UNIVERSITY HOSPTIALS DORSET HAEMATOLOGY TRIALS PORTFOLIO

Short Study Title	Treatment	Key Inclusion	Key Exclusion	UHD site & status
Acute Myeloid Leukaemia				
Optimise FLT3 (NIHR ID: 57535) Phase II/III First line AML Non-Commercial Optimise FLT3	<u>Randomisation</u> <u>Control Arm</u> • DA-Midostaurin <u>Experimental Arm 1</u> • DA-GO-Midostaurin <u>Experimental Arm 2</u> • FLAG-Ida-GO-Midostaurin	Diagnosis of AML. Age ⩾16yrs. Considered fit for intensive AML therapy. Confirmed FLT3 ITD or TKD mutation.	Receipt of any previous therapy for AML Other active malignancy requiring treatment Blast transformation of chronic myeloid leukaemia	OPEN Bournemouth Hospital Recruitment end date: 31/7/2029
Myelodysplastic syndromes				
GLORA-4 (ClinicalTrials.gov ID: NCT06641414) Phase III Newly Diagnosed HR-MDS 亞盛醫藥 Ascentage Pharma	**Randomised, double-blind, placebo controlled.** <u>**Randomisation 1:1**</u> <u>Investigational Arm</u> • Lisaftoclax (APG-2575) plus Azacitidine Injection <u>Control Arm</u> • Placebo plus Azacitidine Injection	Newly diagnosed higher-risk MDS. ECOG score of ⩽2. Expected survival ⩾ 3 months. Adequate organ function. Able to receive oral medication. Subjects are able to complete study procedures and follow-up examinations.	Other active cancers, or prior cancers with <1-year disease-free interval at consent. Prior hematopoietic stem cell transplantation. Uncontrolled active infection. Use of moderate CYP3A4 inducers/inhibitors within 14 days before first study dose. MDS or conditions preventing enteral administration. Any condition making the subject unsuitable, per investigator assessment.	OPEN Poole Hospital (Travel expenses reimbursed by sponsor) Recruitment end date: 11/9/2026

Chronic Lymphocytic Leukaemia				
STATIC (NIHR ID: 52879) Phase III CLL/SLL Non- Commercial STATIC Intermittent vs. continuous treatment strategies in CLL	**BTK inhibitor – Ibrutinib** **BTK inhibitor – Acalabrutinib (previously treated cohort only)** **Randomisation** front line and previously treated **Clinical need cohort** front line patients who have completed 6 years on FLAIR or IcICLLe trials.	Age ⩾ 18 years. Diagnosed with CLL or SLL **Randomisation** Front line Received 6 years of treatment on FLAIR or IcICLLe. In remission. Previously treated Currently receiving Ibrutinib or acalabrutinib for at least 3 years. In remission. **Clinical need cohort** Received 6 years of treatment on FLAIR or IcICLLe. Has signs of progressive or returning CLL after completing 6 years of treatment.	History or current evidence of Richters transformation. **Randomisation** Front line Disease progression. Treatment break for more than 28 days in last 12 months. Previously treated Disease progression. Treatment break for more than 28 days in last 12 months. Creatinine clearance <30ml/min **Clinical need cohort** Eligible for front line randomisation. Treatment other than Ibrutinib. Treatment break for more than 28 days in last 12 months.	OPEN Bournemouth Hospital Poole Hospital Recruitment end date: 01/11/2028
GLORA (NIHR ID: 59709) Phase III Previously treated CLL/SLL Commercial	**Randomisation 1:1** **Investigational Arm** BCL-2 selective inhibitor - Lisaftoclax (APG-2575) and BTKi (Ibrutinib, Acalabrutinib and Zanubrutinib) **Control Arm** BTKi monotherapy (continue on same BTKi the patient is on)	Age ⩾ 18 years. Patients with CLL/SLL on Acalabrutnib monotherapy as 1st, 2nd or 3rd line for 1 year or more with at least one of the following: Stable disease Or Partial Response with LN ⩾ 2.5 cm Or Partial response with ALC of 25 x 109/L Or Partial response with at least one of the following high-risk factors:	Achieved complete response or disease progression whist on Acalabrutnib. Transformation to Richters. Prior venetoclax or BCL-2 inhibitors.	OPEN Bournemouth Hospital (Travel expenses reimbursed by sponsor)

亞盛醫藥 Ascentage Pharma		Del 17p and/or p53mut, Complex karyotype with ⩾ 5 abnormal, factors Unmutated IGHV.		Recruitment end date: 31/10/2025
BGB-16673-302 (NIHR ID: 66043) Phase III CLL previously exposed to both BTK and BCL2 inhibitors BeiGene	**Randomisation 3:2 Ratio** **Investigational Arm (Arm A)** BGB-16673 (oral) **Control Arm (Arm B)** Investigators' choice of: • Idelalisib plus Rituximab • Bendamustine plus Rituximab (patients can not have del(17p) or TP53 mutation) • Venetoclax plus Rituximab (patients must have best response of last BCL2i regimen, of PR or better. Last BCL2i should have been at least 1 year prior to most recent progression) Patients that progress on Arm B can cross over to Arm A upon sponsor approval.	Age ⩾ 18 years. Prior exposure to both BTK and BCL2 inhibitors (at least 80 patients with prior exposure to ncBTKi). Measurable disease by CT - at least 1 lymph node, 1.5cm in the longest diameter. ECOG Performance Status of 0 to 2. Patients must have adequate organ function.	Known prolymphocytic Leukemia or history of, or currently suspected, Richter's transformation. Prior autologous stem cell transplant or chimeric antigen receptor-T cell therapy in the last 3 months. Patients with any malignancy ⩽ 3 years before randomization except for CLL and any locally recurring cancer that has been treated curatively. Prior exposure to any BTK protein degraders. Patients with clinically significant cardiovascular disease.	OPEN Bournemouth Hospital (Travel expenses reimbursed by sponsor) Recruitment end date: 15/05/2028
BGB-11417-303 (NIHR ID: 67252) Phase III Relapsed/refractory CLL/SLL	**Randomisation - Ratio 2:2:1:2** **Arm A** Sonrotoclax plus Obinutuzumab (SO)	Age ⩾ 18 years. Patients must have ⩾ 1 prior therapy for CLL/SLL. For each line of therapy, patients must have received at least 2 cycles of this therapy.	Known active prolymphocytic leukaemia or currently suspected Richter's transformation. Patients who have active symptomatic COVID-19 infection.	OPEN Bournemouth Hospital

BeiGene	**Arm B** Sonrotoclax plus Rituximab (SR) **Arm C** Sonrotoclax plus Obinutuzumab with MRD-guided therapy (MRD-SO) **Arm D** Venetoclax plus Rituximab (VR)	Adequate marrow function. Life expectancy > 6 months. Indication for CLL/SLL treatment is met as per IWCLL 2018 criteria. Adequate renal function.	Prior autologous stem cell transplant < 3 months after transplant; or prior CAR-T therapy < 3 months after cell infusion. History of prior or active malignancy within the past 18 months. Clinically significant cardiovascular disease.	(Travel expenses reimbursed by sponsor) Recruitment end date: 30/11/2027
BGB-11417-304 (ClinicalTrials.gov ID: NCT07277231) Phase III Previously untreated CLL **NOW OPEN** BeiGene	**Randomisation – 1:1** ARM A Zanubrutinib plus Sonrotoclax ARM B Acalabrutnib plus Venetoclax	Adult patient ⩾ 18 years of age. Treatment-naïve (TN) adults with confirmed diagnosis of CLL which requires treatment. Eastern Cooperative Oncology Group (ECOG) score 0, 1, or 2. Measurable disease by Computer Tomography. Adequate bone marrow and organ function.	Previous systemic treatment for CLL. Known prolymphocytic leukemia or history of, or currently suspected, Richter's transformation. Known central nervous system involvement. History of confirmed progressive multifocal leukoencephalopathy (PML). Uncontrolled hypertension or clinically significant cardiovascular disease. History of prior malignancy, except cancers treated with curative intent and no active disease for ⩾3 years.	OPEN Bournemouth Hospital (Travel expenses reimbursed by sponsor) Recruitment end date: 31/12/2026
Myeloma				

EXCALIBER-Maintenance (BMS-IM048-022) (NIHR ID: 54560) Phase III Post transplant – newly diagnosed MM Commercial TARGET REACHED NO FURTHER RECRUITMENT EXCALIBER Post SCT MAINTENANCE	**Randomisation** **Arm A** Iberdomide (potent CELMoD) **Arm B** Lenalidomide (Noval CELMoD)	Age ⩾ 18 years. Participant has received 3 to 6 cycles of an induction therapy that includes a PI and IMiD with or without a CD38 monoclonal antibody, or VCd, and followed by a single or tandem ASCT. Post-stem cell transplant consolidation is permitted. Participants within 12 months from initiation of induction who achieved at least a PR after ASCT with or without consolidation.	Participant has progressive disease or clinical relapse. Participant has known central nervous system/meningeal involvement of MM. Peripheral neuropathy of Grade ⩾ 2. Participant has any concurrent severe and/or uncontrolled medical condition or psychiatric disease. Participant has gastrointestinal disease that may significantly alter the absorption of either drug.	OPEN Bournemouth Hospital (Travel expenses reimbursed by sponsor) Recruitment end date: 07/10/2025 (to be extended)
Myeloproliferative Disorders				
Mithridate High risk Polycythemia Vera (NIHR ID: 39201) Phase III First line PV Non-Commercial MITHRIDATE	**Randomisation** Investigational Arm Ruxolitinib Best available therapy Arm Interferon (any formulation) Hydroxycarbamide	Age ⩾ 18 years. Diagnosis of PV within the last 10 years. Meets criteria for high-risk PV. Patients may have received antiplatelet agents and venesection. Patients may have received ONE cytoreductive therapy for PV less than 5 years (BUT they should not be resistant or intolerant to that therapy).	Diagnosis of PV > 10 years previously. Absence of any JAK-2 mutation. Active infection. Patients who have transformed to myelofibrosis.	OPEN Bournemouth Hospital Recruitment end date: 01/07/2027

Follicular Lymphoma (Marginal Zone Lymphoma)				
OLYMPIA 5 (R1979-ONC-22102) (NIHR ID: 56593) Phase III Relapsed/Refractory FL/MZL Commercial REGENERON science to medicine®	**** R/R for FL and MZL** **Randomisation** **Arm A** Odronextamab (anti-CD20 x anti-CD3 bispecific antibody) plus Lenalidomide **Arm B** Rituximab in combination with Lenalidomide	Age ⩾ 18 years. Local histologic confirmation of FL grade 1-3a or MZL (nodal, splenic, or extra nodal MZL). Must have refractory disease or relapsed after at least 1 prior line (with a duration of at least 2 cycles), should include an anti-CD20. Have measurable disease, nodal lesion of >1.5cm, extranodal >1cm.	Primary CNS lymphoma or known involvement. Participants with histological evidence of transformation to a high-grade or diffuse large B-cell lymphoma. A malignancy other than NHL, must be cancer free for at least 3 years. Active infection.	OPEN Bournemouth Hospital (Travel and expenses reimbursed by sponsor) Recruitment end date: 31/01/2027
Mantle Cell Lymphoma				
BGB-11417-302 (NIHR: 65142) Phase III Relapsed/refractory MCL Commercial ON HOLD FROM SPONSOR BeiGene	**Double blind study** **Experimental arm:** Zanubrutnib plus Sonrotoclax **Control arm:** Zanubrutnib plus placebo	Age ⩾ 18 years. Received 1 to 5 prior line of treatment including an anti-CD20 mAb-based immunotherapy or chemoimmunotherapy and requiring treatment. Measurable disease defined as ⩾ 1 nodal lesion, that is > 1.5 cm in longest diameter, or ⩾ 1 extranodal lesion that is > 1 cm in longest diameter.	Prior therapy with BCL2i. Prior therapy with covalent or non-covalent BTKi. Prior ASCT or chimeric antigen receptor T-cell therapy within 3 months before the first dose of study drug. Prior allogeneic stem cell transplant within 6 months of the first dose of the study treatment. Prior malignancy (other than the disease under study) within the past 2 years.	ON HOLD Poole Hospital (Travel expenses reimbursed by sponsor) Recruitment end date: 30/08/2027

Recently closed to recruitment	