

A multicentre phase III open-label randomized study in patients with advanced follicular lymphoma evaluating the benefit of maintenance therapy with rituximab after induction of response with chemotherapy plus rituximab in comparison with no maintenance therapy.

*EMA has approved the use of MabThera (rituximab) as maintenance therapy for patients suffering from follicular lymphoma (FL) !*

### Topics Nov 2010

- Approvals from and Commitment to Authorities
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- Important Data we need to collect
- Clean up of NON-active patients
- General Study Reminders

### Approvals from and Commitments to Authorities

The results of the interim analysis were submitted by Roche for a MabThera label extension. This application was granted formal approval by the EU authorities (EMA) at the end of October with the following broad label:

*MabThera maintenance therapy is indicated for the treatment of follicular lymphoma patients responding to induction therapy*

A similar label has also been approved by Swissmedic (restricted to patients with stage III/IV NHL) at the end of September. Feedback from the FDA is expected for January 2011. Other filing applications are currently being examined in different countries around the world. This positive news confirms the high quality of work everybody has provided during the study. CONGRATULATIONS for your contribution to this fantastic achievement!

We have committed to the European Health Authorities to provide follow up data of PFS, ORR and OS as well as tumour response to subsequent therapy three years and five years after last randomization. Three-year FU data will be submitted in 4Q2011. These data will also serve for additional scientific work regarding the outcome of relapses (response to second line treatment), analysis of subgroups, in addition to overall survival follow-up.

*Thus a new snapshot is planned for July 2011 with a clinical cut off date of 31<sup>st</sup> January 2011.*

### ASH Poster Session 4<sup>th</sup> December 2010

Updated PRIMA results will be presented at ASH in a poster session (December 4<sup>th</sup> 2010) showing data from the January 2010 cut-off. The poster is based on 3-year median follow-up and confirms the positive results of the interim analysis and the stability of rituximab benefit after the end of maintenance.

### Detailed Timelines for 2011 Snapshot

Clinical Cut-Off	31 January, 2011
Last CRF page received at GELARC	29 April, 2011
All necessary Survival Pages received at GELARC	29 April, 2011
Last GELARC query sent	31 May, 2011
Last query resolved by fax	17 June, 2011
Final GELARC/Roche re-queries sent	28 June, 2011
Final Query resolved by Fax + entered	4 July, 2011

### *Cut off Date of 31<sup>st</sup> January 2011*

- means, that all patient visits data up to this date need to be included in the snapshot.
- please ensure that patients' visits are planned according to the protocol before this date.
- please have all CRF pages ready for collection by the CRAs soon after, including QoL questionnaires.

### *Clean up of Non-Active Patients*

We would like to clean up any patients that either completed the study, died, are lost to follow up or withdrew their consent prior to 31<sup>st</sup> January 2011. Once they are clean we will request the original Investigator Signature Page from you via your CRA.

**Please help us in providing the necessary information to us to determine the correct status of each patient on 31Jan11**, e.g. please report any death once you are aware so that the monitor can collect this information at his/her next visit. Please also actively follow up on patients that have not attended their scheduled visit.

For any active patients we will ask your signature with the last query to acknowledge all follow up data of that patient.

### *Survival Page*

Survival page will be implemented to collect the patient status (e.g. alive, death, lost to FUP) for all ongoing patients with no visit recorded between 01/08/2010 to 31/01/2011; this page should be completed with a date of contact between 01/02/2011 and 15/04/2011 e.g phone call to the patient, date of a visit performed after cut-off date or any information showing that patient is alive; (date of contact should be documented in source document).

### *Important Data we need to collect*

Please make every effort to complete the following data for this snapshot:

- o Any information on **Subsequent treatment** after relapse. Please remember to provide the response to this subsequent treatment also if available.
- o **QoL questionnaires**. These questionnaires are particularly important up until the point at which a patient progresses. QoL should be collected once yearly and may be completed by the patient during his/her visit.
- o Ensure that the **most current** follow up visits and response assessments are completed.

### *General Study Reminders*

- *Please do not forget to send an updated Follow-up of AEs and SAEs still persisting during last evaluation (pages 58 to 61 of CRF and SAE form if applicable).*
- *Please pay close attention to the time window for the final protocol visit. Depending on the latest ICF signed by each patient, the final Protocol Visit should take place at 5.5 or 7.5 years after patient's registration date, within a time frame of -6 months/+ 1 month. A tracker including the information for those patients that are approaching the end of study as per protocol, will be produced and distributed to all CRAs regularly to help you in planning this important visit.  
***It is highly important to be compliant with the provided time frame for final Follow up. Final Follow up should not take place after the official length of the study (as per protocol).****

### *CRF Collection of Subsequent Treatment Page for Snapshot*

The monitors will collect

- the original page 48 if all information is completed
- a copy of page 48 if information is only partial completed
- any original pages 48bis

### IN CASE OF QUESTIONS

#### Medical questions: please contact

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#### SAE questions: please contact

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THANK YOU FOR YOUR CONTINUOUS SUPPORT AND COMMITMENT!