

## **KURZPROTOKOLL** **MCL R2 Elderly**

<b>Öffentlicher Titel</b>	Phase III Studie zur alternierenden Immunochemotherapie bestehend aus R-CHOP + R-HAD vs R-CHOP allein, gefolgt von Lenalidomid mit Rituximab vs Rituximab allein bei älteren Patienten mit Mantelzelllymphom
<b>Wissenschaftl. Titel</b>	Efficacy of alternating immunochemotherapy consisting of R-CHOP + R-HAD versus R-CHOP alone, followed by maintenance therapy consisting of additional lenalidomide with rituximab versus rituximab alone for older patients with mantle cell lymphoma
<b>Kurztitel</b>	MCL R2 Elderly
<b>Studienart</b>	multizentrisch, randomisiert, offen/unverblindet, mehrarmig
<b>Studienphase</b>	Phase III
<b>Erkrankung</b>	Blut: Non-Hodgkin-Lymphome (NHL), hoch-maligne: Neu diagnostiziert / de novo
<b>Einschlusskriterien</b>	<ul style="list-style-type: none"><li>- signed informed consent form</li><li>- Biopsy-proven mantle cell lymphoma according to WHO classification, including evidence of cyclin D1 overexpression or the translocation t(11;14)(q13;q32),</li><li>- <math>\geq 60</math> years of age and ineligible for autologous transplant</li><li>- Ann Arbor stage II-IV</li><li>- previously untreated (except for patients randomized directly for maintenance treatment who will receive 8 RCHOP before registration in the trial)</li><li>- ECOG performance status <math>\leq 2</math></li><li>- Male subjects must: (a) agree to use a condom during sexual contact with a woman of childbearing potential, even if they have had a vasectomy, throughout lenalidomide therapy; (b) agree to not donate semen during lenalidomide therapy</li><li>- All subjects must: (a) have an understanding that the lenalidomide could have a potential teratogenic risk; (b) agree to abstain from donating blood while taking lenalidomide therapy; (c) agree not to share study medication with another person; (d) be counselled about pregnancy precautions and risks of foetal exposure</li><li>- Additional inclusion criteria for randomization in maintenance phase : (a) CR, CRu or PR after induction treatment, determined as per Cheson 1999 criteria by investigator; (b) During the run-in period of 6 months starting from the date of the first patient randomized in the trial: in case of direct randomization into maintenance phase, patient must have been treated in first line by 6-8 cycles of R-CHOP</li></ul>
<b>Ausschlusskriterien</b>	<ul style="list-style-type: none"><li>- Female of child-bearing potential (without natural menopause for at least 24 consecutive months, a hysterectomy or bilateral oophorectomy)</li><li>- Any of the following laboratory abnormalities, if not related to lymphoma: (a) Absolute neutrophils count (ANC) <math>&lt; 1,000 / \text{mm}^3</math> (<math>1.0 \times 10^9 / \text{L}</math>) if not result of a BM infiltration; (b) Platelet counts <math>&lt; 75,000 / \text{mm}^3</math> (<math>75 \times 10^9 / \text{L}</math>) if not result of a BM infiltration; (c) Serum aspartate transaminase (AST/SGOT) or alanine transaminase (ALT/SGPT) <math>&gt; 3.0 \times</math> upper limit of normal (ULN); (d) Serum total bilirubin <math>&gt; 1.5</math> ULN (except if due to Gilbert's syndrome)</li><li>- Calculated creatinine clearance (Cockcroft-Gault formula or MDRD) <math>&lt; 30 \text{ mL /min}</math></li><li>- Central nervous system involvement by lymphoma</li><li>- Contraindication for medicamentous DVT prophylaxis for patients at high risk for DVT</li><li>- Prior history of malignancies other than MCL unless the subject has been free of the disease for <math>\geq 5</math> years (Exceptions: Basal or squamous cell carcinoma of the skin, Carcinoma in situ of the cervix or of the breast, Incidental histologic finding of prostate cancer (TNM stage of T1a or T1b))</li><li>- Any serious medical condition, laboratory abnormality, or psychiatric illness that would prevent the patient to receive the study medication as planned.</li><li>- Poor cardiac function (LVEF <math>&lt; 50\%</math>) on echocardiography</li></ul>

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- Seropositivity for human immunodeficiency virus (HIV, mandatory test) Seropositivity for hepatitis C virus (HCV, mandatory test), Active viral infection with hepatitis B virus (HBV, mandatory test): (a) HBsAg positive; (b) HBsAg negative, anti-HBs positive and anti-HBc positive
- Uncontrolled illness including, but not limited to: (a) Active infection requiring parenteral antibiotics; (b) Uncontrolled diabetes mellitus; (c) Chronic symptomatic congestive heart failure (Class NYHA III or IV); (d) Unstable angina pectoris, angioplasty, stenting, or myocardial infarction within 6 months; (e) Clinically significant cardiac arrhythmia that is symptomatic or requires treatment, or asymptomatic sustained ventricular tachycardia
- Prior  $\geq$  Grade 3 allergic hypersensitivity to thalidomide
- Prior  $\geq$  Grade 3 rash or any desquamating (blistering) rash while taking thalidomide
- Subjects with  $\geq$  Grade 2 neuropathy
- Known anti-murine antibody (HAMA) reactivity or known hypersensitivity to murine antibodies
- Prior use of lenalidomide
- Participation in another clinical trial within three weeks before randomization in this study
- Additional exclusion criteria for randomization in maintenance phase: (a) SD or PD after induction treatment determined as per Cheson 1999 criteria assessed by investigator; (b) Patients who had not received at least 6 cycles of R-CHOP21 or 2 cycles of R-CHOP21 / 2 cycles of R-HAD28 (alternating); (c) Patients with serious underlying medical conditions, which could impair the ability to receive maintenance treatment; (d) Calculated creatinine clearance (Cockcroft-Gault formula or MDRD) of  $< 30$  mL /min at screening for maintenance; (e) ANC  $< 1,000$  cells/mm<sup>3</sup> ( $1.0 \times 10^9$ /L) at screening for maintenance; (f)
- Platelet count  $< 50,000$  cells/mm<sup>3</sup> ( $50 \times 10^9$ /L) at screening for maintenance.

<b>Alter</b>	18 Jahre und älter
<b>Fallzahl</b>	633
<b>Prüfzentren</b>	<b>Klinik Maingau</b> (Rekrutierung beendet) Scheffelstraße 2-14 60318 Frankfurt am Main Dr. med. Hans-Peter Böck Tel: 069 812626 Fax: 069 826428 <a href="mailto:info@onkologie-offenbach.de">info@onkologie-offenbach.de</a>
<b>Sponsor</b>	LYSARC
<b>Registrierung in anderen Studienregistern</b>	EudraCT 2012-002542-20