Phase III multi-center randomized study to compare efficacy and safety of Romidepsin-CHOP (Ro-CHOP) versus CHOP in patients with previously untreated peripheral T-cell lymphoma

Protocol Number: Ro-CHOP
EudraCT Number: 2012-001580-68
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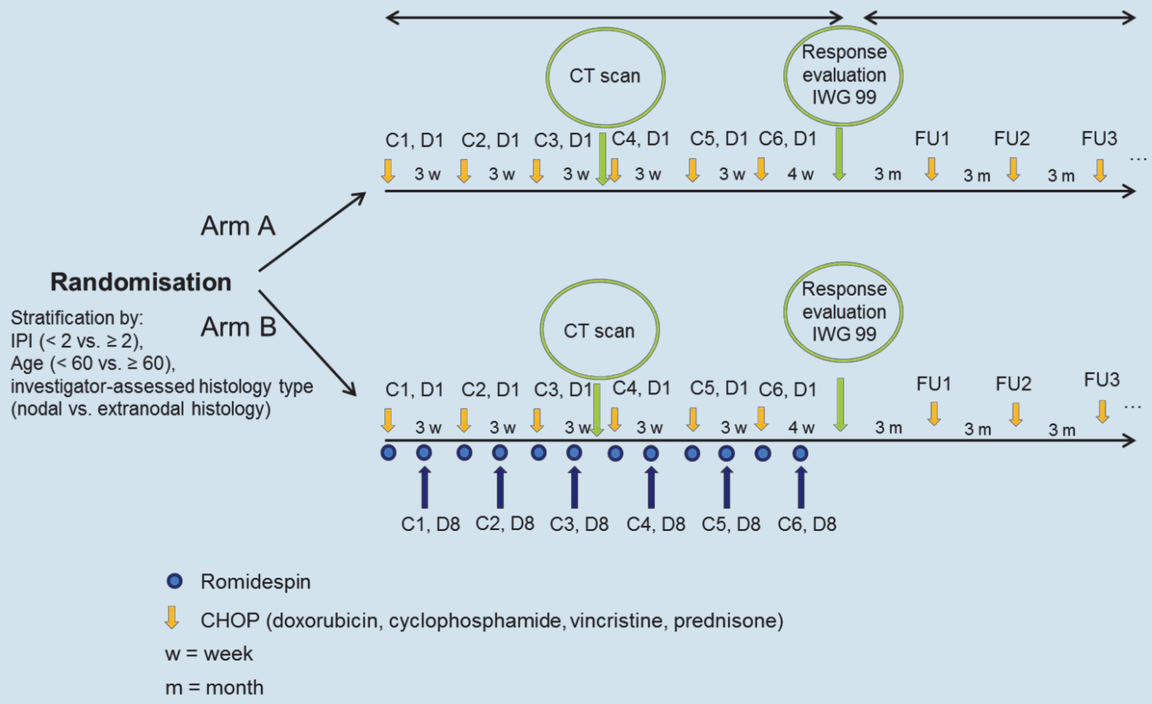
Protokoll Synopse:

Indication:	Previously untreated peripheral T-Cell Lymphoma (PTCL)
Study design:	Multicenter randomized phase III study of romidepsin CHOP versus CHOP alone
Planned sample size:	420 randomized patients (international)
Recruitment period:	33 months (LPI: Q1 2018)
Duration:	Active treatment: 18 weeks Follow up: at least 6 years after the last patient has been randomized
Recruitment status:	3 patients (A), 341 (internat.), as of March 17
Participating sites:	AKH Wien, Salzburg, Graz, Innsbruck
Study medication:	Romidepsin

Primary objective:
Determination of the efficacy estimated by the progression-free survival associated with administration of romidepsin with CHOP compared to CHOP alone

Secondary objectives:
- Overall Response Rate (ORR), Overall Survival (OS)
- Duration of response
- Time to Progression and to treatment failure
- Safety
- Quality of Life
- Response rates by PTCL histological subtypes
- Response rates by standard prognostic parameters

Study Design:



This study is an open label, multicenter study. Subjects are randomized at a 1:1 ratio to receive either (arm A) cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) or (arm B) romidepsin administered IV at day 1 and day 8 in combination with CHOP administered every 3 weeks for 6 cycles in patients with previously untreated peripheral T-cell lymphoma.

Registration: Once a patient signs the written consent, the subject may enter the screening period, which is permitted to last up to 4 weeks.

Randomization: During the screening period, the patient will undergo safety and other assessments to determine eligibility for the study and undergo randomization to either experimental arm (romidepsin plus CHOP) versus control arm (CHOP alone).

Inclusion Criteria (Selected):

Males and females from 18 to 80 years
Patients with histologically proven peripheral T-Cell lymphoma (PTCL), not previously treated; the following subtypes as defined by the WHO classification (2008;2011) may be included, whatever the Ann Arbor stage (I-IV):
a. Nodal types:
  i. PTCL, not otherwise specified
  ii. Angioimmunoblastic T-Cell lymphoma
  iii. Anaplastic large cell lymphoma, ALK-negative type
b. Extra-nodal types:
  i. Enteropahty-associated T-Cell lymphoma
  ii. Hepato-splenic T-Cell lymphoma
  iii. Subcutaneous panniculitis-like T-Cell lymphoma
  iv. Primary cutaneous gamma-delta T-Cell lymphoma
  v. Primary cutaneous CD8+ aggressive epidermotropic lymphoma
  vi. Primary cutaneous CD4+ small/medium T-Cell lymphoma
c. Other non classifiable peripheral T-Cell lymphoma
ECOG permormance status 0, 1 or 2
Life expectancy of ≥ 90 days (3 months)

Exclusion Criteria (Selected):

Other types of lymphomas, e.g. B-Cell lymphoma
The following types of T-Cell lymphomas:
a. Adult T-Cell lymphoma/leukemia (HTLV-1 related T-Cell lymphoma)
b. Extra-nodal T-Cell/NK-Cell lymphoma, nasal type
c. Anaplastic large cell lymphoma, ALK-positive type
d. Cutaneous T-Cell lymphoma (mycosis fungoides, Sézary syndrome)
e. Primary cutaneous CD30+ T-Cell lymphoproliferative disorder
f. Primary cutaneous anaplastic T-Cell lymphoma
Previous treatment for PTCL with immunotherapy or chemotherapy except for short-term corticosteroids (duration of ≤ 8 days) before randomization
Previous radiotherapy for PTCL except if localized to one lymph node area
Patients planned for autologous or allogeneic transplant as consolidation in first line
Concomitant use of drugs that may cause a significant prolongation of the QTc

An academic clinical trial by
LYSARC: Lymphoma Academic Research Organisation in cooperation with
Arbeitsgemeinschaft medikamentöse Tumortherapie gemeinnützige GmbH, Clinical-Scientific Director: R. Greil