Studie	Indikation	Linie	Therapie	Stand	Ansprechpartner	Details
Non-Hodgkin-Lymphome						
OPTIMAL>60 DSHNHL2009-1	Aggressives B Zell Lymphom 60-80 years	1st line	R-CHOP versus R-CHLIP	offen Einschluss nur noch von Favourable-Risk Patienten	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. aaIPI 2-3	1st 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) 1st relapse/progression of aggressive NHL	2nd 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	2nd line	High-dose therapy prior to alloSCT will consist of fludarabine (5 x 25 mg/m2), thiotepa (3 x 5 mg/kg), cyclophosphamide (2 x 60 mg/kg)	offen	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
ZUMA-7	Relapsed/ refractory DLBCL Adult patients >18 Jahre, fit	2nd line	Axicabtagene Ciloleucel (KTE-C19) Versus Standard of Care Therapy (R-ICE,R-DHAP, R-ESHAP, or R-GDP)	offen	Prof. Dr. Wulf Dr. Hasenkamp SN Frau Streicher	A Phase 3, Randomized, Open-Label Study Evaluating the Efficacy of Axicabtagene Ciloleucel (KTE-C19) Versus Standard of Care Therapy in Subjects with Relapsed/Refractory Diffuse Large B Cell Lymphoma (DLBCL)
MB-CART19.1	r/r CD19+ B cell malignancies CLL, NHL, ALL	>2nd line	Fresh ATMP from autologous T cells ex vivo lentivirally transduced with the CARCD19 vector pLTG1563 and expanded (MB-CART19.1)	Coming soon	Dr. Hasenkamp Prof. Dr. Wulf SN Herr Kanbach-Ducke	Adoptive cellular immunotherapy with CD19-BBζ CAR T cells in patients with relapsed and refractory CD19-positive B cell malignancies
MATRIX	Prim. ZNS Lymphom ≤65 y (or ≤ 70 y + ECOG≤2)	1st line	Induktion: 4xMATRIX (Rituximab, MTX, AraC, Thiotepa) + Konsolidierung: 2x R-DeVic (Rituximab, Dexamethason, Etoposid, Ifosfamid, Carboplatin) versus Hochdosis-BCNU+Thiotepa+ AutoSCT	offen	Dr. Hasenkamp PD Dr. Braulke SN Frau Tomala	High-dose chemotherapy and autologous stem cell transplant or consolidating conventional chemotherapy in primary CNS lymphoma-randomized phase III trial
MARTA	Prim. ZNS Lymphom >65 y, fit	1st 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 Hochdositherapie gefolgt von autologer Stammzelltransplantation bei fitten Patienten > 65 Jahre
BGB-A317	Rel./ Ref. Mature T- and NK-cell Neoplasms ≥ 18 years	≥ 2nd line	Tislelizumab 200 mg i.v. every three weeks	offen	Prof. Dr. Wulf PD Dr. Braulke SN Frau Klepl	A Phase 2, Offen-Label Study of BGB-A317 in Patients with Relapsed or Refractory Mature T- and NK-cell Neoplasms

OLYMP-1	Marginal Zonen Lymphom Nach/nicht geeignet für Lokaltherapie Alle Subtypen, > 18Lj.	1st 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	Obinutuzumab in Marginal Zone Lymphoma Phase II, single arm, multicentric, open label, non-randomised
CITADEL-204	Rel./refr. Marginal Zonen Lymphom	≥2nd line	INCB050465 20 mg QD for 8 weeks followed by 2.5 mg QD	on hold	Prof. Dr. Trümper Dr. Jung SN Herr Kanbach-Ducke	A Phase 2, Open-Label, 2-Cohort Study of INCB050465, a PI3Kδ Inhibitor, in Subjects With Relapsed or Refractory Marginal Zone Lymphoma With or Without Prior Exposure to a BTK Inhibitor
ZEUS	Refrektäres 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
CLL						
CLL 13	CLL Binet C ≥18 Jahre	1st line	R-FC oder R-Benda versus R-Venetoclax versus Obinutuzumab-Venetoclax versus Obinutuzumab-Venetoclax-Ibrutinib	offen nur noch für Pat. >65 Lj	Prof. Dr. Trümper Dr. Hasenkamp SN Herr Kanbach-Ducke	A Phase 3 Multicenter, Randomized,prospective Offen Label Trial of Standard Chemoimmuntherapy (FCR/BR) versus Rituximab plus Venetoclax (RVE) versus Obinutuzumab (GA101) Plus Venetoclax (GVE)versus Obinutuzumab plus Ibrutinib plus Venetoclax (GIVE) in fit Patients with Previously untreated chronic Lymphocytic Leukemia (CLL) without DEL(17p) or TP53 Mutation
M. Hodgkin						
HD-21	Advanced stage M. Hodgkin St. IIB + RF (mediast.RF u/o. E-Befall), St. III, St. IV 18-60 Jahre	1st 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

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