

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

Dear Investigators,

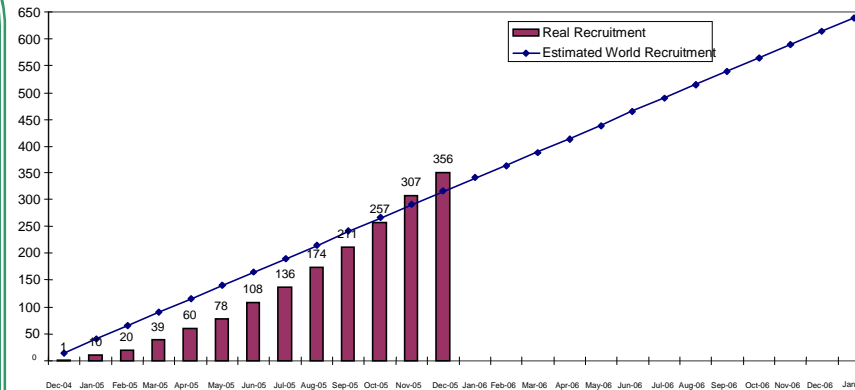
Some remarkable steps regarding the PRIMA trial were achieved in the last six months:

- 16 new countries have been activated for inclusions which brings the actual number of participating countries to 21 ; and 10 of those effectively recruited new patients (16 active countries) ;
- The monthly accrual rate was 46 in October, 50 in November and 49 on December 30!
- The actual number of patients at the end of 2005 is of 356, which is more than half of the objective and more than initially planned at the end of 2005.
- Close to 100 patients have reached the second step of the study, the randomization between observation and maintenance.

We thank all the investigators, the research assistants and nurses and the coordinating teams for this very active contribution. We hope to bring you some

Number of patients

Global World Recruitment - PRIMA Study



COUNTRIES

where PRIMA is now open for accrual

- Argentina
- Australia
- Belgium
- Colombia
- Croatia
- Czech republic
- Denmark
- Finland
- France
- India
- Israel
- Mexico
- Netherlands
- Peru
- Portugal
- Serbia / Montenegro
- Snain

Patient Treatment

Induction treatment allocation

- R-CHOP : 271 patients
- R-CVP : 71 patients
- R-FCM : 14 patients

Randomized : 81 patients

- Maintenance with Rituximab : 37
- Observation : 44 patients

Not randomized : 17 patients

- 3 for disease progression
- 7 for treatment delayed, modified or

## A few practical information important to remember through the study

1) Patient Initials: In all documents, please refer to the first **3** letters of the surname + first **2** letters of the first name.

(Ex: **SALLES** **Gi**lles will be check with **SALGI**)

2) The rituximab distribution is organized through Roche affiliates in each individual country. Please contact them directly if you do have to request the product or check with your local coordinator.

3) Pathology review:

Everything has been now organized in countries that are active. Don't forget that all cases have to be reviewed either locally by your country national review panel or by the GELA-P in Paris. Please remember that the pathological review does also apply when a patient experiences disease progression.

If eventually the local review panel made an alternative diagnosis other than follicular lymphoma during the induction phase and if you get this information prior the time of randomization, then the patient will not be randomized between maintenance and observation: the trial will then really focus on true follicular lymphoma patients.

4) Baseline documentation prior randomization

We do need to receive the baseline documentation of the CRF prior to be able to randomize a patient. **So don't forget to fill it in quickly**, to review it locally by your country monitor and to send it to the GELA-RC as soon as possible. This will avoid any delay at the time of randomization.

5) For patient randomized in the observation arm (B), please don't forget the regular visits (every two months) and the assessments planned in the protocol (pages 23–24).

6) The investigator fees will be paid by the GELA-RC to the local coordinator once a year. We can't obviously do that for every single patient and center at each time point.

7) **Serious Adverse Event:** The form is in the Investigator Study File, **don't' forget to fax the 3 pages within 24 hours to the GELARC Safety Desk: + 33 4 72 66 93 71.**

For administrative information  
To download the protocol or other documents  
For a regular update of patients accrual per country,