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)

unless clearly related to NHL involvement
*Hepatic dysfunction, bilirubin or transaminase >= 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