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How treatments affect people recently diagnosed with follicular lymphoma. A study over time

Submission date 19/09/2025	**Recruitment status** Recruiting	[X] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 21/10/2025	**Overall study status** Ongoing	
Last Edited 13/11/2025	**Condition category** Cancer	

Plain English summary of protocol

Background and study aims
PETReA Plus will enrol all newly diagnosed follicular lymphoma patients receiving any first treatment as part of their normal care. This is an observational study which will collect data during the clinical care of the study participants. Except for Quality of Life (QOL) questionnaires provided as Patient Reported Outcome Measures (PROMs), no extra tests or assessments will be carried out over and above standard care. The study aims to collect all the required information during the participants' planned clinic visits, where available.

Who can participate?
Adult patients aged 18 years or older with Grade 1, 2, 3A or 3B follicular lymphoma (FL), or de novo transformed FL, who have had a diagnostic biopsy within the last 6 months, are planned for any first-line treatment or initial watch and wait, and can provide written informed consent.

What does the study involve?
Routinely collected information can be taken from the participant’s medical notes into the case report form once the participant has consented. Data will be collected from the participants before treatment starts, at the end of treatment and during a follow-up period (6 months +/- 2 months). There are no investigational treatments, extra risks or benefits to taking part in the study. Doctors are asked to offer participation in the PETReA Plus study to all patients who are not in the PETReA trial for as long as this remains open and thereafter to all newly diagnosed FL patients, including those participating in another CTIMP/non-CTIMP trial at local PI discretion, as long as this doesn't impact the PETReA Plus study or eligibility/conduct of the other trial. Data from the PETReA Plus study will be collected along with data from the PETReA trial to produce a combined dataset of up to 1500 participants that could provide more information on people with high tumour burden symptomatic FL who normally have a poor chance of survival.

If willing, PETReA Plus participants will also be invited to consent to share their data with the Follicular Lymphoma Foundation Registry, for an international, observational study in follicular lymphoma, which will collect data from previously treated and untreated patients to improve how quickly new treatments are made available and to standardise treatment and care for

patients across all clinics and hospitals. If willing, participants can also consent at a later date for the future collection of their routinely collected tumour tissue for future ethically approved research. These would be stored at the UK Blood Cancer Biobank.

What are the possible benefits and risks of participating?
There are no benefits/risks to the participant if they take part in the study.

Where is the study run from?
University of Liverpool, UK.

When is the study starting and how long is it expected to run for?
September 2024 to October 2029. The study is expected to begin enrolling participants in November 2025 and will conclude enrollment in February 2028.

Who is funding the study?
1. The Follicular Lymphoma Foundation
2. Blood Cancer UK
3. The Joyce & Norman Freed Charitable Trust

Who is the main contact?
PETReA Plus Trial Manager, petreaplus@liverpool.ac.uk

Contact information

Type(s)
Public, Scientific

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Type(s)
Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
352809

Central Portfolio Management System (CPMS)
66722

Study information

Scientific Title
Prospective observational study of treatment & outcomes for patients with newly diagnosed follicular lymphoma

Acronym
PETReA Plus

Study objectives
Primary Objective
1) To report progression-free survival for FL by stage, grade (1-3A; 3B; transformed), tumour burden (low/high by GELF criteria) and first-line treatment.

Secondary Objective(s)
2) To report other clinical outcomes (treatment response rates by CT or PET-CT, duration of response, time to next treatment and overall survival) for FL by stage, grade (1-3A; 3B; transformed), tumour burden (low/high by GELF criteria) and first-line treatment
3) To describe first-line treatments for FL and associated patient characteristics (age, ECOG, CIRS-G score, etc) and disease characteristics (stage, grade, tumour burden, etc.)
4) To describe second line treatments for relapsed FL as well as associated clinical outcomes (response rates, duration of response, progression free survival, time to next treatment and overall survival), patient and disease characteristics of early treatment failure, defined as PR/SD /PD as best response to first line therapy (+/- consolidation or maintenance) or disease progression within 24 months (POD24) of initiating any first line treatment)
5) To report rates of initiation and completion of maintenance anti-CD20 antibody therapy, reasons for discontinuation and clinical outcomes by number of maintenance cycles
6) To describe the use of PET for initial staging and response assessment in standard care
7) To report the rate of high-grade transformation after first-line treatment in PET-staged FL, as well as clinical outcomes, patient and disease characteristics
8) To report serious adverse events and grade 3 adverse events related to clinical treatment (recorded but not reported in real time)
9) To report the patient experience using quality of life questionnaires
10) To report reasons for ineligibility for the main PETReA trial whilst this remains open to recruitment

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 30/04/2025, East of England- Cambridge East Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; -; CambridgeEastREC@hra.nhs.uk), ref: 25/EE/0092

Primary study design
Observational

Study design
Observational cohort study

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic and related tissue

Interventions
PETREA Plus will enrol all newly diagnosed follicular lymphoma patients receiving any first treatment as part of their normal care. This is an observational study which will collect data during the clinical care of the study participants. Except for Quality of Life (QOL) questionnaires provided as Patient Reported Outcome Measures (PROMs), no extra tests or assessments will be carried out over and above standard care. The study aims to collect all the required information during the participants' planned clinic visits, where available. Routinely collected information can be taken from the participant's medical notes into the case report form once the participant has consented. Data will be collected from the participants before treatment starts, at the end of treatment and during a follow-up period (6 months +/- 2 months). There are no investigational treatments, extra risks or benefits to taking part in the study. Doctors are asked to offer participation in the PETREA Plus study to all patients who are not in the PETREA trial for as long as this remains open and thereafter to all newly diagnosed FL patients, including those participating in another CTIMP/non-CTIMP trial at local PI discretion, as long as this doesn't impact the PETREA Plus study or eligibility/conduct of the other trial.

Data from the PETREA Plus study will be collected along with data from the PETREA trial, to produce a combined dataset of up to 1500 participants that could provide more information on people with high tumour burden symptomatic FL who normally have a poor chance of survival.

If willing, PETREA Plus participants will also be invited to consent to share their data with the Follicular Lymphoma Foundation Registry, for an international, observational study in follicular lymphoma, which will collect data from previously treated and untreated patients to improve how quickly new treatments are made available and to standardise treatment and care for patients across all clinics and hospitals. If willing, participants can also consent at a later date for the future collection of their routinely collected tumour tissue for future ethically approved research. These would be stored at the UK Blood Cancer Biobank.

Intervention Type
Other

Primary outcome(s)
Progression-free survival, measured using data collected from the patients' medical records, will be assessed from patient consent before the start of first-line active treatment to follow-up every 6 months until death or study end (patients who do not die will be censored at the date they were last known alive)

Key secondary outcome(s)
1. Anatomical response will be measured using CT scan-reported results collected from patient medical records, post-treatment.
2. Metabolic response will be measured using PET CT scan reported results (if performed) collected from patient's medical records, post-treatment.
3. Duration of response for each treatment received will be measured using data collected from patient medical records, from the start of active treatment to follow-up every 6 months until documentation of relapse, progression, high-grade transformation, start date of next line therapy, death or study end (patients who do not die will be censored at the date they were last known alive).
4. Progression-free survival will be measured using data collected from patient medical records, from patient consent prior to start of second-line active treatment to follow-up every 6 months until death or study end (patients who do not die will be censored at the date they were last known alive).
5. Time to next treatment will be measured using data collected from patient medical records, from day 1 of the last cycle of systemic induction therapy (or maintenance therapy if given), or last dose of radiotherapy to next treatment or death (patients who do not die will be censored at the date they were last known alive).
6. Time to next chemotherapy will be measured using data collected from patient medical records, from day 1 of the last cycle of systemic induction therapy (or maintenance therapy if given), or last dose of radiotherapy to next treatment or death (patients who do not die will be censored at the date they were last known alive).
7. Overall survival will be measured using data collected from patient medical records, from the date of diagnosis to the date of death from any cause (patients who do not die will be censored at the date they were last known alive).
8. First-line induction treatment will be measured using data collected from patient medical records at the start of active treatment.
9. Maintenance treatment will be measured using data collected from patient medical records, post-induction and during maintenance.
10. Use of PET-CT will be measured using data collected from patient medical records, at baseline staging and end of induction, consolidation, and maintenance treatment response assessment.
11. High-grade transformation will be measured using CT scan-reported results collected from patient medical records, from baseline data collection to follow-up every 6 months until study end.
12. Serious adverse events and grade 3 related adverse events will be measured using data collected from patient medical records, from the start of treatment to 30 days post-treatment.
13. Quality of life (QoL) will be measured using patient-completed QoL questionnaires (FACT-Lym, EQ-5D-5L, QLQ-C30), at start of treatment, post-treatment, and follow-up every 6 months until study end.
14. Reasons for consent decline and screen failure for PETReA trial will be measured using data collected from patients (if willing) to indicate a reason, during screening/consent discussion.

Completion date
31/10/2029

Eligibility

Key inclusion criteria
1. > = 18 years of age at the time of consent
2. Grade 1, 2, 3A or 3B FL, or FL with histologically confirmed/clinically suspected high-grade transformation at initial presentation (de novo transformed FL)
3. Diagnostic biopsy performed within the last 6 months prior to study consent
4. Any first-line treatment planned (radiotherapy, immunotherapy, immunochemotherapy) or patients planned for initial watch and wait (these patients will have baseline data collection initially and further data will be collected if treatment (including rituximab monotherapy) starts within the study period. For patients that have already started watch and wait or treatment they can be enrolled for retrospective data collection as long as they have only received 1-2 cycles of treatment or are within one month of initiating watch and wait/treatment).
5. Able to provide written informed consent

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Patients enrolled on the PETReA trial. Patients enrolled on another IMP/intervention trial may be included in PETReA Plus as long as they adhere to the inclusion/exclusion of the trial they are enrolled on.
2. Any prior treatment for follicular lymphoma or transformed follicular lymphoma (except steroids)
3. Pregnant or lactating females
4. Any serious medical condition or other reason that would prevent the subject from participating in the study in the opinion of the treating physician or investigator.

Date of first enrolment
01/11/2025

Date of final enrolment
29/02/2028

Locations

Countries of recruitment

United Kingdom

England

Northern Ireland

Scotland

Wales

Study participating centre
Southampton
Southampton General Hospital
Tremona Road
Southampton
England
SO16 6YD

Study participating centre
Arrow Park Hospital
Arrowe Park Hospital
Arrowe Park Road
Wirral
England
CH49 5PE

Study participating centre
Clatterbridge Hospital
Clatterbridge Road
Wirral
England
CH63 4JY

Study participating centre
Derriford Hospital
Derriford Road
Derriford
Plymouth
England
PL6 8DH

Study participating centre

Kent and Canterbury Hospital
Ethelbert Road
Canterbury
England
CT1 3NG

Study participating centre
Northern General Hospital
Northern General Hospital NHS Trust
C Floor, Huntsmnan Building
Herries Road
Sheffield
England
S5 7AU

Study participating centre
John Radcliffe Hospital
Headley Way
Headington
Oxford
England
OX3 9DU

Study participating centre
Croydon University Hospital
London Road
Croydon
England
CR7 7YE

Study participating centre
Forth Valley
Carseview House
The Castle Business Park
Stirling
Scotland
FK9 4SW

Study participating centre
Poole Hospital
Longfleet Road

Poole
England
BH15 2JB

Study participating centre
Taunton
Musgrove Park Hospital
Taunton
England
TA1 5DA

Study participating centre
Leicester Royal Infirmary
Infirmary Square
Leicester
England
LE1 5WW

Study participating centre
University College London Hospitals NHS Foundation Trust
250 Euston Road
London
England
NW1 2PG

Study participating centre
The Royal London Hospital
80 Newark Street
London
England
E1 2ES

Study participating centre
Betsi Cadwaladr University Lhb
Executive Offices, Ysbyty Gwynedd
Penrhosgarnedd
Bangor
Wales
LL57 2PW

Study participating centre
East Suffolk and North Essex NHS Foundation Trust
Colchester Dist General Hospital
Turner Road
Colchester
England
CO4 5JL

Study participating centre
The Christie NHS Foundation Trust
550 Wilmslow Road
Withington
Manchester
England
M20 4BX

Study participating centre
Blackpool Teaching Hospitals NHS Foundation Trust
Victoria Hospital
Whinney Heys Road
Blackpool
England
FY3 8NR

Study participating centre
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
Scotland
G12 0XH

Study participating centre
Guy's and St Thomas' NHS Foundation Trust
St Thomas' Hospital
Westminster Bridge Road
London
England
SE1 7EH

Study participating centre

Belfast City Hospital
51 Lisburn Rd
Belfast
Northern Ireland
BT9 7AB

Study participating centre
University Hospitals Birmingham NHS Foundation Trust
Queen Elizabeth Hospital
Mindelsohn Way
Edgbaston
Birmingham
England
B15 2GW

Study participating centre
Sandwell Health Campus
-
West Bromwich
England
B71 4HJ

Study participating centre
Milton Keynes University Hospital
Milton Keynes Hospital
Standing Way
Eaglestone
Milton Keynes
England
MK6 5LD

Study participating centre
Salford Royal Hospital
Stott Lane
Salford
England
M6 8HD

Study participating centre
Royal Cornwall Hospital (treliske)
Treliske

Truro
England
TR1 3LJ

Study participating centre
Russells Hall Hospital
Pensnett Road
Dudley
England
DY1 2HQ

Study participating centre
Queens Hospital
Belvedere Road
Burton-on-trent
England
DE13 0RB

Study participating centre
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Bretton
Peterborough
England
PE3 9GZ

Study participating centre
Hinchingbrooke Hospital
Hinchingbrooke Park
Huntingdon
England
PE29 6NT

Study participating centre
The Royal Oldham Hospital
Rochdale Road
Oldham
England
OL1 2JH

Study participating centre
Pilgrim Hospital
Sibsey Road
Boston
England
PE21 9QS

Study participating centre
Lincoln County Hospital
Greetwell Road
Lincoln
England
LN2 5QY

Study participating centre
Good Hope Hospital
Rectory Road
Sutton Coldfield
England
B75 7RR

Study participating centre
Hywel Dda University Health Board
Ystwyth Building, St David's Park, Job's Well Road
Carmarthen
Wales
SA31 3BB

Study participating centre
West Middlesex University Hospital
Twickenham Road
Isleworth
England
TW7 6AF

Study participating centre
Queen Alexandra Hospital
Southwick Hill Road
Cosham

Portsmouth
England
PO6 3LY

Study participating centre
Nottingham City Hospital
Hucknall Road
Nottingham
England
NG5 1PB

Study participating centre
St Helier Hospital
Wrythe Lane
Carshalton, Surrey
England
SM5 1AA

Study participating centre
Barnet & Chase Farm Hospitals
127 The Ridgeway
Enfield
England
EN2 8JL

Study participating centre
University Hospital of Wales
Heath Park
Cardiff
Wales
CF14 4XW

Study participating centre
Grantham and District Hospital
101 Manthorpe Road
Grantham
England
NG31 8DG

Sponsor information

Organisation
University of Liverpool

ROR
https://ror.org/04xs57h96

Funder(s)

Funder type
Charity

Funder Name
The Follicular Lymphoma Foundation

Funder Name
Blood Cancer UK

Funder Name
The Joyce & Norman Freed Charitable Trust

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes