NRG ONCOLOGY

RTOG 1114

PHASE II RANDOMIZED STUDY OF RITUXIMAB, METHOTREXATE, PROCARBAZINE, VINCristINE, AND CYTARABINE WITH AND WITHOUT LOW-DOSE WHOLE-BRAIN RADIOTHERAPY FOR PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA

SCHEMA

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<th>RPA</th>
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<th>Arm A</th>
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<th>R-MP</th>
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<tr>
<td>T</td>
<td>Class</td>
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<td>Cycle 3</td>
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<td>R</td>
<td>Class 1:</td>
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<td>2</td>
<td>(no vincristine)</td>
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<td>Class 2:</td>
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<td>Arm B</td>
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<tr>
<td>I</td>
<td>age &gt; 50</td>
<td>and KPS ≥ 70</td>
<td>(chemo + low-dose WBRT)</td>
<td>MPV</td>
<td>MPV</td>
<td>Cycle 3</td>
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1 cycle = 28 days
(8 MTX doses total)

**Patient Population:** (See Section 3.0 for Eligibility)
- B-cell non-Hodgkin's lymphoma involving the brain, as demonstrated by contrasted MRI and histologic confirmation by one of the following within 6 weeks prior to registration:
  - A positive CSF cytology for lymphoma or a monoclonal lymphocyte population as defined by cell surface markers
  - A biopsy of the vitreous or uvea demonstrating non-Hodgkin's lymphoma
  - Brain biopsy

**Required Sample Size:** 89 patients
ELIGIBILITY CHECKLIST (4/17/14)
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_____(Y) 1. Does the patient have B-cell non-Hodgkin's lymphoma involving the brain, as demonstrated by contrast-enhance MRI and histologic confirmation by one of the following within 6 weeks prior to registration?
   ____ (Y/N) A positive CSF cytology for lymphoma or a monoclonal lymphocyte population as defined by cell surface markers
   ____ (Y/N) A biopsy of the vitreous or uvea demonstrating non-Hodgkin's lymphoma
   ____ (Y/N) Brain biopsy

____ (Y) 2. Did the patient agree to submit tissue (ie, the original or duplicate cut H/E stained slides and immunohistochemistry studies) for central pathology review post-registration?

____ (Y) 3. Did the patient show no evidence of systemic non-Hodgkin lymphoma as demonstrated by a CT scan of the chest, abdomen and pelvis within 6 weeks prior to registration?

____ (Y) 4. Is the patient's age ≥ 18?

____ (Y) 5. Did the patient have a history and physical examination within 6 weeks prior to registration?

____ (Y/N) 6. Is the patient's Karnofsky performance status ≥ 50?
   ____ (Y) If no, is the patient's Karnofsky performance status ≥ 30.
   ____ (Y) Is the reason for the poor performance status due to neurologic deficit from primary CNS lymphoma? Note that if the reason is other than primary CNS lymphoma, the patient is not eligible.

____ (Y) 7. Is there documentation of negative HIV-1 testing within 6 weeks prior to study registration?

____ (Y) 8. Was a CBC/differential obtained within 2 weeks prior to study registration, with adequate bone marrow function per Section 3.1.8?

____ (Y) 9. Does the patient have adequate liver function within 2 weeks prior to study registration per Section 3.1.9?

____ (Y) 10. Does the patient have adequate renal function within 2 weeks prior to study registration per Section 3.1.10?

____ (Y) 11. If the patient is a woman of childbearing potential or a male, has the patient agreed to practice adequate contraception during therapy?

____ (Y) 12. Has the patient provided study-specific informed consent prior to study registration?

____ (Y/N) 13. Did the patient have prior invasive malignancy per Section 3.2.1?
   ____ (Y) If yes, is patient disease free for a minimum of 3 years?

____ (N) 14. Did the patient have prior treatment with chemotherapy or radiotherapy for lymphoma or chronic lymphocytic leukemia? Note: prior chemotherapy for a different cancer is allowable.

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____ (N) 15. Did the patient have prior cranial irradiation?

____ (N) 16. Does the patient have a severe, active co-morbidity as defined in Section 3.2.4?

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17. Did the patient have a prior allergic reaction to any of the study drugs involved in this protocol?
18. Is the patient able to swallow pills?

The following questions will be asked at Study Registration:

1. Institutional person randomizing case.
2. Has the Eligibility Checklist been completed?
3. In the opinion of the investigator, is the patient eligible?
4. Data informed consent signed
5. Patient Initials (First Middle Last)
6. Verifying Physician
7. Patient ID
8. Date of Birth
9. Race
10. Ethnicity
11. Gender
12. Country of Residence
13. Zip Code (U.S. Residents)
14. Method of Payment
15. Any care at VA or Military Hospital?
16. Calendar Base Date
17. Randomization date
18. Age
19. Karnofsky performance status
20. Medical oncologist's name
21. Have you obtained the patient's consent for his or her tissue to be kept for use in research to learn about, prevent, treat, or cure cancer? 

22. Have you obtained the patient's consent for his or her bone marrow/eye biopsy to be kept for use in research to learn about, prevent, treat, or cure cancer? 

23. Have you obtained the patient's consent for his or her cerebrospinal fluid to be kept for use in research to learn about, prevent, treat, or cure cancer? 

24. Have you obtained the patient's consent for his or her blood to be kept for use in research to learn about, prevent, treat, or cure cancer? 

25. Have you obtained the patient's consent for his or her buccal cells to be kept for use in research to learn about, prevent, treat, or cure cancer? 

26. Have you obtained the patient's consent for his or her tissue to be kept for use in research about other health problems (for example: causes of diabetes, Alzheimer's disease, and heart disease)? 

27. Have you obtained the patient's consent for his or her bone marrow/eye biopsy to be kept for use in research about other health problems (for example: causes of diabetes, Alzheimer's disease, and heart disease)? 

28. Have you obtained the patient's consent for his or her cerebrospinal fluid to be kept for use in research about other health problems (for example: causes of diabetes, Alzheimer's disease, and heart disease)? 

29. Have you obtained the patient's consent for his or her blood to be kept for use in research about other health problems (for example: diabetes, Alzheimer's disease, or heart disease). 

30. Have you obtained the patient's consent for his or her buccal cells to be kept for use in research about other health problems (for example: causes of diabetes, Alzheimer's disease, and heart disease)? 

31. Have you obtained the patient's consent to allow someone from this institution to contact him or her in the future to take part in more research? 

32. Did the patient agree to participate in the neurocognitive function/quality of life component? 

If no, please provide:
1. Patient refused due to illness
2. Patient refused for other reason: specify ____________
3. Not approved by institutional IRB
4. Tool not available in patient's language
5. Other: specify ____________

The Eligibility Checklist must be completed in its entirety prior to web registration. The completed, signed, and dated checklist used at study entry must be retained in the patient's study file and will be evaluated during an institutional NCI/NRG Oncology audit.

Completed by ______________________________ Date ______________________________