NHS
University Hospital Southampton
NHS Foundation Trust

University of Southampton

SOUTHAMPTON LYMPHOMA GROUP TRIALS PORTFOLIO (FEBRUARY 2026)

Study Title	Treatment	Phase	Key inclusion criteria	Key exclusion criteria
DLBCL First line				
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
Soundtrack-E (CAN1848) *In set up*	*IV AZD0486 (CD19xCD3 bispecific TCE) +RCHOP in previously untreated LBCL*	*Phase I-II*	*-IPI2-5* *-EF≥ 50%*	*-Burkitt, Richter, Primary effusion LBCL, CNS Lymphoma* *-Leukemic presentation* *-Prior anthracycline use ≥ 150 mg/m2*
DLBCL Relapsed/Refractory				
PORTAL (CAN1816)	Single Arm Pola-Glofib 2 cohorts, as bridging to CAR T or for patients failing to achieve CMR at day 28 post CAR-T	Phase II	≥18 years DLBCL, HGBCL with myc, bcl2 and/or bcl6, HGBCL NOS, PMBCL, Transformed FL -Part 1 -R/R eligible for CAR T and need bridging. ECOG 0/1 -Part 2 Failed to achieve CMR D score 1-3, ECOG 0-2	≥G2 peripheral neuropathy CNS Lymphoma Active AI or Immunodeficiency Concomitant severe neuro disorder Prior soldi organ transplant Prior allo SCT Auto SCT within 100 days Known or suspected HLH (prior Pola is not an exclusion)

ATHENA-1 (CAN1607)	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
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.
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
FL First line				
Soundtrack-E (CAN1848) *In set up*	*IV AZD0486 (CD19xCD3 bispecific TCE) +RCHOP* *Previously untreated FL3B*	*Phase I,II*	*Untreated FL3B*	*-Leukaemic presentation*
FL Relapsed/Refractory				
ATHENA-1 (CAN1607)	REGN5837 + Odronextamab in aggressive B-Cell NHLs	Phase I	≥18 years -CD20+ aggressive B-NHL, FL G3b - progression after at least 2 lines of systemic therapy containing an anti-CD20 antibody and an alkylating agent	-Prior allogeneic stem cell transplantation or solid organ transplantation -Prior treatment with anti-CD20 x anti-CD3 bispecific antibody, such as odronextamab

			-Patients who have received CAR-T therapy are eligible	
REFRACT (CAN1762) *In set up*	*Randomised* • *Round1 ICT vs Epcoritamab+Lenalidomide (1:1)* • *Round 2,3 – to be determined (1:4)*	*Phase II*	≥18 years *- -ECOG≤2* *- histologically confirmed R/R CD20+* *- at least 1 prior line* *- PET avid disease* *- adequate organ function (ANC,Plt,ALT,BR,CrCl,clotting)*	*- high grade transformation incl:G3b* *- prior allo or solid organ transplant* *- prior Len within 12 months* *- CAR T within 100 days* *- auto, allo, maintenance threapy planned within 24 weeks* *- immunochemotherapy with platinum-based regimen planned* *- current or prior CNS lymphoma*
Mantle Cell Lymphoma First line				
ZEBRA (CAN 1798)	Randomised • Zanubrutinib+Rituximab fixed duration • Observation	Phase II	≥18 years -Pathologically confirmed MCL with t(11;14) and/or overexpress cyclin D1,D2 or D3 -Stage II-IV by CT or by WCC/BM infiltration - Indolent MCL ○ Observation without treatment for minimum 6 months ○ Leukaemic non-nodal variant ○ Low tumour volume (LN ≤ 3cm, Ki67 ≤ 30% and classical morphology – non-blastoid/pleomorphic	-any prior treatment for MCL including RT -CNS involvement -no progression requiring treatment since diagnosis -moderate or strong CYP3A inducer - vitamin K antagonist - active or history of bleeding or history of spontaneous bleeding requiring blood transfusion or other medical intervention - history of stroke or ICH within 6 months
Mantle Cell Lymphoma Relapsed/Refractory				
Marginal Zone Lymphoma First Line				
Other B-NHL				
DTP3 (CAN1700)	Dose escalation and dose expansion	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.

	DTP3 administered as a one-hour infusion three times per week			-Prior non-experimental therapy or radiotherapy within 28 days.
Soundtrack-E (CAN1848) *In set up*	*IV AZD0486 (D19xCD3 bispecific TCE) +RCHOP*		*-R/R B NHL post 1st line* *-presence of CD19 expression in previous CD19-directed therapy*	*-Current diagnosis of* ○ *BCL unclassifiable, features bet DLBCL and classical HL (mediastinal grey-zone L)* ○ *Burkitt Lymphoma* ○ *Richter's transformation* ○ *Primary effusion DLBCL* ○ *P or S CNS L* *-Leukaemic presentation*
Hodgkin Lymphoma FL				
RATiFY (CAN1835)	Non-randomised Initial x 3 tislelizumab > iPET+ceCT > **Group D-E (advanced stage only at UHS)** • GpA – RT+ x 2 years of Tislelizumab GpB to E – tislelizumab+AVD (2-6 cycles)+/-RT	Phase II	≥60 years -ECOG 0-2 -EF≥50% -CrCL≥30ml/min	-NLPHL -History of AI within 2 years -Solid organ transplant -≥G2 peripheral neuropathy -presented with symptomatic compression of vital structures -Immunosuppressive therapy within 2 months -treated haematological malignancy -solid organ malignancy in last 3 yrs
RADAR (CAN1666)	Randomised PET response adapted design Untreated Stage IA/IIA HL • ABVD+/-ISRT • A2VD+/-ISRT	Phase III	16-69 years Stage IA/IIA with no mediastinal bulk	- Previous treatment for HL apart from short courses of oral steroid -infradiaphragmatic disease -NLPHL -other active cancer with exceptions -grade ≥1 sensory or motor peripheral neuropathy from any cause
Hodgkin Lymphoma Relapsed/Refractory				

PTCL				
CTCL				
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				
BGB-16673-302 (CAN1871) *In set up*	*Randomised* • *BGB16673 vs ICT* *Previously exposed to BTKi and BCL2i*	*Phase III*	*≥18 years* *- ECOG 0-2* *- prior both BTKi and BCL2i treated* *- SLL ≥ 1 LN > 1.5 cm in LDi and measurable in 2 diameters* *- adequate organ functions*	*- prolymphocytic leukaemia* *- Richter's transformation* *- prior auto or CAR_T in 3 months* *- stroke or ICH in 6 months* *- clinically significant CVS disease* *- warfarin or VKA* *- strong CYP3A interactions*