Rituximab in Primary Central Nervous system Lymphoma.
A randomized HOVON / ALLG intergroup study.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20855

Source
Nationaal Trial Register

Brief title
HOVON 105 PCNSL

Health condition

Primary Central Nervous System Lymphoma (PCNSL)

Sponsors and support

Primary sponsor: Stichting Hemato-Oncologie voor Volwassenen Nederland (HOVON)
P/a HOVON Data Center
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Source(s) of monetary or material Support: Stichting Hemato-Oncologie voor Volwassenen Nederland (HOVON), Koningin Wilhelmina Fonds (KWF), Roche.

Intervention

Outcome measures

Primary outcome

To assess the effect of the addition of rituximab in a standard chemotherapy regime on EFS in newly diagnosed PCNSL.

Event-free survival at 1, 3 and 5 years of all patients defined as failure (relapse, no CR or CRu) or death from any cause.

Secondary outcome

To evaluate the effect of the addition of rituximab to a standard chemotherapy regimen with respect to:

1. Response rates after (R-) MBVP, after HD-Ara-C and after completion of radiotherapy;

2. Toxicity (until 30 days after off protocol treatment);

3. Overall survival;

4. Cognitive function and quality of life after treatment.

Study description

Background summary

Study phase:

Phase III.

Study objective:

To assess the effect of the addition of rituximab in a standard chemotherapy regimen on EFS in newly diagnosed PCNSL.

Patient population:

Patients with newly diagnosed PCNSL, age 18-70 years.

Study design:

Prospective randomized, open label, phase III intergroup study.

Duration of treatment:

Expected duration of 4-5 months.

All patients will be followed until 10 years after randomization.

Study objective

The hypothesis to be tested that the outcome in arm B is better than in arm A.

Study design

At entry, before the 2nd, 3rd and 4th HD-MTX, before and after HD-Ara-C, after radiotherapy, during follow-up every 3 (±1) months during the first 2 years, every 6 (±1) months during the next 3 years and annually thereafter.

Intervention

In the experimental arm B intravenously administered rituximab will be added to MBVP chemotherapy. Arm A is the standard arm.

The objective of the current study is to investigate whether the addition of intravenous rituximab (375 mg/m^2, 6 gifts in 2 courses) to a standard chemo- and radiotherapy regimen results in improved event-free survival (EFS). As a basis for the treatment the MBVP combination chemotherapy will be used (high-dose metothrexate 3000 mg/m^2 2 gifts per course, teniposide 100 mg/m^2 2 gifts per course, BCNU 100 mg/m^2 1 gift per course, prednisolone 60 mg/m^2 5 gifts per course. Two courses of each 4 weeks will be given. High-dose ARA-C (2000 mg/m^2 q12 hrs for 2 days) will be given as consolidation chemotherapy to patients responding to MBVP before radiotherapy. In patients aged 60 or younger whole brain radiotherapy will be performed (20 x 1.5 Gy)statrting within 4-6 weeks after HD-ARA-C. Intrathecal treatment will be reserved for patients in either arm who exihibit persistent CSF disease after the first two HD-MTX courses, consisting of methotrexate 15 mg twice a week until 2x CSF negative or dexa-methasone 4 mg (or methylprednisolone 25 mg) until 2x CSF negative.

Contacts

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Eligibility criteria

Inclusion criteria

1. Patients with a histologically confirmed diagnosis of CD20 positive DLBCL based upon a representative histology specimen of brain biopsy according to the WHO classification;

OR

2. Patients with a diagnosis of PCNSL based on MRI evidence of brain parenchymal lesion showing homogeneous contrast enhancement suspect for lymphoma;

AND

3. Unequivocal morphological and/or immunophenotypical evidence of CSF CD20 + large cell lymphoma;

4. AND/OR Unequivocal morphological and/or immunophenotypical evidence of CD20 + large cell lymphoma in vitreous fluid;

OR

5. Patients with unequivocal morphological and/or immunophenotypical evidence of CD20 + large cell lymphoma in vitreous fluid AND CSF but without a brain parenchymal lesion;

6. Age 18-70 years inclusive;

7. Performance status with or without administration of steroids WHO/ECOG 0-3;

8. Written informed consent.

Exclusion criteria

1. Evidence of systemic lymphoma;

2. History of intolerance of exogenous protein administration;

3. Severe cardiac dysfunction (NYHA classification III-IV, appendix G, or LVEF < 45%) Congestive heart failure or symptomatic coronary artery disease or cardiac arythmias not well controlled with medication ;

4. Severe pulmonary dysfunction (vital capacity or diffusion capacity < 50% of predicted value);

5. Significant hepatic dysfunction (bilirubin or transaminase ¡Ý 2.5 x upper normal limit) at Screening;

6. Significant renal dysfunction (serum creatinine ¡Ý150 micromol/l or clearance < 60 ml/min) at Screening;

7. Presence of ¡°third space fluid¡±, such as pleural effusion or ascites;

8. Prior cranial radiotherapy;

9. Active uncontrolled infection;

10. HIV-positivity;

11. (EBV positive) post-transplant lymphoproliferative disorder;

12. Untreated hepatitis B infection (inclusion is possible if adequate antiviral medication e.g. lamivudine or alternative is started and continued for the duration of the trial);

13. Positive pregnancy test in women of reproductive potential;

14. Lactating women;

15. Unable or unwilling to use adequate contraceptive methods (all men, pre-menopausal women) until 12 months after last chemotherapy treatment;

16. Any psychological, familial, sociological or geographical condition potentially hampering compliance with the study protocol and follow-up schedule.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	15-07-2010
Enrollment:	200
Type:	Anticipated

Ethics review

Positive opinion

Date:	13-07-2010
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL2321
NTR-old	NTR2427
Other	ALLG NHL 24 : 2009-014722-42
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A