

LYMPHOMA/CLL TRIALS OPEN TO RECRUITMENT AT THE RLUH

| Disease | Front Line or Relapsed/Refractory | Key entry criteria | Trial name & Treatment |
|-------------|-----------------------------------|---|---|
| DLBCL | Front line | <p>Adult patients with histopathologically confirmed non-Hodgkin lymphoma planned to receive 6 cycles of R-CHOP or CHOP (total planned dose 300mg/m² doxorubicin) chemotherapy.</p> <p>Exclusion: LVEF < or = to 50/positive baseline cardiac troponin T (≥14ng/L); known contraindication to ACE inhibitor e.g. renal artery stenosis, severe aortic stenosis;</p> <ul style="list-style-type: none"> • are taking, or have a previous intolerance to ACEI (e.g. angioedema); • patient already taking other agents acting on the renin-angiotensin-aldosterone system e.g. Aliskiren, angiotensin receptor blockers (ARBs), Entresto (sacubitril/valsartan), spironolactone, eplerenone; hypotension (systolic <100),hypertension(BP 160/100 or ambulatory 150/95) | <p>Proact – Preventing cardiac damage in breast cancer/lymphoma patient. lymphoma: a phase 3 Randomised, Open label, blinded endpoint, superiority trial of enalapril to prevent anthracycline-induced cardio-toxicity</p> |
| | Relapsed/Refractory | | |
| | Front line | High tumour burden | <p>PETREA = PET scan post induction with R-chemo – PET positive = R or R2; PET negative = R or obs.</p> |
| Follicular | Relapsed/Refractory | 2 prior treatments, no PI3K inhibitors, no progression on BTK inhibitors | <p>ME-401 = double-blind, placebo-controlled, two-arm, phase 2 trial</p> |
| | | Histologically confirmed diagnosis of iNHL. Histologic subtypes include FL Grades 1 to 3a, marginal zone lymphoma (splenic, nodal, or extranodal), or SLL | <p>Tempo – 2 Intermittent dosing schedules of duvelisib</p> |
| Mantle cell | Front line | | |

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| | | Unsuitable for PBSCT | ENRICH = IR, followed by daily I with R maintenance for 2 years v 6-8 cycles RB or R-CHOP, followed by R maintenance for 2 years. |
| | Relapsed/Refractory | <p>Prior treatment with one or more lines of standard therapy</p> <p>Prior allogeneic hematologic stem cell transplant is excluded</p> | <p>UTX-TGR-205</p> <p>Arm A: Ublituximab + TGR-1202 Arm B: TGR-1202</p> |

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| Marginal zone | Relapsed/Refractory | Histologically confirmed diagnosis of iNHL. Histologic subtypes include FL Grades 1 to 3a, marginal zone lymphoma (splenic, nodal, or extranodal), or SLL | Tempo – 2 Intermittent dosing schedules of duvelisib |
| T-NHL (PTCL,ALCL,AITL,ITL) | Front Line | PTCL Biobank | Blood & saliva samples at baseline, then 3 monthly at routine appointments, alongside data collection. |
| | | AIL/ALCL/PTCL patients only. At least 1 prior line, measurable disease, PS 0-1. Prior allo-SCT excluded, as are those who've had prior PD1/PD-L1. | AUTO4-TL1 – CAR T cell treatment targeting TRBC1 for R/R TRBC1 positive selected T cell NHL. Refer patients to UCL. Ask JT for referral details. |
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| SKIN LYMPHOMA | Front line | Newly diagnosed Mycosis fungoides or Sezary syndrome | PROCLIPI = diagnosis, annual and disease progression time points data collection only (may include tissue at a later date) |
| PTLD | Front line | | |
| CLL/SLL | Front line | Requiring treatment, fit for FCR, less than 20% P53 deletion, under 75. | FLAIR = FCR v IR v IV v I |