T-Cell Lymphoma Clinical Trials

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

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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

19-063: A phase 1 multiple ascending dose study of DS-3201B in patients with lymphomas

Rationale: This sponsor-initiated study is based out of Japan and has two cohorts: the dose escalation cohort and the dose expansion cohort, for treatment of relapsed/refractory ATL and PTCL. The dose escalation cohort enrolled 25 patients in Japan with determination of the MTD and the dose expansion cohort for PTCL has now opened in the United States, with Dana-Farber being the first U.S. center to activate the trial. The study drug DS3201B (valemetostat) is a highly potent inhibitor and selectively targets both EZH1 and EZH2. Valemetostat is given orally, 200 mg QD in 28-day cycles.

Key Eligibility Criteria:
- Relapsed/refractory NHL (ATL and PTCL), greater than 18 years old, ECOG PS of 0 or 1, at least 1 evaluable lesion site, preserved organ function at screening, and life expectancy > 3 months
- Post-transplant patients are allowed on the study as long as they are at least 12 weeks post autologous SCT and/or at least 90 days post allogenic SCT
- Patients are excluded if they have any of the following: CTCL or T-cell leukemia, central nervous system involvement, grade 3 or 4 peripheral neuropathy, evidence of prolongation of QT/QTc interval, curative radiation or major surgery within 4 weeks before C1D1 or palliative radiation within 2 weeks of C1D1, and history of treatment with other EZH inhibitors

Treatment Schedule:
Patients are screening for the study over a 21-day period followed by a 7-day enrollment period. Patients will come to clinic for C1D1, C1D2, C1D8, C1D15, C1D16, and C1D22. Days 1 and 15 during Cycle 1 include post 8-hour PK blood draws and study ECGs. Following Cycle 1, the visit schedule becomes less intense — patients are only required to come to clinic for day 1 and day 15 of each cycle—and long days with post-dose PK/ECGs are eliminated after Cycle 1. Tumor biopsy requirements include a fresh or archival sample at baseline, a mandatory on treatment biopsy at the end of Cycle 1 (C2D1 +/- 7 days), and an optional end of treatment tumor biopsy within 30 days of the last dose of study drug. Patients are assessed for response by PET/CT every 8 weeks from the date of first dose for the first 6 months and then every 12 weeks thereafter until the end of the study. During the dose escalation cohort, hematologic toxicities were the most frequent (i.e. thrombocytopenia and anemia, both of which recovered with transfusions) and non-hematologic toxicities were mild/moderate.

Principal Investigator: Eric Jacobsen, MD

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

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18-239: A multicenter, phase 2, open-label, parallel cohort study of efficacy and safety of duvelisib in patients with relapsed or refractory peripheral T-cell lymphoma (PTCL)

**Rationale:** This sponsor-initiated study has two phases: the dose optimization phase and the dose expansion phase. The primary goal of the dose optimization phase was met and the dose for the dose expansion phase has been set at 75mg BID for the first two cycles, with a required dose reduction to 25mg after cycle 2. Patients receive duvelisib orally, twice daily in 28-day cycles. Patients are excluded if they have received prior allogeneic transplant, prior treatment with PI3K inhibitor, major surgery with 4 weeks of C1D1, and known CNS involvement by PTCL. Thus far, patients have been tolerating treatment well with limited toxicities.

**Key Eligibility Criteria:**
- Pathologically confirmed PTCL At least 2 cycles of one prior regimen (failed to achieve at least a PR, failed to achieve CR after 6 or more cycles, progressed after initial response)
- Measurable disease as defined by IWG for PTCL
- ECOG performance status of 2 or below, washout of 14 day or 5 half-lives from previous PTCL-directed therapy, and normal organ and marrow function

**Treatment Schedule:**
Patients will come to clinic for in patient dosing for C1D1, C1D8, C1D15, C2D1, C2D15 and C4D1 and then only on the first day of every even number cycle going forward. Either fresh or archival tissue from a tumor biopsy must be provided at screening. Patients are assessed for response by PET CT at the start of Cycle 3, and every two cycles thereafter.

**Principal Investigator:** Eric Jacobsen, MD

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**Rationale:** The primary goal of this study is to estimate the 18-month progression-free survival (PFS) rate after ASCT in patients treated with pembrolizumab as an early consolidation post-ASCT. Pembrolizumab binds to the PD-1 receptor and inhibits its interaction with PD-L1 and PD-L2, therefore serving as a PD-1 blockade. A large fraction of the patients with DLBCL, cHL, and PTCL who undergo an ASCT will still relapse. Studies have shown that a subset of PTCL tumors use the PD-1 pathway as a mechanism for tumor escape, and therefore there is a strong rationale for the use of pembrolizumab – an anti-PD1 monoclonal antibody – post-ASCT to inhibit this pathway with the hope of increasing PFS.

**Key Eligibility Criteria:**
- Patients with PTCL, NOS; AITL; ALK-negative ALCL; EATL and MEITL; and extranodal NK/T-cell lymphoma (ENKTL)
- Patients with ALK-positive PTCL and cutaneous T-cell lymphoma will not be eligible
- Patients can have no more than 1 line of anthracycline-containing chemotherapy prior to ASCT, must have had PET/CT restaging after salvage therapy and before ASCT
- ECOG performance status ≤ 1 and have normal organ and marrow function. Patients with CNS involvement or a syndrome that requires systemic steroids or autoimmune agents are excluded.

**Treatment Schedule:**
Patients will receive the first dose of pembrolizumab no later than 21 days from the post-ASCT discharge. Pembrolizumab 200 mg intravenously every three weeks for up to 8 cycles. Response will be assessed with PET/CT during Cycle 4 and Cycle 8 while on treatment and then at month 12 and month 18 post-ASCT after treatment has ended.

**Principal Investigator:** Philippe Armand, MD, PhD

**Slots Available at last update:** 3. Please email us for the latest information.

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