

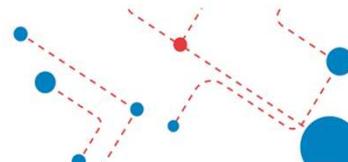
Discussion et perspectives

- Place des **nouveaux traitements pour les LH?**

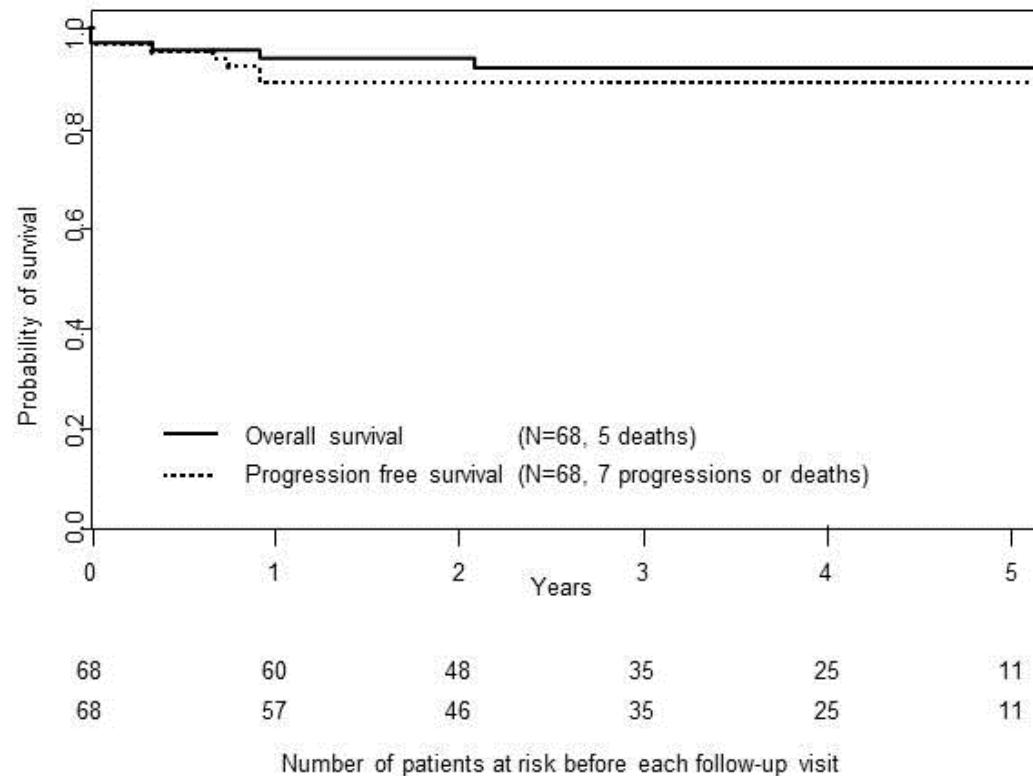
Brentuximab vedotin

Inhibiteurs des PD-1

- **Inclusions dans essais en population générale**



OS et PFS très proches, Rattrapage peu efficace



2 years OS : 0.94 ; 95%CI=[0.88 , 1]

2 year PFS : 0.89 ; 95%CI=[0.82 , 0.97]

Median follow-up: 38 months (IQR : 31)

Besson et al, CID 2015

Lymphomes de Hodgkin Approches thérapeutiques



Essai Pilote associant AVD et
Brentuximab Vedotin pour le
traitement du Lymphome de Hodgkin
de stade III-IV associé au VIH

CBesson, N Mounier en France

Paul G. Rubinstein, Chair
Ariela Noy, Co-Chair

Lymphomes de Hodgkin Approches thérapeutiques



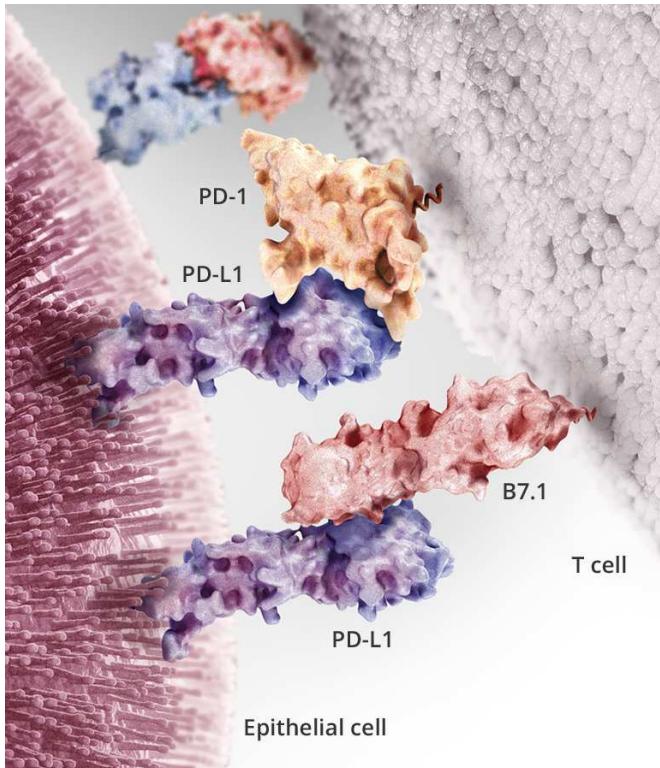
Essai de phase IIa

Traitement des LH en
rechute/réfractaire
Par le Nivolumab

*Sylvain Choquet
Amélie Guihot
Caroline Besson
Nicolas Mounier
Jean-Philippe Spano*

Andreas Engert ?

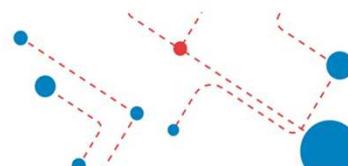
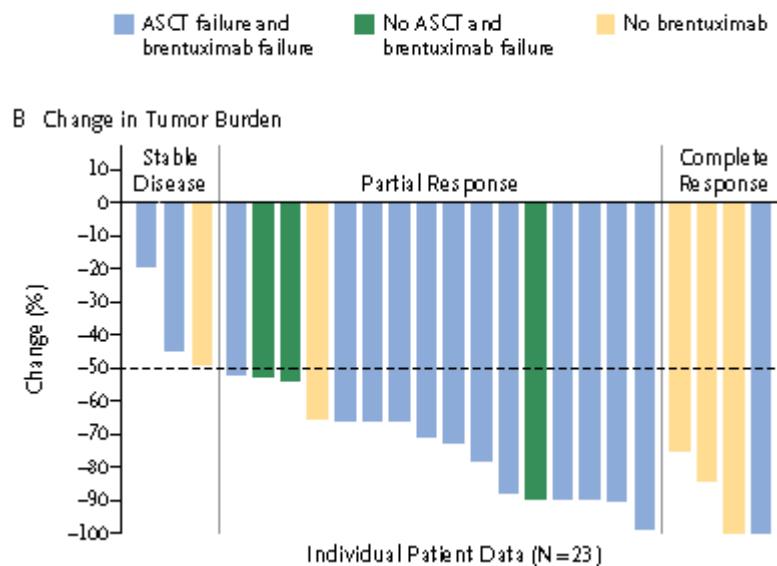
Justifications : Hodgkin



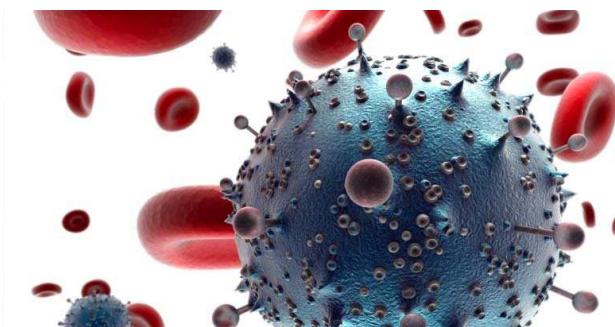
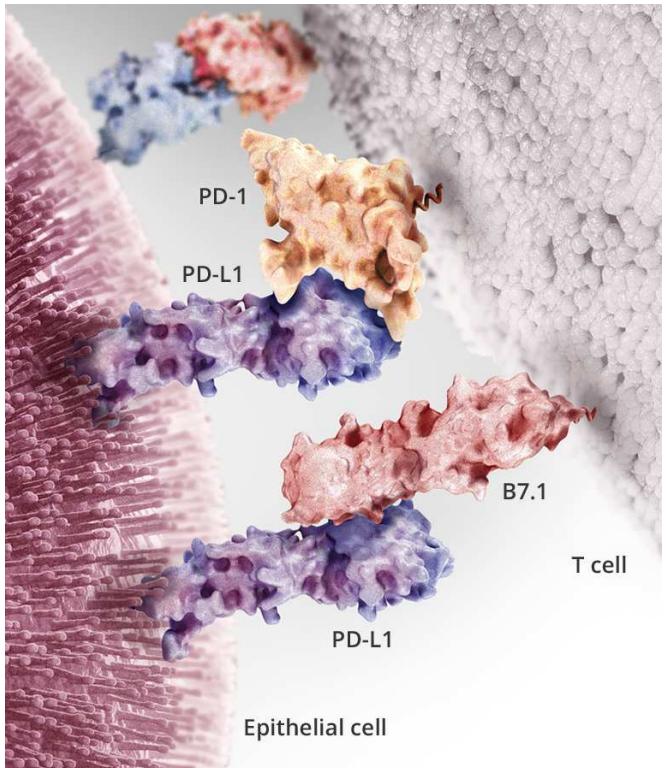
PD-1 Blockade with Nivolumab in Relapsed or Refractory Hodgkin's Lymphoma

Stephen M. Ansell, M.D., Ph.D., Alexander M. Lesokhin, M.D., Ivan Borrello, M.D., Ahmad Halwani, M.D., Emma C. Scott, M.D., Martin Gutierrez, M.D., Stephen J. Schuster, M.D., Michael M. Millenson, M.D., Deepika Cattry, M.S., Gordon J. Freeman, Ph.D., Scott J. Rodig, M.D., Ph.D., Bjoern Chapuy, M.D., Ph.D., Azra H. Ligon, Ph.D., Lili Zhu, M.S., Joseph F. Grosso, Ph.D., Su Young Kim, M.D., Ph.D., John M. Timmerman, M.D., Margaret A. Shipp, M.D., and Philippe Armand, M.D., Ph.D.

87% de RG, 86% de SSP à 24 semaines



Justifications : VIH

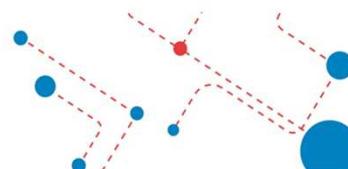


Corrélation [PD1] sur T CD8+ et T CD4+ et maladie VIH
Expression PD1 sur les T CD4+ réservoir

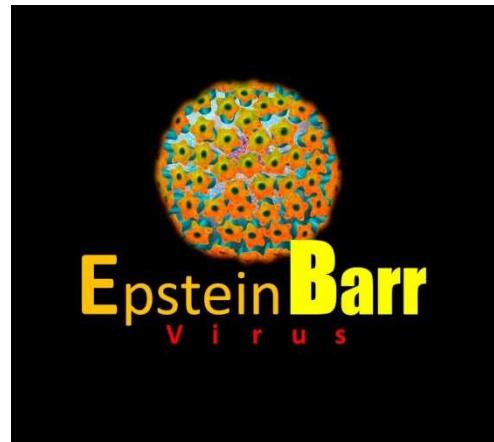
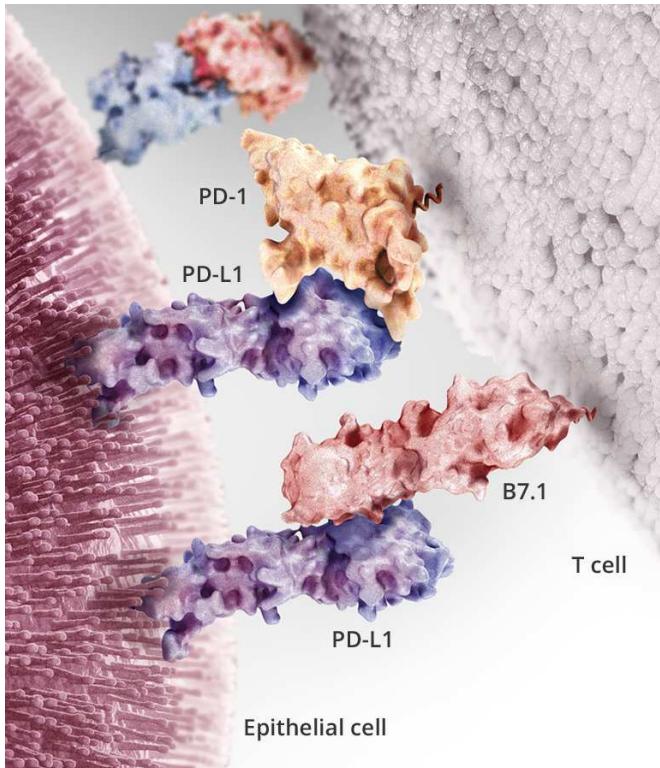
Si blocage PD1/PDL1:

Amélioration fonctionnelle des T CD4+

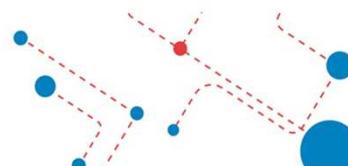
- ↗ T CD8+ VIH-spécifiques
- ↗ cytotoxicité



Justifications : EBV



~ 100% des Hodgkin VIH+ sont EBV+
T CD8+ spécifiques anti EBV sont PD1++ dans VIH



Schéma

