NCRI
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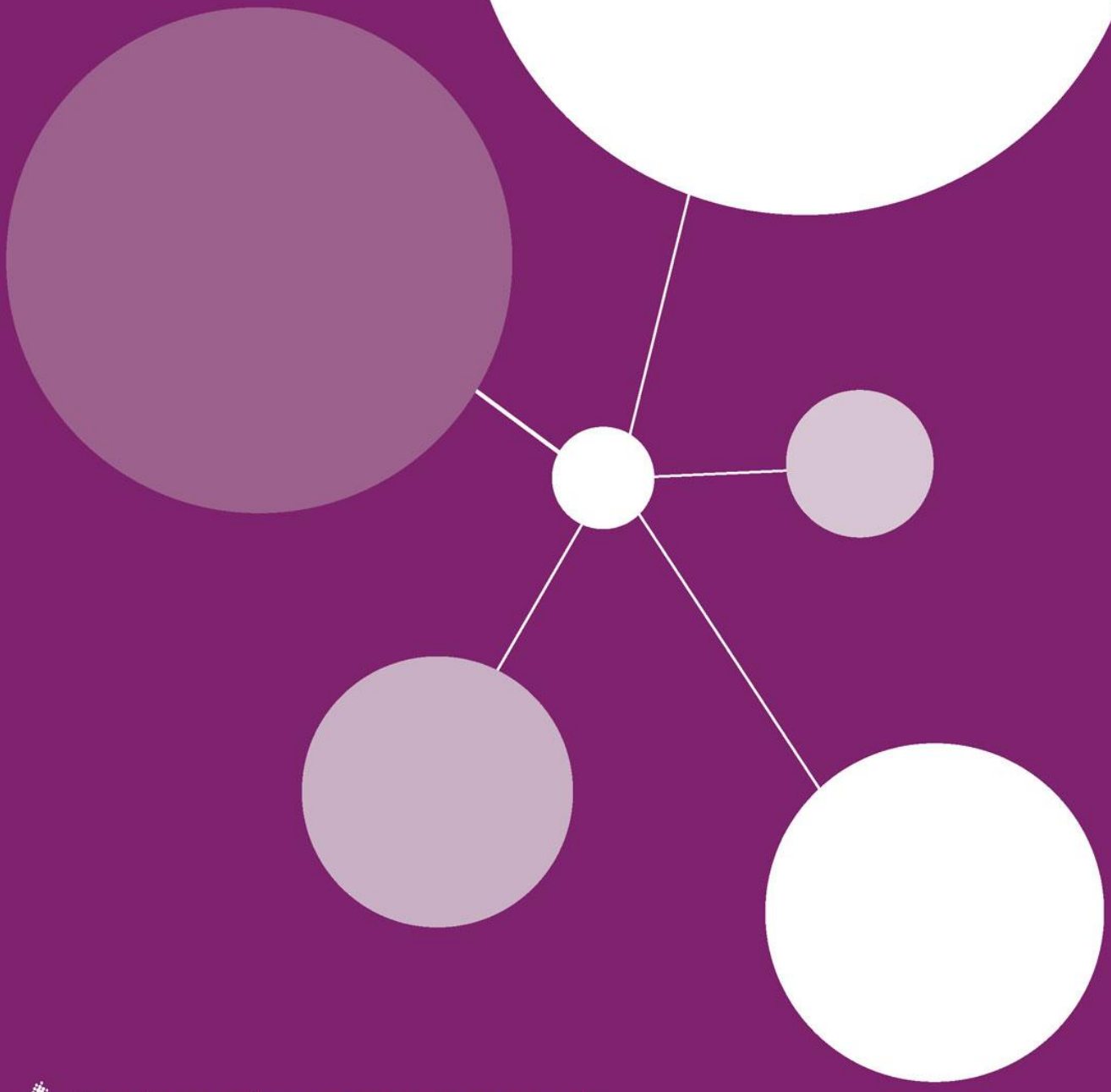
NCRI Lymphoma Clinical Studies Group

Annual Report 2014/2015



Partners in cancer research

NCRI Lymphoma CSG Annual Report 2014/15

1. Executive Summary (including top 3 achievements in the year)

The Lymphoma CSG has had a very successful year. The top 3 achievements are:

- **Results of the RAPID trial of PET directed therapy in early stage Hodgkin lymphoma accepted for publication in New England Journal of Medicine, February 2015.** This paper will be accompanied by editorial written By Dr Dan Longo and James Armitage and will be practice changing. The results of this trial that show PET negative patients after chemotherapy do not require radiotherapy have prompted a keynote debate at the ICML, Lugano in June, an invitation to write a chapter (Management of early stage Hodgkin lymphoma) for the 50th anniversary edition of Seminars in Haematology and to review Canadian guidelines.
- **Analysis of the 1200 patient international RATHL trial in advanced Hodgkin lymphoma completed January 2015.** An abstract has been selected for Plenary Session presentation at ICML Lugano in June. This is the first international lymphoma trial led by the UK and will be practice changing; results show that a PET adapted approach produces excellent outcomes in this population of patients and bleomycin can be avoided in PET negative patients. A second abstract describing pulmonary toxicity and the benefits of less rather than more bleomycin has also been selected for oral presentation at ICML Lugano in June. Papers are being prepared for submission to the New England Journal of Medicine (primary analysis of RATHL) and Journal of Clinical Oncology (pulmonary toxicity).
- **Analysis of the IELSG 32 trial in primary CNS lymphoma completed January 2015.** An abstract has been selected for Plenary Session presentation at ICML Lugano in June. The results of this trial will be practice changing; they show that the addition of rituximab and thiotepa to methotrexate and cytosine arabinoside improve remission rates and 3 year PFS in this difficult to treat lymphoma. Although entering the study late the UK was the 3rd highest recruiter and has very firmly established itself as a major player in CNS lymphoma research. Follow on trials in CNS lymphoma are under development.

Additionally, the CSG had a very successful international peer review in July 2014 when PET adapted therapy in Hodgkin lymphoma (RAPID and RATHL; see above for outputs) was highlighted as “internationally leading” and the real time sequencing of tumour in the REMoDEL-B trial as “ahead of its time”. Collegiality of the group and involvement of consumers was described as “exemplary”. We had a successful annual UK Lymphoma Trials Meeting in 2014 for which delegate feedback was excellent.

Failing trials are few in number but a cause for concern. Pleasingly, as a result of speedy intervention, the PAIReD trial was rescued and has successfully completed recruitment. This involved amendments to the protocol, a meeting with BSBMT and subsequently a joint letter from the chairs of this group and the CSG being sent to all the investigators. We will adopt similar pro-active approaches in the future.

A significant challenge relates to developing academic studies, acquiring funding for these and setting them up in a timely way. Many CSG members hold NHS rather than academic contracts and the time required for trial development is often prohibitive for these colleagues. Furthermore, individual Trusts are becoming increasingly demanding in terms of consultant job-planning. Additionally, the cost of new agents is very high and this is proving an issue in several new studies currently under development.

2. Structure of the Group

The current CSG comprises 23 members. Of these, 10 are haematologists who, with the remaining 13 members, reflect the whole range of experts involved in lymphoma research in the UK (medical, paediatric and clinical oncology, consumers, histopathology, imaging, statistics, clinical trial administration). A majority of members are located in London (n=10) but others are widely distributed around the UK including members from Wales and Scotland. Attendance at meetings has been very good and the atmosphere at these has been relaxed but hard-working.

The subgroups are the focus of debate about and development of new studies and the chairs of these are therefore key appointments. Dr Eve Gallop-Evans, appointed in 2011, has proved an excellent chair of the Hodgkin Lymphoma Subgroup and Professor Simon Rule (Indolent Non-Hodgkins Lymphoma Subgroup) and Dr Andy Davies (Aggressive Non-Hodgkins Lymphoma Subgroup) both more recently appointed to take over from Dr Robert Marcus and Dr Andrew McMillan respectively, are also moving their subgroups onto to the next stage of development. Dr Amos Burke remains the chair of the Paediatric Lymphoma Subgroup.

3. CSG & Subgroup strategies

Main CSG

The overall CSG strategy is to perform practice changing research leading to improved outcomes for patients with lymphoma. Our research aims to be internationally competitive with a view to raising the profile of UK biomedical research so that clinicians, scientists and industry are attracted to this country as the place to develop/run the next generation of studies/trials to the highest standards.

The top priority for patients, and therefore the CSG, is to develop more effective and less toxic treatments across the range of lymphoma sub-types. Often this will involve the evaluation of new molecules, usually sourced from industry, but we have developed an international reputation for developing more individualised approaches to the application of existing treatments using PET. This will continue but we have extended our scope to include circulating and tissue based biomarkers to see how these can be integrated with PET to improve the accuracy of patient selection for specific treatments. These clinical objectives demand excellent accompanying translational science and this is a requirement for all studies under development.

For patients cured of lymphoma, reducing the impact of the late effects of treatment on incidence of second cancers and cardiovascular disease both of which undermine long term survival are also high priority. The CSG is focused on developing strategies that can mitigate these risks. We have had recent success with the BARD national screening project for women at high risk of breast cancer following radiotherapy at a young age and will continue to focus on this and related areas.

High Grade Lymphoma Subgroup (Chair, Dr Andrew Davies)

REMoDL-B (Johnson) continued to recruit ahead of expectation throughout the year leading to anticipated full enrolment of patients by mid-June 2015. This study has demonstrated that real time gene expression profiling can be delivered on a large prospective scale and used to stratify patients. The MaPLE study has opened, extending access to molecular stratification for patients outside the structure of an IMP study and linking with a programme of precision medicine in aggressive lymphomas, funded by the LLR and a partnership between academia, the CSG and industry, aimed at refining molecular diagnostic platforms and appropriately targeting novel agent studies across the CSG portfolio.

The IELSG32 trial of primary CNS lymphoma fully recruited, of which the UK was the third largest international recruiter, despite joining the study late. This has demonstrated a survival advantage for the addition of rituximab and thiotepa to a methotrexate/cytarabine backbone. These practice changing results will be presented in Plenary Session at ICML Lugano, June 2015.

The international ORCHARRD study for which the UK was the largest contributor, reported at ASH 2014 and demonstrated that there was no advantage of ofatumumab over rituximab in combination with DHAP chemotherapy in relapsed large B-cell lymphoma (DLBCL). The results of R-CODOX-M/R-IVAC in both high-risk DLBCL and Burkitt's, will be presented orally at ICML Lugano, June 2015.

Low Grade Lymphoma Subgroup (Chair, Professor Simon Rule)

The Low Grade Lymphoma Subgroup has a very active clinical trials portfolio at the moment with a number of significant studies about to open. Of the trials currently recruiting, the front line follicular lymphoma trial (PACIFICO) has well over 330 patients enrolled, which makes it the largest ever UK based trial in this disease. This will finish recruitment in March 2016 and our major challenge is to open a replacement trial at that time.

In Waldenstrom's macroglobulinemia (WM) the R2W study is recruiting ahead of schedule and a successor for this trial is already planned. In mantle cell lymphoma (MCL) two front line studies will open later this year. A study for younger patients in collaboration with the European MCL network study (TRIANGLE) and a UK based study (ENRICH) will both evaluate the role of Ibrutinib as part of front line therapy. The ENRICH trial is CRUK funded and run and will involve a number of international collaborators. In addition we will join a pan-European trial for marginal zone lymphoma (MALIBU).

One of the major strengths of the Subgroup is its emphasis on the use of bio-banking with a view to subsequent translational research activity. A bio-bank for mantle cell lymphoma has also recently opened with LLR support and there are similar banks associated with the follicular and WM trials.

For relapsed low grade disease there are multiple commercial studies currently open which is a challenge but we have a strategy to explore more novel approaches.

Hodgkin's Lymphoma Subgroup (Chair, Dr Eve Gallop-Evans)

The RAPID trial for early stage Hodgkin lymphoma will be published in the New England Journal of Medicine in April 2015, showing that the UK can run practice-changing trials in Hodgkin lymphoma. This trial was the first to lower the age of eligibility to 16 years, a principle that is now embedded in all NCRI adult trials.

Results of the RATHL trial of response-adapted therapy in advanced Hodgkin lymphoma will be presented in plenary session at ICML Lugano, June 2015. This was the first lymphoma trial led by the UK that opened at international sites in Italy, Scandinavia, Australia and New Zealand.

The BREVITY study of first line single agent brentuximab vedotin for older/comorbid patients was the first study to be funded by LLR as part of the TAP programme, and is currently recruiting well ahead of target.

The EuroNet group is a paediatric Hodgkin lymphoma trial group spanning countries across Europe, Israel, the US and Australasia, with the study centre based in Germany. The EuroNet C1 trial recruited over 2000 children, with the UK being the 3rd largest contributor after Germany and France. The C2 study has just been funded by the LLR, and in the UK, will also be open to patients up to their 25th birthday. EuroNet LP1 is also the first international trial in nodular lymphocyte predominant Hodgkin lymphoma in children, and UK recruitment is going well.

Prognostic factors relevant to contemporary treatment strategies are important in Hodgkin lymphoma, and tumour banking, gene profiling and predictive biomarker studies are an integral part of current and future studies. Access to novel agents is vital, and there has been good engagement with pharmaceutical companies

A notable success for the CSG has been the incorporation of functional imaging into staging, response-assessment and response-adapted strategies. Dr Sally Barrington has played a pivotal role in these initiatives, and the NCRI-accredited PET network underpins high quality clinical trials.

Paediatric Non-Hodgkin's Lymphoma Subgroup (Chair, Dr Amos Burke)

Achievements of the NHL Subgroup are outlined below:

- A UK study for lymphoblastic lymphoma is incorporated in the national Acute Lymphoblastic Leukaemia Trial (UKALL2011, investigator for Lymphoblastic Lymphoma Dr Rob Wynn). This study is open and recruiting well.
- There is currently an international trial for advanced stage B-NHL (Inter B-NHL Ritux 2010) and an associated biology study. The study opened in 2014 (UK) and recruitment is picking up.

Challenges for the Subgroup include:

- The next international ALCL is at a stage of advanced development; progress has been difficult due to negotiation over access to the drug Crizotinib.
- A PIP for the development of Ibrutinib in relapsed/refractory B-NHL is in developments with Janssen (Dr Amos Burke, International Clinical Lead)

- Progress towards a national PTLD study for adults and children is slow
- A prospective UK study proposal to evaluate the role of PET/CT in childhood NHL is still to be developed
- Challenges remain developing studies that span the children and young people's age range for appropriate diseases.

4. Task groups/Working parties

The BARD (Breast Screening after Radiotherapy) group has been working with the NHS Breast Screening Programme to devise a nationwide solution to screening women at high risk of breast cancer following radiotherapy for lymphoma (and rarely other cancers) under age 36. BARD membership includes colleagues with expertise/experience in lymphoma, breast cancer, radiotherapy, screening, epidemiology and two consumers. Relevant contracts with NHS England are in place and a comprehensive database comprising approximately 8000 at-risk women is currently being set up in Manchester so that on an annual basis NHSBSP can be advised which women need screening that year. Funding of a project manager has been provided by Teenage Cancer Trust, for which we are extremely grateful.

The BARD process will go live in 2016 and meetings will be held to disseminate information about this "world-first" enterprise.

5. Patient recruitment summary for last 5 years

The proportion of patients with lymphoma entering interventional trials continues in the region of 5-7%; this is disappointing and a cause for concern to the Group. The CSG is currently working with Reta Brownlow at Leukaemia & Lymphoma Research (LLR), Jonathan Pearce at Lymphoma Association (LA) and Clare Nolan at Tomorrow's Medicines to increase patient awareness and a pilot project involving a total of 7 Centres in England, Wales and Scotland is currently in progress to evaluate the power of social media techniques on patient recruitment. This involves the LLR and LA tweeting outline information about a trial and providing links to follow for further details. Additionally, a pre-screening facility is provided by Tomorrow's Medicines prior to referral to a trial site where direct access to a research nurse will be available. The impact of these interventions will be measured and reported.

In the Lymphoma CSG portfolio, 13 trials closed to recruitment and 11 opened.

Table 1 Summary of patient recruitment by RCT/Non-RCT

Year	All subjects		Cancer patients only		% of cancer patients relative to incidence	
	Non-RCT	RCT	Non-RCT	RCT	Non-RCT	RCT
2010/2011	1497	668	1536	668	13.8	6.0
2011/2012	2998	617	2931	617	26.4	5.6

Table 2 Summary of patient recruitment by Interventional/Non-interventional

Year	All participants		Cancer patients only		% of cancer patients relative to incidence	
	Non-interventional	Interventional	Non-interventional	Interventional	Non-interventional	Interventional
2012/2013	3044	1012	3009	1000	21.7	7.2
2013/2014	1685	879	1685	879	12.1	6.3
2014/2015	804	785	580	785	4.2	5.6

6. Links to other CSGs, international groups and network subspecialty leads

The Lymphoma CSG has links to the Breast CSG, the NHS Breast Screening Programme, NHS England and the Royal College of Radiologists in connection with our work in the BARD group (see section 4 above) relating to the 8,000 female survivors of lymphoma at high risk of breast cancer as a result of supra-diaphragmatic radiotherapy under age 36. In addition we work with the TYA CSG and pioneered a move to lowering the age of eligibility to 16 in all new academic trials; this practice has now extended to all other CSGs. A meeting with network speciality leads to discuss optimising access to clinical trials is arranged for October.

The CSG also has extensive links with international groups. These include the IELSG (International Extra-Nodal Lymphoma Study Group) which is running important studies in central nervous lymphoma and primary mediastinal B cell lymphoma. The RATHL trial in advanced Hodgkin lymphoma involves collaboration with the Nordic, Italian, Australian and New Zealand Lymphoma Groups. In the follow-on study to RAPID in early stage HL there have been enthusiastic approaches from all of the above plus the EORTC Lymphoma Group and colleagues in Israel. We have been approached by Dr Bruce Cheson (University of Washington) inviting collaboration in a trans-Atlantic trial of nivolumab combined with brentuximab vedotin in the older HL population.

In addition the Group is aligned to the Lymphoma Scientific Working Group of European Haematology Association (mainly research focused) and the European Lymphoma Institute (mainly education focused).

7. Funding applications in last year

Table 3 Funding submissions in the reporting year

Clinical Trials Advisory and Awards Committee (CTAAC)			
Study	**Application type**	**CI**	**Outcome**
July 2014			
ENRICH: Randomised, phase ii open label study of rituximab/ibritinib vs rituximab/chemo in older patients with mantle cell lymphoma	Full application	Professor Simon Rule	Funded
MARIETTA: An international phase II trial assessing tolerability and efficacy of sequential MTX/Ara-C-based regimen and R-ICE, followed by high dose chemotherapy supported by pbsct, in patients with systemic b-cell lymphoma with central nervous system involvement at diagnosis or relapse	Full application	Dr Kate Cwynarski	Not funded

(MARIETTA regimen)			
November 2014			
None			
March 2015			
None			
Other committees			
Study	**Committee & application type**	**CI**	**Outcome**
A randomised Phase III trial to determine the role of consolidation radiotherapy in bulky diffuse large B-cell lymphoma	CTAAC	Professor T Illidge	Awaited
An international phase III trial investigating the incorporation of brentuximab vedotin into the treatment of early stage Hodgkin lymphoma using a response adapted approach (RADAR)	LLR (Clinical Trials Advisory Panel). Application also submitted to Takeda with respect to drug costs	Professor J Radford	Awaited

8. Collaborative partnership studies with industry

The CSG has extensive and effective collaborations with industry and has made a major contribution to pharma's current view that the UK is now an excellent environment in which to undertake clinical research. The currently recruiting first line trial in advanced Hodgkin lymphoma (ECHELON-1) and anaplastic large cell lymphoma (ECHELON-2) are sponsored by Takeda and in the case of the international ECHELON-1 trial the CI for territories outside N America is a CSG member (Radford); it is of note that the UK is the only country in this international trial to be recruiting ahead of target.

In the first line treatment of the ABC molecular sub-type of diffuse large B cell lymphoma, the phase III PHOENIX trial sponsored by Pharmacyclics is investigating the value of adding the BTK inhibitor, ibrutinib, to R-CHOP and is recruiting to target. The CHECKMATE suite of trials sponsored by Bristol-Myers-Squibb involving the PD-1 inhibitor nivolumab in 3 subtypes of lymphoma is underway at 5 UK Centres and a portfolio of 8 phase Ib/II combination studies (the HARMONY programme) in 2 subtypes of non-Hodgkin lymphoma sponsored by Roche have been offered to 7 UK sites with early phase experience and facilities.

In addition the CSG is taking part in numerous phase II studies with a wide range of sponsors and recruiting well to these. The BREVITY study in the first line treatment of Hodgkin lymphoma in the older, frailer and co-morbid population is investigator led and funded by Takeda and negotiations are underway with Bristol-Myers-Squibb with respect to two new investigator led studies of nivolumab in Hodgkin lymphoma.

The next phase III trial in early stage Hodgkin lymphoma (RADAR) has been designed and negotiations are underway for an investigator led arrangement with Takeda.

9. Impact of CSG activities

Over the last 5 years the CSG's research outputs have had a significant impact on clinical practice. In diffuse large B cell lymphoma the R-CHOP 14 vs 21 trial showed that in terms of patient outcomes there was no advantage to the 14 day schedule thus confirming R-CHOP 21 as the standard of care in the UK. In Hodgkin lymphoma the RAPID trial showed that a negative PET scan after 3 cycles ABVD chemotherapy is associated with a very good outcome without further treatment and, although the addition of radiotherapy produces a 3.8% improvement in 3 year PFS, this is at the expense of irradiating all PET negative patients, most of whom don't need it. These results will be published in the New England Journal of Medicine April 2015 with an accompanying editorial. Following previous oral presentation of the data at the American Society of Haematology meeting (in Best of ASH session) Professor Radford has been asked to draft Canadian guidelines on the management of early stage Hodgkin lymphoma and write a chapter for the 50th anniversary edition of Seminar in Haematology.

In advanced Hodgkin lymphoma results of the RATHL trial will be presented in plenary session at the International Conference on Malignant Lymphoma, Lugano, June 2015. This international trial led by the UK and involving 1200 patients showed that a negative PET scan after 2 cycles ABVD was associated with a very good prognosis and that outcome in terms of progression-free survival was the same irrespective of whether ABVD or AVD (bleomycin dropped in AVD) was continued in cycles 3-6. Additionally in those patients found to be PET positive after 2 cycles ABVD, escalation of treatment to the intensive BEACOPP regimen converted 75% to PET negative status at end of treatment and was also associated with a very good outcome. A paper is being prepared for the New England Journal of Medicine.

Both RAPID and RATHL have put the UK at the forefront of practice changing research in Hodgkin lymphoma and this point was made by the international peer review panel in July 2014. The development of an NCRI network of quality assured PET imaging facilities by Dr Sally Barrington, Dr Mike O'Doherty and others has been critical to the success of these studies and this was also recognised by the international review panel.

The UK contribution to the IELSG 32 study in primary CNS lymphoma has been very important and although the UK joined the trial 2 years after activation it was, at close, the 3rd largest recruiter. Preliminary results that will be presented by Andres Ferreri in plenary session at the International Conference on Malignant Lymphoma, Lugano, June 2015 show that additional drugs added to the induction regimen improved remission rates and PFS, findings that will change international practice in this difficult to treat lymphoma. Further studies in CNS lymphoma led by Dr Kate Cwynarski and Dr Chris Fox are in development.

10. Consumer involvement

At international peer review in July 2014 the inclusion and involvement of consumers in in the CSG was described as "exemplary". There have been some recent changes in consumer membership; Mrs Lucille Hagues, a long standing consumer representative has retired and Mr Melvyn Rust who was appointed in 2012 decided at the end of last year that he should move on and formally resigned in early 2015. A new consumer representative, Mr Stephen Wood, has now been appointed and we look forward to him taking part in the forthcoming strategy day and contributing to CSG plans for the next 3 years.

Following recent discussions with Mr Richard Stephens, NCRI Consumer Forum Chair, it has been decided to have greater involvement of consumers in the Subgroups and encourage CSG members to directly approach likely candidates for this role from their clinical practice. Involvement in a subgroup automatically confers membership of the Consumer Forum and access to relevant training and so it is hoped this innovation will provide a supply of experienced and appropriately trained individuals who will then want to consider serving on the main Group. The success of this "grow your own" approach will be carefully monitored and reported.

11. Open meetings/annual trials days/strategy days

The UK Lymphoma Trials Meeting held annually in November that features a high profile guest speaker, an update on current, completed and planned studies has become increasingly well attended over the last 5 years such that this year a larger venue had to be identified. In 2014 more than 500 delegates including physicians, nurses, research staff and patient representatives attended the meeting in Senate House, University of London where Dr Andrew Jack of HMDS Leeds was the guest speaker. Feedback was excellent with several delegated reporting that it was "the best ever". For the 2015 meeting Dr Lou Stoudt from the NIH, Bethesda has kindly agreed to deliver the Mike Bennett Memorial Lecture.

In addition to this annual fixture, CSG members have been involved in LLR and Lymphoma Association annual and regional meetings and have given lymphoma related talks at updates held by the Royal Colleges of Physicians, Pathologists and Radiologists and British Society for Haematology sponsored meetings. Other members have arranged 1 or 2 day educational events for physicians and nurses in training (Oxford and Manchester). Feedback from these has also been excellent.

12. Progress towards achieving the CSG's 3 year strategy

Practice changing research and international competitiveness. The CSG is now recognised as a major player in international lymphoma research as a result of its practice changing research outputs. This is also evidenced by high profile involvement at ASH, the ISHL meeting in Cologne, the ICML meeting in Lugano, IELSG, the Lymphoma Scientific Working Group of EHA and the European Lymphoma Institute. Additionally Professor Radford was invited to review the EORTC Lymphoma Group at a Board meeting in Brussels, June 2014.

Undertaking studies of relevance to patients. Consumer involvement in the CSG is a priority and although there have been some recent changes in personnel we are confident that the "exemplary" performance in this area identified at international peer review in July 2014 will continue. Access to clinical trials informing patients about clinical trials irrespective of postcode is a priority for consumers and we are working closely with LLR and LA to evaluate social media techniques as a means of disseminating relevant information.

Collaboration with industry. We have a large number of industry sponsored studies in the portfolio and are performing well in these such that the UK is becoming a destination of choice for international pharma wishing to undertake clinical trials in lymphoma. Several CSG members are international opinion leaders in their fields and are approached directly for advice about trial design, a feature that reflects extremely well on the CSG. Attention to set-up and recruitment metrics is imperative if we are to continue progressing in this area.

Managing late toxicity of treatment in curable lymphomas. This is a major area of concern to consumers and after prolonged effort the BARD project is funded and underway. This will improve screening services for the 8000 women in England at high risk of breast cancer as a result of radiotherapy to breast tissue under age 36 and facilitate research in the field.

Education and training. The annual UK Lymphoma Trials Meeting continues to grow and remains extremely popular. It is the main forum through which the CSG communicates with "grass root" clinical researchers in the UK and is extremely valuable. This year we have welcomed 2 trainees to the group and we are determined to make this an enjoyable and rewarding experience for these colleagues.

13. Priorities and challenges for the forthcoming year

Priorities for the Lymphoma CSG are:

- Opening a new front-line trial in early stage Hodgkin lymphoma. A trial design (RADAR) has been agreed by the group that builds on the experience obtained with RAPID and incorporates the targeted agent brentuximab vedotin and translational components. Brentuximab vedotin is a very expensive drug and without pharma support in terms of free drug it is highly unlikely that the trial will go ahead. Negotiations with Takeda have been underway for 18 months and it is hoped an agreement can be reached at an adboard at ICML Lugano, June 2015. We have been asked to submit the proposal through the Takeda portal and this is underway. Support for international collaboration has been received from the EORTC Lymphoma Group and colleagues in Scandinavia, Israel, Australia, New Zealand, Canada and the US.
- Developing a new front-line trial in diffuse large B cell lymphoma. This is a high priority now that the REMoDEL-B trial has completed recruitment
- Developing a new front line trial in follicular lymphoma. This is also a priority with the completion of recruitment of PACIFICO in 2016

Challenges for the CSG are:

- The power of pharma in influencing trial design. In view of the CSG's ambition to evaluate new agents with improved efficacy and reduced toxicity, all of the priorities listed above are dependent on the co-operation and support of pharma. This is usually challenging as they often have their own views on trial design and even if they are prepared to support an investigator led phase III protocol they may wish to make it a registration study with a view to obtaining a licence for a new indication. This factor combined with the expense of undertaking large randomised phase III trials undermines the ability of academic groups to lead research of this type.
- Increasing demands of NHS Trusts. In financially straightened times, Trusts are increasingly reluctant to allow their clinicians to attend meetings and undertake research that they may see as unproductive and not contributing to solving today's problems. We have to resist this pressure by pointing out that research is the means to improving outcomes for patients and making our interventions more effective and efficient.
- Increasing overall trial recruitment. Opening trials in lymphoma types where large numbers of patients are affected is the first step (see priorities above) but in addition providing relevant and timely information is crucial. This is challenging because Trusts differ widely in terms of clinical trial activity and so there are many patients who are simply not made aware of the opportunities available. Our work with LLR and LA to directly inform patients using social media techniques is addressing this issue but progress is slow.

14. Concluding remarks

The CSG has had a successful year with several outputs selected for high profile presentation/publication in the next reporting period - but we have the ambition to create even more impact and play a bigger part on the international stage as part of our overriding goal to improve outcomes for patients with lymphoma. Crucially we wish to increase the number of academic studies in the portfolio and build on our success of working with industry. In addition we want to breakdown the "postcode lottery" of patient access to clinical trials and will collaborate with consumers, Leukaemia & Lymphoma Research and the Lymphoma Association to achieve this.

With respect to subgroup chairs and other CSG members I am very grateful for their engagement and hard work. All are very busy clinicians and I am impressed by their willingness to commit additional hours to the furthering the ambitions of the group. My thanks are due to them all.

15. Appendices

Appendix 1 - Membership of main CSG and subgroups

Appendix 2 – CSG and Subgroup strategies
- A – Main CSG Strategy
- B – High Grade Lymphoma Subgroup Strategy
- C – Low Grade Lymphoma Subgroup Strategy
- D – Hodgkins Lymphoma Subgroup Strategy
- E – Paediatric Non-Hodgkins Lymphoma Subgroup Strategy

Appendix 3 - Portfolio Maps

Appendix 4 - Publications in previous year

Appendix 5 - Major international presentations in previous year

Appendix 6 – Strengths & Weaknesses from the Lymphoma CSG 2014 Progress Review

Professor John Radford (Lymphoma CSG Chair)

Appendix 1

Membership of the Lymphoma CSG

Name	Specialism	Location
Dr Matthew Ahearne*	Clinical Lecturer	Leicester
Professor Richard Cowan	Clinical Oncologist	Manchester
Dr Eve Gallop-Evans	Clinical Oncologist	Cardiff
Dr Jessica Okosun*	Clinical Research Fellow	London
Mr Stephen Wood	Consumer	Derbyshire
Dr Maria Calaminici	Haemapathologist	London
Dr Cathy Burton	Haematologist	Leeds
Dr Rebecca Auer	Haematologist	London
Dr Kate Cwynarski	Haematologist	London
Dr Christopher Fox	Haematologist	Nottingham
Dr Ram Malladi	Haematologist	Birmingham
Dr Alison Milne	Haematologist	Basingstoke
Dr Karl Peggs	Haematologist	London
Professor Simon Rule	Haematologist	Plymouth
Dr Fiona Scott	Haematologist	Edinburgh
Dr Andrew Davies	Medical Oncologist	Southampton
Professor John Radford (Chair)	Medical Oncologist	Manchester
Dr Stephen Daw	Paediatric Haematologist	London
Dr Amos Burke	Paediatric Oncologist	Cambridge
Dr Sally Barrington	Physician in Nuclear Medicine	London
Dr Victoria Warbey	Physician in Nuclear Medicine	London
Mr Paul Smith	Senior Research Coordinator	London
Ms Amy Kirkwood	Statistician	London
Mrs Louise Stanton	Statistician	Southampton

* denotes trainee

Membership of the Subgroups

* denotes trainee

High Grade Lymphoma Subgroup		
Name	**Specialism**	**Location**
Dr Matthew Ahearne*	Clinical Lecturer	Leicester
Dr Catherine Burton	Haematologist	Leeds
Dr Sridhar Chaganti	Haematologist	Birmingham
Dr Graham Collins	Haematologist	Oxford
Dr Nagesh Kalakonda	Haematologist	Liverpool
Dr Andrew McMillan	Haematologist	Nottingham
Dr Russell Patmore	Haematologist	Hull
Dr Saad Rassam	Haematologist	London
Dr Simon Rule	Haematologist	Plymouth
Dr Andrew Davies (Chair)	Medical Oncologist	Southampton
Professor Andrew Jack	Pathologist	Leeds

Low Grade Lymphoma Subgroup		
Name	**Specialism**	**Location**
Professor Peter Hoskin	Clinical Oncologist	Middlesex
Dr Kirit Ardeshna	Haematologist	London
Dr Nicola Bienz	Haematologist	Wexham
Dr Chris Hatton	Haematologist	Oxford
Dr Andy Haynes	Haematologist	Nottingham
Dr Pam McKay	Haematologist	Glasgow
Professor Andrew Pettitt	Haematologist	Liverpool
Dr Saad Rassam	Haematologist	London
Professor Simon Rule (Chair)	Haematologist	Plymouth
Professor Peter Johnson	Medical Oncologist	Southampton
Professor John Radford	Medical Oncologist	Manchester
Miss Alison Learwood		York

Hodgkins Lymphoma Subgroup		
Name	**Specialism**	**Location**
Dr Eve Gallop-Evans (Chair)	Clinical Oncologist	Cardiff
Professor Peter Hoskin	Clinical Oncologist	Middlesex
Dr Jessica Okosun*	Clinical Research Fellow	London
Dr Kirit Ardeshna	Haematologist	London
Dr Catherine Burton	Haematologist	Leeds
Dr Graham Collins	Haematologist	Oxford
Dr Pam Mckay	Haematologist	Glasgow
Dr Andrew McMillan	Haematologist	Nottingham
Professor Peter Johnson	Medical Oncologist	Southampton
Professor John Radford	Medical Oncologist	Manchester
Dr Stephen Daw	Paediatric Haematologist	London
Mr Paul Smith	Research Associate	London
Ms Amy Kirkwood	Statistician	London

Paediatric Non-Hodgkins Lymphoma Subgroup		
Name	**Specialism**	**Location**
Dr Ayad Atra	Haematologist	London
Dr Andrew McMillan	Haematologist	Nottingham
Professor Owen Smith	Haematologist	Dublin
Dr Robert Wynn	Haematologist	Manchester
Dr Keith McCarthy	Histopathologist	Wye Valley
Dr Stephen Daw	Paediatric Haematologist	London
Dr Amos Burke (Chair)	Paediatric Oncologist	Cambridge
Dr Denise Williams	Paediatric Oncologist	Cambridge
Dr Mary Taj	Paediatric Oncologist	London
Dr Suzanne Turner	Pathologist	Cambridge
Professor Keith Wheatley	Statistician	Birmingham
Mr Andrew Raxworthy Cooper		Birmingham
Simon Bomken*		

Appendix 2

CSG & Subgroup Strategies

A – Main CSG Strategy

The overall CSG strategy is to perform practice changing research leading to improved outcomes for patients with lymphoma. Our research aims to be internationally competitive with a view to raising the profile of UK biomedical research so that clinicians, scientists and industry are attracted to this country as the place to develop/run the next generation of studies/trials to the highest standards.

The top priority for patients, and therefore the CSG, is to develop more effective and less toxic treatments across the range of lymphoma sub-types. Often this will involve the evaluation of new molecules, usually sourced from industry, but we have developed an international reputation for developing more individualised approaches treatments selections using PET. This will continue but we will also extend our scope to determine how circulating and tissue based biomarkers can be integrated with PET to improve the accuracy of patient selection for specific treatments. These clinical objectives demand excellent accompanying translational science and this is a requirement for all new studies under development.

For patients cured of lymphoma, reducing the impact of the late effects of treatment on incidence of second cancers and cardiovascular disease both of which undermine long term survival are also high priority. The CSG is focused on developing strategies that can mitigate these risks. We have had recent success with the BARD national screening project for women at high risk of breast cancer following radiotherapy at a young age and will continue to focus on this and related areas.

A breakdown of the Lymphoma CSG strategy can be seen overleaf.

Theme		Strategic objectives
1	Provide a comprehensive portfolio of research studies and trials that reflects the needs and priorities for patients with lymphoma and are potentially practice changing	Make sure first line studies in major lymphoma sub-types (diffuse large B cell lymphoma, follicular lymphoma, Hodgkin lymphoma) are always available ***3 year target: open new first line studies in each of these lymphoma sub-types** Identify gaps in evidence for treatment and develop studies where there is greatest need. These will be agreed at meetings of all sub-groups and reviewed on an ongoing basis. Embed translational science and tissue banking into all new studies Build on internationally leading work in PET adapted approaches and integrate circulating and tissue based biomarkers into these ***3 year target: open 3 new studies involving PET/other biomarker integration** Consider other areas for study such as treatment pathways, follow-up after treatment and late effects of treatment ***3 year target: open 2 new non-IMP studies**
2	Increase early phase activity and participation	Build on increase in early phase activity and so develop opportunities for including novel agents in subsequent larger studies Further develop relationships with industry Encourage more sites to take on early phase work ***3 year target: 10 sites routinely involved in phase I/II research**
3	Strengthen international working	Build on existing collaborations with IELSG in rare lymphoma sub-types Wherever possible open large studies to international collaboration. ***3 year target: 3 international studies opened**
4	Improve access to trials	Work with consumers, Leukaemia and Lymphoma Research, Lymphoma Association, Tomorrow's Medicines and others to improve dissemination of information about trials

		Build on existing pilot project involving 7 Centres evaluating use of social media techniques to directly inform patients ***3 year target: 3 studies use social media techniques to raise awareness**
5	CSG structure and function	Ensure the structure of the CSG fully reflects the multi-disciplinary nature and geographical spread of lymphoma practice
6	Consumer involvement and impact	Identify potential consumer representatives from sub-group leads' clinical practice and encourage them to participate in sub-group and Consumer Forum activities including training. ***3 year target: At least 1 consumer representatives attached to all sub-groups and linked to NCRI Consumer Forum** Encourage sub-group consumer representatives who perform well to apply for main CSG membership ***3 year target: At least 1 consumer representative appointed from sub-group "grow your own strategy"** Provide high quality mentorship for consumers on CSG Seek input into all new studies from consumers
7	Education and training	Make sure trainee attachments to CSG are successful by: - providing excellent mentoring, - inclusion in the main committee and sub-group activities - providing opportunities to undertake a research project ***3 year target: Each trainee features on author list of a peer reviewed paper written by the CSG** Continue successful annual UK Lymphoma Trials Meeting and evolve structure in response to delegate comments so as to maintain its popularity and impact
8	Working with charitable partners	Strengthen links with Cancer Research UK, Leukaemia and Lymphoma Research (including Trials Acceleration Programme) and Lymphoma Association

B – High Grade Lymphoma Subgroup Strategy

The High Grade Lymphoma Subgroup strategy is currently under review.

C – Low Grade Lymphoma Subgroup Strategy

Follicular NHL is the commonest form of low grade NHL and will always require a UK based trial. The current front line follicular lymphoma trial (PACIFICO) has well over 330 patients enrolled and is projected to finish recruitment in March 2016. Our plan is to replace this study with one that encompasses all patients who are fit enough to require conventional immuno-chemotherapy. This will maximise recruitment as the treatment element will be permissive. Whilst there are a host of novel drugs that have activity in follicular NHL, the outcome with conventional therapy is so good that it is premature to include one of these new drugs into a randomised design for frontline therapy. None of the major European lymphoma groups have plans to do so either. As such we are designing a trial using PET positivity at the end of immuno-chemotherapy as the point where two potential trials could commence. The first asks the question as to whether maintenance is affective in PET negative patients by asking a randomised study around giving rituximab or observation. This design has been worked up and a full proposal went to the HTA regarding this and was unfortunately unsuccessful. We are seeking alternative approaches to fund this currently. The second arm of this study would be to take the PET positive patients, who we know have a relatively poor outcome, and expose them to novel agents in a sequential cohort 'pick a winner' type approach. All of the major drug companies with important drugs in this field have expressed interest in this design, as have some major European groups. This has the attraction of running multiple studies through one ethics submission, which will keep the study relevant in a fast moving area.

We are well advanced with mantle cell and waldenstroms macroglobulinaemia through incorporation of the most active agent (Ibrutinib) into front line trials. The ENRICH trial in particular could be practise changing as it compares a chemotherapy-free versus standard chemotherapy front line approach. This study has MRD included as an exploratory end point and we are keen to look at this more in the context of clinical studies. We have centralised MRD planned for 2 trials that will start this year and it is already in place with the existing WM study. Using MRD as a potential to direct on-going therapy will be increasingly important due to the expense of some of the newer drugs.

The use of bio-banking around clinical studies is a priority as well and this is in place for mantle cell lymphoma as well as the WM and PACIFICO studies. Subsequent translational research will be very important in these diseases.

One of the challenges for the group is the volume of novel agents that have activity in these diseases and the plethora of commercial clinical trials in this space. Within the sub-group we see no point in looking to compete with these but rather wish to explore earlier (phase I/II) trials in 'low grade NHL' by looking at combinations of novel agents. Discussions with some companies have commenced in this regard. The first of these trial (OASIS) will be a phase I trials using ibrutinib, ABT-199 and GA 101 in relapsed MCL which will commence in 2 sites later in the year. Out intention is to be performing more such innovative research with the aim of producing higher profile publications and presentations on the world scene.

D – Hodgkins Lymphoma Subgroup Strategy

- Offer a comprehensive trial portfolio inclusive of all ages/stages
- Provide demonstrable outcomes with respect to grant funding, high recruitment rates and high impact publications
- Build on successful international collaborations in adult and paediatric HL trials
- Incorporate translational studies with prospective tumour banking/gene profiling and biomarker evaluation
- Build on successful collaborations with pharmaceutical partners to attract trials of novel agents and investment in all regions of the UK
- Evaluate new technologies and novel treatments with response adapted trial designs
- Utilise high quality infrastructure support for imaging and RT quality assurance
- Support research into psychosocial and survivorship issues which promote living well with and after cancer
- Encourage and support junior researchers
- Multidisciplinary membership of subgroup including consumer representatives.

E – Paediatric Non-Hodgkins Lymphoma Subgroup Strategy

The objectives of the Subgroup are the development of clinical trials (mostly international) for the major paediatric Non-Hodgkin Lymphomas (B-NHL, ALCL, Lymphoblastic lymphoma and PTLD) and to ensure that the development of such trials allows access for teenagers and young adults where this is appropriate. In addition, the Subgroup aims to ensure that wherever possible UK biological studies are incorporated into the trials and a lead for Biology has been added to the Subgroup.

Theme		**Strategic objectives**
1	Developing a comprehensive portfolio of research studies that reflects the needs and priorities for children Non-Hodgkin's Lymphoma	a) Interventional studies i. Identify gaps in evidence for treatment and develop studies where there is greatest need. These will be agreed at a meetings of Paediatric NHL subgroup and reviewed on an ongoing basis. ii. Ensure that where biologically appropriate studies are developed that cover the appropriate paediatric and young adult age-range. iii. Due to the rare nature of children's cancers, focusing on maximising the output of the clinical trials that are designed by: • Considering newer methods for study design, such as Multi Arm, Multi Stage (MAMS) design and probability analysis • Ensuring clinical trials are efficient as possible, including answering as many questions as possible iv. Embedding biology and tissue banking into studies with appropriate funding to allow participation at all sites. b) Imaging i. Review the opportunities for the development of studies investigating the role of new imaging modalities with a focus on PET (CT/MRI) in Paediatric and young adult NHL.
2	Increasing early phase activity and participation	i. Increase early phase activity and opportunities for novel agents being used in paediatric studies. • Work with the Novel Agents subgroup of the CCL CSG to increase the number of studies open to paediatric and young adult patients with NHL
3	Delivery, engagement with sites	i. Ensuring successful delivery of studies through integration with National Institute for Health Research: Cancer to engaging with PTCs and Young Adult Units

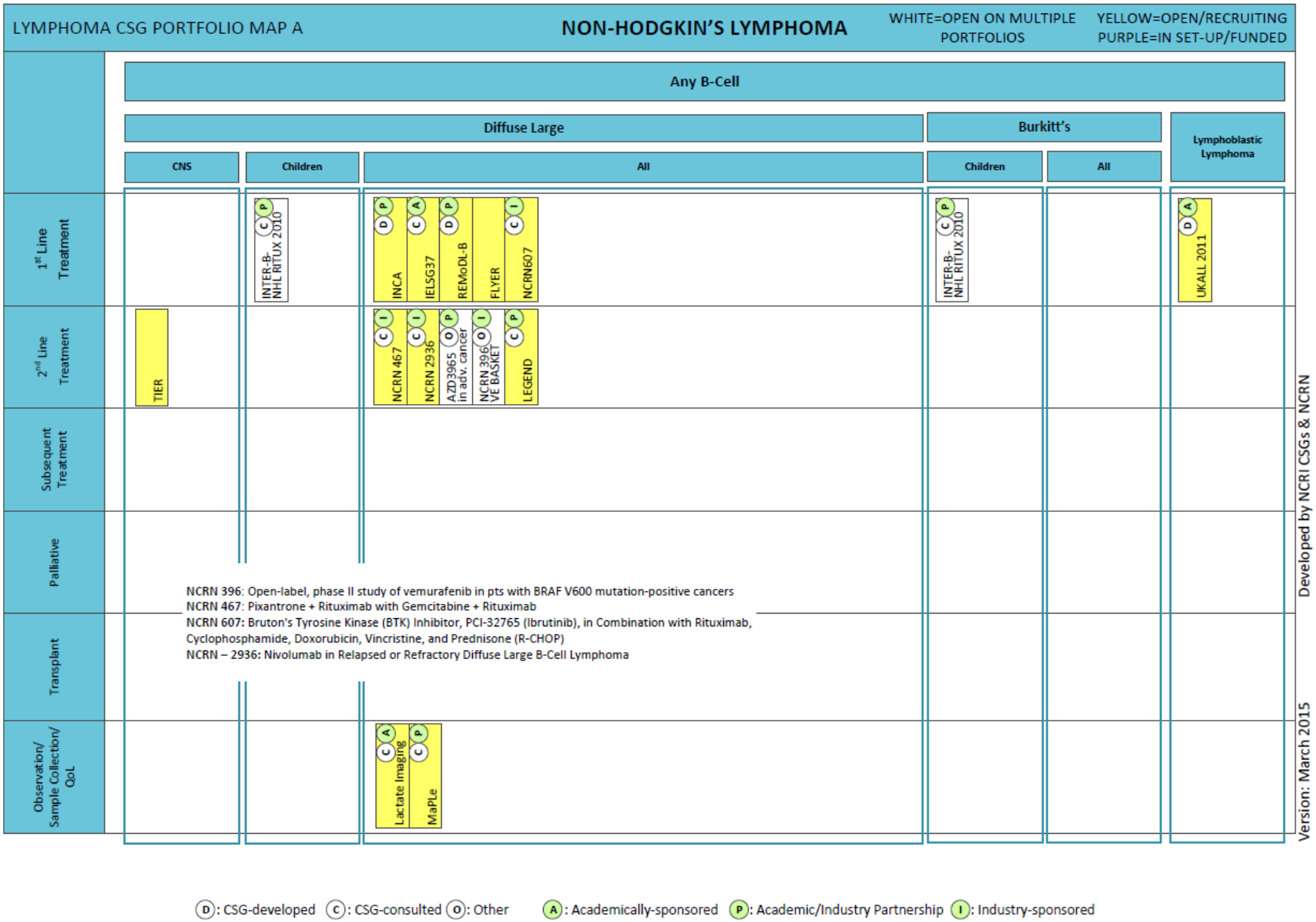
		• Establish good working with newly appointed LCRN subspecialty leads for Lymphoma, Children and Young Adults.
4	Strengthen international working	i. Work with the clinical trials unit(s) to promote UK as site for Sponsorship of international studies in NHL.
5	CSG structure and function	i. Ensure the structure of the Group is appropriate and succession planning for Chair and members is in place • Establish strong collaboration with adult and TYA communities for the development of joint/ shared trials. • Establish strong representation for UK biology
6	Consumer involvement and impact	i. Seek appropriate input into study development from Consumer representation in Lymphoma, CCL and TYA CSGs as needed.

Appendix 3

Portfolio maps

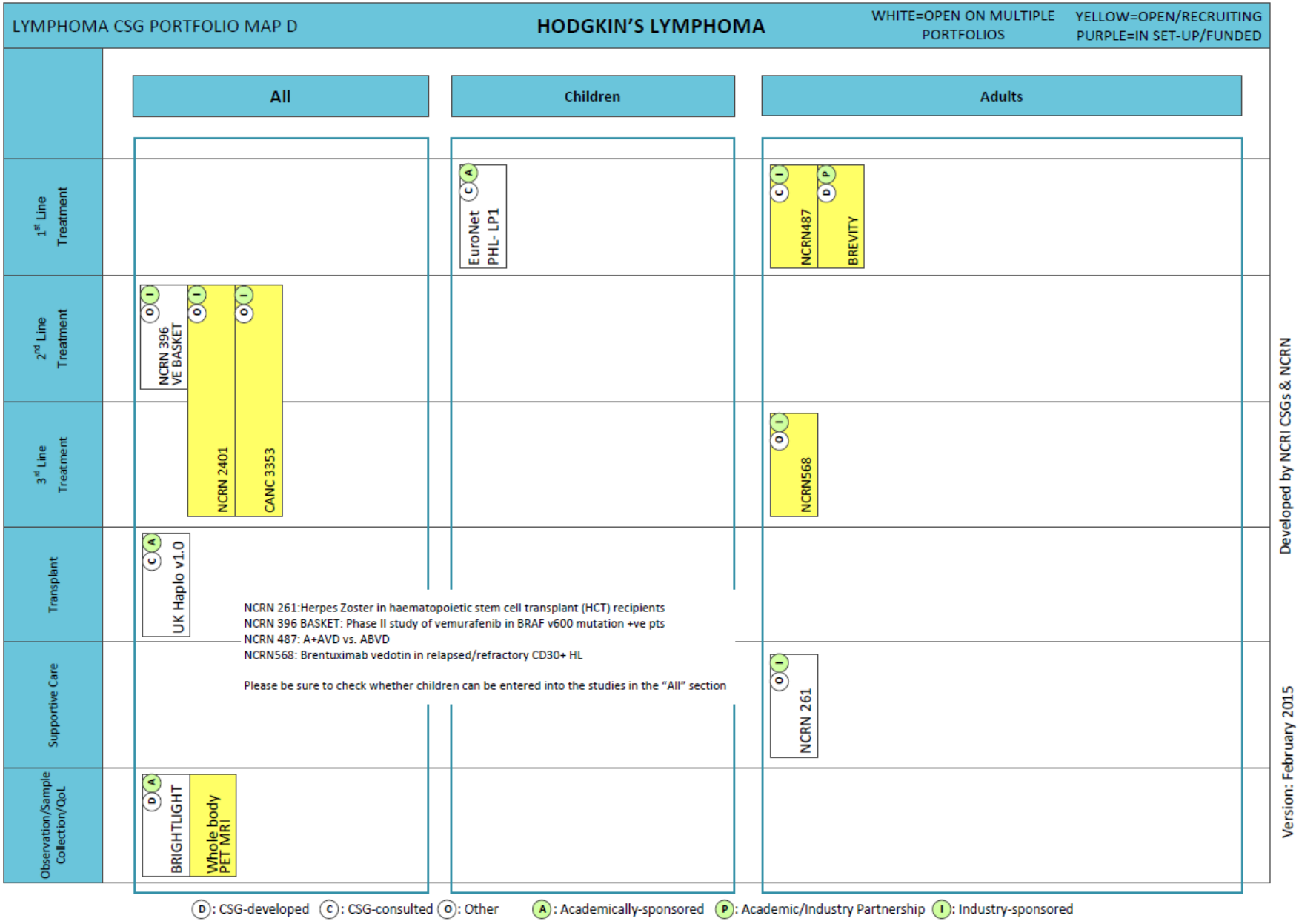
Key for B-Cell Non-Hodgkin's Lymphoma Industry Studies

NCRN 163:	Ofatumumab + Bendamustine vs Bendamustine
NCRN 261:	A phase III, randomised, observer-blind, placebo-controlled, multicentre, trial to assess the prophylactic efficacy, safety, & immunogenicity of GSK Biologicals' herpes zoster gE/AS01B candidate vaccine when administered on a two-dose schedule to adult autologous (HCT) recipients.
NCRN 396:	VE BASKET/ An open-label, phase II study of vemurafenib in patients with BRAF V600 mutation-positive cancers
NCRN 439:	Phase II trial of PI3K inhibitor BAY 80-6946 in patients with indolent and aggressive Non-Hodgkin's lymphomas.
NCRN 467:	Pixantrone + Rituximab with Gemcitabine + Rituximab
NCRN 538:	A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study Evaluating the Efficacy and Safety of GS-1101 (CAL-101) in Combination with Rituximab for previously Treated Indolent Non-Hodgkin Lymphomas
NCRN 539:	A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study Evaluating the Efficacy and Safety of Idelalisib (GS-1101) in Combination with Bendamustine and Rituximab for Previously Treated Indolent Non-Hodgkin Lymphomas
NCRN 546:	A Phase 3b, Multicenter, Open-label, PCI-32765 (Ibrutinib) Long-term Extension Study
NCRN 607:	PHOENIX: Ibrutinib with R-CHOP in Non-Germinal Center B-Cell Subtype Lymphoma
NCRN 2415:	SELENE: PCI-32765 (Ibrutinib), in Combination with Either Bendamustine and Rituximab (BR) or Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone (RCHOP) in Subjects with Previously Treated Indolent Non-Hodgkin Lymphoma (iNHL)
NCRN 2436:	AUGMENT: Rituximab + Lenalinomide vs Rituximab + Placebo
NCRN 2612:	Phase 2 Study of Oral MLN9708 in Adult Patients With Relapsed and/or Refractory Follicular Lymphoma
NCRN 2676:	GP2013 plus cyclophosphamide, vincristine, prednisone vs.MabThera® plus cyclophosphamide, vincristine, prednisone, followed by GP2013 or MabThera® maintenance therapy in patients with previously untreated, advanced stage follicular lymphoma
NCRN 2800:	IPI-145 versus Ofatumumab in Relapsed or Refractory CLL/SLL
NCRN 2810:	IPI-145 and Ofatumumab IN CLL/SLL - Follow on
NCRN 2936:	CHECKMATE: Nivolumab in Relapsed or Refractory Diffuse Large B-Cell Lymphoma
NCRN 2937:	A Single-Arm, Open-Label Phase 2 Study of Nivolumab (BMS-936558) in Subjects with Relapsed or Refractory Follicular Lymphoma (FL)


LYMPHOMA CSG PORTFOLIO MAP A
NON-HODGKIN'S LYMPHOMA
WHITE=OPEN ON MULTIPLE PORTFOLIOS
YELLOW=OPEN/RECRUITING
PURPLE=IN SET-UP/FUNDED
Any B-Cell
Diffuse Large
Burkitt's
Lymphoblastic Lymphoma
CNS
Children
All
Children
All
1st Line Treatment
2nd Line Treatment
Subsequent Treatment
Palliative
Transplant
Observation/ Sample Collection/ QoL
INTER-B-NHL RITUX 2010
INCA
IELSG37
REMoDL-B
FLYER
NCRN607
INTER-B-NHL RITUX 2010
UKALL 2011
TIER
NCRN 467
NCRN 2936
AZD3965 in adv. cancer
NCRN 396 VE BASKET
LEGEND
Lactate Imaging
MaPLe
NCRN 396: Open-label, phase II study of vemurafenib in pts with BRAF V600 mutation-positive cancers
NCRN 467: Pixantrone + Rituximab with Gemcitabine + Rituximab
NCRN 607: Bruton's Tyrosine Kinase (BTK) Inhibitor, PCI-32765 (Ibrutinib), in Combination with Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone (R-CHOP)
NCRN – 2936: Nivolumab in Relapsed or Refractory Diffuse Large B-Cell Lymphoma
Developed by NCRI CSGs & NCRN
Version: March 2015
(D): CSG-developed (C): CSG-consulted (O): Other
(A): Academically-sponsored (P): Academic/Industry Partnership (I): Industry-sponsored

LYMPHOMA CSG PORTFOLIO MAP B
NON-HODGKIN'S LYMPHOMA
WHITE=OPEN ON MULTIPLE PORTFOLIOS
YELLOW=OPEN/RECRUITING
PURPLE=IN SET-UP/FUNDED
Any B-Cell
All B-cell NHL
Any Low Grade B-Cell
Mantle Cell
Follicular
Marginal Zone
1st Line Treatment
2nd Line Treatment
Subsequent Treatment
Palliative/ Supportive Care
Transplant
Observation/ Sample Collection/ QoL
DI-B4
NCRN 396 VE BASKET
NCRN 439
NCRN 261
UK Haplo v1.0
BRIGHTLIGHT
BM identification
CD4+ T cell targeting
PROCLIPI
UK-R2W (Waldenstrom's)
NCRN 2415
NCRN 2810
NCRN 2800
NCRN2436
NCRN 538
NCRN 539
NCRN 163 Complement A + B
CANC 3648
ProT4 (W.dr cms.& small lymphocytic)
NCRN 546
MCL Biobank
NCRN 2676
PACIFICO
Rituximab-Lenalidomide
ReBeL
NCRN 2612
NCRN 2937
CANC 3442
ProT4
W&W in FL v1
MaPLe
Lym1
Version: March 2015
Developed by NCRI CSGs & NCRN
(D): CSG-developed (C): CSG-consulted (O): Other
(A): Academically-sponsored (P): Academic/Industry Partnership (I): Industry-sponsored

LYMPHOMA CSG PORTFOLIO MAP C
NON-HODGKIN'S LYMPHOMA
WHITE=OPEN ON MULTIPLE PORTFOLIOS
YELLOW=OPEN/RECRUITING
PURPLE=IN SET-UP/FUNDED
T-Cell
Angio-immuno
Peripheral
Lymphoblastic
Natural Killer
Cutaneous
Enteropathy
All
1st Line Treatment
2nd Line Treatment
3rd Line Treatment
Transplant
Supportive Care
Observation/ Sample Collection/ QoL
CHEMO-T
NCRN 508: ECHELON-2
UKALL 2011
NCRN 2674
RomiCar
NCRN 2401
NCRN 616
NCRN 2401
NCRN422: ALCANZA
NCRN 498
AZD3965 in adv. cancer
NCRN 396 VE BASKET
UK Haplo v1.0
NCRN 261
EBV Assoc NK/T-cell Malignancies
PROCLIPI
Lactate Imaging
BM identification
BRIGHTLIGHT
(D): CSG-developed (C): CSG-consulted (O): Other
(A): Academically-sponsored (P): Academic/Industry Partnership (I): Industry-sponsored
Developed by NCRI CSGs & NCRN
Version: March 2015


LYMPHOMA CSG PORTFOLIO MAP D
HODGKIN'S LYMPHOMA
WHITE=OPEN ON MULTIPLE PORTFOLIOS
YELLOW=OPEN/RECRUITING
PURPLE=IN SET-UP/FUNDED
All
Children
Adults
1st Line Treatment
2nd Line Treatment
3rd Line Treatment
Transplant
Supportive Care
Observation/Sample Collection/QoL
EuroNet PHL- LP1
NCRN487
BREVITY
NCRN 396 VE BASKET
NCRN 2401
CANC 3353
NCRN568
UK Haplo v1.0
NCRN 261
BRIGHTLIGHT
Whole body PET MRI
NCRN 261:Herpes Zoster in haematopoietic stem cell transplant (HCT) recipients
NCRN 396 BASKET: Phase II study of vemurafenib in BRAF v600 mutation +ve pts
NCRN 487: A+AVD vs. ABVD
NCRN568: Brentuximab vedotin in relapsed/refractory CD30+ HL
Please be sure to check whether children can be entered into the studies in the "All" section
Developed by NCRI CSGs & NCRN
Version: February 2015
(D): CSG-developed (C): CSG-consulted (O): Other (A): Academically-sponsored (P): Academic/Industry Partnership (I): Industry-sponsored

Appendix 4

Publications in the reporting year

FIZZ

T Illidge, S Mayes, R Pettengell, A Bates, M Bayne, J Radford, D Ryder, S Le Gouill, F Jardin, J Tipping, M Zivanovic, F Kraeber-Bodere, M Bardies, C Bodet-Milin, E Malek, D Huglo, F Morschauser, Fractionated ^{90}Y-Ibritumomab Tiuxetan Radioimmunotherapy As an Initial Therapy of Follicular Lymphoma: An International Phase II Study in Patients Requiring Treatment According to GELF/BNLI Criteria *J Clin Oncol 2014; 32: 212-218*

Bortezomib Study

Furtado M, Johnson R, Kruger A, Turner D, Rule S, Addition of bortezomib to standard dose CHOP chemotherapy improves response and survival in relapsed mantle cell lymphoma *Br J Haematol*. 2015 Jan; 168(1):55-62.

IELSG-26 Study

Martelli M, Ceriani L, Zucca E, Zinzani PL, Ferreri AJ, Vitolo U, Stelitano C, Brusamolino E, Cabras MG, Rigacci L, Balzarotti M, Salvi F, Montoto S, Lopez-Guillermo A, Finolezzi E, Pileri SA, Davies A, Cavalli F, Giovanella L, Johnson PW. 18F]fluorodeoxyglucose positron emission tomography predicts survival after chemoimmunotherapy for primary mediastinal large B-cell lymphoma: results of the International Extranodal Lymphoma Study Group IELSG-26 Study. J Clin Oncol. 2014 Jun 10;32(17):1769-75

Appendix 5

Major international presentations in the reporting year

There were no major international presentations in the reporting year.

Appendix 6

Strengths & weaknesses from the 2014 Progress Review

Strengths:

- Strong international reputation over a number of years for leading successful, practise changing trials
- World leading with respect to Hodgkin's disease
- High number of publications in high profile journals and presentations and abstracts at key international conferences and meetings
- Strong leadership both at CSG and subgroup level
- The Group is inclusive, supportive and works very effectively
- Consumer involvement is exemplary and the Group benefits greatly from its proactive consumer members
- Successful annual trials meetings
- The Group has developed a portfolio of good, stable, robust academic trials
- Innovative trials e.g. REMoDL-B
- Clear ideas for where it is going, particularly with respect to refractory /relapsed disease, tissue banking, translational research

Issues for the CSG to consider:

- Concerning low recruitment rate (5-7% of incidence) – the CSG should aim to reach the NIHR CRN recruitment average at the very least
- Engagement with the 15 LCRN Haematological Cancer Subspecialty Leads in England and their devolved nation equivalents should be a priority
- Determining how best to include paediatric work within the Group's portfolio and reflecting paediatric work more explicitly in the Group's strategy
- Targeting individuals to apply to fill the gaps identified in the Group's membership
- Maintaining academic trials
- Delivering on one trial in which patients are randomised according to modern biomarkers, modern genetics or modern immunotherapy