Abstract: PB2915

Title: PRELIMINARY RESULTS OF THE PHASE 2 STUDY EVALUATING THE SAFETY AND EFFICACY OF PEMBROLIZUMAB (KEYTRUDA) WITH BENDAMUSTINE (TREANDA) IN RELAPSED/REFRACTORY HODGKIN LYMPHOMA (KESTREL-01)

Abstract Type: Publication Only

Topic: Hodgkin lymphoma - Clinical

Background:

Single agent strategies have not demonstrated deep and durable responses for the majority of patients with relapsed and refractory cHL (RR-cHL) and therefore combination therapies that are effective and well tolerated are in need. Both pembrolizumab and bendamustine have demonstrated single agent efficacy in RR-cHL with no overlapping toxicity and would represent an appealing combination immunochemotherapy approach for patients with prior brentuximab vedotin exposure.

Aims:

The ongoing phase 2 KEsTREL-01 study (NCT04510636) aims to evaluate the response and survival rates as well as the safety and tolerability of the combination of pembrolizumab and bendamustine (PB. The primary endpoint is overall response rate (complete remission (CR) and partial remission (PR)) and the PET CR rate for the combination of PB. Secondary endpoints include safety and tolerability as well as 2-year PFS and OS.

Methods:

This single centre, investigator-initiated phase 2 study is enrolling adult patients >18 years with RR-cHL who have received at least standard first line therapy containing an anthracycline, have subsequently failed or are not a candidate for ASCT with adequate organ function and an ECOG performance status of 0-1. Although prior pembrolizumab exposure is permitted, those with prior exposure to bendamustine are excluded. The treatment regimen consists of pembrolizumab 200 mg IV on day 1 and bendamustine 90 mg/m2 IV on days 1 and 2 every 21 days for up to 6 cycles. Those patients achieving at least stable disease are then continued on pembrolizumab monotherapy for a total of 35 doses. CT and PET/CT scans are performed after cycles 2 and 6, then every 3-6 months until disease recurrence, initiation of additional anti-lymphoma therapy or unacceptable toxicity. Response is investigator-assessed using Lugano 2014.

Results:

As of 1 March 2024, 18 patients out of 37 patients have been enrolled. Median Age 35 (range 18-77), ECOG PS was 0: 15 pts, 1: 3 pts. Median number of systemic prior therapies was: 2 (range 1 to 6), 3 prior brentuximab vedotin, 3 prior pembrolizumab. 5 patients had received prior radiation. The median number of treatment cycles received was 3 (range 2-31). 14 patients have discontinued treatment; 8 to received alternative treatment (such as ASCT), 3 for adverse events, 2 for disease progression and there has been one death on study (pulmonary infection). Grade 3+ treatment-related AEs included 1 each of: hypomagnesemia, anemia, dyspnea, hypocalcemia, hypotension, lung infection, neutropenia, acute kidney injury, LV systolic dysfunction, pain, pneumonitis and sinus bradycardia. The overall response rate was 100% with CR 67% (12) and PR 33% (6). With a median follow-up of 8 months (range 1-23), the median PFS is estimated at 10.7 months (3 events) and median OS has not been reached (3 events).

Summary/Conclusion:

Preliminary results of the phase 2 KEsTREL-01 study demonstrate an encouraging CR rate and acceptable toxicity for the combination pembolizumab and bendamustine in RR-cHL. It appears that this regimen can successfully bridge patients to ASCT. Accrual is ongoing.

Figure 1: Progression Free survival

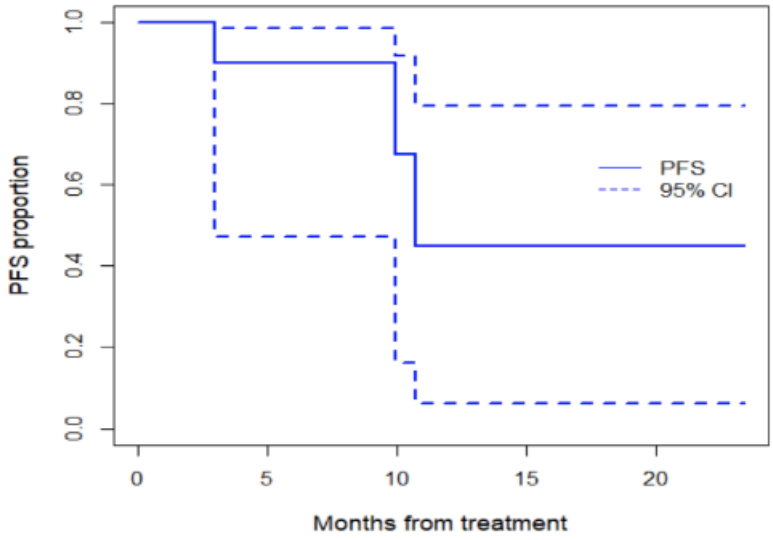
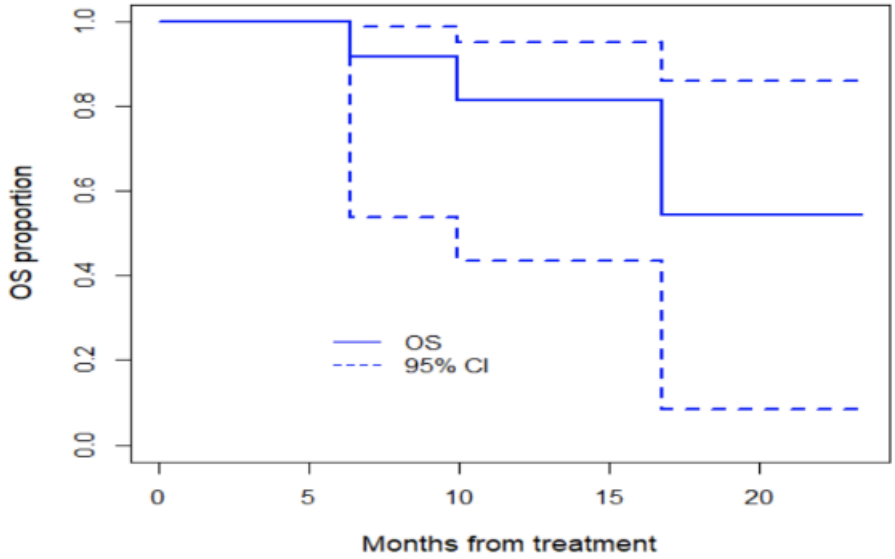


Figure 2: Overall survival



Keywords: Immunotherapy, relapsed/refractory, Bendamustine, Hodgkin's lymphoma