Follicular Lymphoma Clinical Trials

The following clinical trials are currently open and accruing for patients with follicular lymphoma.

Contact Jillian Foreman (Clinical Research Manager), jillianm_foreman@dfci.harvard.edu, 617-582-8713 to discuss a patient.

**TRIALS FOR RELAPSED/REFRACTORY PATIENTS**

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See the following pages for more information about these trials.

These trials are offered through Dana-Farber/Harvard Cancer Center, an NCI-designated Comprehensive Cancer Center.
TRIALS FOR PATIENTS WITH RELAPSED/REFRACTORY DISEASE

18-311: A multi-cohort phase 1b clinical trial of rituximab in combination with immunotherapy in untreated and previously-treated follicular lymphoma

Rationale: This study is a phase 1b study studying the efficacies of immunotherapies in newly diagnosed and relapsed follicular lymphoma patients. There will be three arms that will be open for enrollment: Rituximab, utomilumab (4-1BB agonist antibody) and avelumab (anti-PDL1 antibody); PF4518600 (Ox-40 agonist antibody), rituximab, and utomilumab; and rituximab, PF4518600, avelumab. Treatment is limited to 6 cycles for all arms. We are currently only open for relapsed follicular patients.

Key Eligibility Criteria:
- Histologically confirmed diagnosis of B-cell iNHL with histological subtype limited to FL Grade 1, Grade 2, or Grade 3a or marginal zone lymphoma (MZL) nodal or extranodal, based on criteria established by the World Health Organization (WHO) 2016 classification.
- Patients can have had prior had CAR-T cell therapy or other genetically modified T-cell therapy
- Patients must be relapsed or refractory after 2 or more prior lines of therapy. One prior therapy must have included an anti-CD20 monoclonal antibody combined with an alkylating agent (single agent CD-20 antibody will not count as a line of therapy for eligibility)

Treatment Schedule:
Patients will be required to come into clinic 7 times during the first 28-day cycle, including a screening tumor biopsy along with an on-treatment biopsy. After the first cycle, patients will be required to come into clinic twice a month for their treatments for six months. Afterwards, they will be required to come to clinic once every 3 months.

Principal Investigator: Caron Jacobson, MD

Slots Available at Last Update: Slots will vary. Please email us for the latest slot availability.
To discuss a patient, 
email jillianm_foreman@dfci.harvard.edu

17-313: A phase 1b/2 trial of Hu5F9-G4 in combination with rituximab in patients with relapsed/refractory B-cell non-Hodgkin lymphoma. Hu5F9-G4 is a monoclonal antibody which is designed to block a protein called CD47, which is widely expressed on human cancer cells

**Rationale:** This is a phase 1b/2 for relapsed/refractory DLBCL and indolent lymphomas (marginal zone and follicular lymphoma). This study is using rituximab in combination with Hu5F9-G4, an anti–CD47 drug. We are currently open with the combination arm with chemotherapy (RGemOx) + HuF59-G4 arm.

**Key Eligibility Criteria:**
- Patients must have had their last treatment either 3 weeks prior or 4 half-lives (up to a maximum of 4 weeks) whichever is longer
- Follicular lymphoma grade 1-3
- Patients cannot be transfusion dependent, requiring more than 2 units of RBC transfusions during the 4-week screening period

**Treatment Schedule:**
Patients will be required to have intensive treatment schedules during the first two months of treatment. The first cycle of treatment includes 8 visit dates. They will be coming in for treatment visits on 7 of those 8 dates this includes infusion of Rituximab, Hu5F9-G4, Gemcitabine and Oxaliplatin. After the completion of the first cycle, the number of visits will decrease to 5 visits during Cycle 2 and then three visits per month for 4 cycles. After the completion of Cycle 4 patients will then transfer over to only receiving Rituximab + Hu5F9-G4. Rituximab will be administered every other cycle from cycle 5 on. Also, patients will be receiving their first scan at the beginning of cycle 3 and their further treatment will be based upon that. As of note patients must also be willing to have the optional tumor biopsy done at pre-treatment and while on treatment.

**Principal Investigator:** Ann LaCasce, MD, MMSc

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18-608: A phase 1/2a, open-label, dose-escalation, dose-expansion, parallel assignment study to evaluate the safety and clinical activity of PBCAR0191 in patients with relapsed/refractory (r/r) non-Hodgkin lymphoma (NHL) and r/r B-cell acute lymphoblastic leukemia (B-ALL)

**Rationale:** Allogeneic CAR-T product. No manufacturing required and 14-day consent to cells window.

**Key Eligibility Criteria:**
The following types of lymphoma are included and must be confirmed CD19+ (biopsy can be within 6 months if no CD19 directed therapy was administered):

- Diffuse large B cell lymphoma (DLBCL) including Richter’s transformation
- Primary mediastinal B-cell lymphoma (PMBL)
- Follicular Lymphoma (FL) including grade 3B or transformed FL (TFL)
- High-grade B-cell lymphoma
- Small lymphocytic lymphoma (SLL)
- Mantle cell lymphoma (MCL)

- Patient must have received at least 2 prior chemotherapy-containing regimens, one of which have contained an anthracycline and an anti-CD20 monoclonal antibody (unless the investigator determines that the patient’s tumor is CD20 negative)
- Adequate bone marrow, renal, pulmonary and cardiac (creatinine clearance >60 mL/min) (Platelet count ≥30,000) (AST and ALT ≤3 times upper limit of normal)
- Cannot have received stem cell transplant within 90 days before screening

**Treatment Schedule:**
Patients sign consent on Day -14, undergo conditioning chemotherapy on Days -5 to Day -3 and receive PBCAR0191 on Day 0. They are then seen in clinic for follow-up on Day 14, 28, 42, 60, 120, 150, 180, 270, and 360, where they will then be asked to sign-up for a long-term follow-up study.

**Principal Investigator:** Caron Jacobson, MD

**Slots Available at Last Update:** Slots will vary. Please email us for the latest slot availability.

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18-568: A phase 1b/2, open-label, multicenter, randomized, controlled study investigating the safety, tolerability, pharmacokinetics, and efficacy of mosunetuzumab (BTCT4465A) in combination with CHOP or CHP-polatuzumab vedotin in patients with B-cell non-Hodgkin lymphoma

Rationale: This is a phase 1b/2, multicenter study that combines the new CD3-CD20 bispecific antibody mosunetuzumab in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone (M-CHOP), and in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) plus polatuzumab vedotin (CHP-pola) in patients with relapsed or refractory B-cell non-Hodgkin lymphoma. Mosu has good activity as a single-agent in R/R DLBCL (OR 34% CR 19% median duration of CR not reached after ~1y). The phase 1b portion of the study (currently accruing) is testing MCHOP and MCHP-Pola in patients with relapsed/refractory disease, who have received < 200mg/m2 adriamycin in the past (so most likely patients with R/R indolent B-NHL who were not previously treated with RCHOP). This will also provide the recommended phase 2 dose (RP2D) of mosunetuzumab in combination with CHOP and CHP-pola. The phase 2 cohort, which should open later this fall, will evaluate M-CHOP in patients with previously untreated diffuse large B-cell lymphoma (DLBCL). If safety among a run-in cohort is acceptable, M-CHOP (or later possibly M-CHP-Pola) will then be compared with R-CHP-Pola in a randomized phase 2 portion.

Key Eligibility Criteria for Phase 1B (current phase):

Inclusion:
- Groups A (MCHOP) and B (MCHP-Pola)
  - Patients must be 18 years old with a confirmed diagnosis of B-cell NHL, except for plasma cell malignancies, primary DLBCL of the CNS and Burkitt lymphoma.
  - Patients must be relapsed or refractory to at least one prior systematic lymphoma therapy.
  - Patients must have had treatment with at least one prior CD20-directed therapy (e.g. rituximab, obinutuzumab, ofatumumab).
  - Adequate Hematologic, Hepatic and Renal function

Group B Only
- Patients cannot have prior treatment with polatuzumab vedotin.

Exclusion:
- No prior treatment with mosunetuzumab
- No prior allogeneic stem cell transplant
- No past history of CNS lymphoma or disease

Treatment Schedule: Patients receive 6 cycles of MCHOP (in current cohort). There are 2 mandatory hospitalizations for cycle 1 and cycle 2, and frequent visits during cycle 1. Thereafter all drugs (except prednisone) are given only on day 1 of each cycle.

Principal Investigator: Philippe Armand, MD, PhD

Slots Available at Last Update: Slots will vary. Please email us for the latest slot availability.

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Follicular Lymphoma Clinical Trials, Dana-Farber/Brigham and Women’s Cancer Center. These trials are conducted through Dana-Farber/Harvard Cancer Center, an NCI-designated Comprehensive Cancer Center.