PROTOCOL SYNOPSIS – BMT CTN PROTOCOL #0701

Phase II Trial of Non-Myeloablative Allogeneic Hematopoietic Cell Transplantation for Patients with Relapsed Follicular Non-Hodgkin's Lymphoma Beyond First Complete Response

Study Chairperson: Ginna Laport, M.D.

Primary Objective: The primary objective of this study is to measure progression free survival at 2 years after non-myeloablative HSCT with a pre-transplant conditioning regimen of fludarabine, cyclophosphamide, and rituximab (FCR).

Secondary Objective: Secondary objectives for the study are two-year overall survival, time to progression/relapse, time to complete response (CR) and partial response (PR), time to off-study therapy, incidence and severity of acute and chronic GVHD, treatment-related mortality, incidence of primary and secondary graft failure, quality of life as measured by the SF-36 and the FACT-BMT, correlation of serum rituximab levels with development of acute GVHD, chronic GVHD, relapse and immune recovery, incidence of infections, incidence of toxicities, and immunologic reconstitution.

Study Design: The study is a Phase II, single arm, multicenter trial. It is designed to confirm the efficacy in a multi-center BMT CTN/inter-group study of a non-myeloablative allogeneic conditioning regimen of FCR. The study population is patients with relapsed follicular NHL receiving matched related or matched unrelated donor transplants.

Accrual Objective: A maximum of 65 patients will be enrolled and followed for two years post-transplant.

Accrual Period: The estimated accrual period is two years.

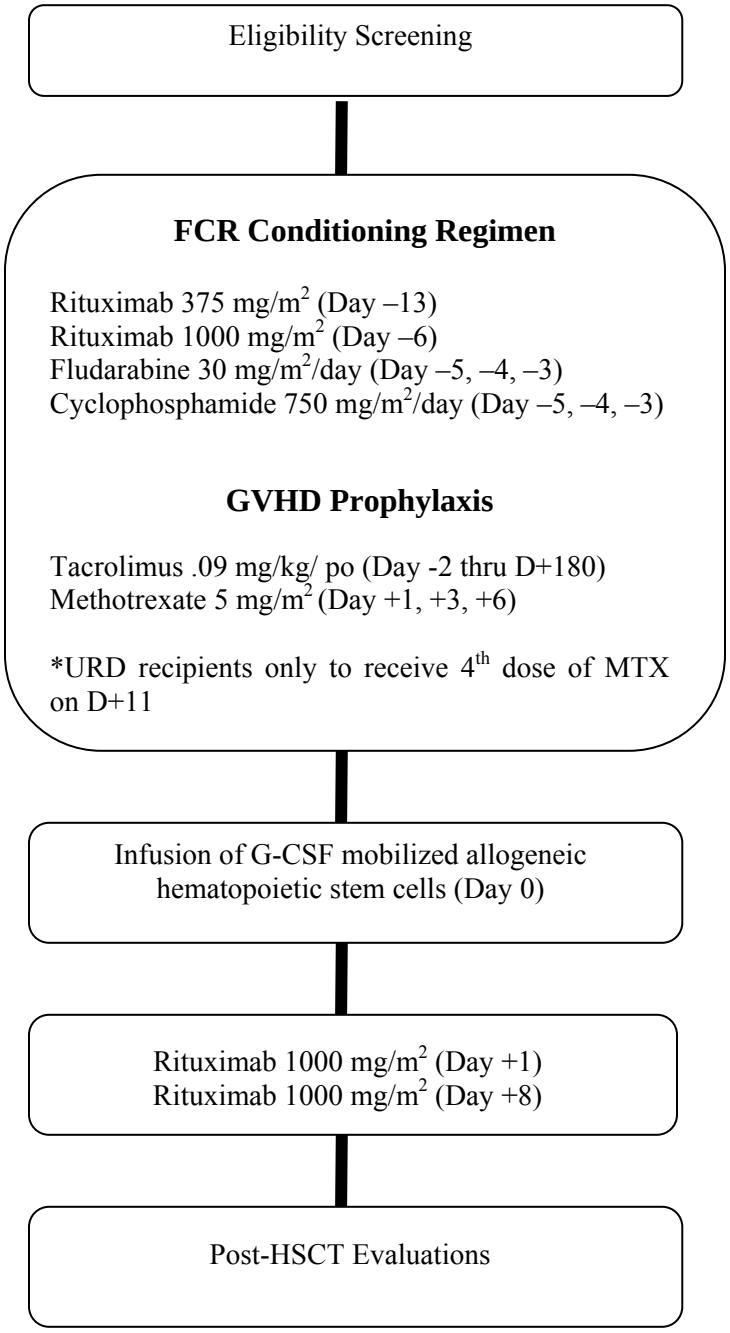
Eligibility Criteria: Eligible patients are ≤ 75 years of age with Karnofsky performance status ≥ 70% who have histologically confirmed recurrent follicular lymphoma (REAL classification follicle center follicular grades I and II or patients with histologically confirmed WHO classification follicular lymphoma grades 1, 2, or 3a). Patients must have chemosensitive disease by achieving reduction in lymph node axial diameter to ≤ 3cm or ≥ 50% reduction in estimated nodal diameter after their most

recent salvage therapy. Patients with stable disease are eligible if all lymph node masses are ≤ 3 cm and are smaller or unchanged in size to the most recent salvage regimen. Patients cannot have transformed follicular lymphoma, or have had prior allogeneic HSCT. Available donors must be either siblings with 6/6 –A, -B HLA and DRB1 match by DNA; or unrelated with 8/8 –A, B, C HLA and DRB1 by DNA. Donors must be willing to provide peripheral blood stem cells.

Treatment Description: All eligible patients will receive Rituxan 375 mg/m^2 on Day –13, Rituxan 1000mg/m^2 on Day –6, Fludarabine 30mg/m^2 on Days –5 to –3, and Cyclophosphamide 750mg/m^2 on Days –5 to –3, followed by HSCT, which will be followed by Rituxan 1000mg/m^2 on Day 1 and Day 8.

Study Duration: Patients will be followed for at least two years post-HSCT.

STUDY CHART


Eligibility Screening
FCR Conditioning Regimen
Rituximab 375 mg/m2 (Day –13)
Rituximab 1000 mg/m2 (Day –6)
Fludarabine 30 mg/m2/day (Day –5, –4, –3)
Cyclophosphamide 750 mg/m2/day (Day –5, –4, –3)
GVHD Prophylaxis
Tacrolimus .09 mg/kg/ po (Day -2 thru D+180)
Methotrexate 5 mg/m2 (Day +1, +3, +6)
*URD recipients only to receive 4th dose of MTX on D+11
Infusion of G-CSF mobilized allogeneic hematopoietic stem cells (Day 0)
Rituximab 1000 mg/m2 (Day +1)
Rituximab 1000 mg/m2 (Day +8)
Post-HSCT Evaluations