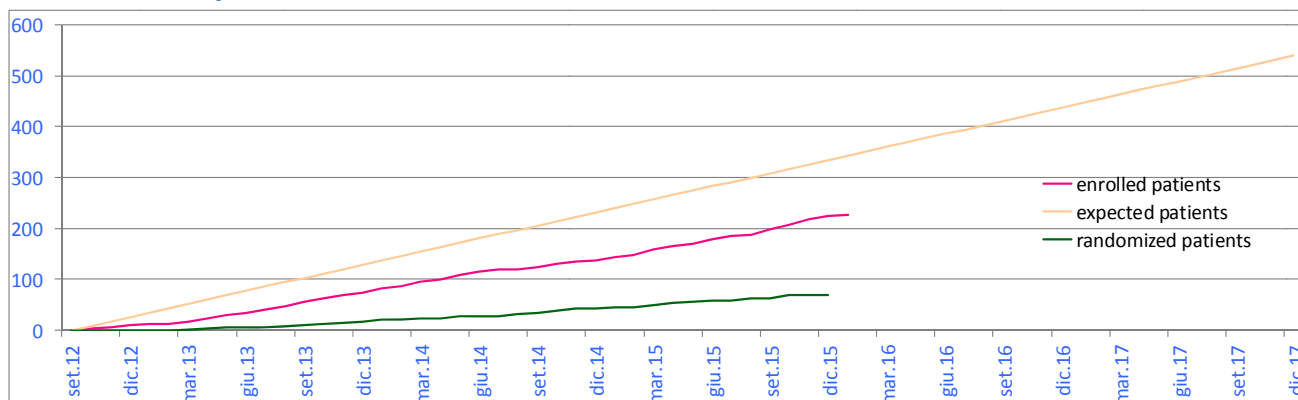


Dear Friends,

Please find below the 48th NEWSLETTER of the International Extranodal Lymphoma Study Group.

We are very pleased to be working with you as study teams; in particular, we would like to express our sincere appreciation to those of you who joined the IELSG 37 trial for the continued efforts to contribute as many patients as possible into the study. So far, a total of 227 patients have been enrolled.

Actual and Expected Accrual



Accrual per Country

Site	Participating	Enrolling	Enrolled Patients	Randomized Patients
Canada	1	1	3	0
Italy	62	44	165	54
Poland	1	1	2	0
Norway	4	2	6	2
Sweden	2	2	3	2
Switzerland	5	4	3	2
Ukraine	1	1	21	11
UK	15	15	17	4
USA	2	2	1	0
Argentina	1	1	0	0
Korea	1	1	0	0
Total	95	74	227	75

Best Recruiters

City	Institute	Enrolled Patients
Kyiv (Ukraine)	National Cancer Institute	21
Rome (Italy)	Università degli Studi La Sapienza	15
Turin (Italy)	AOU Città della Salute e della Scienza di Torino – Ematologia 2	13
Brescia (Italy)	Spedali Civili	12
Milan (Italy)	Niguarda	11
Rozzano (Italy)	Humanitas	8

Amendments to the Protocol

Recruitment has been slower than we had initially anticipated essentially due to:

- German High Grade Lymphoma Study Group was not able to join us due to difficulties with reimbursement of PET scans in their territory.
- Publication in the New England Journal of Medicine that demonstrated high response rates with a 5year event-free survival of 93%, without the use of radiotherapy. The characteristic of the population was not representative of the real world population since a small number of subjects (n=51) and many patients with low-risk baseline demographic features were included. As a result, many sites in US have adopted this approach and so both the ECOG and CALGB co-operative groups are no longer be able to provide sufficient sites to participate as planned.
- One of our highest recruiting sites in the Ukraine has had to suspend study enrolment due to the regional political unrest.
- Many sites have found the strict PET acquisition times laid out in the protocol to be restrictive and have not fitted well with their protocols for service delivered PET scans. Potential patients have been lost to recruitment as their pre-treatment PET scans have either been performed on a PET scanner not accredited for the study.
- It has proven challenging for some patients to make decisions about consolidative radiotherapy at the time of diagnosis and so have declined to consent to study entry

Consequently, a number of amendments to the protocol will be implemented by the end of January/beginning of February 2016 to enhance recruitment and to ensure successful delivery of this important and ambitious study.

- The stringent acquisition time specified in the protocol for the baseline PET is relaxed to fit service needs and that PETs performed on non-accredited scanners may be recognized in the study. Availability of the pre-treatment PET scan serves only to guide the reporting PET Nuclear Medicine Expert Consensus panel in their interpretation of the post immunochemotherapy PET and so will have no impact on the study quality. It will however serve to increase eligible patients who would have previously been excluded due to their baseline PET having been performed outside the previously determined PET protocol.
- Recruitment will be extent to include patients that have not had a baseline PET scan, as often they are too ill to travel if the PET facility is off site. The protocol will be amended to encourage these patients to have an interim PET scan (at an accredited PET study site) according to the criteria outlined in the protocol.
- Patients will be allowed to consent to join the study up to 4 weeks after initiation of their immunochemotherapy. This will provide additional time for patients to consider participation.

We hope that this amendment to the protocol can be a help to increase the study recruitment.

Should you have any questions on the IELSG37 trial, please contact us, we would gladly take time for you.

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The next meeting will be held in Stresa (Italy) on March 18-19, 2016.

Save the date!

More details will follow soon.

Kind regards.