



TYPE OF CANCER: Follicular or Diffuse Large B-Cell
Non-Hodgkin's Lymphoma

TYPE OF TRIAL: Phase I / II

TRIAL SPONSOR: Wyeth

PRINCIPAL INVESTIGATOR: Nam Dang M.D.

CONTACT PERSON: Christine Zades
(702) 822-5456

STUDY SUMMARY

A Phase 1/2 Study of CMC-544 Administered in Combination With Rituximab in Subjects With Follicular or Diffuse Large B-Cell Non-Hodgkin's Lymphoma.

TREATMENT OVERVIEW

- There are 4 weeks in each cycle, there are 8 cycles total
- Patients should be seen by the physician at least every 4 weeks.
- Patients may continue to participate in the study unless they experience unacceptable toxicity or disease progression.

PRE-TREATMENT ASSESSMENTS

- ECG
- ECHO
- Chest radiograph
- CT Scan of the Chest/Abdomen/Pelvis
- Urinalysis
- IgG, IgA, IgM blood levels
- B/T Lymphocyte panel
- Bone Marrow Biopsy/Aspirate

- **ENTRANCE CRITERIA FOR PARTICIPATION IN TRIAL**

INCLUSION CRITERIA

- Subjects who have been previously diagnosed with CD20/CD22-positive, follicular or diffuse large B-cell NHL, according to WHO classification¹⁶, which has progressed after 1 or 2 prior therapies of probable clinical benefit. Prior CD20/CD22-immunophenotyping of tumors to document B-cell NHL is acceptable. If such prior documentation is not available, then the immunophenotype of the current disease must be documented by fine-needle aspirate or biopsy, or by circulating CD20/CD22-positive NHL cells from peripheral blood during screening.
- Prior therapy must contain at least one dose of rituximab therapy, as single agent or in combination. Subjects can not be refractory to rituximab (refractory = PD under treatment or within 6 months of start of therapy, rituximab as single agent or in combination).
- ECOG performance status ≤ 2
- Life expectancy ≥ 12 weeks.
- ANC $\geq 1.5 \times 10^9/L$ (1,500/ μ L) and platelets $\geq 75 \times 10^9/L$ (75,000/ μ L)
- Serum creatinine $\leq 1.5 \times$ the upper limit of normal (ULN).
- Total bilirubin $\leq 1.5 \times$ ULN, aspartate aminotransferase (AST/SGOT) and alanine aminotransferase (ALT/SGPT) $\leq 2.5 \times$ ULN.
- Measurable disease with a lymph node or tumor mass $\geq 1.5 \text{ cm} \times 1.5 \text{ cm}$ by CT at inclusion, in an area of no prior radiation therapy, or clear progression in an area that was previously irradiated.

EXCLUSION CRITERIA

- Candidate for potentially curative therapies in the opinion of the investigator.
- Subjects must not have received previous radioimmunotherapy.
- Primary effusion lymphoma is excluded.
- Subjects intolerant to rituximab.
- Subjects with a prior allogeneic or autologous hematopoietic stem cell transplant (HSCT) within the last 6 months prior to the test article.
- Prior treatment with anti-CD22 antibodies.
- Major surgery, not related to debulking surgery procedures, within 3 weeks before screening.
- Chemotherapy, cancer immunosuppressive therapy, growth factors (except erythropoietin), or investigational agents within 4 weeks before first dose of test article. Subjects on high doses of corticosteroids must have been tapered to a stable dose at least 4 weeks before the first dose of CMC-544 + rituximab.
- Prior chemotherapy with nitrosoureas or mitomycin C within 6 weeks of the first dose of test article.
- Cardiac function (LVEF) of less than 50 %.
- Previous myocardial infarction or pulmonary hypertension within the past 6 months.
- New York Heart Association (NYHA) classification III, IV.
- Symptomatic central nervous system (CNS) NHL; a lumbar puncture is not required unless CNS involvement with NHL is clinically suspected.
- Known seropositivity for human immunodeficiency virus (HIV), current or chronic hepatitis B or hepatitis C infection.
- Unstable or severe uncontrolled medical condition (eg, unstable cardiac or pulmonary condition).
- Any evidence of serious active infection (ie, requiring an IV antibiotic or antiviral agent).
- Concurrent active malignancy other than nonmelanoma skin cancer or carcinoma in situ of the cervix. Subjects with previous malignancies are eligible provided that they have been disease free for 5 years or more.
- Any important medical illness or abnormal laboratory finding that would, in the investigator's judgment, increase the subject's risk of participating in this study.