Mantle Cell Lymphoma Clinical Trials

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

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

TRIALS FOR RELAPSED/REFRACTORY PATIENTS

<table>
<thead>
<tr>
<th>Trial Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-021 p. 2</td>
<td>A phase 1/2 study of oral LOXO-305 in patients with previously-treated chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) or non-Hodgkin lymphoma (NHL); for patients who have had prior BTK inhibitor with either progression or discontinuation for adverse event</td>
</tr>
<tr>
<td>18-719 p. 3</td>
<td>A randomized phase 3 trial of consolidation with autologous hematopoietic cell transplantation followed by maintenance rituximab vs. maintenance rituximab alone for patients with mantle cell lymphoma in minimal residual disease-negative first complete remission</td>
</tr>
</tbody>
</table>

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

19-021: A phase 1/2 study of oral LOXO-305 in patients with previously-treated chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) or non-Hodgkin lymphoma (NHL)

Rationale: LOXO is a phase 1/2 study using the drug, LOXO-305, which is a small molecule that binds to the ATP site of the BTK kinase, prevents ATP from binding and inhibits BTK’s kinase activity. LOXO-305 causes potent dose-dependent inhibition of BTK kinase activity and tumor growth in multiple biologically relevant BTK-dependent model systems in vitro and in vivo, including B-cell lymphoma cell lines. The primary objective for the phase 1 study is to determine the maximum tolerated dose of oral LOXO-305 with previously treated chronic lymphocytic leukemia/ small lymphocytic lymphoma and non-Hodgkin’s lymphoma. The primary objective for the phase 2 study is to assess the preliminary anti-tumor activity of LOXO-305 based on ORR as assessed by an Independent Review committee.

Key Eligibility Criteria:
- Adequate hematologic status, defined as the following on C1D1 prior to treatment
  - Absolute neutrophil count (ANC) 0.75 x 10⁹/L and not requiring growth factors; if there is documented bone marrow involvement, growth factors (pegfilgastrim preferred) may be used at any time prior to C1D1 to achieve this ANC threshold
  - Platelet count 50 x 10⁹/L not requiring transfusion support; if there is documented bone marrow involvement, platelet transfusion may be used prior to 7 days before C1D1 to achieve this ANC threshold
  - Hemoglobin (Hb) 8 mg/dL not requiring transfusion support or growth factors; if there is documented bone marrow involvement, growth factors (e.g., epoetin alpha) may be used at any time prior to C1D1 to achieve this Hb threshold
- At least 2 prior lines of therapy
- No more than 2 prior chemotherapy-containing treatment regimens
- Patients must have prior BTK inhibitor exposure but may have discontinued for adverse events or had disease progression.

Treatment Schedule:
Patients will receive the assigned LOXO-305 dose on C1D1 in clinic. Patients will continue dosing daily and will return to clinic on days 8 and 15 of cycle 1. Patients will then return to clinic on day 1 of each subsequent cycle until EOT. Patients will continue LOXO-305 dosing until PD, unacceptable toxicity or other reason for treatment discontinuation. Patients with documented PD may be allowed to continue LOXO-305 if the patient is tolerating study drug and in the opinion of the Investigator, the patient is deriving clinical benefit from continuing study drug.

Principal Investigator: Jennifer Brown, MD, PhD

Slots Available at Last Update: Slots will vary but are continuously available as we can add patients to older cohorts. Please email us for the latest slot availability.

Mantle Cell 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.
18-719: A randomized phase 3 trial of consolidation with autologous hematopoietic cell transplantation followed by maintenance rituximab vs. maintenance rituximab alone for patients with mantle cell lymphoma in minimal residual disease-negative first complete remission

Rationale: This is an Alliance protocol studying the SOC treatments in mantle cell lymphoma. We are randomizing patients based upon MRD status and their response to frontline treatment. Patients will be randomized to auto transplant + rituxan or just maintenance rituximab. Patients can receive any frontline treatment; we just ask that they come to our clinic to sign consent at around their third cycle of treatment, so we have enough time to confirm the patient’s eligibility for the trial. At that time, we will bring the patient back in after their completion of their induction therapy and complete a PET/CT, BMBX, and MRD testing. Once a CR or PR is confirmed via the scan and the patient is determined to be MRD negative, we are able to randomize the patient to either auto or maintenance rituxan. Once they are randomized, the patient has a few months to actually start their treatment. Patients are also able to receive their maintenance rituxan at their local site rather than at Dana-Farber if they prefer. Patients will be followed at Dana-Farber with visits every 6 months and scans once a year.

Key Eligibility Criteria:
- No prior therapy for mantle cell lymphoma
- Patient must be receiving or have completed induction therapy within 120 days prior to Step 0. No more than 300 days may have passed between the first day of induction therapy and pre-registration to Step 0
- Patient must have an archived formalin-fixed paraffin-embedded (FFPE) tumor tissue specimen from the original diagnostic biopsy

Treatment Schedule:
Patients will receive SOC frontline induction therapy either at Dana-Farber or at their local institution. About 4 weeks after the completion of their induction therapy, we will schedule an appointment for a restaging with a PET/CT, BMBX, lab draw (MRD testing) and an appointment with the physician. The patient will then either need to come here to receive their auto transplant or can receive their Rituxan therapy locally. They will need to come into Dana-Farber every 6 months for a check in and once a year for a scan.

Principal Investigator: Ann LaCasce, MD, MMSc

Slots Available at Last Update: Currently there are many slots on this trial. Please email us for the latest slot availability.

<return to page 1>