

A randomised phase III study of chimeric anti-CD20 monoclonal antibody (rituximab) with two-weekly CHOP chemotherapy (CHOP 14) in elderly patients with intermediate or high-risk non-Hodgkins lymphoma

Submission date 20/12/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 20/12/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 20/08/2021	Condition category Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Study website
<http://www.hovon.nl>

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Ho46; NL149 (NTR184)

Study information

Scientific Title

A randomised phase III study of chimeric anti-CD20 monoclonal antibody (rituximab) with two-weekly CHOP chemotherapy (CHOP 14) in elderly patients with intermediate or high-risk non-Hodgkins lymphoma

Acronym

HOVON 46 NHL

Study objectives

An evaluation of the effect of anti-CD20 (rituximab) combined with two-weekly cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) and Granulocyte Colony Stimulating Factor (G-CSF) in comparison to two-weekly CHOP and G-CSF alone.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from the local medical ethics committee

Study design

Randomised, active controlled, parallel group, multicentre trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Non Hodgkin's Lymphoma (NHL)

Interventions

Patients will be randomised between:

Arm A: Eight cycles of CHOP every two weeks plus G-CSF (pegfilgrastim, Neulasta®) once per cycle

Arm B: Eight cycles of CHOP every two weeks plus G-CSF (pegfilgrastim, Neulasta®) once per cycle combined with six administrations of Rituximab (Mabthera®)

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone and granulocyte colony stimulating factor.

Primary outcome measure

1. Event-free survival (i.e. time from registration to induction failure (i.e. no Complete Response [CR] or Complete Response uncertain [CRu] on induction treatment), death or relapse whichever occurs first)
2. The time to failure of patients with induction failure is set at one day

Secondary outcome measures

1. Complete response
2. Overall survival measured from the time of registration
3. Disease-free interval (duration of the first CR) measured from the time of achievement of CR to day of relapse or death from any cause (whichever occurs first)
4. Toxicity

Overall study start date

28/11/2001

Completion date

01/10/2006

Eligibility

Key inclusion criteria

1. Patients with a confirmed histologic diagnosis of Non-Hodgkins Lymphoma (NHL) according to the World Health Organisation (WHO) classification:
 - a. Mantle Cell Lymphoma (MCL)
 - b. Follicular Lymphoma (grade III) (FL III)
 - c. Diffuse Large B-Cell Lymphoma (DLBCL)
2. Low-intermediate, high-intermediate or high risk NHL according to age-adjusted International Prognostic Index (IPI) score
3. NHL must be CD20 positive
4. Age 65 years or more
5. WHO performance status zero to two
6. Written informed consent

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

400

Key exclusion criteria

1. Intolerance of exogenous protein administration
2. Severe cardiac dysfunction (New York Heart Association [NYHA] classification II to IV) or Left Ventricular Ejection Fraction (LVEF) less than 45%
3. Significant renal dysfunction (serum creatinine greater than or equal to 150 mmol/l), unless related to NHL
4. Significant hepatic dysfunction (total bilirubin greater than or equal to 30 mmol/l or transaminases greater than or equal to 25 times normal level), unless related to NHL
5. Suspected or documented Central Nervous System involvement by NHL
6. Patients known to be Human Immunodeficiency Virus (HIV)-positive
7. Patients with active, uncontrolled infections
8. Patients with uncontrolled asthma or allergy, requiring steroid treatment or treatment with chemotherapy, radiotherapy or immunotherapy for this lymphoma, except local radiotherapy in case of (potential) organ dysfunction by localised lymphoma mass or infiltration
9. Story of active cancer during the past five years, except basal carcinoma of the skin or stage zero cervical carcinoma

Date of first enrolment

28/11/2001

Date of final enrolment

01/10/2006

Locations**Countries of recruitment**

Netherlands

Study participating centre

Erasmus University Medical Centre

Rotterdam

Netherlands

3000 CA

Sponsor information

Organisation

Dutch Haemato-Oncology Association (Stichting Hemato-Oncologie Volwassenen Nederland) (HOVON) (Netherlands)

Sponsor details

Vrije University Medical Centre (VUMC)
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Sponsor type

Research organisation

Website

<http://www.hovon.nl/>

ROR

<https://ror.org/056kpx27>

Funder(s)

Funder type

Research organisation

Funder Name

Dutch Haemato-Oncology Association (Stichting Hemato-Oncologie Volwassenen Nederland) (HOVON) (The Netherlands)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration