autologous Transplantation after a Rituximab/Ibrutinib/Ara-c containing iNduction in Generalized mantle cell Lymphoma a randomized European MCL Network trial

Estado	**Tipo de Participantes**	**Rangos de Edad**
EC Finalizado	No aportado	Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	870
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Multicéntrico internacional	tratamiento, seguridad, eficacia	NO

Información

Identificador
2024-511235-10-00 (CTIS)

Cod. Protocolo
TRIANGLE

Transicionado 2014-001363-12

Área terapéutica
Enfermedades [C] - Cáncer [C04]|

Enfermedad investigada
Generalized mantle cell Lymphoma

Título Científico
TRIANGLE - autologous Transplantation after a Rituximab/Ibrutinib/Ara-c containing iNduction in Generalized mantle cell Lymphoma a randomized European mcl network trial

Justificación

No aportado

Objetivo Principal

To establish one of three study arms, R-CHOP/R-DHAP followed by ASCT (control arm A), R-CHOP+ibrutinib /R-DHAP followed by ASCT and ibrutinib maintenance (experimental arm A+I), and R-CHOP+ibrutinib /R-DHAP followed by ibrutinib maintenance (experimental arm I) as future standard based on the comparison of the investigator-assessed failure-free survival (FFS).

Variables de Evaluación Primaria

FFS defined as time from randomization to stable disease at end of immuno-chemotherapy, progressive disease, or death from any cause.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

To compare the efficacy of the three treatment arms in terms of secondary efficacy endpoints
To determine the safety and tolerability of ibrutinib during induction immuno-chemotherapy and during maintenance and to compare the safety profile of the three treatment arms in terms of secondary toxicity endpoints

Variables de Evaluación Secundaria

Overall survival (OS)
Progression-free survival (PFS) from randomization, from end of induction immuno-chemotherapy in patients with CR or PR at end of induction immuno-chemotherapy, and from the staging 6 weeks after end of induction assessment (at month 6)
Overall response and complete remission rates at midterm, at end of induction, 3 months after end of induction immunochemotherapy (at month 6)
PR to CR conversion rate during follow-up after end of induction immuno-chemotherapy
Rates of AEs, SAEs, and SUSARs by CTC grade (Version 4.03) during induction immuno-chemotherapy and during periods of follow-up after response to immune-chemotherapy
Cumulative incidence rates of SPMs

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Histologically confirmed diagnosis of MCL according to WHO classification
Sexually active men and women of child-bearing potential must agree to use one of the highly effective contraceptive methods (combined oral contraceptives using two hormones, contraceptive implants, injectables, intrauterine devices, sterilized partner) together with one of the barrier methods (latex condoms, diaphragms, contraceptive caps) while on study; this should be maintained for 90 days after the last dose of study drug and 12 months after the last dose of rituximab
suitable for high-dose treatment including high-dose Ara-C
Stage II-IV (Ann Arbor)
Age 18 years and 65 years
Previously untreated MCL
At least 1 measurable lesion; in case of bone marrow infiltration only, bone marrow aspiration and biopsy is mandatory for all staging evaluations.
ECOG/WHO performance status 2
The following laboratory values at screening (unless related to MCL): - Absolute neutrophil count (ANC) 1000 cells/- Platelets 100,000 cells/- Transaminases (AST and ALT) 3 x upper limit of normal (ULN) Total bilirubin Total bilirubin 2 x ULN unless due to known Morbus Meulengracht [Gilbert-Meulengracht-Syndrome]) - Creatinine 2 mg/dL or calculated creatinine clearance 50 mL/min
Written informed consent form according to ICH/EU GCP and national regulations

Criterios de Exclusión

Major surgery within 4 weeks prior to randomization. Any psychological, familial, sociological, or geographical condition potentially hampering compliance with the study protocol and follow up schedule Requires anticoagulation with warfarin or equivalent vitamin K antagonists (e.g. phenprocoumon). Subjects not able to give consent Subjects without legal capacity who are unable to understand the nature, scope, significance and consequences of this clinical trial Participation in another clinical trial within 30 days before randomization in this study. History of stroke or intracranial hemorrhage within 6 months prior to randomization. Requires treatment with strong CYP3A4/5 inhibitors. Any life-threatening illness, medical condition, or organ system dysfunction, which, in the investigators opinion, could compromise the subjects safety, interfere with the absorption or metabolism of ibrutinib capsules, or put the study outcomes at undue risk Vaccinated with live, attenuated vaccines within 4 weeks prior to randomization. Known CNS involvement of MCL Previous lymphoma therapy with radiation, cytostatic drugs, anti-CD20 antibody or interferon except prephase therapy according to trial protocol Clinically significant hypersensitivity (e.g., anaphylactic or anaphylactoid reactions to the compound of ibrutinib itself or to the excipients in its formulation) Known anti-murine antibody (HAMA) reactivity or known hypersensitivity to murine antibodies Serious concomitant disease interfering with a regular therapy according to the study protocol: - Cardiac (Clinically significant cardiovascular disease such as uncontrolled or symptomatic arrhythmias, congestive heart failure, or myocardial infarction within 6 months of Screening, or any Class 3 (moderate) or Class 4 (severe) cardiac disease as defined by the New York Heart Association Functional Classification or LVEF below LLN) - Pulmonary (e.g. chronic lung disease with hypoxemia) - Endocrinological (e.g. severe, not sufficiently controlled diabetes mellitus) - Renal insufficiency (unless caused by the lymphoma): creatinine > 2x normal value and/or creatinine clearance < 50 ml/min) - Impairment of liver function (unless caused by the lymphoma): transaminases > 3x normal or bilirubin > 2,0 mg/dl unless due to Morbus Meulengracht (Gilbert-Meulengracht-Syndrome) Positive test results for chronic HBV infection (defined as positive HBsAg serology) (mandatory testing) . Patients with occult or prior HBV infection (defined as negative HBsAg and positive total HBcAb) may be included if HBV DNA is undetectable, provided that they are willing to undergo monthly DNA testing. Patients who have protective titers of hepatitis B surface antibody (HBSAb) after vaccination are eligible Positive test results for hepatitis C (mandatory hepatitis C virus [HCV] antibody serology testing). Patients positive for HCV antibody are eligible only if PCR is negative for HCV RNA Patients with known HIV positive infection (mandatory test) Prior organ, bone marrow or peripheral blood stem cell transplantation Concomitant or previous malignancies within the last 3 years other than basal cell skin cancer or in situ uterine cervix cancer Pregnancy or lactation

Calendario

(Última actualización: 24/12/2025)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
18/12/2017	22/01/2018	23/01/2018	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
28/12/2020	No aportado	No aportado	22/12/2025	23/12/2025

Promotor

Klinikum der Universitaet Muenchen AöR Germany

Marchioninistrasse 15Hadern

Contact Person

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Monetary support: N/A

Tipo de promotor: No comercial

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Centros

Activo (03/07/2018)

COMPLEJO ASISTENCIAL UNIVERSITARIO DE SALAMANCA

Salamanca

SALAMANCA

Hematología

Activo (07/03/2018)

COMPLEJO HOSPITALARIO REGIONAL VIRGEN DEL ROCÍO

Sevilla

SEVILLA

Hematología

No iniciado (--/--/----)

Complexo Hospitalario Universitario A Coruña (CHUAC), A Coruña

A Coruña

Hematology

Activo (12/11/2018)

COMPLEXO HOSPITALARIO UNIVERSITARIO A CORUÑA

Coruña, A

Hematología

Activo (11/07/2018)

Hospital Clínic de Barcelona

Barcelona

BARCELONA

Hematología

Activo (03/01/2019)

HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA

Valencia

VALENCIA

Servicio de Hematologia

Activo (03/07/2018)

HOSPITAL GALDAKAO-USANSOLO

Galdakao

VIZCAYA/BIZKAIA

Hematología

No iniciado (--/--/----)

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology

Activo (11/07/2018)

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

Madrid

MADRID

Hematología

Activo (07/03/2018)

HOSPITAL RAMÓN Y CAJAL

Madrid

MADRID

Hematología

Activo (15/03/2018)

HOSPITAL UNIVERSITARI I POLITÈCNIC LA FE

Valencia

VALENCIA

Hematología

Activo (11/07/2018)

Hospital Universitari Vall d'Hebron

Barcelona

BARCELONA

Hematología

Activo (07/03/2018)

HOSPITAL UNIVERSITARIO VIRGEN DE LAS NIEVES

Granada

GRANADA

Hematología

Activo (03/07/2018)

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE

Madrid

MADRID

Hematología

Activo (07/03/2018)

Institut Catala D'oncologia

Badalona

BARCELONA

Hematología

Activo (11/07/2018)

Institut Catala D'oncologia

Hospitalet de Llobregat, L'

BARCELONA

Hematología

Medicamentos

-

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ORAL

Código ATC: L01XE27 - IBRUTINIB

Principios Activos: N/A

Huérfano **Experimental**

Sin resultados

autologous Transplantation after a Rituximab/Ibrutinib/Ara-c containing iNduction in Generalized mantle cell Lymphoma a randomized European MCL Network trial

State	Type of participants	Age Ranges
Finished CT	Not provided	Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	870
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
International multicenter	treatment, safety, effectiveness	NO

Information

Identifier
2024-511235-10-00 (CTIS)

Protocol Code
TRIANGLE

Transitioned 2014-001363-12

Therapeutic area
Diseases [C] - Cancer [C04]|

Investigated Disease
Generalized mantle cell Lymphoma

Scientific Title
TRIANGLE - autologous Transplantation after a Rituximab/Ibrutinib/Ara-c containing iNduction in Generalized mantle cell Lymphoma a randomized European mcl network trial

Rationale

Not provided

Main Objective

To establish one of three study arms, R-CHOP/R-DHAP followed by ASCT (control arm A), R-CHOP+ibrutinib /R-DHAP followed by ASCT and ibrutinib maintenance (experimental arm A+I), and R-CHOP+ibrutinib /R-DHAP followed by ibrutinib maintenance (experimental arm I) as future standard based on the comparison of the investigator-assessed failure-free survival (FFS).

Primary Endpoints

FFS defined as time from randomization to stable disease at end of immuno-chemotherapy, progressive disease, or death from any cause.

Temporary moments of secondary assessment

Not provided

Secondary Objective

To compare the efficacy of the three treatment arms in terms of secondary efficacy endpoints
To determine the safety and tolerability of ibrutinib during induction immuno-chemotherapy and during maintenance and to compare the safety profile of the three treatment arms in terms of secondary toxicity endpoints

Secondary Endpoints

Overall survival (OS)
Progression-free survival (PFS) from randomization, from end of induction immuno-chemotherapy in patients with CR or PR at end of induction immuno-chemotherapy, and from the staging 6 weeks after end of induction assessment (at month 6)
Overall response and complete remission rates at midterm, at end of induction, 3 months after end of induction immunochemotherapy (at month 6)
PR to CR conversion rate during follow-up after end of induction immuno-chemotherapy
Rates of AEs, SAEs, and SUSARs by CTC grade (Version 4.03) during induction immuno-chemotherapy and during periods of follow-up after response to immune-chemotherapy
Cumulative incidence rates of SPMs

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Histologically confirmed diagnosis of MCL according to WHO classification
Sexually active men and women of child-bearing potential must agree to use one of the highly effective contraceptive methods (combined oral contraceptives using two hormones, contraceptive implants, injectables, intrauterine devices, sterilized partner) together with one of the barrier methods (latex condoms, diaphragms, contraceptive caps) while on study; this should be maintained for 90 days after the last dose of study drug and 12 months after the last dose of rituximab
suitable for high-dose treatment including high-dose Ara-C
Stage II-IV (Ann Arbor)
Age 18 years and 65 years
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Calendar

(Last Update: 24/12/2025)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
18/12/2017	22/01/2018	23/01/2018	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
28/12/2020	Not aported	Not aported	22/12/2025	23/12/2025

Sponsor

Klinikum der Universitaet Muenchen AöR Germany

Marchioninistrasse 15Hadern

Contact Person

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Monetary support: N/A

Sponsor type: No commercial

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Sites

Active (03/07/2018)

COMPLEJO ASISTENCIAL UNIVERSITARIO DE SALAMANCA

Salamanca

SALAMANCA

Hematología

Active (07/03/2018)

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SEVILLA

Hematología

not initialized (--/--/----)

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Active (07/03/2018)

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Active (15/03/2018)

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Active (07/03/2018)

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GRANADA

Hematología

Active (03/07/2018)

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Hematología

Active (11/07/2018)

Institut Catala D'oncologia

Hospitalet de Llobregat, L'

BARCELONA

Hematología

Medication

-

-

ORAL

ATC code: L01XE27 - IBRUTINIB

Active Principles: N/A

Orphan Experimental

No results