Activity Report
May 2014 – March 2015

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Executive Summary

Introduction
The purpose of this document is to report the Haemato-oncology Managed Clinical Network (MCN) activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved; and
- Challenges encountered and actions taken to remedy defined issues.

This activity report covers May 2014 to February 2015. It also reports on key audit findings and resultant actions from the report of the 2013 clinical audit data, as well as looking forward from April 2015 to March 2016.

MCN Objectives
The Haemato-oncology MCN has made progress and delivered a number of core and MCN specific objectives.

- **Regional Clinical Audit**
The report of the 2013 clinical audit data was published in November 2014 and is available on the West of Scotland Cancer Network (WoSCAN) website. No actions were identified for NHS Ayrshire & Arran or NHS Lanarkshire and recently submitted action plans from NHS Forth Valley and NHS Greater Glasgow and Clyde confirm that all identified actions have been fully implemented.

- **Quality Performance Indicator (QPI) Development for Lymphoma and Acute Leukaemia**
Lymphoma and acute leukaemia QPIs were implemented in October 2013 and July 2014 respectively. The first audit report of lymphoma QPI data is scheduled for publication in March 2015.

- **Regional Service Map**
The high-level regional service map was reviewed during 2014, the updated baseline position identifies the points at which services are delivered, the service components available at each and the connections between these points which represent the referral pathways for access to specialist services.

- **Multi-disciplinary Team (MDT) Working**
The seven local MDTs meetings held across the West of Scotland (WoS) continue to complement the function of the Regional Haemato-oncology MDT. The MDT referral templates for the different haematological malignancies have been updated to facilitate the regional MDT meetings and, where applicable, have been aligned to the published QPIs.

- **Guideline Development and Review**
The MCN continues to focus on the development and update of Clinical Management Guidelines (CMGs) and regional chemotherapy protocols to ensure consistency of practice throughout the region. Twenty-one CMGs are currently available covering all the major types of haematological malignancies. Two clinical guidance documents are also available and a further two are under development.

- **Blood Cancer Diagnostics**
The MCN continues to work towards improving the efficiency of blood cancer diagnostics. In February 2014, the MCN established a Molecular Diagnostics Subgroup following the complete integration of molecular and cytogenetic services at the new laboratory at Southern General Hospital.
The Regional Diagnostics Subgroup was formally dissolved to avoid unnecessary duplication of work and a number of the Regional Diagnostics Subgroup members joined the new group. Dr Mark Drummond and Nicola Williams continue to represent MCN members on the National Molecular Pathology Evaluation Panel to assess new tests.

- **Strengthen and Support Haemato-oncology Clinical Trial Activity**
  The Haemato-oncology MCN Clinical Trials Subgroup, established in June 2013, continues to strengthen and support haemato-oncology clinical trial activity across WoSCAN. Disease-specific maps of open clinical trials in WoS are updated regularly and major forthcoming trials and areas of priority are identified to facilitate early set-up of studies. Representatives from paediatric haematology and the bone marrow transplant team have now joined the subgroup.

- **Collaborative Working**
  The MCN continues to work with the WoS Cancer Pharmacy Network to progress a number of medicines governance actions. MCN members have also worked with the Regional Systemic Anti-Cancer Therapy Executive Group to produce an amendment to the Hydroxycarbamide Shared Care Protocol to include sun care advice. The amended protocol is now available on the WoSCAN intranet site. Regional Consultants have now attended several Scottish Medicines Consortium Patient and Clinician Engagement meetings with attendance co-ordinated by the Network.

**Key Priority Areas for the MCN in the next 12 months**

The MCN work plan has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. A number of objectives will be carried over from this year as guideline development and review, blood cancer diagnostics, clinical trial activity, regional service map, education, QPI reporting and transforming care after treatment continue as priorities in the work plan. New objectives to be progressed in the coming year include:

- Facilitate accurate local registration of all acute leukaemias, lymphoproliferative disorders and myeloproliferative disorders across the region;

- Explore the feasibility of enabling remote access to NHS Greater Glasgow and Clyde regional lab data; and

- Assess compliance with the recommendation in the lymphoma follow-up guideline that all patients receiving mediastinal radiotherapy < 36 years of age should be referred for breast screening.
1. Introduction

The Haemato-oncology Managed Clinical Network (MCN) was established in 2002 as a means of delivering equitable high quality clinical care to all haemato-oncology patients across five NHS Boards; Ayrshire & Arran, Dumfries & Galloway, Forth Valley, Greater Glasgow and Clyde (GGC) and Lanarkshire covering a population of 2.6 million. Membership includes 46 consultant haematologists, 3 clinical oncologists and a number of pathologists with a special interest in lymphoma, in addition to other professional groups involved in the multi-disciplinary care of patients with blood cancer (haematological cancer).

The Haemato-oncology MCN continues to support and develop the clinical service for approximately 1200 haemato-oncology patients per annum. The effective management of these patients throughout the region continues to rely on co-ordinated delivery of treatment and care that requires close collaboration of professions from a range of specialties. Currently, there are seven local Multi-disciplinary Team (MDTs) meetings held across the West of Scotland (WoS) which complement the function of the Regional Haemato-oncology MDT.

A total of 391 new lymphoma cases were diagnosed between 1 January 2013 and 30 September 2013 and between 1 January 2013 and 31 December 2013, there were 99 new acute leukaemias and 598 other haematological malignancies diagnosed in WoS (excluding figures from Dumfries & Galloway). The majority of patients are treated locally. Tertiary referral is required for autologous and allogeneic stem cell transplantation and may be required for treatment of less common conditions e.g. acute lymphoblastic leukaemia (ALL) or for administration of highly intensive chemotherapy regimens. There is a regional service for adolescents and young adults with haematological malignancies with Teenage Cancer Trust in-patient beds and facilities located in the Beatson West of Scotland Cancer Centre (BWoSCC).

The purpose of this document is to report the Haemato-oncology MCN activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved;
- Challenges encountered and actions taken to remedy defined issues; and
- Update on progress of actions identified from the Audit Report.

MCN Governance

The Advisory Board continues to meet three times a year with representation from each of the partner NHS Boards and all relevant specialties involved in the management of haematological malignancies. Attendance at the December 2014 meeting of the Advisory Board was extended to the wider MCN as agreed in the Terms of Reference. The Advisory Board is consulted between meetings as required by the clinical lead and manager.

Dr Ranjit Thomas has taken over from Dr Allistair Stark as Lead Haematologist in NHS Dumfries & Galloway and Dr Roddy Neilson replaces Dr Marie Hughes as Lead Haematologist in NHS Forth Valley. The terms of reference and membership of the Advisory Board have been refreshed to reflect these changes.
2. MCN Workplan and Activities (reporting period 05/2014 to 04/2015)

2.1 Core Objectives

Regional Clinical Audit Programme
A key area of the Haemato-oncology MCN is to effectively utilise audit findings to inform and drive service improvement within the MCN. The report of the 2013 clinical audit data assessing compliance with regional CMGs for Hodgkin lymphoma, diffuse large B cell lymphoma and follicular lymphoma and reporting performance in both lymphoma and acute leukaemia against key outcome measures (KOMs) was issued to NHS Boards in November 2014. The results demonstrate that patients with haematological malignancies in the WoS continue to receive a consistent high standard of care.

It has been an aim of the Haemato-oncology MCN to improve quality and completeness of clinical audit data to ensure that robust performance assessment can take place. During 2013, all Boards implemented local processes to improve data quality and, as a result, there has been significant improvement in data recording. Registration of non-lymphoma cases has improved in 2013 with an increase in the number of cases registered; particularly the number of lymphoproliferative disorders (LPDs) and myeloproliferative disorders (MPDs). Work is currently underway with members of the Molecular Diagnostics Subgroup to further improve the registration of Jak2 positive MPDs and other haematological disorders diagnosed through the Regional Flow Cytometry Service.

Survival from cancer is a clear indicator of the quality of cancer care delivered to patients in a region. It is important, therefore, to maintain the collection of accurate data to enable such analysis to be carried out. At the recent annual education event, lymphoma survival data was presented on patients diagnosed between 1 January 2004 and 31 December 2008. The MCN will continue to report on outcome data in haematological malignancies, looking at overall survival and progression-free survival in the next 5 year period (2009 – 2013), ultimately assessing the impact on outcome of changing practice over the 10 years.

National Cancer Quality Performance Indicators (QPI) Development Programme
In 2010, the Scottish Cancer Taskforce established the National Cancer Quality Steering Group (NCQSG) to take forward the development of national QPIs for all cancer types to enable national comparative reporting and drive continuous improvement for patients. In collaboration with the three Regional Cancer Networks and Information Services Division (ISD), Lymphoma and Acute Leukaemia QPIs were published by Healthcare Improvement Scotland (HIS) for implementation in October 2013 and July 2014 respectively. The first audit report of lymphoma QPI data is scheduled for publication in March 2015.

Regional Service Map
Work was undertaken to review the high-level map of haemato-oncology services in the West of Scotland. The updated baseline position describes the points of delivery, the service components available at each point and the interconnections between these in regard to access to tertiary services. The mapped information was included in a consolidated regional report which was presented to the Regional Cancer Clinical Leads Group in October 2014 and shared with Board Cancer Managers.

2.2 Individual MCN Objectives

Multi-disciplinary Team Working
The seven local MDTs meetings held across the WoS continue to complement the function of the Regional Haematoo-oncology MDT.
This close collaboration of professions from a range of specialties promotes co-ordinated delivery of treatment and care for approximately 1200 haemato-oncology patients diagnosed per annum. The Clinical Neuro-oncology Team at the BWoSCC continues to participate in the Regional Haematology MDT where appropriate to facilitate a cross specialty approach to the management of patients with primary central nervous system (CNS) lymphoma. The Regional Cutaneous Lymphoma MDT continues to function well, facilitating clinico-pathological correlation in this group of conditions and allowing more patients to be managed locally. The MDT referral templates for the different haematological malignancies have recently been updated to facilitate the regional MDT meetings and, where applicable, have been aligned to the published lymphoma and acute leukaemia QPIs.

**Guideline and Protocol Development**

Considerable effort has been invested to develop and update Clinical Management Guidelines (CMGs) and this remains a core component of MCN activity. There are 21 CMGs currently available, covering all the major types of haematological malignancies. Two clinical guidance documents are also available and a further two are under development. The following progress has been made since the publication of last year’s report:

- New CMGs for Burkitt lymphoma and myelofibrosis issued.
- Updated CMGs for acute lymphoblastic leukaemia, Waldenstrom’s macroglobulinaemia and myelodysplasia issued.
- Review of CMGs for nodular lymphocyte predominant Hodgkin lymphoma, diffuse large B cell lymphoma and chronic lymphocytic leukaemia delayed due to pending guidance from Scottish Medicines Consortium (SMC) and British Committee for Standards in Haematology (BCSH).
- Policy for CNS prophylaxis in lymphoma updated to allow clinicians to follow new BCSH guidance.
- Regional antimicrobial prophylaxis guideline for haemato-oncology approved for forwarding to local Area Drug and Therapeutics Committees.
- Updated Lymphoma Follow-up Guideline for curative lymphomas issued.
- Follow-up guideline for acute leukaemia patients treated with curative intent under development.

The CMGs can be accessed directly from the intranet site (www.intranet.woscan.scot.nhs.uk) or via the chemotherapy electronic prescribing and administration system (CEPAS).

**Blood Cancer Diagnostics**

The MCN continue to work towards improving the efficiency of blood cancer diagnostics. In February 2014, the MCN established a Molecular Diagnostics Subgroup following the complete integration of molecular and cytogenetic services at the new laboratory at Southern General Hospital. The Regional Diagnostics Subgroup was formally dissolved to avoid unnecessary duplication of work and a number of the Regional Diagnostics Subgroup members joined the new group. Dr Mark Drummond and Nicola Williams, Subgroup Chair, sit on the National Molecular Pathology Evaluation Panel (MPEP) to assess new tests. MPEP, part of the Consortium governance structure, is developing a number of diagnostic pathways to assist clinicians with seeing the part that molecular pathology testing plays in the diagnosis and treatment of patients. Key areas of activity over the last year include:

- Issuing guidance on cytogenetic testing in myeloma patients.
- Introducing CALR and MPL testing in MPN patients.
- Offering testing for exon 12 in MPN patients.
- Facilitating the accurate and comprehensive registration of lymphoproliferative and myeloproliferative disorders across the region.
- Working with IT colleagues to facilitate regional access to lab reports and an eventual move to electronic reporting.
- Providing a clinical view to Molecular Pathology Services’ Commissioners on appropriate turnaround times for specific tests.
- Receiving approval for a joint working proposal with Pharma and NHSGGC to fund two post doctorate scientists (2 x 3yr posts) working on Research and Development across different tumour groups.
Strengthen and Support Haemato-oncology Clinical Trial Activity in WoSCAN

Clinical trials are a cornerstone of haemato-oncology and should be embedded in day-to-day clinical practice and while there is significant commercial and non-commercial trial activity across the WoS, equity of access to clinical trials is varied. This is partly due to geographical and clinical constraints (i.e. the patient’s condition may not lend itself to travel for trial purposes), but also due to lack of awareness of open trials and perhaps issues in crossing health-provider boundaries. In view of the cost and resource involved in setting up studies, co-ordination of placing studies across WoSCAN is important with rare cancer trials being set up in one site whereas studies requiring greater numbers of participants being available locally to all patients across the region.

The Haemato-oncology MCN established a Clinical Trials Subgroup in June 2013 to strengthen and support haemato-oncology clinical trial activity across WoSCAN. Membership includes key stakeholders from across the WoS NHS Boards, WoSCAN and the Scottish Cancer Research Network. During the last year, representatives from paediatric haematology and the bone marrow transplant team have joined the subgroup. Progress to date includes:

- Regular update of disease-specific mapping of open clinical trials in WoS.
- Regional discussion to identify areas of priority and major forthcoming trials to facilitate early set-up of studies.
- Regional review of patient recruitment and identification of gaps in the trials portfolio.

See Appendix 1 for further details on the current WoS portfolio and annual recruitment.

2.3 Other MCN Activities

Education

A successful half day education event was held in BWoSCC in January 2015. The meeting had a varied programme on the theme of Lymphoid Disorders, which included presentations from clinical, laboratory and research staff across the Network. The meeting was well attended with representation from all disciplines and MDTs in the WoS. Presentations included:

- Utility of Radiotherapy for Patients with Advanced Hodgkin's Lymphoma and Interim PET Positivity.
- Outcome of Double Hit Lymphomas.
- Outcomes of Splenic Core Biopsy under Radiological Guidance at NHSGGC.

Collaborative Working

The MCN continue to work with the WoS Cancer Pharmacy Network to progress a number of medicines governance actions. A summary document to support individual patient treatment requests for the use of tyrosine-kinase inhibitors in Philadelphia positive acute lymphoblastic leukaemia was prepared by the MCN and issued to consultants across the region in February 2014. MCN members have also worked with the Regional Systemic Anti-Cancer Therapy Executive Group to produce an amendment to the Hydroxycarbamide Shared Care Protocol to include sun care advice. The amended protocol is now available on the WoSCAN intranet site.

Patient and Clinician Engagement Meetings

During the last year, a number of MCN members have been involved in the new Patient and Clinician Engagement (PACE) part of the Scottish Medicines Consortium assessment process for new medicines. Since August 2014, MCN members have provided clinical input to six PACE meetings.
Data Sharing Requests
In addition to the annual report of clinical audit data, a number of data sharing requests from MCN members have been processed by the WoSCAN Information Team. Data has been shared to facilitate the following:
- Audit of the management of all patients in West of Scotland diagnosed with NK cell lymphoma.
- Audit of patients diagnosed with Hodgkin lymphoma under the age of 36 years to identify those patients who should have been referred for breast clinic review.
- Audit of incidence of Nodular Lymphocyte Predominant Hodgkin Lymphoma (NLPHL), demographics, treatment and outcomes (Collaborative work with haematology colleagues in Leeds to audit current treatments and outlook prior to issue of BCSH guideline for the management of LPHL).
- Outcome and survival of:
  i. relapsed / refractory Acute Myeloid Leukaemia patients
  ii. Acute Lymphoblastic Leukaemia patients outcome in particular according to age & Philadelphia chromosome status
- Audit of outcome following radiotherapy as part of salvage treatment in Hodgkin lymphoma patients in first relapse.
- Review of the West of Scotland Regional Cutaneous Lymphoma MDT Meeting.

3. Quality Assurance/Service Improvement

The primary function of the MCN is to facilitate continuous service improvement, supporting delivery of high-quality, equitable treatment and care to patients with haematological malignancies in the WoS. The MCN prospective clinical audit programme underpins much of the regional service improvement work of the MCN. It supports quality assurance by providing the means for regular assessment, and reporting, against recognised and agreed measures of service performance and quality.

The National Cancer Quality Programme requires comparative assessment of performance to be published annually by Regional Cancer Networks and every 3 years a national comparative report will be produced by Information Services Division containing trend and survival analysis.

Audit and Governance Process
The clinical audit process captured 391 new cases of lymphoma between 1 January 2013 and 30 September 2013 and between 1 January 2013 and 31 December 2013, there were 99 new acute leukaemias and 598 other haematological malignancies diagnosed in WoS. These data have been used to measure quality of clinical care provided, utilising six regionally agreed key outcome measures (KOMs) in addition to basic demographics and CMG compliance.

Following analyses of the regional data by the WoSCAN Information Team and reporting of provisional results, local multi-disciplinary teams are required to critically review and verify their own results before these are collated to provide a regional comparative report of performance.

The report of the 2013 clinical audit data was published in November 2014 and can be found on the WoSCAN internet website.

Following publication of the report and in accordance with agreed governance procedure, Boards were asked to produce an Action/Improvement Plan in response to the key findings and actions identified in the report. Initial responses are required to be submitted to the Regional Information Manager within two months of publication of the audit report. All actions should be progressed and monitored via local Board governance structures.
Progress against these specific Board actions and any regional actions identified as a priority by the MCN Clinical Lead and Manager, are monitored throughout the year by the Advisory Board.

**Action/Improvement Plan Progression on Report of the 2013 Clinical Audit Data**
No actions were identified for NHS Ayrshire & Arran or NHS Lanarkshire. Recently submitted action/improvement plans from NHS Forth Valley and NHS Greater Glasgow and Clyde confirm that all identified actions have now been fully implemented.

**Escalation Process**
Any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the Regional Lead Cancer Clinician and relevant Territorial NHS Board Cancer Clinical Lead by the MCN Clinical Lead.

### 4. Key Priority Areas for the MCN in the next 12 months

The MCN work plan is currently being finalised with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. The work plan is expected to be published by early May 2015. Below are the objectives to be progressed in the coming year:

**Core Objectives**

- Manage the development/review of haemato-oncology clinical management guidelines/clinical guideline documents;
- Participation in the West of Scotland rolling programme of regional and national education events; utilising the opportunity for learning and sharing of current best practice and innovation;
- Support delivery of the national cancer quality programme for 2015/16, ensuring the regional/national governance process is adhered to;
- Annual update of the regional service map for Haemato-oncology service provision, detailing the points of service delivery and the connections between them; and
- Continue to support the transforming care after treatment programme of work, in particular, facilitate raising awareness of the health and social care integration agenda in the West of Scotland.

**Individual MCN Objectives**
A number of objectives will be carried over from this year’s work plan, including blood cancer diagnostics, clinical trial activity and the development of evidenced-based guidelines for the follow-up of all acute leukaemia patients in WoS treated with curative intent. New objectives to be progressed in the coming year include:

- Facilitate accurate local registration of all acute leukaemias, lymphoproliferative disorders and myeloproliferative disorders across the region;
- Explore the feasibility of enabling remote access to NHSGGC regional lab data; and
- Assess compliance with the recommendation in the lymphoma follow-up guideline that all patients receiving mediastinal radiotherapy < 36 years of age should be referred for breast screening.
5. Conclusion

This has been a productive year and the MCN, with the support of the Advisory Board, has continued to work closely with local and regional clinical and management teams across the WoS to progress the work plan objectives. A key focus of this year’s activity has been the programme of work generated from the Molecular Diagnostics Subgroup. Ongoing development and update of CMGs and other regional guidance continue to drive consistency of practice and provide improved care for patients with haematological malignancies in the WoS. Recognising the pressures on clinical time, the MCN is looking at the most time efficient and effective way to engage and involve members in MCN activities to ensure essential clinical input to the ongoing improvement and development of haemato-oncology services in the WoS.

Looking ahead, the MCN welcomes the challenge of further regional improvement against the national Lymphoma and Acute Leukaemia QPIs. The MCN also welcomes the opportunity to continue to facilitate the work of the Molecular Diagnostics and Clinical Trials Subgroups and support and improve the patient journey around local and regional services.

Acknowledgement

This report represents the achievements and challenges progressed across the NHS Boards of the West of Scotland Cancer Network:

NHS Ayrshire & Arran
NHS Dumfries & Galloway
NHS Forth Valley
NHS Greater Glasgow and Clyde
NHS Lanarkshire

We would like to thank all members and active participants in the cancer network for their continued support of the Managed Clinical Network, without their efforts this level of progress would not be possible.
Appendix: Current West of Scotland Portfolio and Annual Recruitment

Over the last year, there have been 46 trials actively recruiting patients in the West of Scotland of which 34% are commercially sponsored. Patient recruitment and open study portfolio are detailed below.

The research teams continue to engage and deliver on Trials Acceleration Programme (TAP) trial with continued recruitment to MAJIC, VIOLA and RAVVA. A further trial, ELASTIC - A Phase Ib Study of Eltrombopag and Azacitidine in Patients with High Risk Myelodysplastic Syndromes and Related Disorders is currently in set-up.

Also in set up is MUK 5 trial, which is the first trial of the Myeloma UK, Clinical Trials Network Programme. The MUK five trial is a Phase II randomised trial of Carfilzomib, Cyclophosphamide and Dexamethasone (CCD) vs Cyclophosphamide, Velcade and Dexamethasone (CVD) for first relapse and primary refractory multiple myeloma.

The Haematology Clinical Trials Sub-Group continues to strengthen and support haematology-oncology clinical trial activity across WoSCAN.
### Patient recruitment and open study portfolio 13th March 2014 - 12th March 2015 by Disease Group

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<td>H161</td>
<td>MARALL</td>
<td>Phase I/II study combining humanised Anti-CD20 (Veltuzumab), Anti-CD22 (Epratuzumab) and both monoclonal antibodies with chemotherapy in adults with recurrent B-Precursor Acute Lymphoblastic v Leukaemia (ALL) or MARALL for short</td>
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<td>A Phase 2 study for older patients with Acute Lymphoblastic Leukaemia</td>
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<td>United Kingdom National Randomised Trial for children and young adults with Acute Lymphoblastic Leukaemia and Lymphoma 2011</td>
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<td>AML 17 (Working Parties on Leukaemia in Adults and Children trial in Acute Myeloid Leukaemia or High Risk Myelodysplastic Syndrome 17)</td>
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<td>AML LI1 - A Programme of Development for Older Patients with Acute Myeloid Leukaemia and High Risk Myelodysplastic Syndrome</td>
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<td>MATCH POINT</td>
<td>Management of Transformed Chronic Myeloid Leukaemia: Ponatinib anmd Intensive Chemotherapy: A Dose-Finding Study</td>
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<td>CML</td>
<td>H135</td>
<td>CHOICES</td>
<td>A Randomised Phase II Trial of Imatinib (IM) versus Hydroxychloroquine (HCQ) and IM for Patients with Chronic Myeloid Leukaemia (CML) in Major Cytogenetic Response (MCYR) with Residual Disease Detectable by Quantative Polymerase Chain REACTION (Q-PCR).</td>
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<td>DESTINY</td>
<td>A Trial of De-Escalation and Stopping Treatment in Chronic Myeloid Leukaemia Patients With Excellent Responses to Tyrosine Kinase Inhibitor Therapy</td>
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<td>MDS</td>
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<td>MDS registry study</td>
<td>A Prospective, Multicentre European Registry for Newly Diagnosed Patients With Myelodysplastic Syndromes of IPSS Low and Intermediate-1 Subtypes</td>
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<td>MDS BIO 1</td>
<td>Molecular and Functional Characterisation of Bone Marrow Function in Normal Subjects, Myelodysplastic Syndromes (MDS) and Secondary Disorders of Haematopoiesis</td>
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<td>TELESTO</td>
<td>A Multi-Centre, Randomised, Double-Blind, Placebo Controlled Clinical Trial of Deerasirox in Patients with Myelodysplastic Syndromes (Low/Int-1 Risk) and Transfusional Iron Overload</td>
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<td>DE-IRON</td>
<td>A Phase 2 Study of the Efficacy and Safety of Deferasirox Administered at Early Iron Loading In Patients with Transfusion-Dependent Myelodysplastic Syndromes</td>
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<td>BREVITY</td>
<td>A Phase II Study of Brentuximab Vedotin (SGN-35) Using A Response Ada[ted Design In Patients With Hodgkin Lymphoma Unsuitable for Chemotherapy Due to Age, Frailty or Co-Morbidity</td>
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<td>A-AVID</td>
<td>A Randomised, Open-Label, Phase 3 Trial of AVDA vs. ABVD as Frontline Therapy In Patients With Advanced Hodgkin Lymphoma</td>
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<td>PACIFICO</td>
<td>Purine Alkylator Combination In Follicular Lymphoma. Immunochemotherapy for Older Patients: A Phase III Comparison of 1st Line 4-CVP versus R-FC</td>
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<td>GADOLIN</td>
<td>An Open-Label, Multicentre, Randomised, Phase III Study to Investigate The Efficacy and Safety of Benamustine Compared with Bendamustine + RO5072759 (GA101) In Patients With Rituimab-Refractory, Indolent Non-hodkins Lymphoma</td>
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<td>SPI-ZEV</td>
<td>A Phase III Open-Label, Multicenter, Randomised Study of Sequential Zevalin versus Observation In Patients at Least 60 years of Age with Newly Diagnosed Diffuse Large B Cell Lymphoma in PET Negative Complete Remission After First Line Chemotherapy</td>
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<td>REMODL-B</td>
<td>REMODL-B: A Randomised Evaluation of Molecular Guided Therapy for Diffuse Large B-Cell Lymphoma With Bortezomib</td>
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<td>A Multi-Centre, Randomised, Double-Blind, Placebo Controlled Clinical Trial of Deerasirox in Patients with Myelodysplastic Syndromes (Low/Int-1 Risk) and Transfusional Iron Overload</td>
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<td>CHEMO-T</td>
<td>Cyclophosphamide, Doxorubicin, Vincristine and Prednisolone (CHOP) versus Gemcitabine, Cisplatin and Methyl Prednisolone (GEM-P) In The First Line Treatment of T-Cell Lymphoma, A Multicentre Randomised Phase II Study</td>
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<td>INCA</td>
<td>A Multicentre Randomised Phase II Clinical Trial of Inotuzumab Ozagamin Plus Rituximab and CVP (IO-R-CVP) versus Gemcitabine Plus Rituximab and CVP(GEM-R-CVP) for the First Line Treatment of Patients With Diffuse Large B Cell Lymphoma Who Are Not Suitable for Anthracycline Containing Chemotherapy</td>
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<td>A Randomised , Double-Blind, Placebo-Controlled Phase 3 Study of the Bruton's Tyrosine Kinase (BTK) Inhibitor , PCI-32765 (IBRUTINIB) in Combination With Bendamustine and Rituximab (BR) in Subjects With Newly Diagnosed Mantle Cell Lymphoma</td>
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<td>A Randomised, Open-Label, Multicentre, Two-arm Phase III Comparative Study Assessing The Role of Mediastinal Radiotherapy After Rituximab Containing Chemotherapy Regimens To Patients With Newly Diagnosed Primary Mediastinal Large B-Cell Lymphoma (PMLBCL) – IELSG37</td>
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<td>A Randomised, Double-Blind, Placebo-Controlled Phase 3 Study of the Bruton's Tyrosine Kinase (BTK) Inhibitor, PCI-32765 (IBRUTINIB), In Combination With Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone (R-CHOP) In Subjects With Newly Diagnosed Non-Germinat Center B-Cell Subtype of Diffuse Large B-Cell Lymphoma</td>
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<td>SELENE</td>
<td>A Randomised, Double-Blind, Placebo Controlled Phase 3 Study of the Bruton's Tyrosine Kinase Inhibitor, PCI-32765 (IBRUTINIB) In Combination With Either Bendamustine and Rituximab (BR) or Rituximab, Cyclophosphamide, Doxorubicin, Vincristine and Prednisolone (R-CHOP) In Subjects With Previously Treated Indolent Non-Hodgkin's Lymphoma (INHL)</td>
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<td>A Randomised, Open-Label, Phase 3 Trial of Brentuximab Vedotin (SGN-35) Versus Physician's Choice (Methotrexate or Bexarotone) in Patients with CD30-Positive Cutaneous T-Cell Lymphoma</td>
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<td>MYELOMA</td>
<td>Randomised Comparisons In Myeloma Patients of all Ages of Thalidomide, Lenalidomide and Botezomib Combinations, and Maintenance Lenalidomide</td>
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<td>Phase 2, Randomised, Double-Blind Placebo-Controlled, Multicentre study of Siltuximab (ANTI-IL-6 MONOCLONAL ANTIBODY) in Subjects With High-Risk Smoldering Multiple Myeloma</td>
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<td>A Trial To Understand The Impact of the Speed and Diversity of Immune Reconstitution on the Outcome of Unrelated Cord Blood Transplantation</td>
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<td>A Randomised Trial of the FLAMSA-BU Conditioning Regimen In Patients With Acute Myeloid Leukaemia and Myelodysplasia Undergoing Allogenic Stem Cell Transplantation</td>
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<td>Prophylactic Transfer of CD4 Lymphocytes. Multicentre Randomised Phase II Study To Evaluate The Efficacy of Prophylactic Transfer of CD4 Lymphocytes After T-CELL Depleted Reduced Intensity HLA-IDENTICAL Sibling Transplantation for Indolent Non-Hodgkin's Lymphoma and CLL</td>
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<td>A Phase I Trial of Combined Azacitidine and Lenalidomide Salvage Therapy In Patients With Acute Myeloid Leukaemia Who Relapse After Allogenic Stem Cell Transplantation</td>
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<td>A Phase II, Randomised, Observer-Blind, Placebo-Controlled, Multicentre Study To Assess The Safety, Immunogenicity and Efficacy of GSK Biologics Herpes Zoster HZ/su Candidate Vaccine When Administered Intramuscularly on a Two-Dose Schedule To Adults Aged 18 Years and Older with Haematological Malignancies</td>
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<td>A Randomised Study of Best Available Therapy versus JAK Inhibition in Patients With High Risk Polycythaemia Vera or Essential Thrombocythaemia Who Are Resistant or Intolerant to Hydroxyxarbamide</td>
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<td>A Phase IB/II, Open-Label, Multi-Center, Dose Finding Study To Assess The Safety and Efficacy of the Oral Combination of LDE225 and INC424 (RUXOLITINIB) In Patients With Myelofibrosis</td>
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<td>A Randomised Controlled Phase 3 Study of Oral Pacritinib versus Best Available Therapy in Patients With Thrombocytopenia and Primary Myelofibrosis, Post-Polycythemia Vera Myelofibrosis, or Post-Essential Thrombocythaemia Myelofibrosis</td>
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