

# A Phase II Trial of Pembrolizumab and Entinostat in Relapsed/Refractory Hodgkin Lymphoma

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# Conflicts of interest

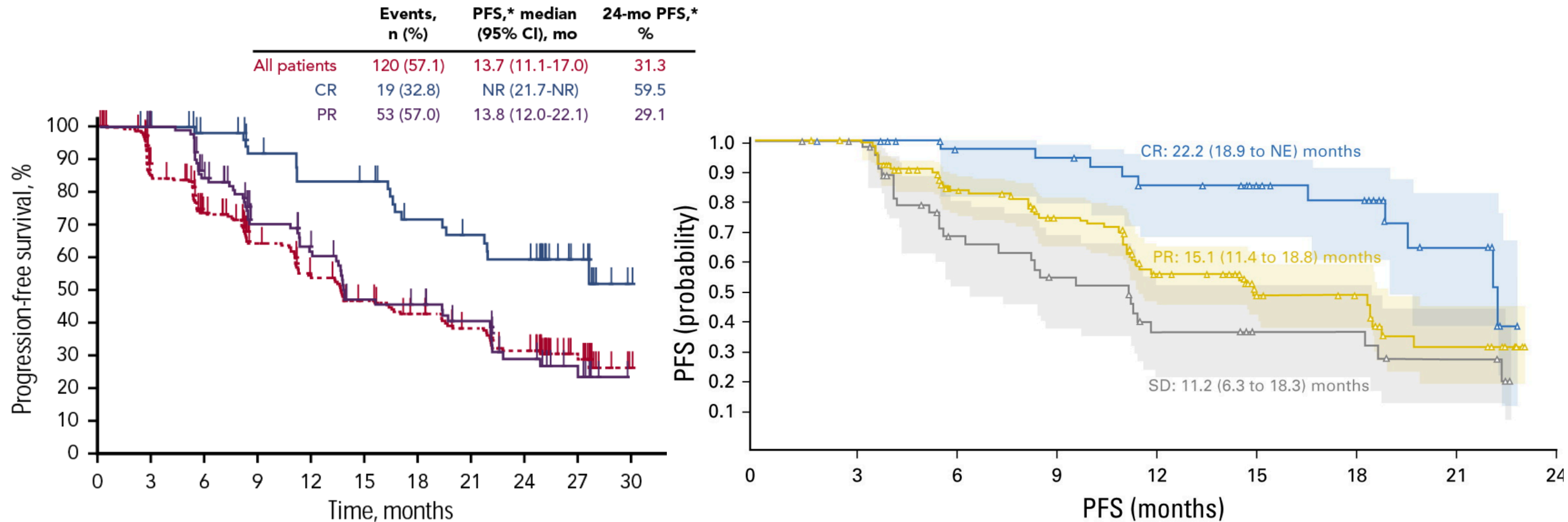
Honoraria: Merck, Pharmacyclics, and Bayer

Research Funding: Merck, BMS, Janssen

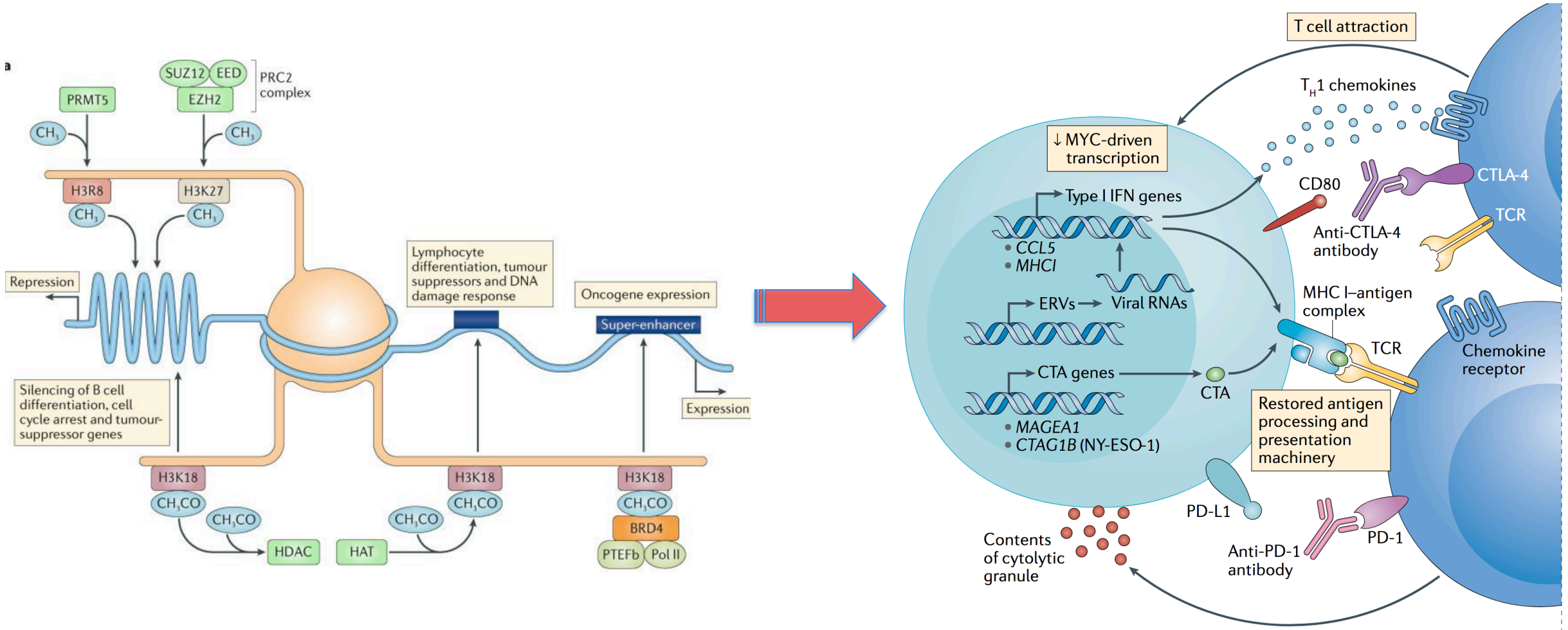


# CPI can result in durable responses in patients with CR

*However, patients who accomplish a PR or less have a median PFS of only  $\leq 15$  months*



# Epigenetic therapy can lead to “immune hot” state



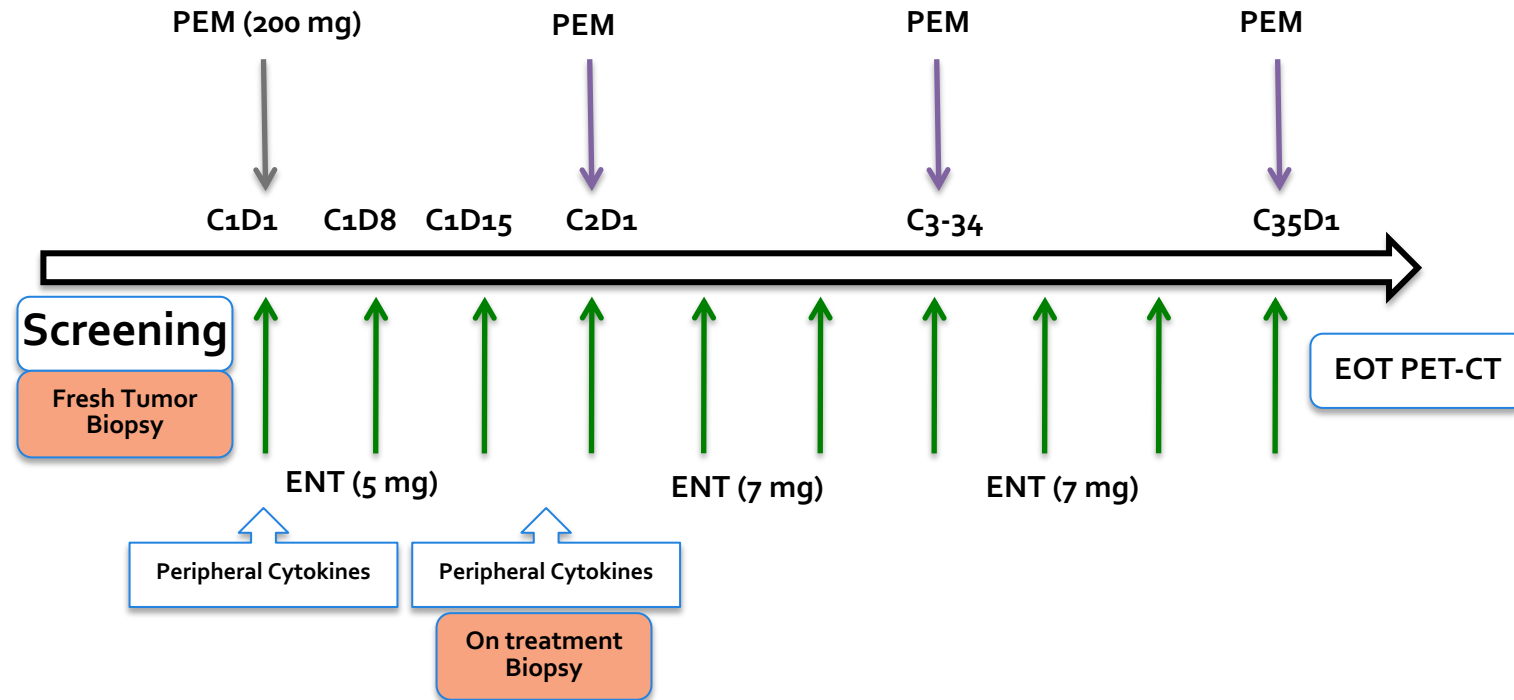
# Patient Inclusion Criteria and Study Schema

Key inclusion criteria:

- >2 prior regimens and ineligible for ASCT
- Prior allogeneic SCT allowed if no active GVHD and off all IS
- *Prior treatment with HDAC inhibitor or anti-PD1 antibody allowed if responded*

Study endpoint:

- 12-month PFS rate

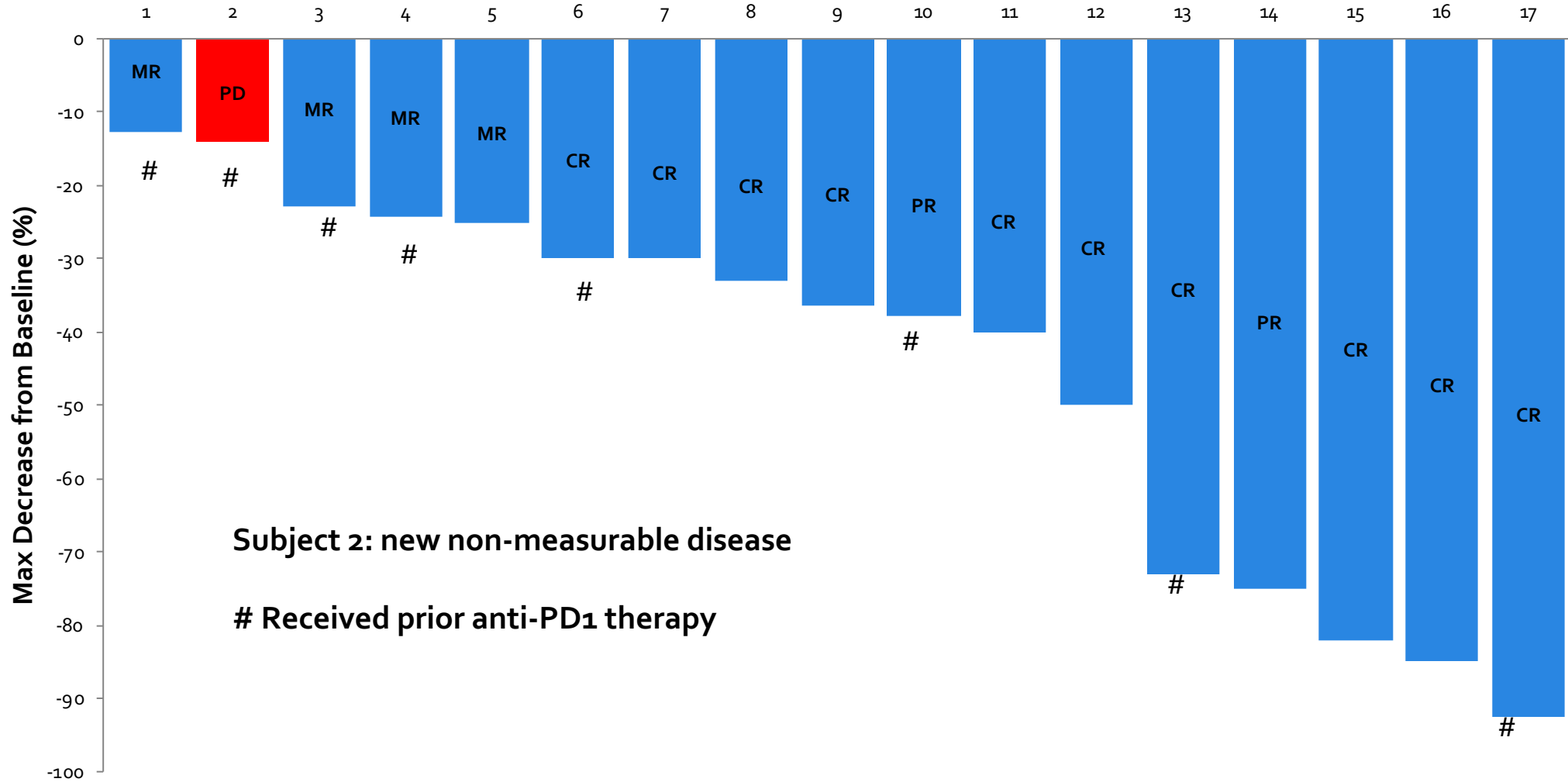


# Patient characteristics

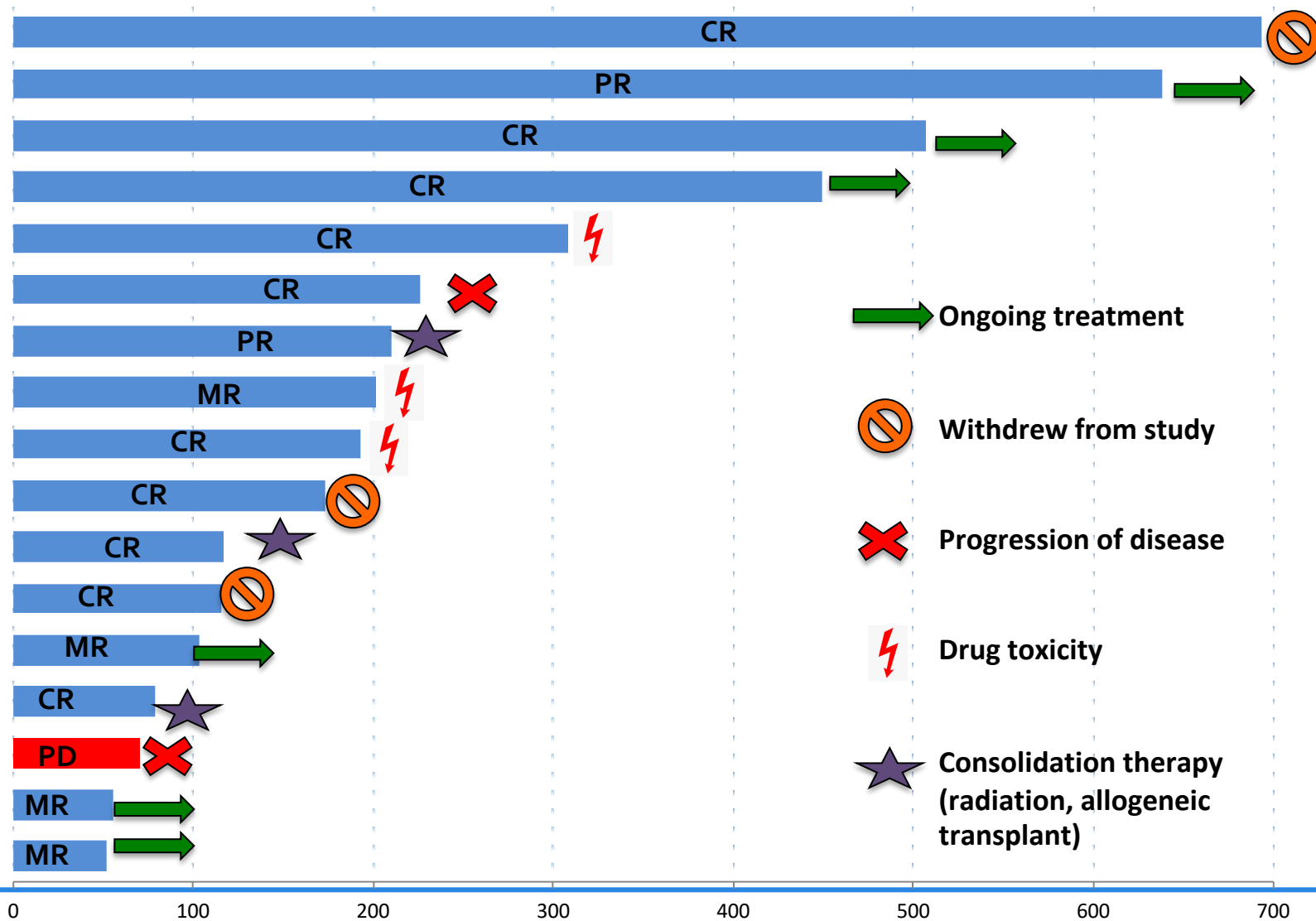
Total Number	17
Age	34 (21-77)
Gender	
Male	10 (59%)
Female	7 (41%)
ECOG	
0	10 (59%)
1	7 (41%)
Number of prior lines	4 (2-17)
Refractory to last therapy	7 (41%)
Prior autologous stem cell transplant	11 (65%)
Prior checkpoint inhibitor	8 (47%)
Prior HDAC	3 (18%)



# Best clinical response



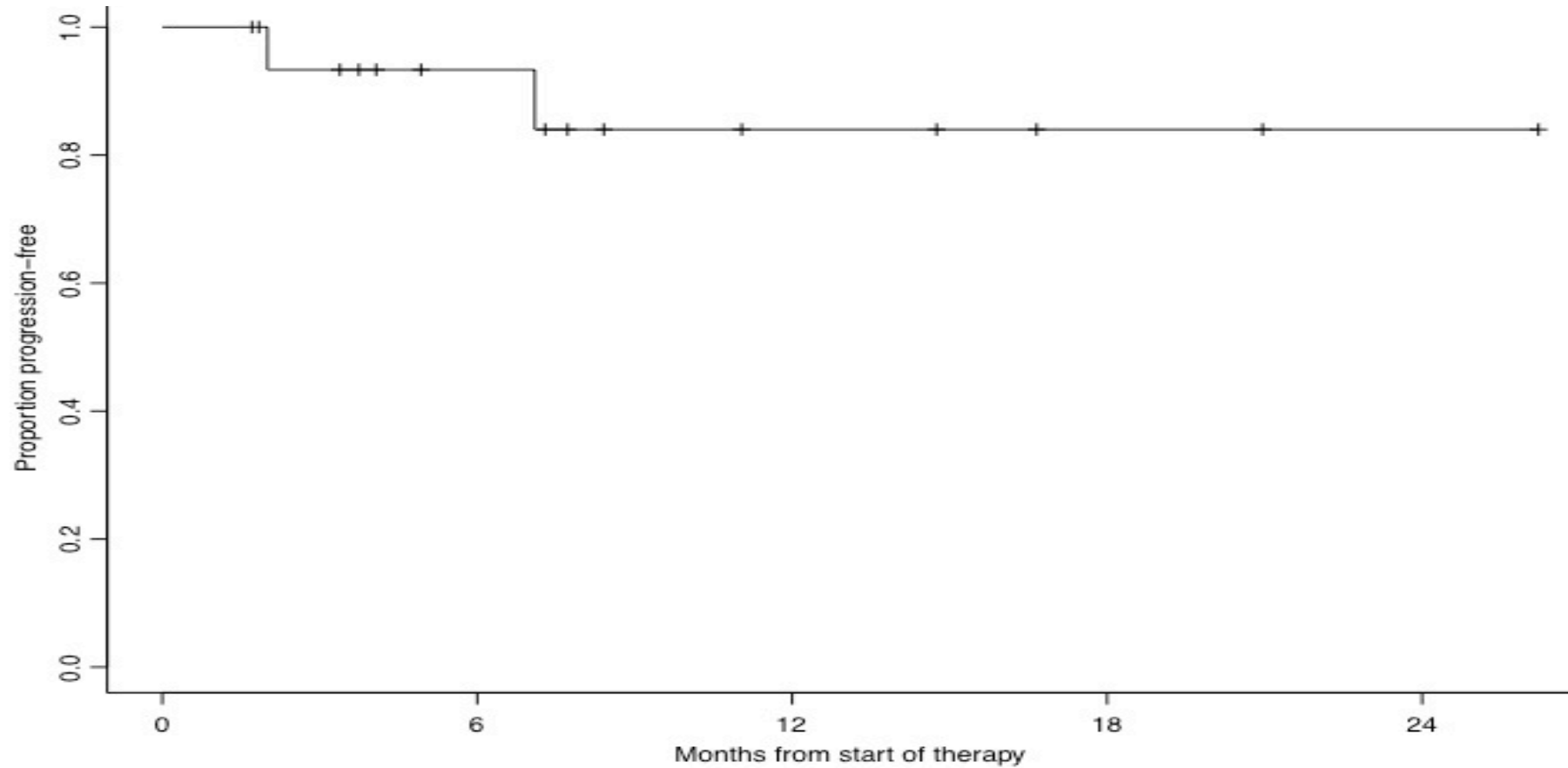
# Duration of treatment (in Days)





# Progression-free survival

*12-month PFS was 84% and the median PFS was not reached*



# Toxicities

## Serious Adverse Events

- 2 cases of pericardial effusions
- 1 case of HLH
- 1 case of bullous dermatitis

## Immune-related Adverse Events (all $\leq$ grade 2)

- 3 cases of hypothyroidism
- 3 cases of hepatitis
- 2 cases of pneumonitis

Toxicity	All grade AEs	Grade 3 or 4 AEs
Thrombocytopenia	17 (68%)	8 (32%)
Neutropenia	16 (64%)	13 (52%)
Fatigue	10 (40%)	1 (4%)
Nausea/vomiting	10 (40%)	0
Muskuloskeletal	8 (32%)	1 (4%)
Abdominal pain	6 (24%)	1 (4%)
Peripheral edema	5 (20%)	1 (4%)
Hypophosphatemia	5 (20%)	0
Anemia	4 (16%)	2 (8%)
Mucositis	4 (16%)	0
Rash	3 (12%)	1 (4%)
Dysgeusia	3 (12%)	0
Fever	3 (12%)	0
Effusions	3 (12%)	2 (8%)
Hypothyroidism	3 (12%)	0
Transaminase elevation	3 (12%)	0
Dizziness	3 (12%)	0



# Conclusions

- The combination of pembrolizumab with entinostat was overall well tolerated and demonstrated a promising CR rate in a heavily pre-treated patient population
- Responses were observed irrespective of prior HDAC-I or CPI therapy and appear durable
- Longer follow-up will be needed to confirm these data