Salisbury NHS Foundation Trust Haematology Clinical Trials Portfolio



Study Title	Treatment	Key Inclusion	Key Exclusion	Status			
Acute Myeloid Leukaemia							
Optimise FLT3	Randomisation	Diagnosed with AML	Receipt of any previous therapy for AML	OPEN			
(NIHR ID: 57535)	Control Arm 1	Age >= 16	Other active malignancy requiring				
Phase III	DA-Midostaurin	Considered fit for intensive AML therapy	treatment	Salisbury District Hospital			
Non-Commercial	Experimental Arm 2	Confirmed FLT3 ITD or TKD mutation	Blast transformation of chronic myeloid				
Newly Diagnosed with AML	DA-GO-Midostaurin		leukaemia	Recruitment end date;			
	Experimental Arm 3			31/07/2029			
optimise FLT3	FLAG-IDA-GO-Midostaurin						
PROPEL	Randomisation	Diagnosis of AML in complete remission	Diagnosis of Acute Promyelocytic	OPEN			
(NIHR ID: 56018)	Control Arm 1	following induction chemotherapy	Leukaemia				
Phase III	 Best Practice Usual Care 	Age>= 16	Undergoing single agent Azacitidine,	Salisbury District Hospital			
Non-Commercial	Experimental Arm 2	Prior to, or within the 1st course of	single agent low dose Cytarabine, Menin				
AML in complete remission	 Personalised Prehabilitation 	treatment following remission	inhibitors or FLT3 inhibitors treatments	Recruitment end date;			
	Care Package	Planned to receive at least one further full	without HSCT planned	31/08/2025			
DD@DFI		cycle of treatment (chemotherapy or		Recruitment to continue until request for			
PeRsOnalised PrEhabilitation in AMI		HSCT) post randomisation Access to the internet & willing to use		extenstion granted			
		videoconferencing					
		Videocomercinenty					
VICTOR	Randomisation	Diagnosis of CD33 positive AML	Previous chemotherapy for AML, or any	OPEN			
(NIHR ID: 46867)	Control Arm 1	Age>=55	antecedent haematological condition				
Phase II	• DAGO	Genotype NPM1mut FLT3 ITDneg	Other active malignancy requiring	Salisbury District Hospital			
Non-Commercial	Experimental Arm 2	(FLT3- Tyrosine Kinase Domain mutation,	treatment				
Newly Diagnosed with AML	VEN+LDAC	TKD, is permitted)		Recruitment end date;			
VICTOR		Considered fit for intensive chemotherapy		01/06/2026			
	+	Chronic Lymphocytic Leukaemia		-			
P22-905 (PASS)	Survey to evaluate patients' receipt and	Has initiated venetoclax for treatment of	Has received venetoclax as treatment	OPEN			
(NIHR ID: 58169)	use of the venetoclax patient card	CLL in the past 8 weeks	for longer than 8 weeks				
Commercial	(PC) and their knowledge of the contents	Age >= 18		Salisbury District Hospital			
Relapsed/refactory CLL patients	of the PC, including Tumour Lysis						
	Syndrome (TLS) symptoms, patient			Recruitment end date;			
obby (ic	actions to minimise TLS, and patient			30/04/2026			
400016	actions if TLS symptoms occur						

Study Title	Treatment	Key Inclusion	Key Exclusion	Status
STATIC	<u>Randomisation</u>	Age >= 18	History or current evidence of Richter's	OPEN
(NIHR ID: 52879)	Arm 1	Diagnosed with CLL or SLL	transformation	
Phase III	 Intermittent treatment with a BTK inhibitor 			Salisbury District Hospital
Previously treated CLL	Arm 2	<u>Frontline</u>	<u>Frontline</u>	
Non-Commercial	Continuous treatment with a BTK inhibitor	Received 6 years of treatment on FLAIR or IcICLLe	Treatment break for more than 28 days in last 12 months	Recruitment end date;
STATIC Intermittent vs. continuous treatment strategies in CLL	FLAIR and IcICLLe participants with progressive disease after completing 6 years of treatment, but prior to entry into STATIC, would not be eligible for randomisation, but can enter the Clinical Need Cohort. The Clinical Need Cohort will enable this group of participants to continue to receive	Previously Treated Currently receiving Ibrutinib or Acalabrutinib for at least 3 years Clinical Need Cohort Received 6 years of treatment on FLAIR or IcICLLe Has signs of progressive or returing CLL after completing 6 years of treatment	Disease progression Previously treated Treatment break for more than 28 days in last 12 months Disease progression Creatinine clearance <30ml/min Clinical Need Cohort Eligible for frontline randomisation Treatment other than Ibrutinib. Treatment break for more than 28 days in	01/11/2028
BGB-16673-304 (CaDAnCe)	ibrutinib continuous treatment Randomisation	Age >= 18	alst 12 months Known prolymphocytic leukemia or history	IN SET UP
(NIHR ID: 69446)	Arm A	Previously treated for CLL or SLL with a	of, or currently suspected Richter's	due to open 23/11/2025
Phase III	•BGB-16673	cBTKi	transformation	Salisbury District Hospital
Commercial Relapsed/refactory CLL or SLL	Arm B ◆ Pirtobrutinib	Have measurable disease (SLL only)	Autologous stem cell transplant or chimeric antigen receptor-T cell therapy in the last 3 months	Recruitment end date;
⋈ BeiGene			Allogeneic stem cell transplant <=6 months before first dose of study drug	
		Follicular Lymphoma		
OLYMPIA 5 (R1979-ONC-22102)	Randomisation	Local histologic confirmation of FL grade	Participants with histological evidence of	OPEN
(NIHR ID: 56593) Phase III Commercial	Arm A Odronextamab (anti-CD20 x anti-CD3 bispecific antibody)	1-3a or MZL (nodal, splenic, or extra nodal MZL) Must have refractory disease or relapsed	transformation to a high-grade or diffuse large B-cell lymphoma A malignancy other than NHL, must be	Salisbury District Hospital
Relapsed/Refractory FL/MZL	plus Lenalidomide	after at least 1 prior line (with a duration of at least 2 cycles), should include an	cancer free for at least 3 years Active infection	Recruitment end date; 31/01/2027
REGENERON	Arm B • Rituximab in combination with Lenalidomide	anti-CD20 Have measurable disease , nodal lesion of >1.5cm, extranodal >1cm		(Travel and expenses reimbursed by sponsor)