SAMENVATTING MRD-PTLD

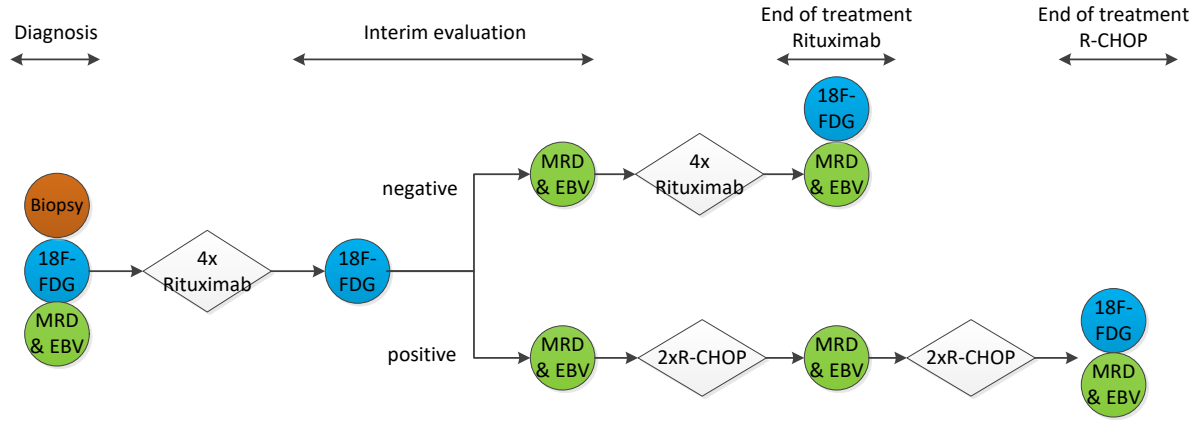
TITEL

Response assessment in post-transplant lymphoproliferative disorder with 18F-FDG-PET/CT and minimal residual disease monitoring, a multicenter multinational feasibility study

INDICATIE

Patients with a histologically proven monomorphic large CD20+ B-cell PTLD, ≥ 18 years-old after SOT or HSCT treated according to standard of care (rituximab / R-CHOP)

SCHEMA



Study Design Outline: Tissue biopsies are performed at diagnosis as part of routine diagnostics. 18F-FDG-PET/CT scans and blood sampling for EBV measurements at diagnosis, after 4 or 8 courses with rituximab and after R-CHOP therapy are performed as standard of care. MRD measurements will be performed on blood samples obtained at diagnosis and after the 4 cycle of rituximab. In case of responsive disease MRD will be determined after the 8th cycle of rituximab. In case of unresponsive disease, MRD will be determined after cycle 2 and 4 of R-CHOP. (see appendix A for details on plasma collection and cfDNA extraction)

INCLUSIE CRITERIA

Patients having undergone a SOT or HSCT
Histologically proven CD20+ monomorphic PTLD (with or without EBV association),
Age > 18 years
Intent to treat patient according to standard protocol (rituximab / R-CHOP). Clinicians are allowed to adapt protocol in the best interest of the patient
Measurable disease on 18F-FDG-PET/CT at diagnosis according to the Lugano classification 2014
Patient's written informed consent and written consent for data collection.

EXCLUSIE CRITERIA

A complete surgical resection of tumor.
Upfront treatment with external beam radiation therapy.
Involvement of the central nervous system by the disease.
Known to be HIV positive.
Iatrogenic immunodeficiency lymphomas other than PTLD.