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SOUTHAMPTON LYMPHOMA GROUP TRIALS PORTFOLIO (May 2024)

Study Title	Treatment	Phase	Key inclusion criteria	Key exclusion criteria
DLBCL First line				
REMoDL-A (CAN1500)	RCHOP vs acalabrutinib-RCHOP	Phase II	≥16 years -Fit for a full course of chemo	-Previous treated/untreated indolent lymphoma unless newly diagnosed discordant lymphoma.
STELLAR (CAN1495)	CHOP-R in combination with acalabrutinib compared to CHOP-R in patients with newly diagnosed Richter's Syndrome (RS)	Phase II	≥16 years -Suitable for anthracycline-containing chemo-immunotherapy. -Patients with CLL and newly diagnosed biopsy proven DLBCL-type RS.	-Any prior treatment with CHOP/ Anthracycline therapy -Prior ibrutinib exposure within 4 weeks of RS diagnosis -prior acalabrutinib exposure
EPCORE (CAN1703)	Epcoritamab (CD20/CD3 bispecific) +/- • lenalidomide	Phase II	- Stage II-IV newly diagnosed de novo DLBCL or transformed from FL, nMZL, FL-g3b -Ineligible for anthracycline-based therapy/cytotoxic chemo due to: o Being age ≥80 years; AND/OR o Being age ≥75 years and having important comorbid condition(s)	-Known active, clinically significant infection -Severe cardiovascular disease (other than those eligibility criteria that preclude the subject from receiving anthracycline-based therapy/cytotoxic chemo)
ZUMA-23 (CAN1729)	Randomised • Axicabtagene ciloleucel • SOC	Phase III	≥18 years -newly diagnosed high risk LBCL [IPI≥4]	-Any prior treatment (other than 1 cycle of RCHOP prior to randomization) -PCNSL, TCR-LBCL, PMBCL, LBCL (unclassifiable), Burkitt

DLBCL Relapsed/Refractory				
POLA-R-ICE (CAN1639)	Polatuzumab vedotin plus rituximab, ifosfamide, carboplatin and etoposide (Pola-R-ICE) with R-ICE alone as salvage therapy in patients with primary refractory or relapsed diffuse large B-cell lymphoma (DLBCL)	Phase III	≥16 years -primary refractory or relapsed aggressive B-NHL -On first relapse	-CNS lymphoma -Richter's transformation or prior CLL -Received >1 line of therapy for DLBCL -Received polatuzumab vedotin as part of first line therapy
NURIX (CAN1655)	NX-5948, a Bruton's Tyrosine Kinase (BTK) Degrader, in Adults with Relapsed/ Refractory B-cell Malignancies	Phase I	≥18 years -histologically confirmed R/R CLL, SLL, DLBCL, FL, MCL, MZL, or WM. -Received at least 2 prior systemic therapies, (or at least 1 prior therapy for WM)	-strong or moderate cytochrome P450 3A (CYP3A) inhibitors or inducers within 14 days or 5 half-lives -Prior ASCT or CAR-T within 100days -Prior small molecule therapy within 4 weeks or 5 half-lives
P+R-ICE (CAN1402)	3:1 randomisation to the experimental arm, stratified by relapse within 12 months or > 12 months of first line therapy • Arm A control: R-ICE • Arm B experimental: P+R-ICE	Phase II	-Received 1st or 2nd line ritux -Potentially eligible for HDT and peripheral blood progenitor cell rescue -On first or second relapse	-Previous tx beyond 3rd line -RT or cytotoxic drug within 2 weeks of treatment -Major surgery or treatment with unlicenced drugs within 4 weeks of trial reg/trial tx -Previous allogeneic transplant
DTP3 (CAN1700)	Dose escalation and dose expansion DTP3 administered as a one-hour infusion three times per week	Phase I/II	>16 years -Not currently a candidate for stem cell transplant or CAR T-cell therapy	-Stem cell or CAR T-cell within 12 weeks of consent, or other IMP within 28 days. -Prior non-experimental therapy or radiotherapy within 28 days.
CC-99282-NHL-001 (CAN1672)	CC-99282 (small molecule cereblon E3 ligase modulator) administered alone vs in combination with rituximab, obinutuzumab, tafasitamab, or tazemetostat	Phase I	≥18 years -- R/R DLBCL, PCNSL, FL, MCL -Received at least 2 lines of therapy, or have received 1 line and are not eligible for ASCT	- < 4 weeks from prior CAR-T, T-cell engaging drugs, CRBN-modulators; <3 months from autoPBSCT, <6 months from alloBMT - Strong CYP3A4/5 inhibitors

ATHENA-1 (CAN1607) *In set up*	*REGN5837 + Odronextamab in aggressive B-Cell NHLs*	*Phase I*	*≥18 years* *-CD20+ aggressive B-NHL* *- progression after at least 2 lines of systemic therapy containing an anti-CD20 antibody and an alkylating agent* *-Patients who have received CAR-T therapy are eligible*	*-Prior allogeneic stem cell transplantation or solid organ transplantation* *-Prior treatment with anti-CD20 x anti-CD3 bispecific antibody, such as odronextamab*
Primary CNS Lymphoma				
OptiMATE (CAN1699)	De-escalated induction tx in PCNSL - randomised • Arm A/ control - 4 cycles of MATRix • Arm B/ experimental - R/HD-MTX followed by 2 cycles of Matrix	Phase III	-Newly diagnosed -Disease exclusively located in the CNS -Previously untreated (steroids permitted)	-Congenital or acquired immunodeficiency inc HIV and previous organ transplantation
PRiZM+ (CAN1689)	Zanubrutinib monotherapy and combination therapy for relapsed and refractory primary CNS lymphoma	Phase II	≥16 years -Relapsed or refractory PCNSL, after one or more lines of therapy -one therapy line must have included at least 1 cycle of high-dose methotrexate (> = 1g/m2)	-Exclusive intraocular involvement -Chemotherapy for lymphoma within 2 weeks of first dose of zanubrutinib -Whole-brain RT within 4 weeks of first dose of zanubrutinib -Contra-indication to LP -Prior exposure to BTK inhibitor
CC-99282-NHL-001 (CAN1672)	CC-99282 (small molecule cereblon E3 ligase modulator) administered alone vs in combination with rituximab, obinutuzumab, tafasitamab, or tazemetostat	Phase I	≥18 years -- R/R DLBCL, PCNSL, FL, MCL -Received at least 2 lines of therapy, or have received 1 line and are not eligible for ASCT	- < 4 weeks from prior CAR-T, T-cell engaging drugs, CRBN-modulators; <3 months from autoPBSCT, <6 months from alloBMT - Strong CYP3A4/5 inhibitors
FL First line				
PETREA (CAN1368)	Evaluation of utility of FDG PET:	Phase III	≥18 years	-CNS involvement

	Induction (BR vs RCHOP vs RCVP-investigator's choice) then R vs no R maintenance (if PET neg) or R-len (PET pos)		-documented diagnosis of follicular lymphoma (grade 1, 2 or 3a). -non-contiguous stage II, stage III, or stage IV. -Must fulfil at least one of the GELF criteria for high tumour burden	
FL Relapsed/Refractory				
CCS1477 (CAN1483)	CCS1477 (oral bromodomain inhibitor of p300/CBP) monotherapy in advanced haem malignancies	Phase I/IIa	≥2 previous lines of therapy	-Strong CYP3A4 inducers or inhibitors within 4 wks of first dose
NURIX (CAN1655)	NX-5948, a Bruton's Tyrosine Kinase (BTK) Degrader, in Adults with Relapsed/Refractory B-cell Malignancies	Phase I	≥18 years -histologically confirmed R/R CLL, SLL, DLBCL, FL, MCL, MZL, or WM. -Received at least 2 prior systemic therapies, (or at least 1 prior therapy for WM)	-Strong or moderate cytochrome P450 3A (CYP3A) inhibitors or inducers within 14 days or 5 half-lives -Prior ASCT or CAR-T within 100 days -Prior small molecule therapy within 4 weeks or 5 half-lives
CC-99282-NHL-001 (CAN1672)	CC-99282 (small molecule cereblon E3 ligase modulator) administered alone vs in combination with rituximab, obinutuzumab, tafasitamab, or tazemetostat	Phase I	≥18 years -- R/R DLBCL, PCNSL, FL, MCL -Received at least 2 lines of therapy, or have received 1 line and are not eligible for ASCT	- < 4 weeks from prior CAR-T, T-cell engaging drugs, CRBN-modulators; <3 months from autoPBSCT, <6 months from alloBMT - Strong CYP3A4/5 inhibitors
ZUMA-22 (CAN1709)	Randomised • Axicabtagene Ciloleucel • SoC	Phase III	≥ 18 years -1 prior line of systemic chemoimmunotherapy with high-risk disease or after ≥ 2 prior lines of systemic therapy	-Known history or suspicion of CNS lymphoma involvement -History of large B cell lymphoma or transformed FL -FL grade 3b -Small lymphocytic lymphoma -Lymphoplasmacytic lymphoma

ATHENA-1 (CAN1607) *In set up*	*REGN5837 + Odronextamab in aggressive B-Cell NHLs*	*Phase I*	*≥18 years -CD20+ aggressive B-NHL - progression after at least 2 lines of systemic therapy containing an anti-CD20 antibody and an alkylating agent -Patients who have received CAR-T therapy are eligible*	*-Prior allogeneic stem cell transplantation or solid organ transplantation -Prior treatment with anti-CD20 x anti-CD3 bispecific antibody, such as odronextamab*
Mantle Cell Lymphoma First line				
N/A				
Mantle Cell Lymphoma Relapsed/Refractory				
CCS1477 (CAN1483)	CCS1477 (oral bromodomain inhibitor of p300/CBP) monotherapy in advanced haem malignancies	Phase I/IIa	≥2 previous lines of therapy	-Strong CYP3A4 inducers or inhibitors within 4 weeks of first dose
NURIX (CAN1655)	NX-5948, a Bruton's Tyrosine Kinase (BTK) Degrader, in Adults with Relapsed/ Refractory B-cell Malignancies	Phase I	≥18 years -histologically confirmed R/R CLL, SLL, DLBCL, FL, MCL, MZL, or WM. -Received at least 2 prior systemic therapies, (or at least 1 prior therapy for WM)	-strong or moderate cytochrome P450 3A (CYP3A) inhibitors or inducers within 14 days or 5 half-lives -Prior ASCT or CAR-T within 100days -Prior small molecule therapy within 4 weeks or 5 half-lives
CC-99282-NHL-001 (CAN1672)	CC-99282 (small molecule cereblon E3 ligase modulator) administered alone vs in combination with rituximab, obinutuzumab, tafasitamab, or tazemetostat	Phase I	≥18 years -- R/R DLBCL, PCNSL, FL, MCL -Received at least 2 lines of therapy, or have received 1 line and are not eligible for ASCT	- < 4 weeks from prior CAR-T, T-cell engaging drugs, CRBN-modulators; <3 months from autoPBSCT, <6 months from alloBMT - Strong CYP3A4/5 inhibitors
Other B-NHL				
CCS1477 (CAN1483)	CCS1477 (oral bromodomain inhibitor of p300/CBP) monotherapy in advanced haem malignancies	Phase I/IIa	≥2 previous lines of therapy	-Strong CYP3A4 inducers or inhibitors within 4 weeks of first dose

NURIX (CAN1655)	NX-5948, a Bruton's Tyrosine Kinase (BTK) Degrader, in Adults with Relapsed/Refractory B-cell Malignancies	Phase I	≥18 years -histologically confirmed R/R CLL, SLL, DLBCL, FL, MCL, MZL, or WM. -Received at least 2 prior systemic therapies, (or at least 1 prior therapy for WM)	-strong or moderate cytochrome P450 3A (CYP3A) inhibitors or inducers within 14 days or 5 half-lives -Prior ASCT or CAR-T within 100days -Prior small molecule therapy within 4 weeks or 5 half-lives
DTP3 (CAN1700)	Dose escalation and dose expansion DTP3 administered as a one-hour infusion three times per week	Phase I/II	>16 years -Not currently a candidate for stem cell transplant or CAR T-cell therapy	-Stem cell or CAR T-cell within 12 weeks of consent, or other IMP within 28 days. -Prior non-experimental therapy or radiotherapy within 28 days.
Hodgkin Lymphoma Relapsed/Refractory				
N/A				
PTCL				
CCS1477 (CAN1483)	CCS1477 (oral bromodomain inhibitor of p300/CBP) monotherapy in advanced haem malignancies	Phase I/IIa	≥2 previous lines of therapy	-Strong CYP3A4 inducers or inhibitors within 4 weeks of first dose
BI-1808 (CAN1605)	TNFR2 mAb monotherapy and in combination with pembrolizumab (currently in phase 1)	Phase I/IIa	-Any histologically confirmed advanced malignancy -Has received SOC or ineligible for SOC	-Active CNS metastases -Systemic treatment within 4 weeks of first dose -Radiotherapy within 2 weeks of first dose of BI-1808.
CLL				
NURIX (CAN1655)	NX-5948, a Bruton's Tyrosine Kinase (BTK) Degrader, in Adults with Relapsed/Refractory B-cell Malignancies	Phase I	≥18 years -histologically confirmed R/R CLL, SLL, DLBCL, FL, MCL, MZL, or WM. -Received at least 2 prior systemic therapies, (or at least 1 prior therapy for WM)	-strong or moderate cytochrome P450 3A (CYP3A) inhibitors or inducers within 14 days or 5 half-lives -Prior ASCT or CAR-T within 100days -Prior small molecule therapy within 4 weeks or 5 half-lives