

Studie	Indikation	Linie	Therapie	Stand	Ansprechpartner	Details
Non-Hodgkin-Lymphome						
OPTIMAL>60 DSHNHL2009-1	Aggressives B Zell Lymphom 60-80 years	1 st line	R-CHOP versus R-CHLIP	offen Einschluss nur noch von Favourable-Risk Patienten	OA Dr. Hasenkamp Prof. Dr. Wulf SN Frau Klepl	Improvement of Outcome and reduction of Toxicity in Elderly Patients with CD20+ Aggressive B-Cell Lymphoma by optimized Schedule of the monoclonal Antibody Rituximab, Substitution of conventional by liposomal Vincristine and FDG-PET based Reduction of therapy
R-CHOEP-brut	DLBCL 18-60 J. aalPI 2-3	1 st line	Ibrutinib and standard immuno-therapy R-CHOEP-14	offen	Prof. Dr. Trümper PD Dr. Braulke SN Frau Klepl	Ibrutinib and standard immuno-therapy R-CHOEP-14 in younger, high risk patients with diffuse large B-cell lymphoma
NIVEAU DSHNHL 2015-1	Rel/progr. Aggressives lymphom ≥65 y (or unfit) 1 st relapse/progression of aggressive NHL	2 nd line	Standard arm: 8x (R)-GemOx. Experimental arm: 8x nivolumab (3 mg/kg) plus (R)-GemOx in 2-wk intervals followed by additional 18 infusions of Nivolumab (3 mg/kg) in 2-wk intervals	offen	Prof. Dr. Trümper PD Dr. Braulke SN Frau Klepl	Improvement of Outcome in Elderly Patients or Patients not eligible for high-dose chemotherapy with Aggressive Non-Hodgkin-Lymphoma in first Relapse or Progression by adding Nivolumab to Gemcitabine, Oxaliplatin plus Rituximab in case of CD20+ Disease
ASTRAL II	primary progressive and relapsed aggressive Non-Hodgkin Lymphoma. B-NHL und T-NHL ≥18 years, fit	2 nd line	High-dose therapy prior to alloSCT will consist of fludarabine (5 x 25 mg/m ²), thiotepa (3 x 5 mg/kg), cyclophosphamide (2 x 60 mg/kg)	offen	OA Dr. Hasenkamp Prof. Dr. Wulf SN Frau Müller	A prospective Phase II clinical study to assess the efficacy and toxicity of high dose chemotherapy followed by allogeneic stem cell transplantation as treatment of primary progressive and relapsed aggressive Non-Hodgkin Lymphoma. Allogeneic Stem Cell Transplantation in Relapsed Aggressive B- and T- cell- Non-Hodgkin Lymphoma
MARTA	Prim. ZNS Lymphom >65 y, fit	1 st line	Induktion: 2 x Rituximab/MTX/AraC Konsolidierung: HD-Chemo Rituximab/Busulfan/Thiotepa und AutoSCT	on hold	PD Dr. Braulke Dr. Hasenkamp SN Frau Tomala	Multizentrische Hochdosistherapie gefolgt von autologer Stammzelltransplantation bei fitten Patienten > 65 Jahre
OLYMP-1	Marginal Zonen Lymphom Nach/nicht geeignet für Lokalthherapie Alle Subtypen, > 18Lj.	1 st line	6 Zyklen Obinutuzumab 1000mg i.v. fixed dose und O-Erhaltung alle 8 Wochen	offen	Prof. Dr. Trümper PD Dr. Braulke SN Frau Goldmann	<u>Obinutuzumab in Marginal Zone Lymphoma</u> Phase II, single arm, multicentric, open label, non-randomised
ZEUS	Refraktäres follikuläres Lymphom unter mit Idelalisib ≥18 Jahre	NIS	Behandlung Idelalisib laut Fachinformation	offen	Prof. Dr. Wulf PD Dr. Braulke SN Frau Streicher	Non-interventional study to assess the safety profile of idelalisib (Zydelig) in adult patients (age ≥18 years) with refractory follicular lymphoma (FL)
Marginalzonen-NHL-Register	Mzol-NHL Referenzpatho muss vorliegen	Zu jedem Zeitpunkt	Register-Doku	offen	PD Dr. Braulke SN Frau Goldmann	Non-interventional prospective registry on the epidemiology and treatment practice of marginal zone lymphoma
M. Hodgkin						
HD-21	Advanced stage M. Hodgkin St. IIB + RF (mediast.RF u/o. E-Befall), St. III, St. IV 18-60 Jahre	1 st line	2x BEACOPPesc versus 2x BrECADD + PET-abhängig 4x BEACOPPesc versus 4x BrECADD + PET-abhängig RT ja-nein	offen	OA Dr. Jung PD Dr. Braulke SN Frau Goldmann	Treatment optimization trial in the first-line treatment of advanced stage Hodgkin lymphoma; comparison of 4-6 cycles of escalated BEACOPP with 4-6 cycles of BrECADD

Multiples Myelom						
DSMM XVII	Neu diagnostiziertes multiples Myelom 18-70 Jahre	1 st line	6 Zyklen E-KRd /28-day cycles (Arm A) vs 6 Zyklen KRd /28-day cycles (Arm B)	offen	OA Dr. Jung Dr. Boyadzhiev SN Frau Goldmann	Elotuzumab € in Combination with Carfilzomib, Lenalidomide and Dexamethasone (E-KRd) versus KRd prior to and follo-wing Autologous Stem Cell Transplant in Newly Diagnosed Multiple Myeloma and Sub-sequent Maintenance with Elotuzumab and Lenalidomide versus Single-Agent Lenalidomide – A phase III study by DSMM
AML						
AML BIO-Register	AML, Hoch.Risiko MDS, Vorläufer Neoplasien	Zu jedem Zeitpunkt	Register-Doku	offen	PD Dr. Braulke SN Frau Goldmann	Registry Study on Biological Disease Profile and Clinical Outcome in Acute Myeloid Leukemia and Related Neoplasms, and Acute Leukemias of Ambiguous Lineage
ALL						
GMALL-Register	ALL, NK-Zell-Lymphom/Leukämie, akute biphänotypische Leukämie, Non-Hodgkin-Lymphome	Zu jedem Zeitpunkt	Register-Doku	offen	Prof. Dr. Trümper SN: Frau Klepl	GMALL Register und Biomaterialbank Biomaterialsammlung und prospektive Datenerfassung zu Diagnostik, Behandlung und Krankheitsverlauf der ALL des Erwachsenen
GMALL 08/2013	ALL (außer Burkitt-Leukämie) oder lymphoblastisches Lymphom	1 st line	Rituximab-Therapie orientiert sich an der CD20 Expression (4-8 Gaben bis Konsolidation)	offen	OA Dr. Jung Dr. Sulaiman SN Frau Klepl	Therapieoptimierung bei erwachsenen Patienten mit neu diagnostizierter akuter lymphatischer Leukämie (ALL) oder lymphoblastischem Lymphom (LBL) durch individualisierte, gezielte und intensiviertere Therapie (GMALL 08/2013)
GMALL-MOLACT1-BLINA	CD19+ B-Vorläufer ALL in vollständiger hämatologischer Remission	2 nd line	Bis zu 4 Zyklen Blinatumomab	offen	OA Dr. Jung Dr. Sulaiman SN Frau Klepl	A confirmatory multicenter, single-arm study to assess the efficacy, safety, and tolerability of the BiTE® antibody blinatumomab in adult patients with minimal residual disease (MRD) of B-precursor acute lymphoblastic leukemia (Blast Successor Trial)

Contact: haematologie.studiensekretariat@med.uni-goettingen.de friederike.braulke@med.uni-goettingen.de
sarah.torke@med.uni-goettingen.de