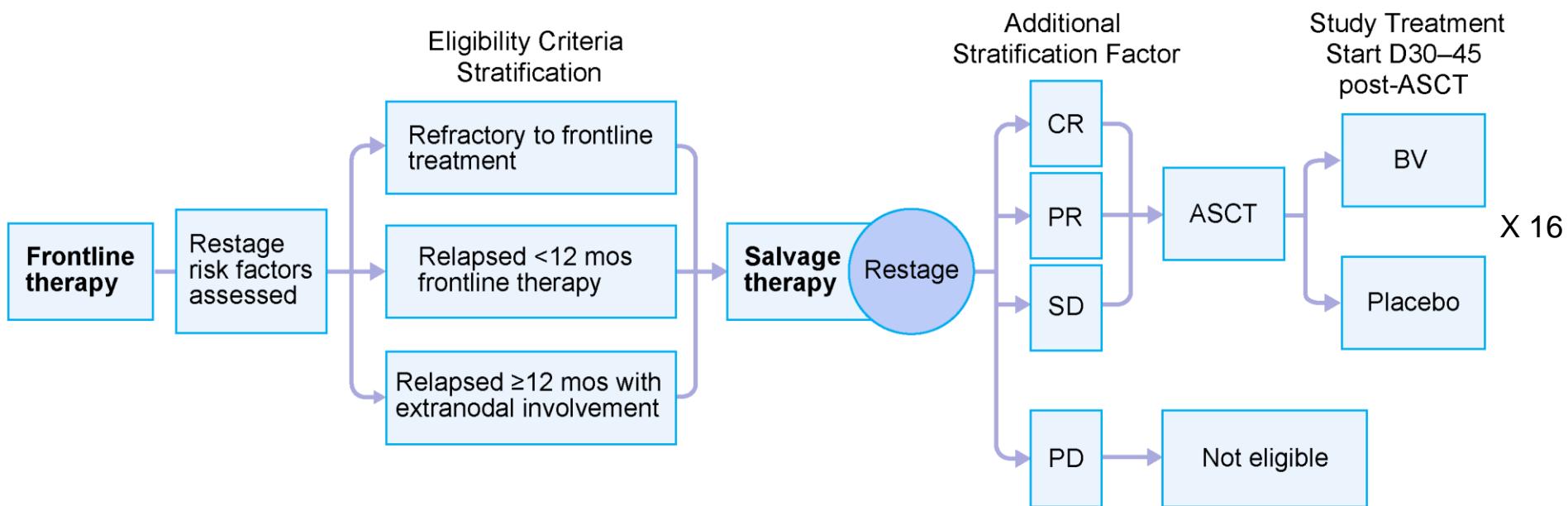
# Brentuximab Vedotin Plus Bendamustine: A Highly Active Salvage Treatment Regimen for Patients with Relapsed or Refractory Hodgkin Lymphoma

Ann S. LaCasce, MD<sup>1</sup>, Gregory Bociek<sup>2</sup>, Ahmed Sawas<sup>3</sup>, Paolo F. Caimi, MD<sup>4</sup>, Edward Agura<sup>5</sup>, Jeffrey Matous<sup>6</sup>, Stephen Ansell, MD, PhD<sup>7</sup>, Howland Crosswell, MD<sup>8</sup>, Miguel Islas-Oehlmaier<sup>9\*</sup>, Caroline Behler<sup>10</sup>, Eric Cheung<sup>11\*</sup>, Andres Forero-Torres<sup>12</sup>, Julie Vose<sup>2</sup>, Owen A. O'Connor, MD, PhD<sup>3\*</sup>, Neil Josephson<sup>13</sup> and Ranjana Advani<sup>14</sup>



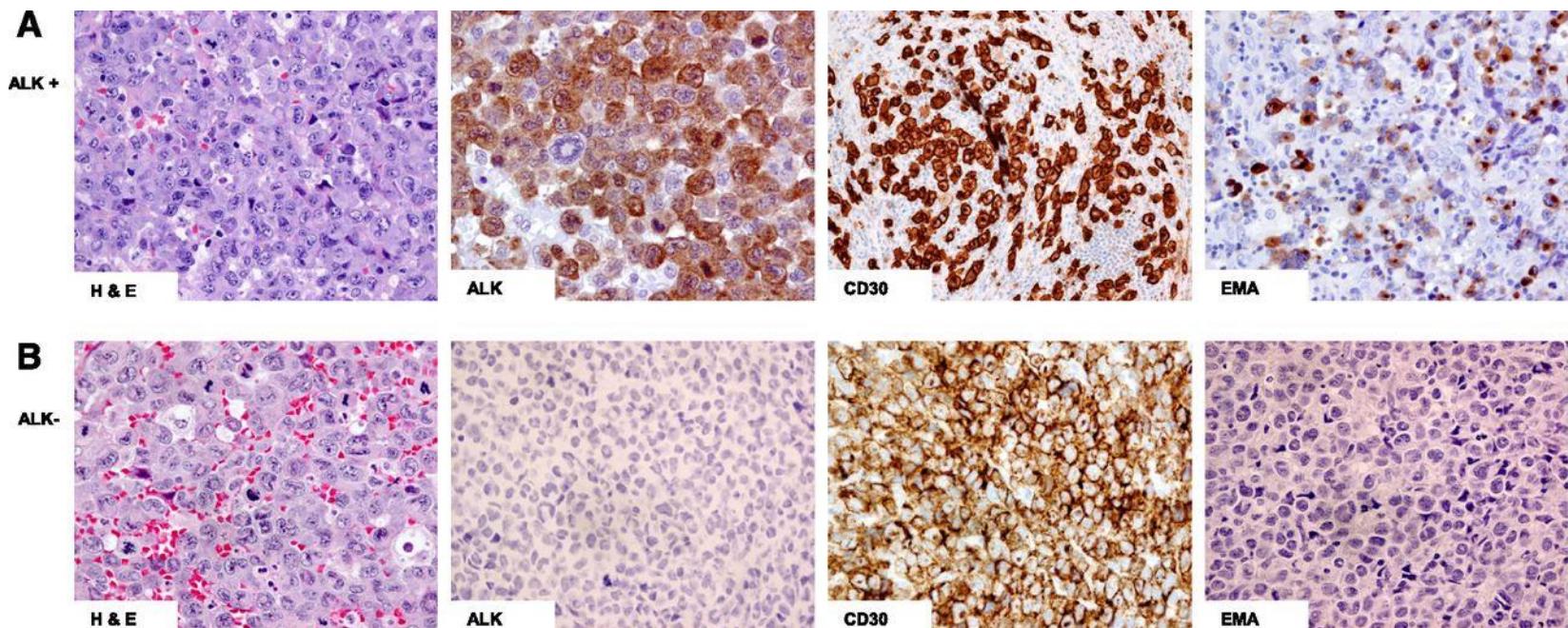
# The AETHERA study

329 patients were randomised at 78 sites in North America and Europe

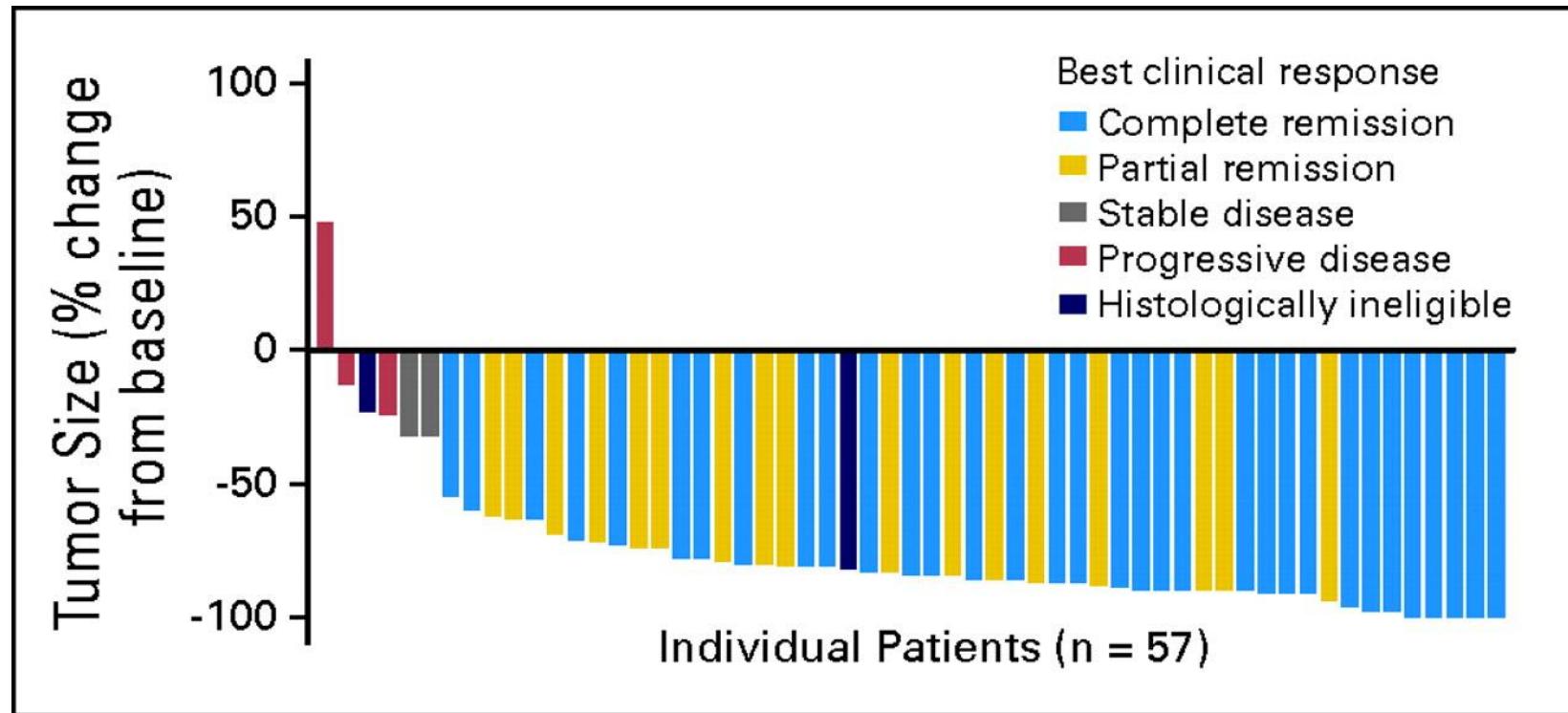




# systemic anaplastic large cell lymphoma



# Brentuximab Vedotin: Relapsed / Refractory ALCL

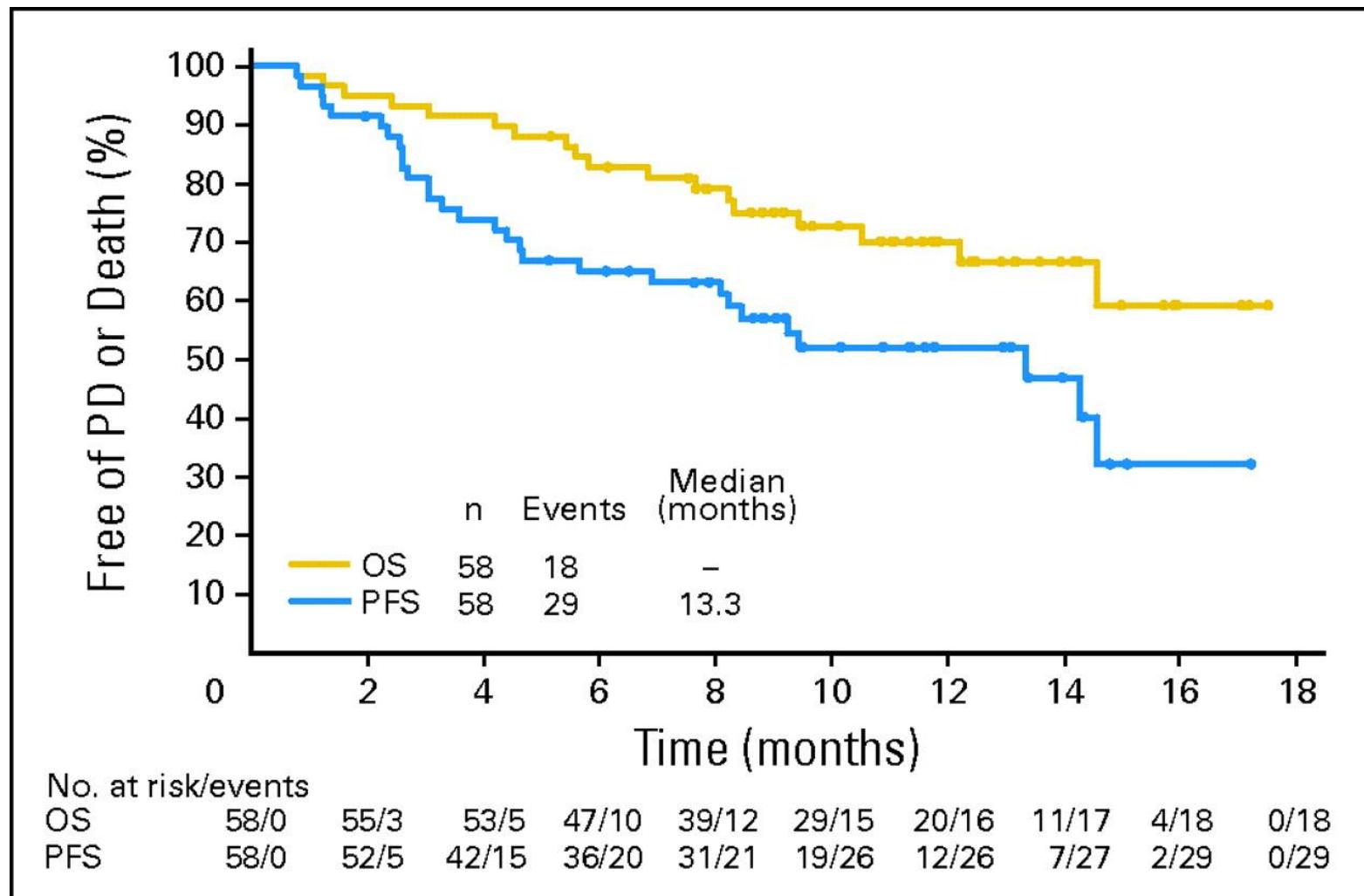


Barbara Pro et al. JCO 2012;30:2190-2196

# Brentuximab Vedotin: Relapsed / Refractory ALCL

Response / Outcome	
ORR	86%
CR	59%
Median DOR	13.2 months
Median DOR (for patients who obtained CR)	26.3 months
Median PFS	14.6 months
Median OS	Not yet reached
Median OS (for patients who obtained CR)	7.7 months
Estimated 3-year survival	63%

# Brentuximab Vedotin: Relapsed / Refractory ALCL



# Brentuximab vedotin plus CHOP/CHP for CD30+ PTCL – phase I

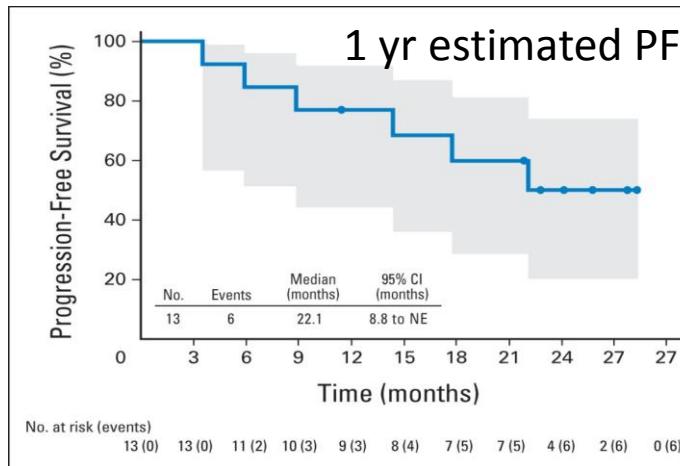
Treatment schema	Patients	ORR	CR
<b>Sequential treatment:</b> BV x2 -> CHOPx6 -> BV x8	13 ALCL	85%	62%
<b>Combination treatment</b> BV plus CHP x6 -> BV x 10	19 ALCL 7 non-ALCL	100%	88%

Notable grade  $\geq 3$  adverse events in combination arm:

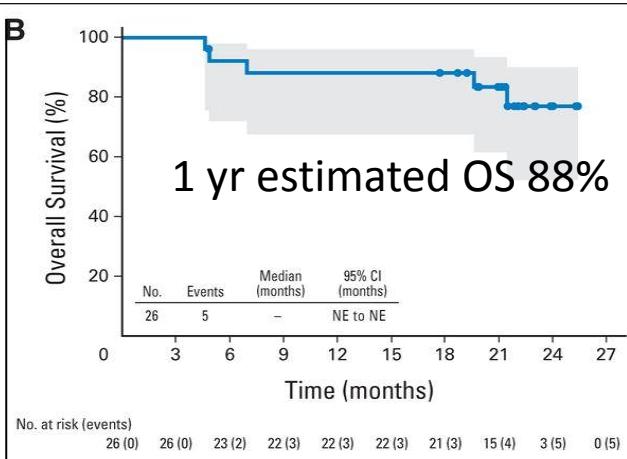
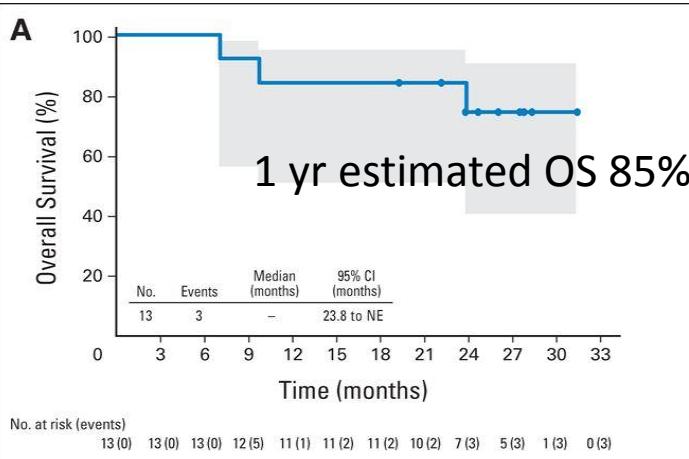
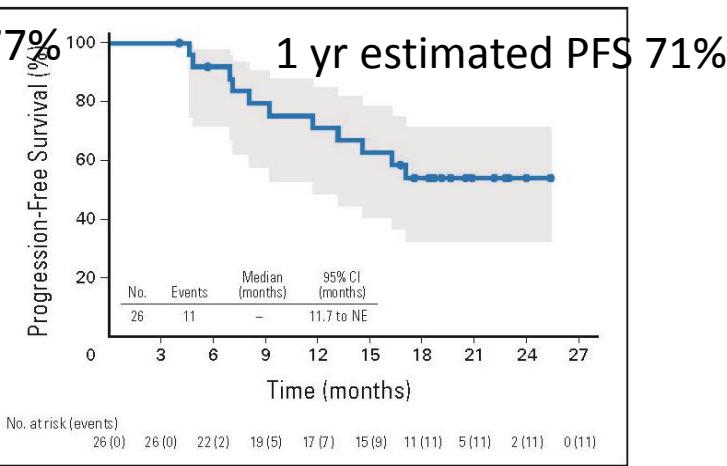
- Febrile neutropenia 31%
- Peripheral sensory neuropathy 8%
- Cardiac failure 8%

# Phase 1 Trial Brentuximab Vedotin + CHP

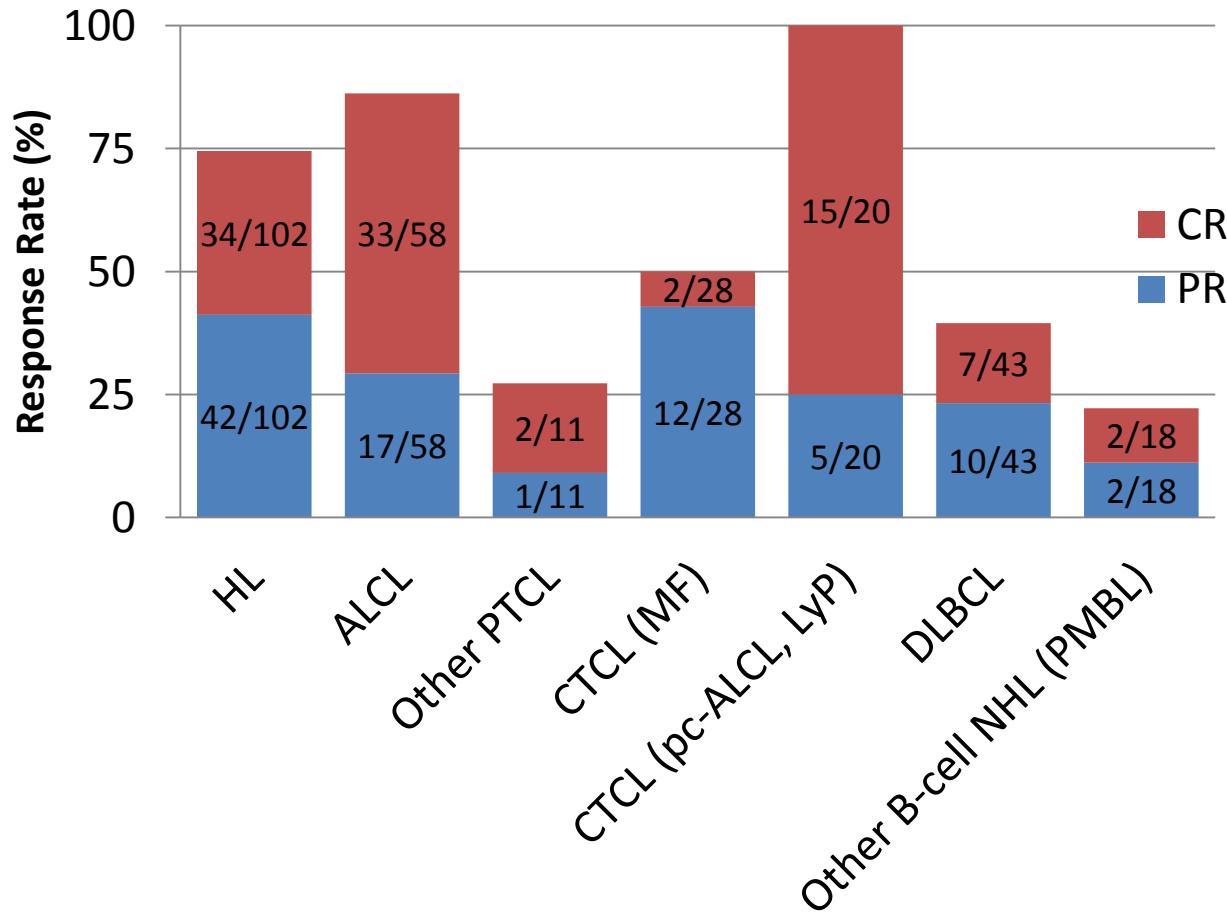
Sequential Treatment  
(med f/u 23.8 mo)



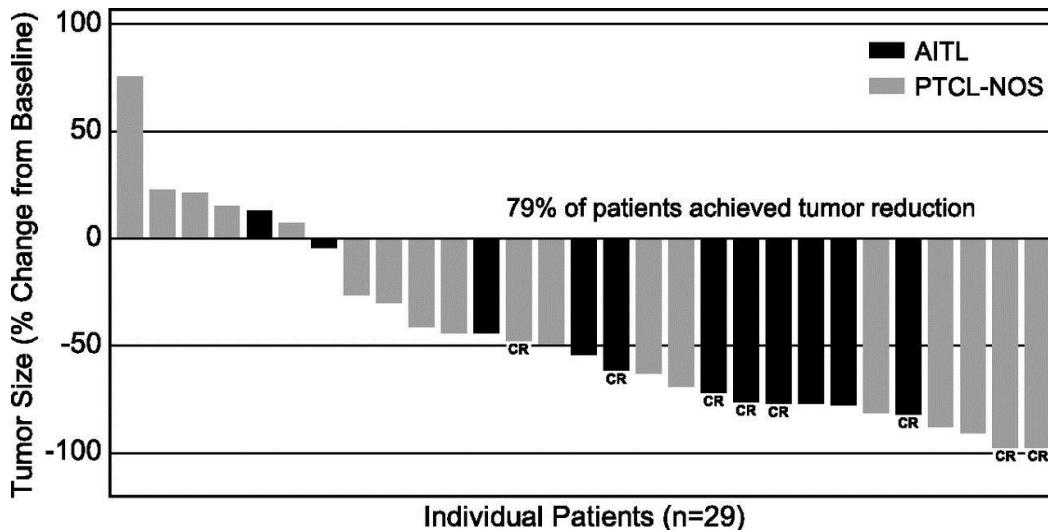
Combination Treatment  
(med f/u 21.4 mo)



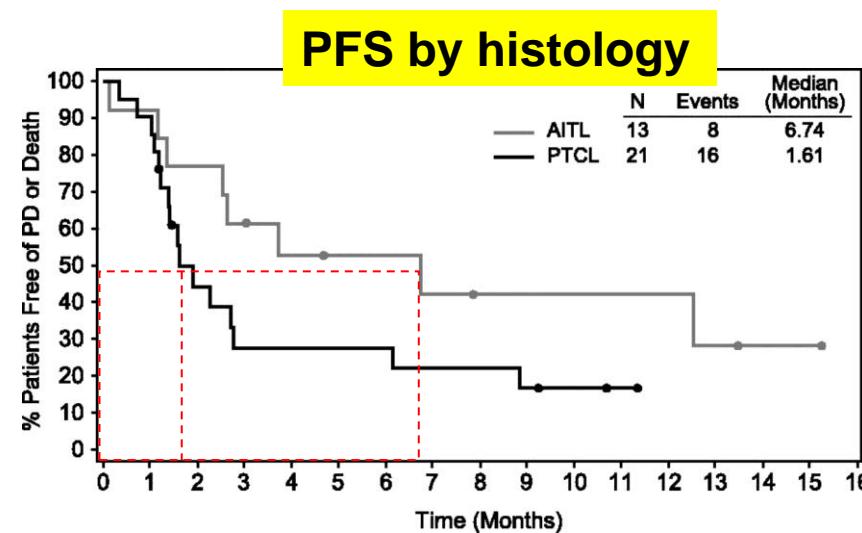
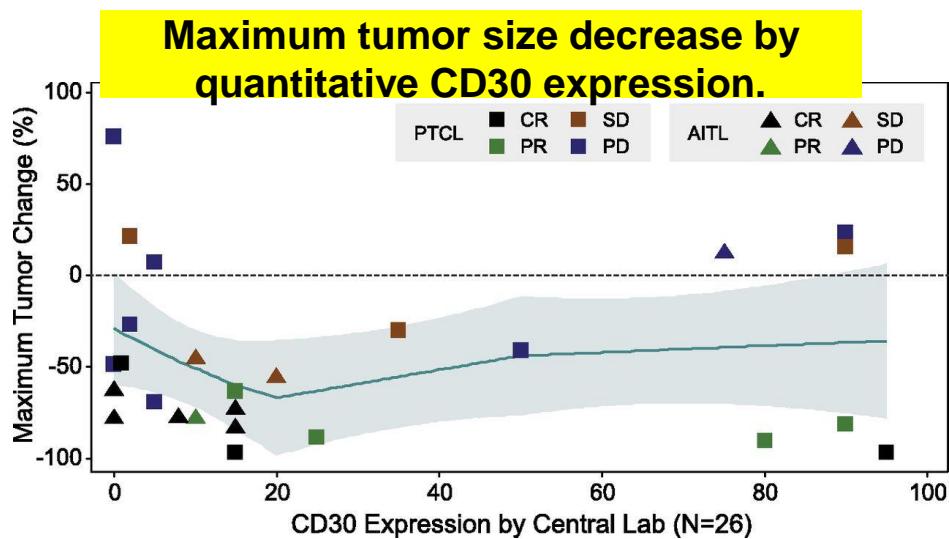
# Activity of Brentuximab Vedotin in Relapsed CD30+ Lymphoma



# Objective responses in relapsed T-cell lymphomas with single-agent brentuximab vedotin



	%ORR	%CR
All (n=34)	41%	23%
AITL (N=13)	54%	38%
PTCL (N=21)	33%	14%



# Retreatment with brentuximab vedotin in patients with CD30-positive hematologic malignancies



# CD30 : From a Biomarker to Therapeutic Target

