# HOVON 80 NHL: Phase II study on the feasibility and efficacy of R-DHAP + HD-MTX, combined with intrathecal rituximab, followed by autologous stem cell transplantation in patients with a recurrent aggressive B-cell lymphoma with CNS localisation

Published: 17-08-2006 Last updated: 20-05-2024

Evaluation of intensive therapy for relapsed B-cell lymphoma with CNS localisation. Treatment includes:a. intrathecal administration of rituximab, B. combining R-DHAP with high dose methotrexate intravenously. The following endpoints will be...

**Ethical review** Approved WMO **Status** Recruiting

Health condition type Lymphomas non-Hodgkin's B-cell

Study type Interventional

# **Summary**

#### ID

NL-OMON37237

Source

ToetsingOnline

**Brief title** 

**HOVON 80 NHL** 

## **Condition**

- Lymphomas non-Hodgkin's B-cell
- Lymphomas non-Hodgkin's B-cell

#### **Synonym**

B cell lymphoma; lymphoma

## **Research involving**

Human

# **Sponsors and support**

**Primary sponsor: HOVON** 

Source(s) of monetary or material Support: Ministerie van OC&W

## Intervention

Keyword: CNS involvement, NHL, phase II, relapsed B-cell lymphoma

#### **Outcome measures**

## **Primary outcome**

1.Progression-free survival measured from the date of registration. Patients still alive or lost to follow up are censored at the last day they were known to be alive.

## **Secondary outcome**

- 2. Response to R-DHAP-MTX.
- 3.Overall survival.
- 4.Toxicity
- 5. Percentage of patients transplanted.

# **Study description**

## **Background summary**

Patients with a recurrent aggressive B-cell lymphoma with CNS localisation have a poor prognosis in the current treatment setting. This study will assess a new treatment option (intrathecal rituximab administration) in combination with intensive chemotherapy to increase treatment efficacy.

## Study objective

Evaluation of intensive therapy for relapsed B-cell lymphoma with CNS localisation. Treatment includes:

- a. intrathecal administration of rituximab.
- B. combining R-DHAP with high dose methotrexate intravenously. The following endpoints will be evaluated: progression free survival, response

rate and overall survival.

## Study design

Prospective multicenter, phase II

#### Intervention

Intrathecal rituximab
Systemic high dose methotrexate

## Study burden and risks

The intensive treatment requires several hospitalizations for administration of the chemotherapy as well as monitoring of potential complications as is normally required for all other regular/standard intensive treatments for hemato-oncological malignancies. Intensive chemotherpeutic treatment may be complicated by complications of infectious nature. High dose methotrexate may cause renal insufficiency. There are no serious complications known of intrathecal rituximab administration in the dosage used in this study. The experience however is limited.

# **Contacts**

#### **Public**

Stichting Hemato-Oncologie voor Volwassenen Nederland (HOVON)

De Boelelaan 1117 1081 HV Amsterdam NL

#### Scientific

Stichting Hemato-Oncologie voor Volwassenen Nederland (HOVON)

De Boelelaan 1117 1081 HV Amsterdam NL

# **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

## **Inclusion criteria**

- \*Diagnosis of aggressive malignant B-cell lymphoma based upon a representative -histology specimen according to the WHO classification (see appendix A):
- \*follicular lymphoma grade III
- \*diffuse large B-cell lymphoma

Prior \*low-grade\* lymphoma with histologically proven transformation to follicular lymphoma grade III or DLBCL is also permitted.

- \*CD 20 positive
- \*First progression or relapse with CNS localisation (see below) without or with systemic relapse (preferably histologically proven). \*Progressive\* includes patients who have progressive disease (PD), without prior response and patients who have progression after first PR.
- \*Diagnosis of CNS localisation based on at least one of the following:
- -unequivocal morphological and/or immunophenotypical evidence of CSF lymphoma
- -clinical AND MRI evidence of leptomeningeal localisation
- -brain parenchymal lesion showing homogeneous contrast enhancement suspect for lymphoma, concurrently with systemic progression or recurrence
- -biopsy-proven brain parenchymal NHL localisation of previously diagnosed systemic NHL
- \*Age 18-65 years inclusive
- \*WHO performance status 0 2 (see appendix F) with or without administration of steroids
- \*Written informed consent according to the centre\*s requirements
- \*Negative pregnancy test in women of reproductive potential

## **Exclusion criteria**

- \*History of intolerance of exogenous protein administration
- \*Severe cardiac dysfunction (NYHA classification III-IV, appendix G, or LVEF < 45%)
- \*Severe pulmonary dysfunction (vital capacity or diffusion capacity < 50% of predicted value)
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unless clearly related to NHL involvement

- \*Hepatic dysfunction, bilirubin or transaminase  $\geq$  2.5 x upper normal limit, unless related to lymphoma.
- \*Renal dysfunction (serum creatinine >=150 umol/l or clearance <= 60 ml/min)
- \*Prior cranial radiotherapy
- \*Active uncontrolled infection
- \*Known HIV-positivity
- \*(EBV) post-transplant lymphoproliferative disorder
- \*Documented CNS involvement during 1st line therapy (MTX intrathecal profylaxis during 1st line therapy is no exclusion criterium)

# Study design

# **Design**

Study phase: 2

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

## Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 03-10-2006

Enrollment: 35

Type: Actual

# Medical products/devices used

Product type: Medicine

Brand name: Mabthera

Generic name: rituximab

Registration: Yes - NL outside intended use

Product type: Medicine

Brand name: nvt

Generic name: cisplatinum

Registration: Yes - NL intended use

Product type: Medicine

Brand name: nvt

Generic name: cytarabine

Registration: Yes - NL intended use

Product type: Medicine

Brand name: nvt

Generic name: methotrexate

Registration: Yes - NL intended use

# **Ethics review**

Approved WMO

Date: 17-08-2006

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 28-09-2006

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 04-11-2008

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 15-01-2009

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 12-03-2009

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 02-06-2009

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 30-07-2009

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 10-10-2011

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

Approved WMO

Date: 08-12-2011

Application type: Amendment

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

# **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

EudraCT EUCTR2006-002141-37-NL

Register ID

CCMO NL12977.078.06