TIRHOL (BGB-A317-210): An International Phase 2 Study by the Lymphoma Study Association

Tislelizumab is an anti-PD-1 antibody for patients with relapsed and refractory Hodgkin lymphoma

- **Tislelizumab is an anti-PD-1 antibody with low affinity for macrophage Fcy receptors (FcyRs) and high affinity to PD-1**

  Hong Y et al. FEBS Open Bio. 2021;11(3):782-792

- **Clinical activity of tislelizumab has been demonstrated in patients with relapsed/refractory classical Hodgkin lymphoma (cHL) in a Ph2 study conducted in China with 70 patients**
  - Objective and complete response rate: 87%, 63%
  - Progression-free survival at 3 years: 40%

  Song Y, et al. Clin Cancer Res. 2022;28(6):1147-1156

  Song Y, et al. Leukemia. 2020;34(2):533-542

- **TIRHOL Objective: to confirm activity of tislelizumab in Western patients (in France, Belgium, USA, Australia) with cHL previously treated with brentuximab-vedotin (BV) and autograft**
  - Cohort 1: prior treatment with autograft and BV
  - Cohort 2: non-candidate for transplant with prior BV treatment
- **Primary Endpoint: objective response rate (PET-CT Lugano 2014) per Investigator; H0: 45%; H1>45%; 42 patients to be included**
- **Key Protocol Amendments (October 2021):**
  - Removal of criterion for prior treatment with BV
  - Inclusion of patients from cohort 2 in 1st relapse

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Primary Endpoint: Objective Response Rate (PET-CT Lugano 2014) by the Investigator

45 patients were enrolled from August 2020 to September 2022: 14 in Cohort 1, 31 in Cohort 2

Median follow-up: 11.4 months

	N=45
Best response according to Lugano classification, n (%)	
Complete remission	14 (31.1)
Partial remission	15 (33.3)
Stable disease	2 (4.4)
Progressive disease	13 (28.9)
Not evaluated	1 (2.2)
ORR according to Lugano classification, n (%)	29 (64.4)
90% CI for ORR rate	51.1–76.3
Binomial test for analyses of primary endpoint	
Z test value	2.62
One-sided *P* value	.0044

- Objective Response Rate: cohort 1: 64.3%; cohort 2: 64.5%
- 13 patients continued tislelizumab due to ongoing clinical benefit despite meeting SUV criteria for progression for a median of 3.6 months (range Q1: 1.8-Q3: 9.5) after PD
- **As of the data cut-off date Dec 12, 2022:** 19 patients continued tislelizumab, and 24% of patients had treatment duration of >1 year
- No treatment-emergent AEs leading to death
- Grade ≥3 treatment-emergent AEs: 15 (33%) patients
- Discontinuation (n=9) or interruption (n=2) of tislelizumab
- No unexpected toxicities were observed; 15 patients experienced immune-related adverse events (3 grade ≥3 irAEs)
- Median response duration: 12.3 months

Results of the TIRHOL study confirm that tislelizumab is a promising treatment option for patients with cHL and warrant evaluation of tislelizumab earlier in the treatment paradigm and in combination regimens

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