

NEWSLETTER 14

May 2003

Dear Colleagues and friends,

just a few lines to remind you that several important decisions have been taken at the IELSG meeting in Ascona.

1. ACTIVATION OF NEW STUDIES

PRIMARY CNS LYMPHOMAS

The design concerning two prospective clinical trial of CNS therapy has been discussed: a prospective clinical trial of primary chemotherapy in newly diagnosed CNS lymphomas in immunocompetent patients (IELSG 20) and a study of salvage chemotherapy in CNS lymphomas progressing or relapsing after a prior chemo/radiotherapy (IELSG 21).

IELSG 20 (A. Ferreri, M. Reni, Milan, I)

A multicentre open label randomized phase II trial will be implemented in order to compare the antitumor activity of the sole high-dose methotrexate and a combination of high-dose methotrexate and high-dose cytarabine as primary chemotherapy (maximum four courses). In both study arms, at the end of the chemotherapy program, responding patients will undergo CNS radiotherapy. In patients older than 60 years, CNS radiotherapy will be at the discretion of every single participating center.

IELSG 21 (A. Ferreri, M. Reni, Milan, I)

This open non-randomized multicentre phase II trial will assess the antitumor activity and safety of intravenous idarubicin as salvage chemotherapy (maximum six courses).

The study protocols will be soon available. Contact us if you are interested in.

NEW RETROSPECTIVE STUDIES WHICH WILL BE SOON IMPLEMENTED

IELSG 22 (A. Wirth, Merlbourne, AU)

A retrospective study of radiotherapy for gastric MALT lymphoma

IELSG 23 (S. Cortelazzo, Bergamo, I)

A retrospective survey of head and neck lymphomas.

2. REMEMBER THE ONGOING STUDIES

OPEN PROSPECTIVE CLINICAL TRIALS

IELSG 4 (G. Martinelli, Milan, I)

Prospective randomized trial of chemotherapy vs chemotherapy plus irradiation in diffuse large-cell gastric lymphoma. *Accrual at May 15, 2003: 46 patients*

IELSG 10 (U. Vitolo, Turin, I)

A phase II study of R-CHOP, with intrathecal methotrexate followed by radiotherapy, in patients with primary testicular non-Hodgkin's lymphoma. *Accrual at May 15, 2003: 25 patients*

IELSG 19 (E. Zucca, Bellinzona, Ch)

Multicenter randomized trial of Chlorambucil versus Chlorambucil plus Rituximab in extranodal marginal zone B-cell lymphoma of mucosa associated lymphoid tissue (MALT lymphoma). *Accrual at May 15, 2003: 16 patients*

OPEN RETROSPECTIVE STUDIES (UNTIL SEPTEMBER 2003)

IELSG 14 (D. Christie, Tugun, AU)

A retrospective evaluation of primary bone lymphoma. *Accrual at May 15, 2003: 160 patients*

IELSG 15 (G. Martinelli, Milan, I)

A retrospective international study of primary lymphoma of the breast. *Accrual at May 15, 2003: 163 patients*

Please contact the IELSG Studies coordination team (ielsg@ticino.com) or look at the trial page of the IELSG website (<http://www.ielsg.org/trialsonfr.html>) for detailed information.

3. IELSG BY LAWS

A more formal structure of the group is required. The IELSG will be registered in Switzerland as an international non-profit association. A provisional IELSG Board of Directors has generated a proposal for the IELSG by laws (which have been kept as simple as possible following the recommendation of the general assembly during the last Ascona meeting). These by laws are reported below. If you have any suggestions or comments regarding the IELSG by laws, that you would like to be examined, please send them before the end of June to the IELSG Central Office (ielsg@ticino.com).

Best wishes.

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IELSG BY LAWS

Art. 1 The IELSG is an International Association, registered in Switzerland according to the local law, to study the biology of and to develop the treatment for extranodal lymphomas.

Art. 2 MEMBERS

There are different categories of possible members of IELSG. These are as follows:

- National or International Intergroups dealing with the study of malignant lymphomas
- National Cooperative Groups devoted to the study of lymphomas
- Institutions with interest in the study of lymphoma
- Individual medical oncologists, radiation oncologists, hematologists, or pathologists with proven track record in clinical research and interest in realising the scope of the Association.

New members will be accepted by the Board of Directors. In case of disagreement the final decision will be taken by the General Assembly.

Art. 3 STRUCTURE OF IELSG

IELSG has the following structure: the General Assembly, the Board of Directors, the Operation Centre, lead by the Director of Operations.

Art. 4 GENERAL ASSEMBLY

The General Assembly is the supreme organ of IELSG. It is convened by the Chairman of the Board of Directors (who is also the Chairman of IELSG) at least once yearly, generally in occasion of a Scientific Meeting of IELSG.

Institutions or single members have one vote, National Cooperative Group has 5 votes, Intergroups might have 5-10 votes according to their size.

The General Assembly has following duties:

- to select the Board of Directors
- to activate protocols
- to oversee the overall activity of the association
- to decide on each point on which there is, within the association, disagreement.

Art. 5 BOARD OF DIRECTORS

The Board of Directors consists of a minimum of 5 and a maximum of 9 persons selected by the General Assembly. The Board of Directors selects within its members the Chairman of IELSG, who will be in charge for a period of three years and which is renewable.

The Board of Directors has the following tasks:

- to ascertain the realisation of the goals set by the General Assembly
- to guarantee the financial structure of the Association
- to oversee the activity of the Operation Centre
- to select the Chairman of IELSG and possible other officials
- to create ad hoc working parties (e.g. pathologists).

The Board of Directors is convened at least twice a year by the Chairman. In case of urgent matters, decisions can be taken also by tele-conferences or by mail.

Art. 6 OPERATION OFFICE

IELSG will maintain an Operation Centre, which will be responsible for collecting and analysing the data, and maintaining database for follow-up purposes. The location of the Operation Centre will be located in Bellinzona, Switzerland. The rules of operation will be developed to ensure an optimal activity of the Operation Centre and will be decided by the Board of Directors.

Director of Operations is a member of the Operation Centre, selected by the Board of Directors and is responsible for effective function of the Operation Centre. The functions of Operation Centre are: to maintain a full list of protocols including active, completed, and in development trials; implementation of new protocols, assuring data integrity and appropriate quality of data analysis. In addition, the Operation Centre is responsible for maintaining an up to date record of members.

Art. 7 ACTIVATION OF PROTOCOLS

Protocols are activated by the General Assembly. In the case that this is impossible because of time reasons, activation can be decided also by mail. The activation of a protocol requires a majority of 2/3 of the members, who are present at the General Assembly or are responding to consultation by mail.