PROTOCOL SYNOPSIS - BMT CTN PROTOCOL #0803

High Dose Chemotherapy with Autologous Stem Cell Rescue for Aggressive B Cell Lymphoma and Hodgkin Lymphoma in HIV-infected Patients

Study Chairpersons: Joe Alvarnas, M.D. and Richard Ambinder, M.D.

Primary Objective: The primary objective of this multi-center study is to assess the overall survival after autologous hematopoietic stem cell transplantation (HCT) for chemotherapy-sensitive aggressive B cell lymphoma or Hodgkin's lymphoma in patients with HIV using BEAM for pre-transplant conditioning.

Secondary Objectives: Patients will be assessed for the following endpoints:

1. Time to progression
2. Progression-free survival
3. CR and CR+PR proportion at Day 100
4. Time to progression after CR
5. Lymphoma disease-free survival
6. Time to hematopoietic recovery
7. Hematologic function at Day 100
8. Toxicities
9. Incidence of infections
10. Treatment-related mortality
11. Immunologic reconstitution
12. Assessment of the impact of therapy on the HIV reservoir
13. Assessment of microbial gut translocation
14. Assessment of DNA in blood (clonal Ig DNA in plasma, EBV DNA in plasma and PBMC) as tumor markers will be assessed.

Study Design: This study is designed as a Phase II multi-center trial.

Accrual Objective: The trial will accrue 40 patients.

Accrual Period: The estimated accrual period is two years.

Eligibility Criteria: Eligible patients are a minimum of 15 years of age with Karnofsky performance status = 70% that have persistent or recurrent diffuse large B-cell, immunoblastic, plasmablastic, Burkitt's or Burkitt-like, or classical Hodgkin lymphoma. Patients must have received 1-3 prior treatment regimens, including an induction chemotherapy and $\leq$ 2 salvage regimens. Monoclonal antibody therapy and local radiation will not be counted as prior therapies. Patients must have chemosensitive disease as demonstrated by response to induction

or salvage chemotherapy. Patients must also have = 10% bone marrow involvement after their most recent salvage therapy. Patients cannot have had prior autologous or allogeneic HCT. Patients must initiate conditioning therapy within 3 months of mobilization or bone marrow harvest. Mobilization therapy may be employed per institutional guidelines. Patients must have an adequate autograft to be eligible for the protocol. Patients may not have HIV refractory to pharmacologic therapy. Patients must not have opportunistic infection that is not responding to therapy.

Treatment Description: Patients will receive BCNU 300 mg/m^2 Day -6, Etoposide 100 mg/m^2 BID Days -5 to -2, Cytarabine 100 mg/m^2 BID Days -5 to -2, and Melphalan 140 mg/m^2 Day -1 followed by autologous HCT.

Study Duration: Patients will be followed on study for two years post-HCT.