The Role of Immunotherapy in the Treatment of Lymphomas

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Inmunoterapia & Hemopatías
Tercera edición

Disclosures

- Honoraria: Takeda, BMS/Celgene, MSD, Janssen, Amgen, Novartis, Gilead Kite, Sanofi, Roche, Alexion
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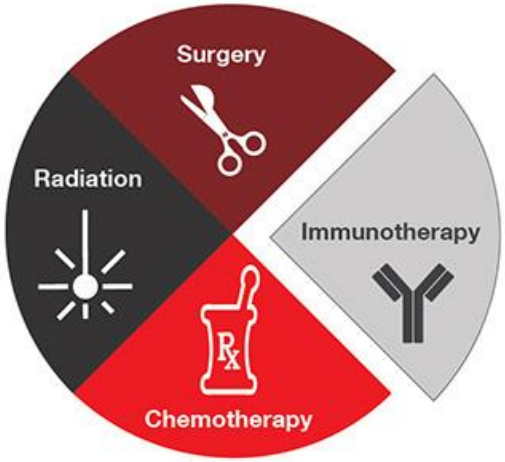
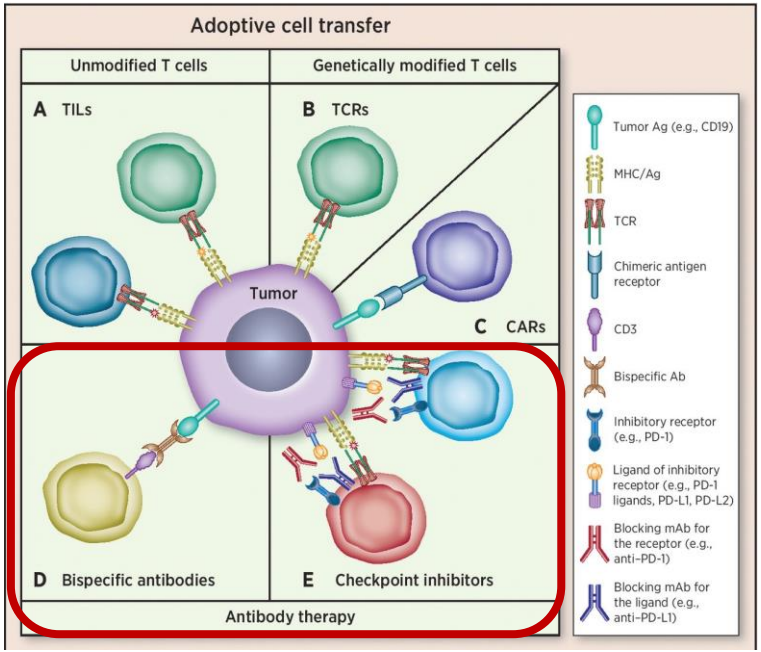
- Speaker's Bureau: Takeda
- Research support: Takeda, BMS/Celgene

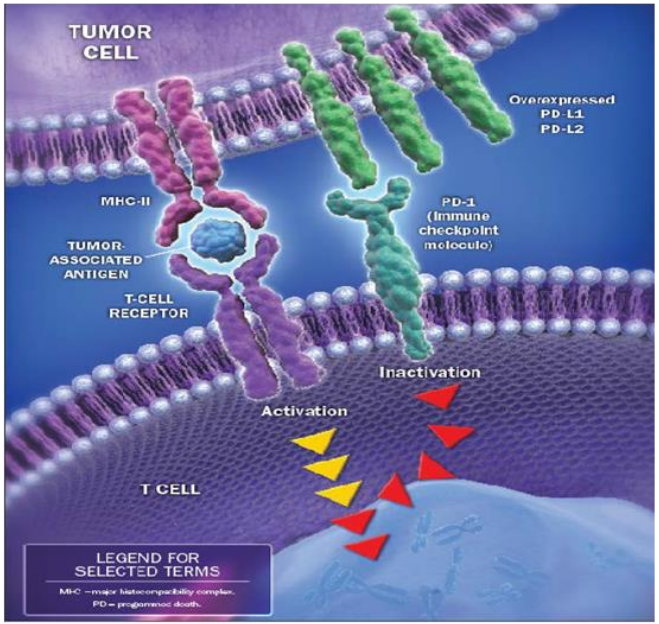
Treatment Strategies in Hematological Malignancies





Houot R et al, Cancer Immunol Res 2015

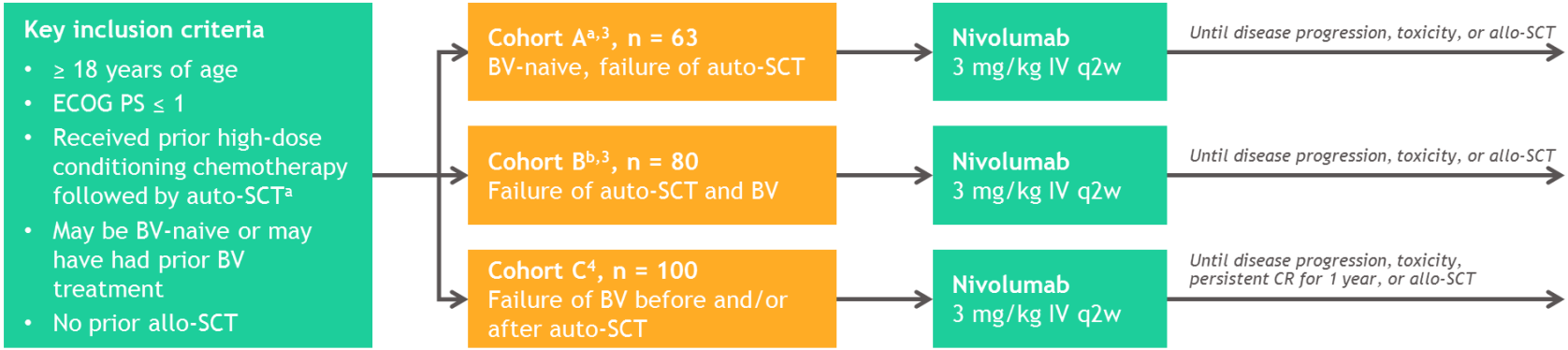
New Drugs in the Treatment of Classical Hodgkin's Lymphoma



cHL frequently harbors alterations at 9p24.1 (including amplification), leading to overexpression of PD-L1 and PD-L2, on malignant Reed–Sternberg cells and on inflammatory cells in the tumor microenvironment → HL may have a genetically driven vulnerability to PD-1 blockade

CheckMate 205 (Cohorts A, B, and C): nivolumab in R/R cHL – overall study design

NCT02181738[1,2]: A noncomparative, multicohort, single-arm, open-label, phase 2 study of nivolumab in patients with cHL

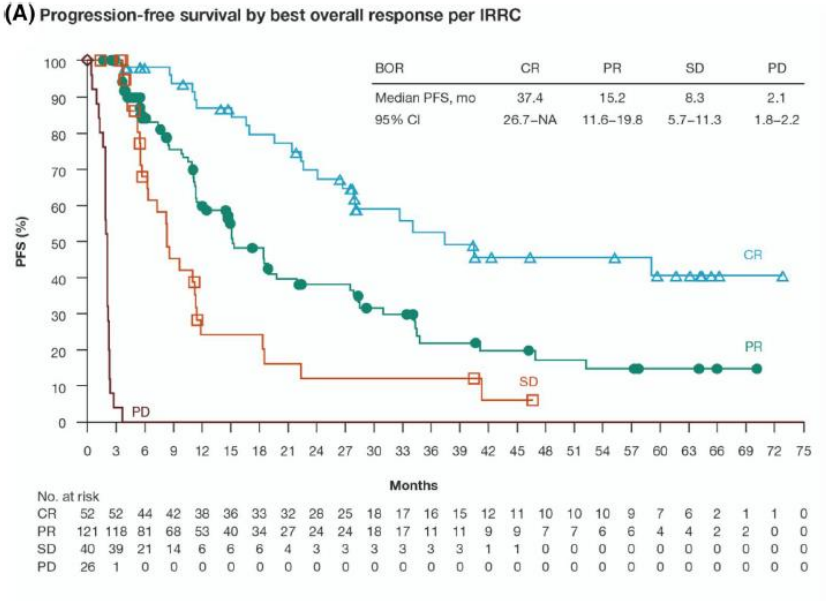


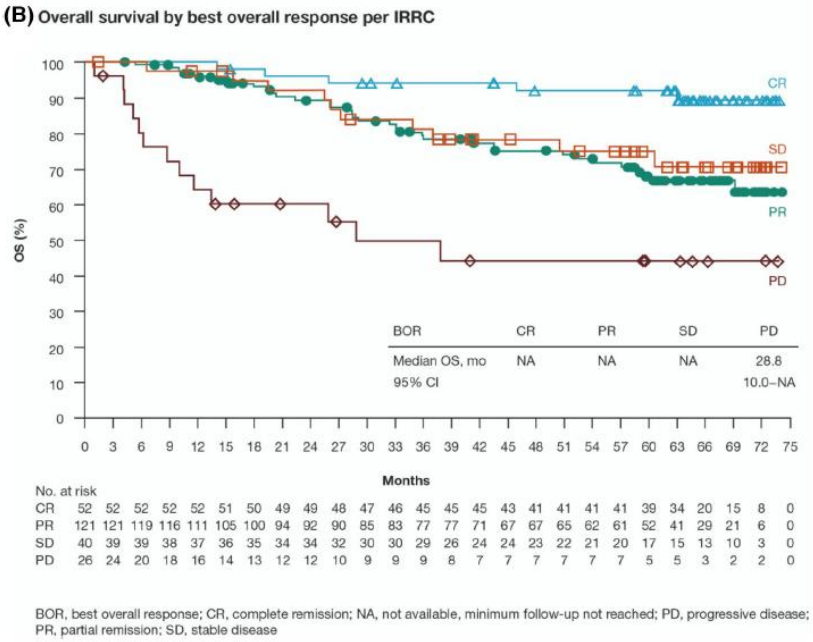
Start Date: July 2014
Actual Primary Completion Date: August 2017
Estimated Study Completion Date: October 2020
Sponsor: BMS
Status: Ongoing, but not recruiting participants

Primary endpoints: IRRC-assessed ORR
Secondary endpoints: DOR, CRR, CR duration, PRR, PR duration, investigator-assessed ORR and DOR

[a]Primary disclosure at ASH 2016, with minimum follow-up of 9 months. [b]Update at ASH 2016, with minimum follow-up of 12 months.
AE, adverse event; allo-SCT, allogeneic stem cell transplant; auto-SCT, autologous stem cell transplant; BV, brentuximab vedotin; cHL, classical Hodgkin lymphoma; CR, complete response; CRR, complete remission rate; DOR, duration of response; ECOG PS, ECOG performance status; IRRC, independent radiologic review committee; ORR, objective response rate; PR, partial remission, PRR, partial remission rate; R/R, relapsed/refractory.
1. Clinicaltrials.gov. NCT02181738. 2. BMS Internal Data. HL 205 Overview. 3. Timmerman J et al. Presentation at ASH 2016. Abstract 1110. 4. Zinzani PL et al. Presentation at ISHL 2016. Abstract T022.

CheckMate 205. 5 Years Follow Up





BOR, best overall response; CR, complete remission; NA, not available, minimum follow-up not reached; PD, progressive disease; PR, partial remission; SD, stable disease

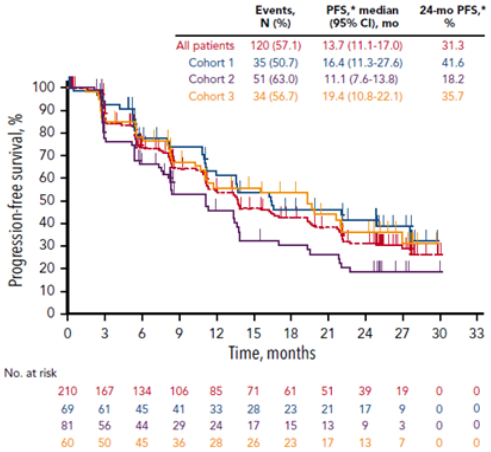
Ansell SM et al, ICML 2021

KEYNOTE-087: 2-Year Follow-Up

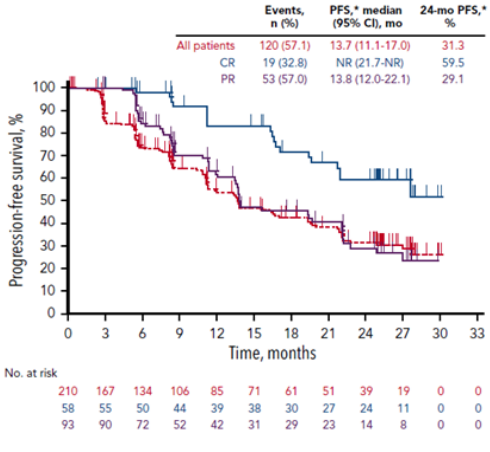
Patients enrolled in 3 cohorts:

- Cohort 1: HL progression after auto-SCT and subsequent BV
- Cohort 2: salvage chemotherapy and BV, with ineligibility for auto-SCT due to chemorefractory disease
- Cohort 3: progression after auto-SCT without subsequent BV

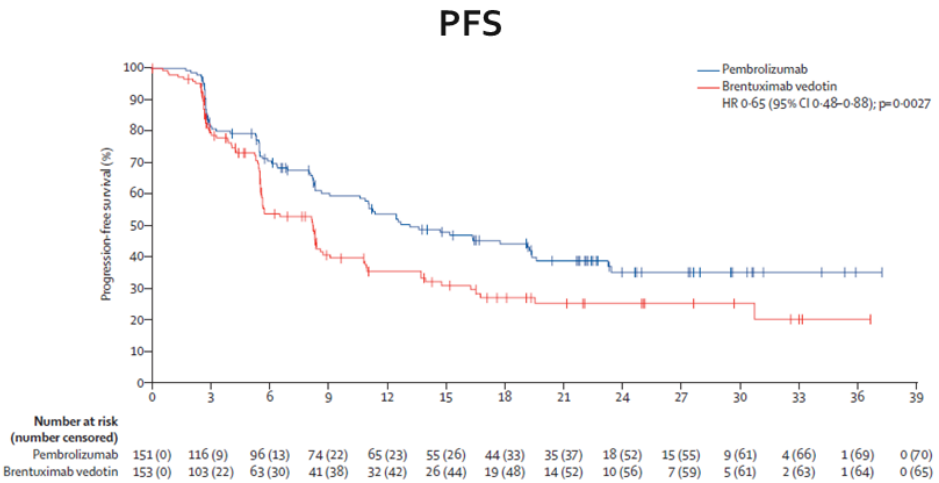
PFS by Cohort



PFS by CR/PR



KEYNOTE 204: Pembrolizumab vs Brentuximab Vedotin in R/R HL



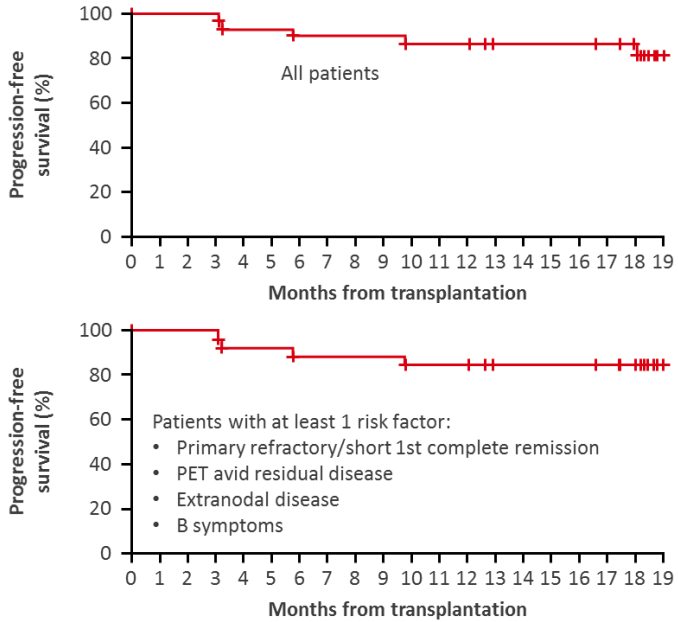
Response (%)	Pembrolizumab (n = 151)	Brentuximab Vedotin (n = 153)
ORR	65.6	54.2
CR	25	24
PR	41	30
SD	14	24
PD	17	18
NE	1	1
Not assessed	3	3

Kuruvilla J, et al. *Lancet Oncol*. 2021;22:512-524.

Post-auto-HCT Consolidation with Pembrolizumab Resulted in Promising PFS

Baseline patient characteristics		n (%) or median (range)
Total		30 (100)
Age, years		33 (20–69)
Sex	Male	16 (53)
	Female	14 (47)
Frontline therapy	A(B)VD†	24 (77)
	Brentuximab vedotin-A(B)VD	1 (3)
	ABVE-PC	1 (3)
	BEACOPP‡	2 (7)
	RCHOP/REPOCH	2 (7)
Prior exposure to brentuximab vedotin / nivolumab or pembrolizumab / radiotherapy		6 (20) / 6 (20) / 7 (23)
Conditioning regimen - BEAM		30 (100)
Risk factors	Primary refractory disease	17 (57)
	Relapse within 12 months	5 (17)
	Extranodal disease at relapse	8 (27)
	At least 1 of above 3 factors	26 (87)
	Residual disease after salvage	3 (10)
	B symptoms at relapse	2 (7)
	>1 salvage therapy	5 (17)
	At least 1 of above 6 factors	27 (90)
	At least 2 of above 6 factors	12 (40)
Disease status at study entry (post-ASCT)	Partial remission	2 (7)
	Complete remission	28 (93)

†With rituximab in 1 patient; ‡Given after ABVD in 1 additional patient.

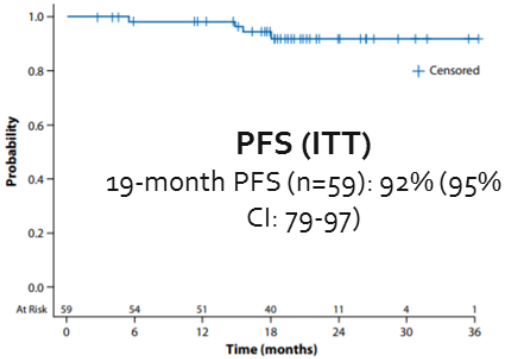


Armand P et al. Blood 2019

Brentuximab Vedotin Plus Nivolumab as Consolidation

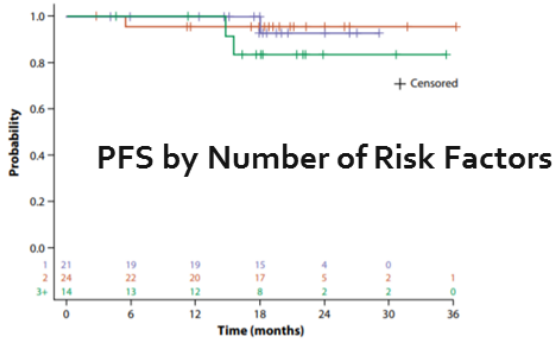
What about combining brentuximab vedotin and nivolumab as a consolidation strategy after auto-HCT?

- Patients underwent auto-HCT and had ≥ 1 risk factor:
  - Primary refractory disease
  - Relapse within 1 year after completion of frontline therapy
  - Extranodal disease or B symptoms at relapse
  - > 1 salvage treatment before auto-HCT
  - Lack of a CR by PET after auto-HCT



PFS (ITT)

19-month PFS (n=59): 92% (95% CI: 79-97)



PFS by Number of Risk Factors

Herrera AF, et al. ASH 2020. Abstract 472.

Brentuximab Vedotin Plus Nivolumab as Consolidation

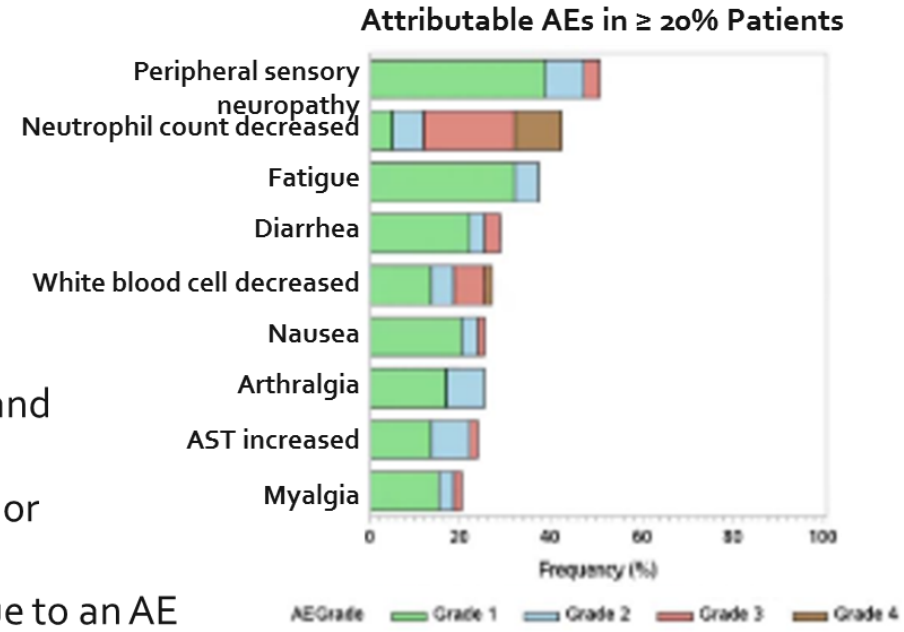
Most common grade ≥ 3 AEs:

- Neutropenia: 31%
- Pneumonitis: 7%
- ALT elevation: 5%

Immune-related AEs requiring systemic corticosteroids: 27% (all grade ≤ 3)

Patient disposition:

- 49% completed all 8 cycles of both BV and nivolumab
- 76% completed all 8 cycles of either BV or nivolumab
- 10% discontinued BV and nivolumab due to an AE



Herrera AF, et al. ASH 2020. Abstract 472.

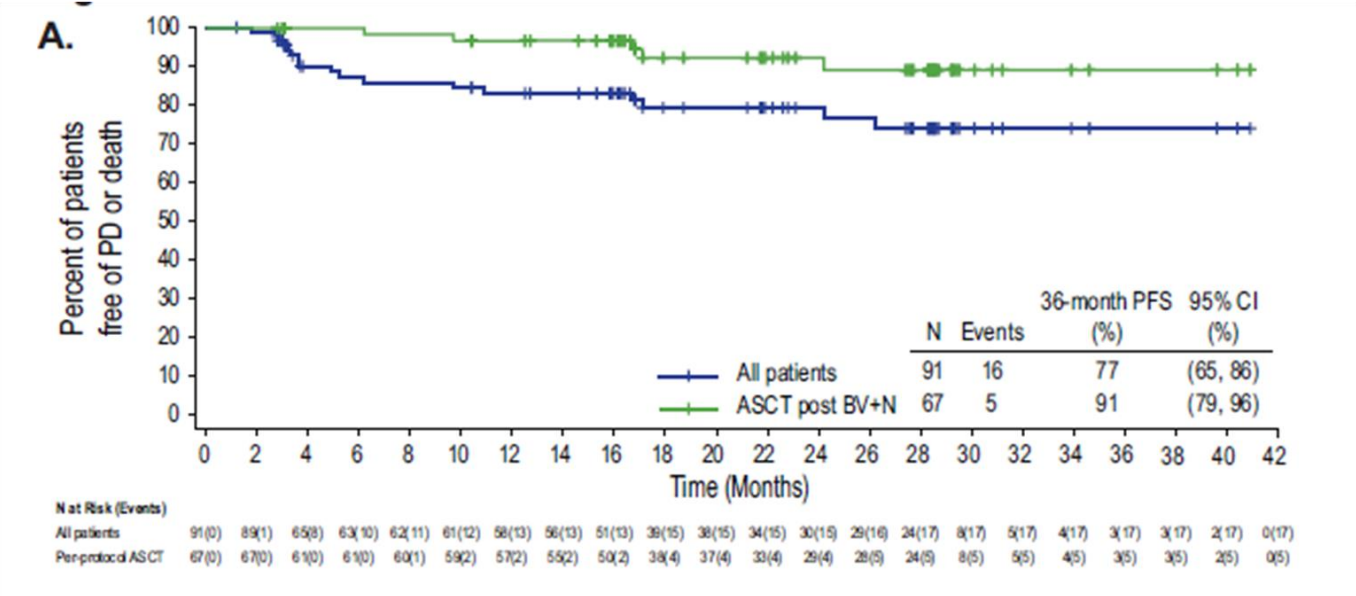
Phase II Study of Pembrolizumab + GVD as Second Line Therapy for Relapsed or Refractory Classical Hodgkin's Lymphoma

TABLE 3. Efficacy

Characteristic	Pembro-GVD × 2 (n = 38)[a]	Pembro-GVD × 4 (n = 7)	Pembro-GVD Overall (n = 38)
ORR, % (95% CI)	100 (91 to 100)	100 (59 to 100)	100 (91 to 100)
CR, % (95% CI)	92 (79 to 98)	71 (29 to 96)	95 (82 to 99)
PR, % (95% CI)	8 (2 to 21)	29 (4 to 71)	5 (1 to 18)
Best response, No. (%)			
CR	35 (92)	5 (71)	36 (95)
PR	3 (7.9)	2 (29)	2 (5.3)

Moscowitz A et al, J Clin Oncol 2021

Chemo-Free Strategies Before Auto-HCT



Advani R et al, Blood 2021

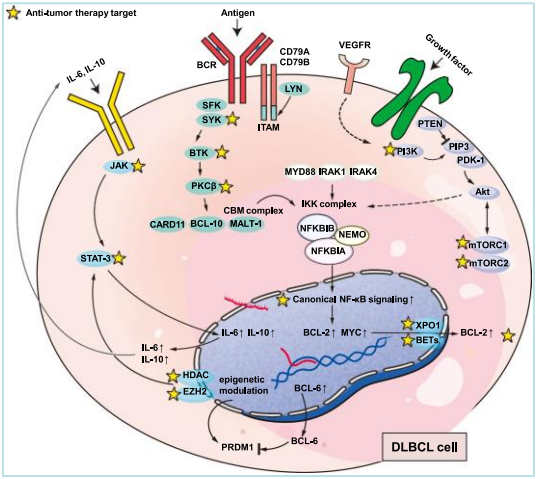
New Therapies in B-NHL

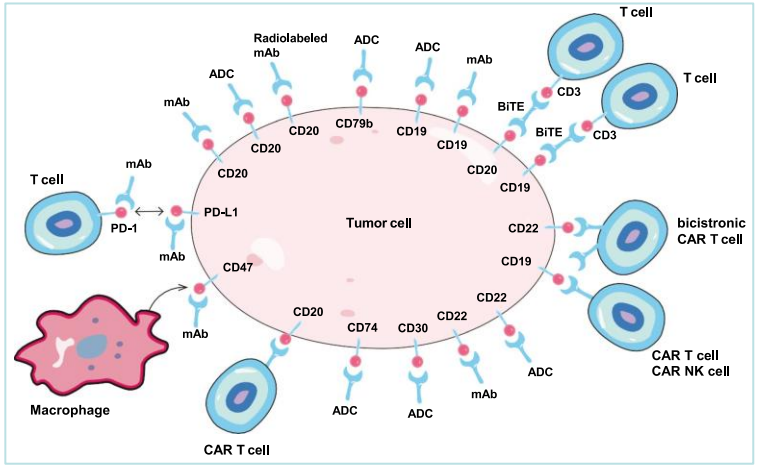
Oral therapies / small molecule inhibitors
- BTK
- PI3K
- Syk
- Others

Monoclonal antibodies
- CD19
- CD47
- BiTE's

Antibody-drug conjugates
- CD19
- CD79b

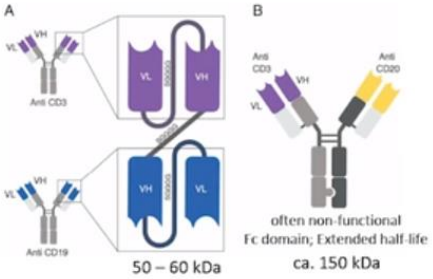
Cellular therapies
- CAR-T
- Antibody-coupled T-cell receptor





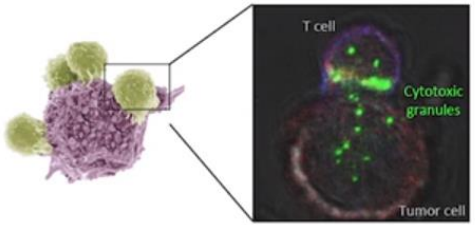
Cohen et al, ASH 2018 (Educational Program)

Features of T-cell bispecific Antibodies (e.g.BiTEs, DARTs, TCBs)



Highly potent molecules leading to T cell-mediated killing of tumor cells by simultaneous binding to tumor antigen and CD3e chain of TCR;

recruitment of endogenous T cells: 4 x 10^{11} in the circulation



- **T cell engagement, activation and killing** of tumor cells by cytotoxic granules
- **T cell proliferation** (expansion) at site of activation
- **Cytokine, chemokine release leading to recruitment of additional T-cells**
- Very high potency with EC50 values in the fM to pM range
- **Serial killing of tumor cells, activity at low effector-to-target (E:T) ratio**
- T cell killing independent of specificity, activation and differentiation status

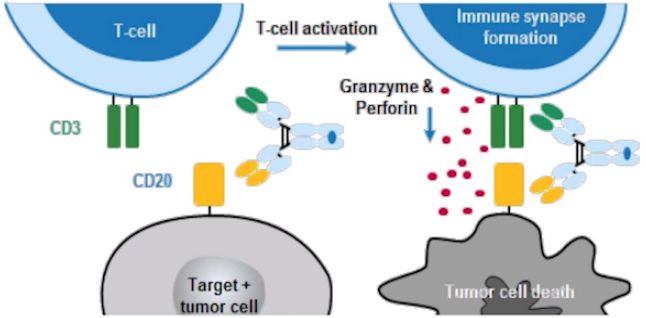
Bi-Specific Antibodies currently studied in DLBCL: Promising Efficacy

Ab type	CD20/CD3						CD19/CD3
	Mosunetuzumab	Glofitamab		Epcoritamab	REGN1979	Plamotamab	Blinatumomab
Structure							
Manufacturer	Genentech	Roche		GenMab	Regeneron	Xencor	Amgen
Phase	1/1b	1	1, RP2D	1	1	1	2
N	124	98	14	58	68	53	110
Histology	DLBCL, TFL, FL, other	FL,DLBCL,tFL, other		DLBCL, FL, MCL, MZL, SLL	DLBCL, FL, WM, MCL, MZL	DLBCL, FL, RT, MW, CLL	Aggressive NHL
Prior Therapies	3 (1-14)	3 (1-13)		3 (1-18)	3 (1-11)		Second salvage
ORR	DLBCL/tFL: 37%	DLBCL: >10mg: 55% (21/38)	aNHL: 78% 11/14	68 %; at 48 mg: 88 %	DLBCL: 60%	DLBCL: 39 %	37%
CR	DLBCL/TFL: 19% (24/124)	DLBCL: >10mg: 49% (16/38)	aNHL: 71.4 % (10/14)	12 – 60 mg: 45%; at 45 mg: 38%	DLBCL: 20%	28 % (5/18)	22%

1. Hutchings M, et al. ASH 2018. Abstract #226. Lancet 2021, JCO 2021, 2. Budde LE, et al. ASH 2018. Abstract #399. 3. Banerji R, et al. ASH 2018. Abstract #1690. 4. Coyle L, et al. ASH 2018. Abstract #400

Mosunetuzumab for Treatment of heavily pretreated patients with B-cell Lymphoma

- **Mosunetuzumab**
  - Full-length, fully humanized IgG1 bispecific antibody[1]
  - Redirects T cells to engage and eliminate B cells; (Hernandez et al. ASH 2019 P-1585)
  - No *ex-vivo* T cell manipulation required ('off-the-shelf' and no delay in treatment)

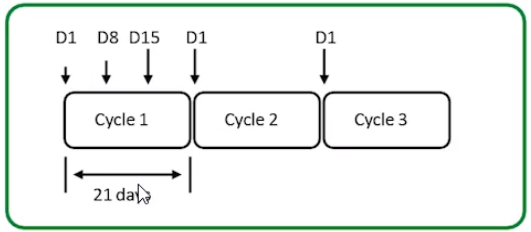


- **GO29781**
  - 270 R/R B-cell NHL pts, included Phase I/Ib dose-escalation and expansion study in heavily pre-treated R/R B-cell NHL, including 30 pts with prior CART
  - Cycle 1 step-up dosing: mitigates CRS, allowing dose escalation to maximize therapeutic potential[2,3]

1. Sun et al. Sci Transl Med 2015; 2. Budde et al. ASH 2018; 3. Bartlett et al. ASCO 2019

Trial Design: Cycle 1 Ramp up dosing; if CR achieved 8 cycles

Mosunetuzumab regimen



- IV administration in **outpatient setting**
- Cycle 1 step-up dosing then fixed dosing in subsequent cycles
- **Initial treatment = 8 cycles; if CR achieved, treatment discontinued**; if PR or SD, treatment continued for up to 17 cycles
- **Retreatment allowed** for CR patients who relapse after initial treatment

Primary objectives

- Safety, tolerability, MTD, best objective response (per Cheson 2007 criteria)
  - **Safety**: C1D1/D8/D15 dose levels: 0.4/1.0/**2.8** – 1.0/2.0/**60.0**mg
  - **Efficacy**: C1D1/D8/D15 dose levels: 0.4/1.0/**2.8** – 1.0/2.0/**40.5**mg[‡]

Key inclusion criteria

- R/R B-cell NHL after ≥1 prior regimen(s), ECOG PS 0–1
- No available therapy expected to improve survival (e.g. standard chemotherapy, autologous SCT)

Key exclusion criteria

- Prior CAR-T therapy within 30 days, prior allogeneic SCT

Schuster et al, ASH 2019

Mosunetuzumab Response Rates in Aggressive B-cell Lymphomas (n=124), Phase I

Investigator-assessed best objective response (pooled data from 2.8mg to 40,5mg cohorts)

	N*	ORR, n (%)	CR, n (%)
Aggressive NHL	124	46 (37.1%)	24[†] (19.4%)
All 3L+ DLBCL/trFL	98	37 (37.8%)	20 (20.4%)
Refractory to prior anti-CD20	88/98	32 (36.4%)	18 (20.5%)
With prior auto SCT	32/98	17 (53.1%)	11 (34.3%)

[†]17/24 patients remain in CR (up to 16 months off initial treatment)

- Greater efficacy observed with higher exposure to Mosu
- Patients achieving CR with continuing remission ≥ 16 months off treatment: n = 17 (70.8%)

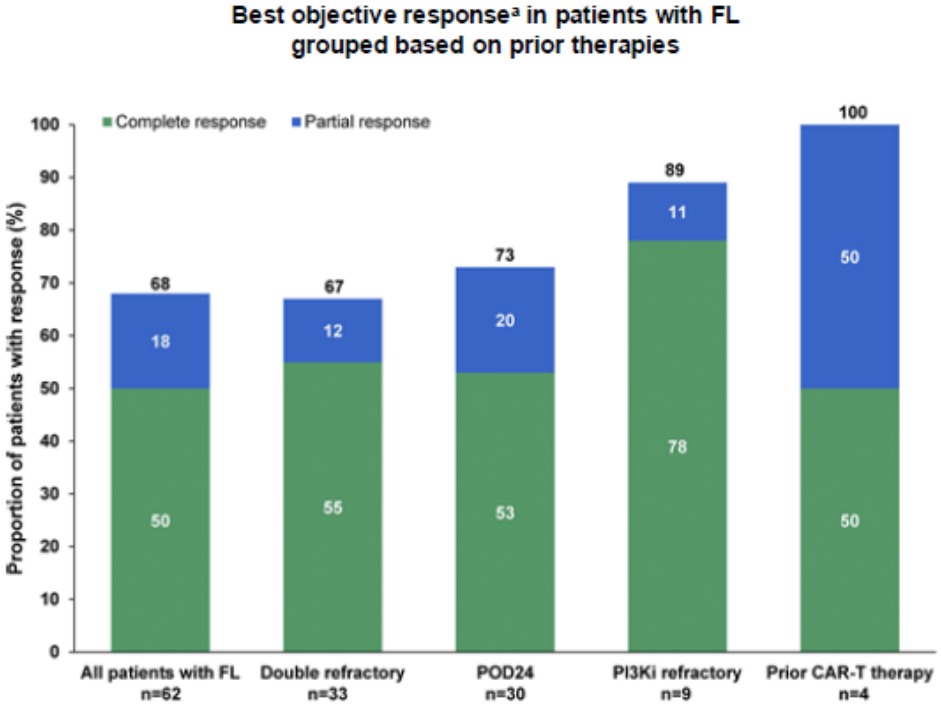
*efficacy-evaluable pts: pts who were enrolled for at least 3 months, or had response data available at any time, or discontinued treatment for any cause

Schuster. ASH 2019

Update of GO29781 Phase 1/1b Study of Mosunetuzumab in RR FL

Characteristic	(n = 62)
Median age (range), years	59 (27–85)
Median prior therapies, n (range)	3 (2–11)
Refractory to prior therapy, n (%) Anti-CD20 therapy and alkylating agent CAR T cell therapy	 33 (53) 4 (6)

- Grade ≥ 3 AEs occurred in > 10% patients: hypophosphatemia (23%; transient and clinically asymptomatic) and neutropenia (21%; with a low rate of febrile neutropenia [2%]). No grade ≥ 3 NAEs or serious NAEs were reported
- Overall, 14 patients (23%) experienced CRS; in 4 patients, CRS was classified as a SAE



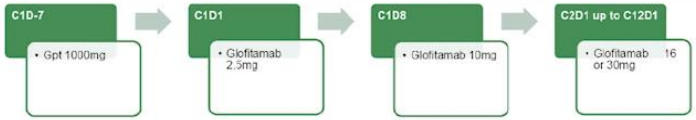
Assouline SE et al. ASH2020; Abstr. 623

Glofitamab: A bivalent CD3 x CD20 Bispecific in indolent & aggressive B-cell lymphoma

Patient Demographics and Baseline Disease Characteristics in Patients Who Received Glofitamab at Any Dose and at the RP2D (Safety-Evaluable Patients)

Characteristics	All Glofitamab Cohorts (N = 171)	RP2D Glofitamab Cohort 2.5/10/30 mg (n = 35)
Age, years		
Median	64	66
Range	22-85	44-85
Male sex, No. (%)	100 (58.5)	17 (48.6)
[COG performance status, No. (%)		
0	87 (5l.2)	19 (54.3)
1	83 (48.8)	16 (45.7)
Ann Arbor staging, No. (%)		
I	10 (5.8)	0
II	28 (16.4)	3 (8.6)
III	38 (22.2)	10 (28.6)
IV	95 (55.6)	22 (62.9)
Bulky disease> 5 cm, No. (%)	86 (50.3)	12 (34.3)
Sum of products of lesion diameters (mm')		
No. of evaluable patients	171	35
Median	2,996	2,788
Range	256-20,635	256-10,816
Histology subtype, No. (%)		
DLBCL	73 (42.7)	5 (14.3)
FL grades 1-3A	44 (25.7)	21 (60.0)
DLBCL arising from FL	29 (17.0)	3 (8.6)
Richter's transformation	10 (5.8)	2 (5.7)
PMBCL	3 (1.8)	0
Others	12 (7.0)	4 (11.4)
Prior autologous stem-cell transplant, No. (%)	41 (24.0)	9 (25.7)
Prior CAR-T therapy, No. (%)	3 (1.8)	1 (2.9)

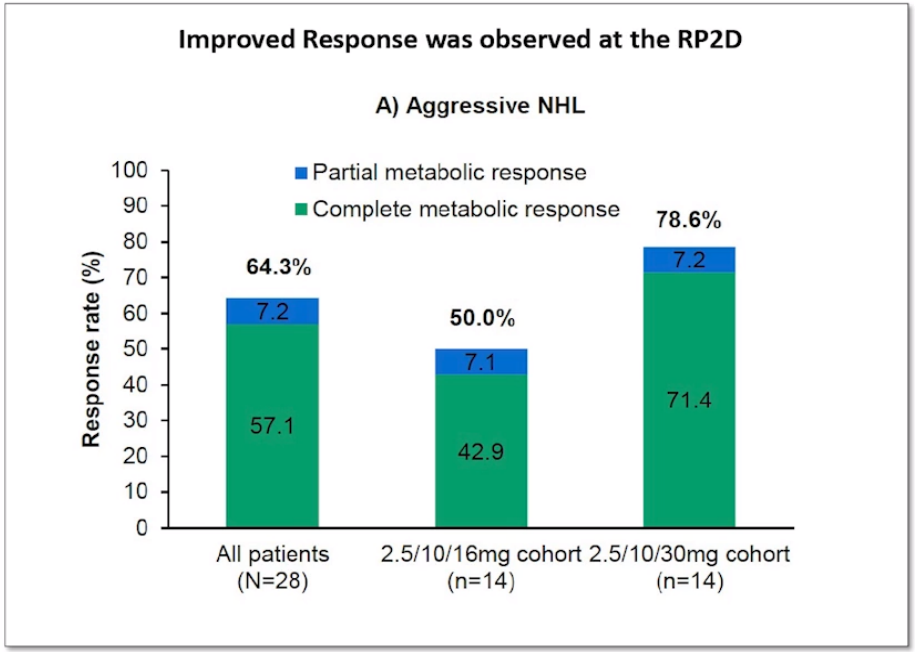
Treatment schedule

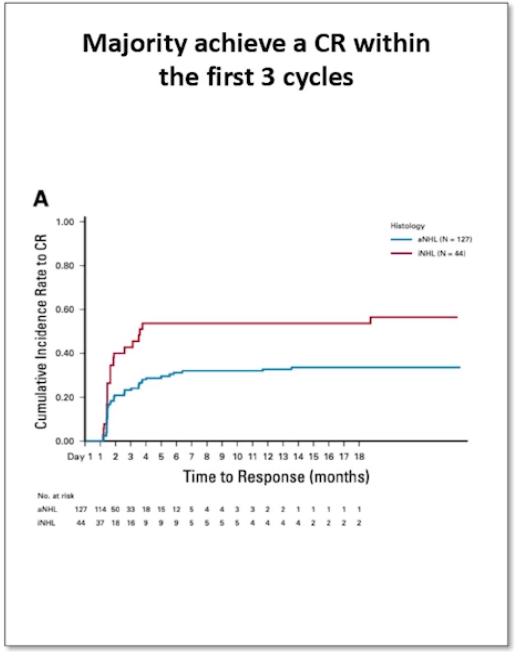


Characteristics	All Glofitamab Cohorts (N = 171)	RP2D Glofitamab Cohort 2.5110/30 mg (n = 35)
Prior lines of therapy, No.		
Median	**3**	**3**
Range	1-13	1-12
Refractory to any prior therapy, No. (%)		
Refractory	155 (90.6)	29 (82.9)
Relapsed	16 (9.4)	6 (17.1)
Refractory to any line of prior C020 therapy, No. (%)		
Refractory	144 (84.2)	25 (71.4)
Relapsed	27 (15.8)	10 (28.6)
Time since last prior therapy to first study treatment (months)		
No. of evaluable patients	161	34
Median	2.4	4.6
Range	0.6-128.8	0.9-53.2
Time since last anti-CD20 therapy to first study treatment (months)		
No. of evaluable patients	157	34
Median	5.8	12.7
Range	0.6-146.7	2.2-82.8

Hutching et al, JCO 2021

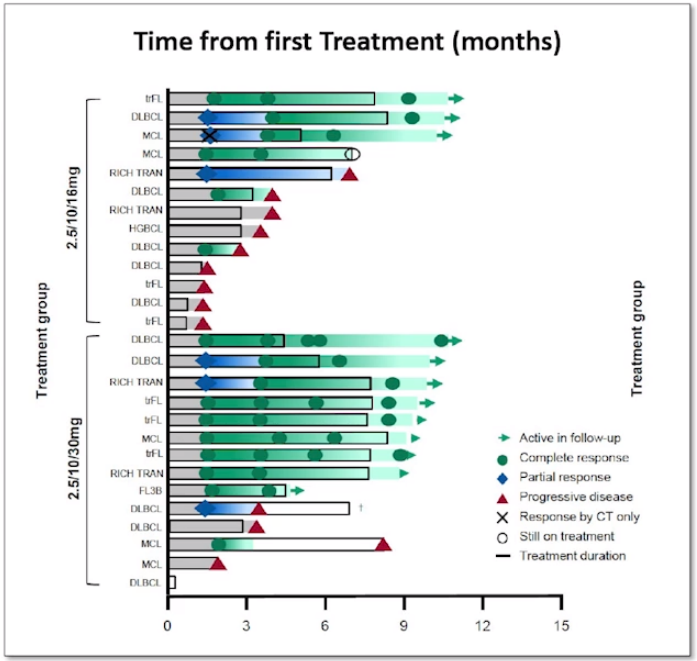
Glofitamab: Dose Dependent Increase in Response Rate; Time to CR was short

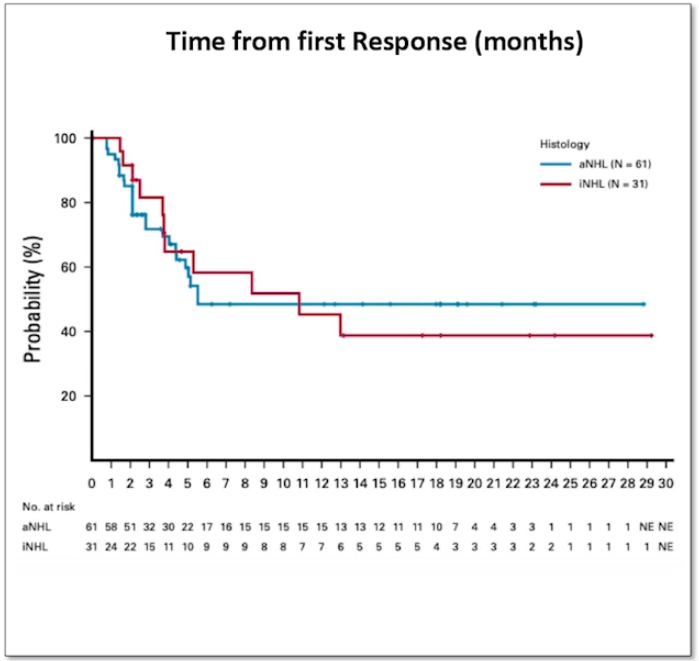




Hutchings M, et al. J Clin Oncol 2021

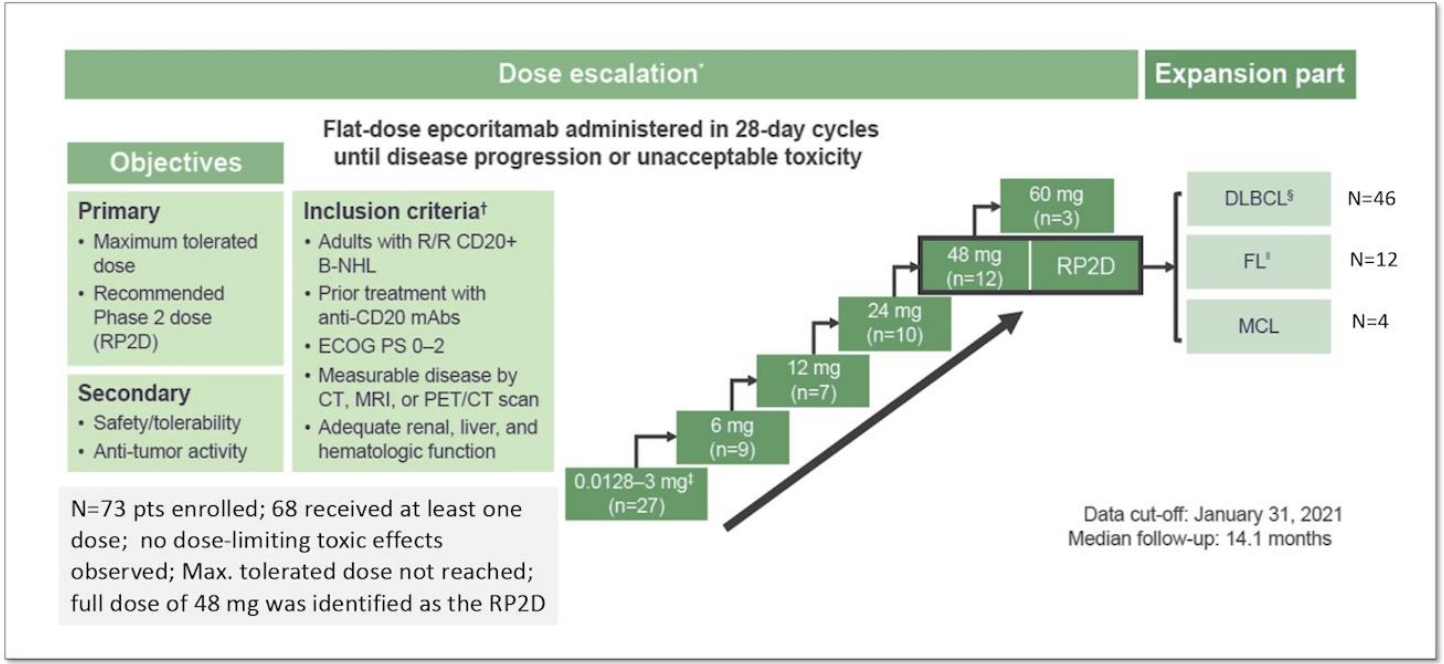
Glofitamab: Plateau in Responders; DLBCL 34/42 (81.0%) pts remain in CR; FU 27.4 months





Hutchings M, et a. J Clin Oncol 2021

EPCORE NHL-1 Study Design: Epcoritamab in Treatment of r/r B-cell Lymphoma



Hutchings M, et al. Lancet 2021

Epcoritmab (CD3xCD20): Dose Escalation s.c., Responses seen across B-NHL histologies

	Relapsed or refractory diffuse large B-cell lymphoma*			Relapsed or refractory follicular lymphoma†		Relapsed or refractory mantle cell lymphoma‡	
	12–60 mg (n=22)	48 mg (n=8)	60 mg (n=3)	0·76–48 mg (n=10)	48 mg (n=1)	0·76–48 mg (n=4)§	48 mg (n=1)
Overall response, n (%, 95% CI)	15 (68%, 45–86)	7 (88%, 47–100)	3 (100%, 29–100)	9 (90%, 55–100)	0 (0, 0–98)	2 (50%, 7–93)	1 (100%, 3–100)
Complete response	10 (45%)	3 (38%)	3 (100%)	5 (50%)	0	1 (25%)	0
Partial response	5 (23%)	4 (50%)	0	4 (40%)	0	1 (25%)	1 (100%)
Stable disease	1 (5%)	0	0	0	0	1 (25%)	0
Progressive disease	5 (23%)	0	0	1 (10%)	1 (100%)	0	0
Time to response, months	1·4 (1·3–2·6)	1·4 (1·3–2·6)	1·3 (1·1–1·4)	1·9 (1·5–3·5)	NA	1·4 (1·3–1·5)	1·3 (1·3–1·3)
Follow-up duration, months	9·3 (8·2–14·8)	8·2 (7·4–9·9)	9·2 (9·2–9·3)	13·6 (10·4–16·5)	6·6 (6·6–6·6)	10·2 (7·7–10·5)	7·7 (7·7–7·7)

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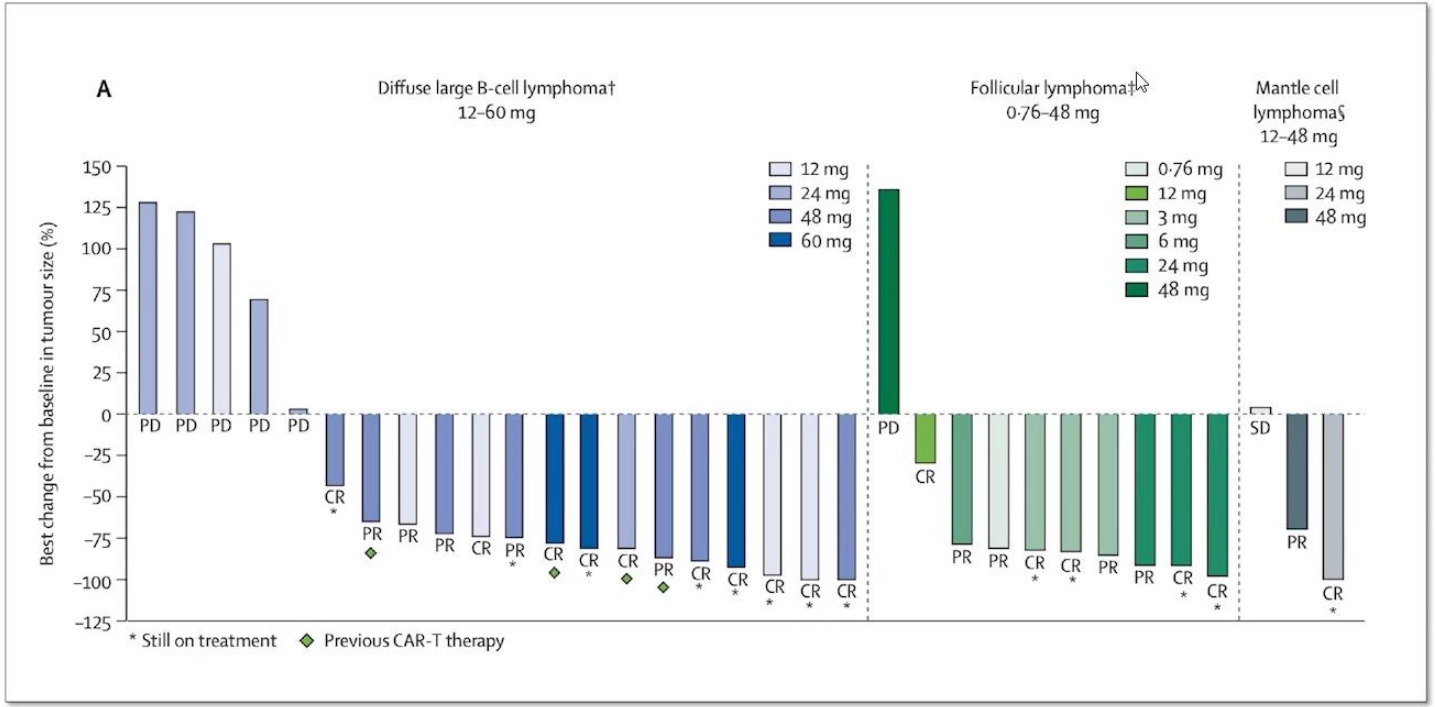
Anti-tumor activity of Epcoritamab across major Lymphoma subtypes



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Bi-Specific Antibodies currently studied in DLBCL: Safety

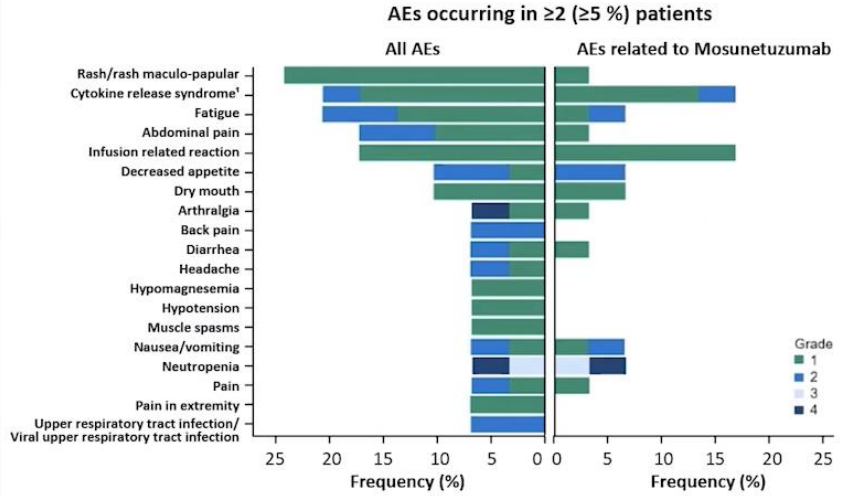
Ab type	CD20/CD3					CD19/CD3
	Mosunetuzumab	Glofitamab	Epcoritamab	REGN1979	Plamotamab	Blinatumomab
Structure						
Manufacturer	Genentech	Roche	GenMab	Regeneron	Xencor	Amgen
N	131	64 (> 600 ug)	68	68	53	41
DLTs	Not reported	1 at 220 ug (MI)	None	None	Not reported	N/A
MTD	Not reached	Not reached	Not reached	Not reached	Not reached	N/A
Grade ≥ 3AEs Grade 5	55% (26% related) 2%	56% (27% related) 0		75% 4% (1% related)	9.1%	71% 22%
CRS any CRS ≥3	23% 0%	39% 0%	59% 0 %	47% 6%	50.0% 9.1%	2% 2%
NT any NT ≥3	49% 2%	30% (6% related) 5%	6.0% 3.0%	41% 3%	49% 5%	56% 24%

CRS, cytokine release syndrome; NT, neurotoxicity; MTD, maximum tolerated dose; DLT, dose limiting toxicity

1. Hutchings M, et al. ASH 2018. Abstract #226. 2. Budde LE, et al. ASH 2018. Abstract #399. 3. Banerji R, et al. ASH 2018. Abstract #1690. 4. Coyle L, et al. ASH 2018. Abstract #400

Mosunetuzumab in 1st Line in the Elderly: High Tolerability; No Grade III CRS or ICANS

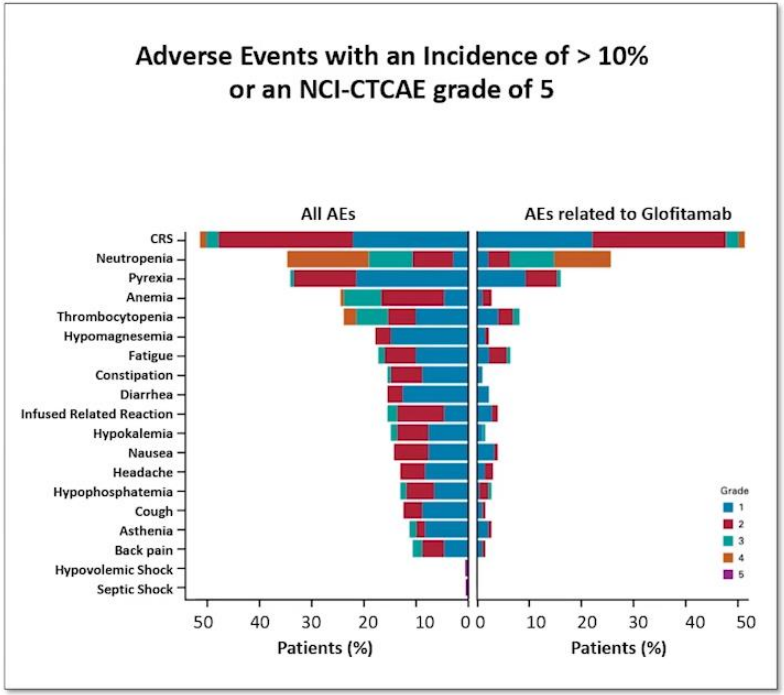
Phase I/II: pts unable to receive full-dose Chemoimmunotherapy;
Eligible pts ≥ 80 years or 60 – 79 with impairment in ≥ 1 activity of daily living or organ impairment

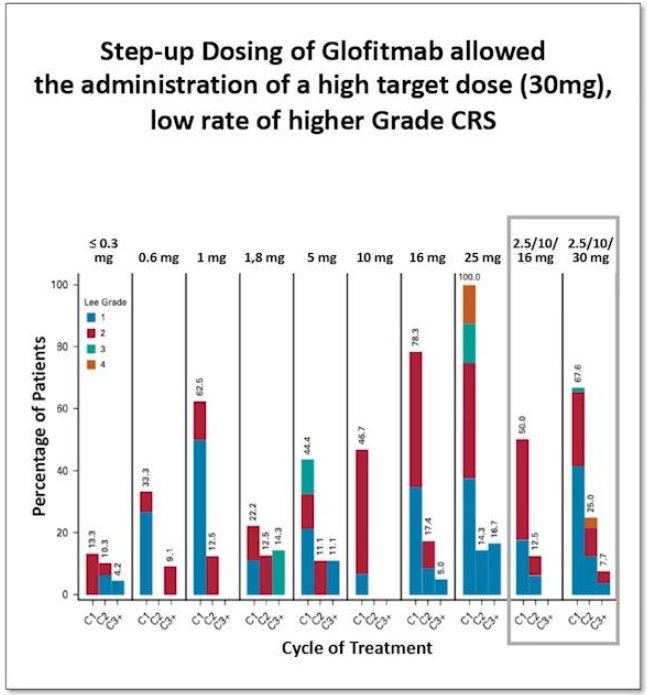


Summary of CRS	1L DLBCL (N = 29)
Any grade, n (%)	6 (21)
Grade 1	5 (17)
Grade 2	1 (3)
Hypotension related to CRS, n (%)	1 (3)
Hypoxia related to CRS, n (%)	0
Use of tocilizumab for CRS, n (%)	0
Median onset of first CRS event, hours from start of infusion (range)	18 (15-25) hours
Median duration of CRS event, days (range)	1.5 (1-2) days
Resolved by clinical cut-off date, n (%)	6 (100)

Olszewski A et al, ASH 2020

Glofitamab: CRS the most common AE, mainly Cycle 1, Step-up dosing to mitigate CRS





Hutchings M, et a. J Clin Oncol 2021

Epcoritamab: No Grade III CRS observed

Epcoritamab distinguishing features

- **Subcutaneous administration**
- Rapid, low-volume (1 mL) administration
- More gradual increase and lower peak in plasma cytokine levels compared with intravenous
- administration
- Long plasma half-life
- Favorable safety profile

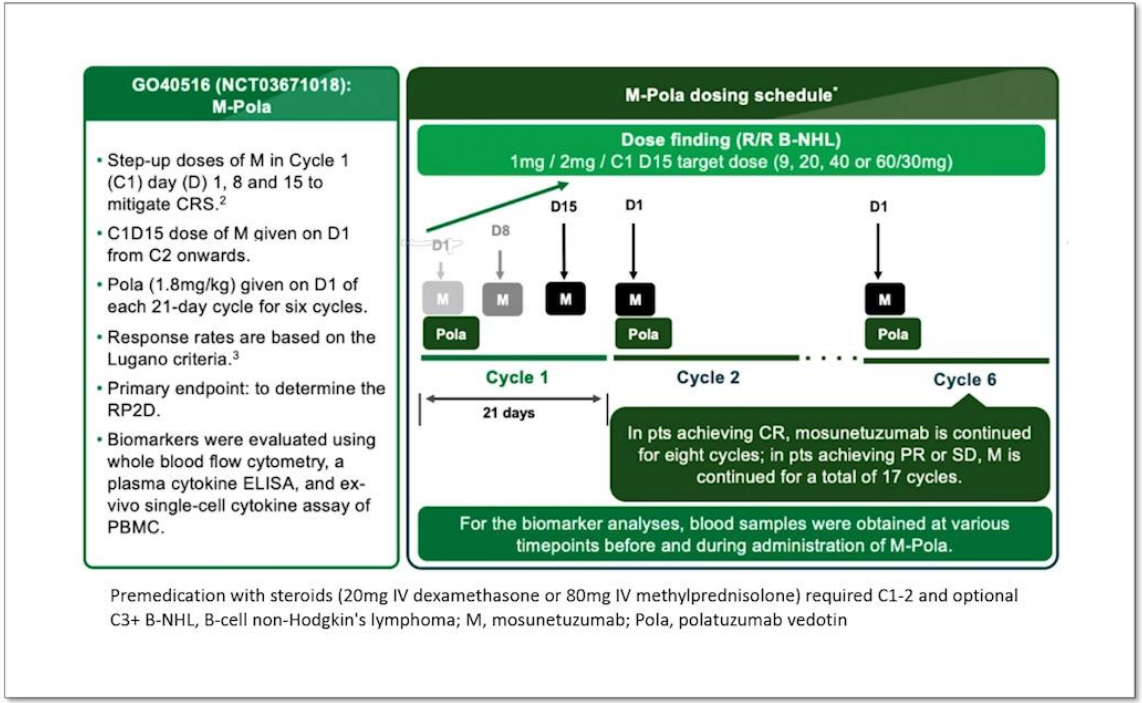
Adverse events of special interest: CRS

Adverse events of special interest	All histologies (N=68)
CRS, n (%)	40 (59)
Grade 1	20 (29)
Grade 2	20 (29)
Symptoms of CRS ≥10%, n (%)	
Pyrexia	40 (59)
Hypotension	16 (24)
Hypoxia	12 (18)
Tachycardia	10 (15)
Chills	7 (10)

- Most CRS events occurred in cycle 1
- No CRS event with second full dose at RP2D
- Median time (range) to resolution was 2 (1.0-9.0) days
- Despite dose escalating to RP2D, no CRS events were Grade ≥3

There have been no Grade ≥3 CRS events.
Majority of events occurred and resolved in Cycle 1

The Future: Combination Therapy, e.g. CD20xCD3 Bispecifics + Anti-CD79b ADC



Premedication with steroids (20mg IV dexamethasone or 80mg IV methylprednisolone) required C1-2 and optional C3+ B-NHL, B-cell non-Hodgkin's lymphoma; M, mosunetuzumab; Pola, polatuzumab vedotin

Diefenbach et al, ICML 2021

Glofitamab in Combination with Polatuzumab Vedotin: Phase Ib/II Preliminary Data Support Manageable Safety and Encouraging Efficacy in Relapsed/Refractory (R/R) Diffuse Large B-cell Lymphoma (DLBCL)

Authors: Martin Hutchings*,[1] Anna Sureda,[2] Maria Jose Terol,[3] Francesc Bosch,[4] Paolo Corradini,[5] Thomas Stauffer Larsen,[6] Antonio Rueda Dominguez,[7] Anesh Panchal,[8] Alessia Bottos,[9] Yanjie Wang,[10] Audrey Filézac de L'Etang,[9] Maneesh Tandon,[8] Gila Sellam,[9] Giuseppe Gritti[11]

Hutchings M et al, Oral Communication, ASH2021

Mosunetuzumab in Combination with CHOP in r/r NHL & 1st Line

M-CHOP (Cycle 1: Mosun day 1,8,15, Cycle: d1 Mosun dose of day 15; 7 pt with r/r NHL, 36 pts 1L

	M-CHOP	
Best objective response* – No. (%)	R/R NHL (n=7)	1L DLBCL (n=27)
Overall response	6 (85.7)	26 (96.3)
Complete response	5 (71.4)	23 (85.2)
Partial response	1 (14.3)	3 (11.1)
Stable disease	-	-
Progressive disease	1 (14.3)	-
Data not available (discontinued)	-	1 (3.7)

*Best objective response investigator-assessed and determined using PET-CT scans, with the exception of one patient with R/R NHL whereby their response was based upon CT scan alone (partial response).

Phillips et al, ASH 2020

Moving to 1st Line: Mosunetuzumab in Pts ≥ 80 years old

Patient population

29 elderly/unfit patients with 1L DLBCL enrolled in this study:

- n = 8 at dose level: 1mg → 2mg 13.5mg
- n = 21 at dose level: 1mg → 2mg → 30mg
- n = 7 , safety cohort; n = 14 expansion cohort*

Of eight patients <80 years old:

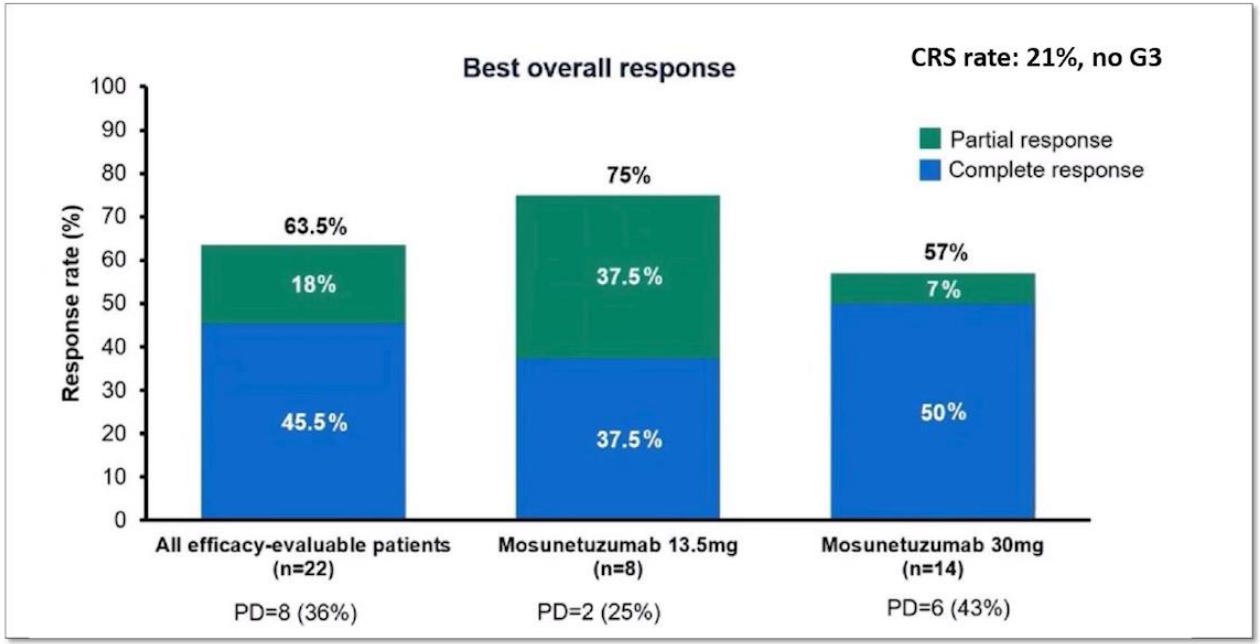
- Five patients had impairment in renal function with or without ADL/IADL impairment
- One patient had impairment in cardiac function
- Two patients had ≥1 ADL/IADL impairment

CCOD September 25, 2020, "One patient was discontinued prior to 1 Mosunetuzumab dose due to an AE DHL double-hit lymphoma GCB, germinal cantre B-cel IPI International Prognostic Index, LDH, lactate dehydrogenase, THL, triple-hit lymphoma

Characteristics		1L DLBCL (N = 29)
Median age, years (range)		82 (67-100)
Age ≥80, n (%)		21 (72)
Age < 80 n (%)		8 (28)
Female, n (%)		21 (72)
IPI score 23, n (%)		15 (52)
ECOG PS, n (%)	0	5 (17)
	1	15 (52)
	2	9 (31)
Ann Arbor Stage, n (%)	I	3 (10)
	II	8 (28)
	III	4 (14)
	IV	14 (48)
Elevated LDH, n (%)		15 (52)
Cell of origin, n (%)	GCB	13 (45)
Locally assessed (by IHC)	Non GCB	16 (55)
WHO subtype, n (%)	DLBCL	24 (83)
	DHL / THL	5 (17)

Olszewski A et al, ASH 2020

Encouraging efficacy was observed with mosunetuzumab monotherapy



Olszewski A et al, ASH 2020

Conclusions

- Checkpoint inhibitors very effective and well tolerated drugs in patients with classical HL.
  - *Already approved in the relapsed setting. Might be an option in the futre in the front line landscape*
- CD20/CD3 BiEsp MoAb are off-the-shelf products also very effective but with short follow up, good toxicity profile, being moved to earlier lines of therapy, none of them EMA approved so far