



Clinical trial results: EuroNet-Paediatric Hodgkin's Lymphoma Group

First international Inter-Group Study for nodular lymphocyte-predominant Hodgkin's Lymphoma in Children and Adolescents

Summary

EudraCT number	2007-004092-19
Trial protocol	DE CZ AT NL GB FR
Global end of trial date	31 December 2023

Results information

Result version number	v1 (current)
This version publication date	19 December 2025
First version publication date	19 December 2025

Trial information

Trial identification

Sponsor protocol code	EuroNet-PHL-LP1
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Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	-
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	Martin-Luther-University Halle-Wittenberg
Sponsor organisation address	Magdeburger Str. 27, Halle/Saale, Germany,
Public contact	Zentrum für Kinderheilkunde und Jugendmedizin, Universitätsklinikum Giessen und Marburg GmbH, Standort Giessen, 0049 641 985-43420, dieter.koerholz@paediat.med.uni-giessen.de
Scientific contact	Zentrum für Kinderheilkunde und Jugendmedizin, Universitätsklinikum Giessen und Marburg GmbH, Standort Giessen, 0049 641 985-43420, dieter.koerholz@paediat.med.uni-giessen.de

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	10 February 2025
Is this the analysis of the primary completion data?	Yes
Primary completion date	31 December 2023
Global end of trial reached?	Yes
Global end of trial date	31 December 2023
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

Building on the experience of the European PHL study groups since 1978, first line therapy for childhood nodular lymphocyte-predominant Hodgkin's lymphoma shall be further optimised to avoid over-treatment and decrease long-term complications.

Surgery alone for patients with stage IA disease and complete resection.

Low intensity chemotherapy with CVP (Cyclophosphamide, Vincristine and Prednisolone (or Prednisone)) for patients with stage IA and incomplete resection or stage IIA disease

Patients with complete resection group:

Statistically estimate the five year event free survival rate with meaningful precision and show it is above 50%.

Patients with residual disease receiving 3 CVP:

Statistically estimate the 5 year Event free survival rate in all patients receiving CVP chemotherapy.

Protection of trial subjects:

Patients were monitored by the medical staff with regard to safety

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	01 November 2009
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Netherlands: 16
Country: Number of subjects enrolled	United Kingdom: 61
Country: Number of subjects enrolled	Austria: 13
Country: Number of subjects enrolled	Czechia: 7
Country: Number of subjects enrolled	France: 41
Country: Number of subjects enrolled	Germany: 66
Country: Number of subjects enrolled	Italy: 22
Country: Number of subjects enrolled	Switzerland: 11
Country: Number of subjects enrolled	United States: 10
Worldwide total number of subjects	247
EEA total number of subjects	165

Notes:

Subjects enrolled per age group	
In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	118
Adolescents (12-17 years)	129
Adults (18-64 years)	0
From 65 to 84 years	0
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

Within this clinical trial, 270 patients were recruited in nine participating countries with 92 active trial sites. Three patients withdrew before start of treatment, leaving 267 for analysis. The list of active trial centres that have been recruiting study patients is attached to this report.

Pre-assignment

Screening details:

After local staging and registration patients central review staging has been performed. Following this, patients have been assigned to the 3 substudies.

Period 1

Period 1 title	Overall trial (overall period)
Is this the baseline period?	Yes
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Are arms mutually exclusive?	Yes
Arm title	Surgery only - watch and wait

Arm description:

The study population of substudy 1 comprises all chemotherapy naive stage IA/IIA patients that either were already in complete resection after the diagnostic biopsy or in whom additional surgery was successful.

6 patients Relapse after surgery alone have been assigned to CVP

Arm type	No intervention
No investigational medicinal product assigned in this arm	
Arm title	CVP with partially PET-based RA

Arm description:

The study population of substudy 2 comprises all all chemotherapy naive stage IA/IIA patients with residual disease in whom additional surgery was not successful or deemed unfeasible. Patients who relapsed within the substudy 1 were allowed to enter substudy 2 with a second registration.

The definition of good response in the CVP substudy was initially partially based on PET:

Patients have a good response if they are

- in overall CR or
- CRu and all initially involved regions are
- PET-negative or
- PET-unclear and either in local CR or undetectable

Arm type	Experimental
Investigational medicinal product name	Cyclophosphamide
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Day 1

By slow bolus into established i.v. line or by intravenous infusion over 1 hour.

By i.v. infusion in Glucose 5%, Sodium chloride 0.9% or Glucose/saline.

Dosage: 500 mg/m²

Investigational medicinal product name	Prednisone/Prednisolone
Investigational medicinal product code	
Other name	

Pharmaceutical forms	Infusion, Tablet
Routes of administration	Intravenous use, Oral use
Dosage and administration details:	
Day 1-8 40 mg/m ² /day Prednisone (Tablet); Prednisolone (infusion)	
Investigational medicinal product name	Vinblastine
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion, Injection
Routes of administration	Intravenous bolus use , Intravenous use
Dosage and administration details:	
Day 1 and day 8 By bolus injection or into the tubing of a fast running intravenous infusion. Dosage: 6 mg/m ² i.v., capping dose 10 mg (single dose); used only as a substitute if acute vincristine toxicity occurs	
Arm title	CVP without PET RA

Arm description:

The apparently low response rate detected in an interim analysis may have been a matter of definition and due to the application of overly strict response criteria (using PET). Most CRu patients with still visible FDG-PET uptake would have had a low relapse rate even without additional treatment, as suggested by data from a publication. Based on these interim results, a change in strategy was decided upon and PET-based RA was abandoned.

Arm type	Experimental
Investigational medicinal product name	Cyclophosphamide
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion
Routes of administration	Intravenous use

Dosage and administration details:

Day 1
By slow bolus into established i.v. line or by intravenous infusion over 1 hour.
By i.v. infusion in Glucose 5%, Sodium chloride 0.9% or Glucose/saline.
Dosage: 500 mg/m²

Investigational medicinal product name	Prednisone/Prednisolone
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion, Tablet
Routes of administration	Intravenous use, Oral use

Dosage and administration details:

Day 1-8
40 mg/m²/day
Prednisone (Tablet); Prednisolone (infusion)

Investigational medicinal product name	Vinblastine
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Infusion, Injection
Routes of administration	Intravenous bolus use , Intravenous use

Dosage and administration details:

Day 1 and day 8
By bolus injection or into the tubing of a fast running intravenous infusion.
Dosage: 6 mg/m² i.v., capping dose 10 mg (single dose); used only as a substitute if acute vincristine toxicity occurs

Number of subjects in period 1	Surgery only - watch and wait	CVP with partially PET-based RA	CVP without PET RA
Started	87	82	78
Completed	87	82	78

Baseline characteristics

End points

End points reporting groups

Reporting group title	Surgery only - watch and wait
Reporting group description: The study population of substudy 1 comprises all chemotherapy naive stage IA/IIA patients that either were already in complete resection after the diagnostic biopsy or in whom additional surgery was successful. 6 patients Relapse after surgery alone have been assigned to CVP	
Reporting group title	CVP with partially PET-based RA
Reporting group description: The study population of substudy 2 comprises all all chemotherapy naive stage IA/IIA patients with residual disease in whom additional surgery was not successful or deemed unfeasible. Patients who relapsed within the substudy 1 were allowed to enter substudy 2 with a second registration. The definition of good response in the CVP substudy was initially partially based on PET: Patients have a good response if they are <ul style="list-style-type: none">• in overall CR or• CRu and all initially involved regions are• PET-negative or• PET-unclear and either in local CR or undetectable	
Reporting group title	CVP without PET RA
Reporting group description: The apparently low response rate detected in an interim analysis may have been a matter of definition and due to the application of overly strict response criteria (using PET). Most CRu patients with still visible FDG-PET uptake would have had a low relapse rate even without additional treatment, as suggested by data from a publication. Based on these interim results, a change in strategy was decided upon and PET-based RA was abandoned.	

Primary: Primary: EFS

End point title	Primary: EFS ^[1]
End point description: EFS as defined by time from registration until the first of the following events: <ul style="list-style-type: none">• Additional treatment for Hodgkin's Lymphoma• progression/relapse of disease• occurrence of a secondary• death by any cause	
End point type	Primary
End point timeframe: 60 months	
Notes: [1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point. Justification: See uploaded Trial Report (*pdf)	

End point values	Surgery only - watch and wait	CVP with partially PET-based RA	CVP without PET RA	
Subject group type	Reporting group	Reporting group	Reporting group	
Number of subjects analysed	87	82	78	
Units: Whole				
number (not applicable)	79.5	56.4	64.7	

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information^[1]

Timeframe for reporting adverse events:

Reporting of adverse events is restricted to events occurring within 3 months after the end of the study treatment.

Assessment type	Systematic
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Dictionary used

Dictionary name	MedDRA
Dictionary version	28.0

Frequency threshold for reporting non-serious adverse events: 0 %

Notes:

[1] - There are no non-serious adverse events recorded for these results. It is expected that there will be at least one non-serious adverse event reported.

Justification: See uploaded Trial Report (*pdf)

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
06 November 2009	Minor; Clarification of study medication in the protocol synopsis (typing error); Change of contact information
29 June 2011	Minor; Updating contact information; Mentioning the investigational medical products in the protocol synopsis; Adjustment of data to effective trial start in Germany; Clarification of further follow-up in patients without good response, after they go off protocol; Clarification of what are the IMPs and determination of body surface area; Deletion of the chemotherapy drug monographs section from protocol; clarifications in language
22 December 2011	Minor: Clarification for logistics of central review and data storage of CT/MRI images and FDG-PET data sets in central review board; clarification of contact details
04 November 2014	Based on the interim results, change in strategy after the trial enrolment stops in Germany in October 2014. Starting in November 2014 the trial will continue for another four years in all participating countries, except Germany (for insurance reasons), applying new response criteria (CR/CRu by CT/MRI as described in the EuroNet-PHL-LP1 protocol) similar to those used in Shankar 2012. Set-up German specific investigation of gene expression profile.
26 August 2015	Minor: Patients being enrolled onto the trial in all participating countries, except for France, were asked to agree to central clinical review of staging and response assessment. Change of contact data.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported