Trial title	Indication	Key criteria	Research Nurse contact details
PRIZM+ A phase 2 platform study of zanubrutinib monotherapy and combination therapy for relapsed and refractory primary CNS lymphoma	CD20+ DLBCL confined to the CNS, previously treated with high dose methotrexate	Relapsed or refractory PCNSL or failure to achieve PR after 1 or more lines of therapy. ECOG 0-2 or 3 if due to lymphoma. Measurable disease. No current evidence or prior history of systemic lymphoma. No prior exposure to BTK. Not on warfarin/dual anti-platelet therapy.	aimee.weatherall@nhs.net
NAVAL-1 - An Open-Label, Phase 2 Trial of Nanatinostat in Combination with Valganciclovir in Patients with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas	EBV+ lymphoma, R/R following 1 or more prior systemic therapies with curative intent. Treated with nanatinostat and valganciclovir	DLBCL – at least 1 course of an anti-CD20 immunotherapy, & at least 1 course of anthracycline-based chemo, unless contraindicated due to cardiac dysfunction. PTLD – immunotherapy with anti-CD20 agent. HL – at least 1 course anthracycline based chemo unless contraindicated due to cardiac dysfunction	darren.keats@nhs.net
PETREA – Phase 3 evaluation of PET- guided, Response-Adapted therapy in patients with previously untreated, high tumour burden follicular lymphoma.	Untreated FL with high tumour burden	PET scan post induction with R-chemo. Randomisation for maintenance with – PET positive receiving R or R2; PET negative receiving R or observation	Darren.keats@nhs.net Aimee.weatherall@nhs.net
OXPLORED – Oxford pre-cancerous Lymphoproliferative Disorders: Analysis and Interception study	MBL, CLL, MGUS Sample and data collection at set timepoints with observation over time and samples repeated at progression	Diagnosed within last 3 years: High count MBL – B cell population 0.5-4.9 10 9/l Binet stage A/B CLL not meeting criteria for treatment IgG/IgA MGUS IgM MGUS Smouldering Waldenstroms/myeloma not meeting criteria for treatment.	Jane.tinsley@nhs.net Justine.hewlett@nhs.net Irwin.balquin@nhs.net
ALLTogether1 - A Treatment study protocol of the ALLTogether Consortium for children and young adults (1-29) years of age) with newly diagnosed acute lymphoblastic leukaemia (ALL)	First line treatment trial for newly diagnosed patients with Ph negative ALL aged 16-29	KEY INCLUSION -Patients newly diagnosed with T-lymphoblastic (T-cell) or B-lymphoblastic precursor (BCP) leukaemia (ALL) according to the WHO-classification of Tumours of Haematopoietic and Lymphoid Tissues (Revised 4th edition 2017) and with a diagnosis confirmed by an accredited laboratory at a participating paediatric oncology or adult haematology centre. KEY EXCLUSION -Ph-positive ALL -Treatment with systemic corticosteroids (>10mg/m2/day) for more than one week and/or other chemotherapeutic agents in a 4-week interval prior to diagnosis	Sarah.watmough@nhs.net Elizabeth.dale1@nhs.net

Trial title	Indication	Key criteria	Research Nurse contact details
PROSPER	Real world data for MF/SS patients receiving poteligeo	Patient willing and able to complete symptom diary and PRO's and with a main caregiver willing to consent and be involved who will complete PRO's and be willing to photograph patient lesions	Darren.keats@nhs.net
SELECT-MDS-1 –Syros SY-1425-301 A Randomized, Double-blind, Placebo-controlled Study of Tamibarotene Plus Azacitidine Versus Placebo Plus Azacitidine in Newly Diagnosed, RARA-positive Adult Patients With Higher-risk Myelodysplastic Syndrome	First line treatment within a randomised phase 3 trial in RARA positive adult patients with high risk MDS of Tamibarotene Plus Azacitidine Versus Placebo Plus Azacitidine	KEY INCLUSION -must be RARA positive disease -Newly diagnosed with HR-MDS -Must have measurable disease with bone marrow blasts >5% at screening visit KEY EXCLUSION -patients suitable for and agree to allogenic SCT at time of screening -patients who received prior treatment for MDS with any hypomethylating agent (including lenolidamide), chemotherapy or SCT	Sarah.watmough@nhs.net Elizabeth.dale1@nhs.net
RAPID PROTECTION: an adaptive clinical trial of Evusheld and COVID-19 vaccination in immunosuppressed patients highly vulnerable to infection wth COVID-19	Patients with immunosuppressive conditions that are highly vulnerable to SARS-COV-2 infection and have one of the following diseases: Haematological malignancies, solid tumours, renal and hepatic disrders, and inflammatory disease	Patients receiving aggressive therapy expected to cause temporary ablation of immune function including: Acute leukaemia (AML or ALL) being treated with curative intent using intensive combination chemotherapy schedules (excluding acute promyelocytic leukaemia) Patients within 24 months of receipt of allogeneic stem cell transplant or receiving systemic immunosuppression for Graft versus Host disease	Jane.tinsley@nhs.net Sarah.watmough@nhs.net Elizabeth.dale1@nhs.net
MOSAICC- The MyelOproliferative neoplasmS-An In-depth Case-Control study of patients with Myeloproliferative neoplasms and non-blood relative/friend controls.	A case-control study to understand the cause of the disease.	Have clinically confirmed MPN diagnosis (PV, ET or PMF). Have been informed that they have a MPN. Diagnosed within the previous 24 months. Aged 18 years and over. Physically and cognitively capable of completing the questionnaire as determined by the treating clinician.	**Lauren.quilty@nhs.net**
AMADEUS: A Double-Blind, Phase III, Randomised Study to Compare the Efficacy and Safety of Oral Azacitidine (CC-486) Versus Placebo in Subjects with AML or MDS as maintenance after Allogeneic Haematopoietic Stem Cell Transplantation.	Oral Azacitidine for 12 months post Stem Cell Transplant as maintenance. Primary outcome- relapse free survival.	Age ≥ 16 Patients with a diagnosis of AML, MDS undergoing allo-SCT using MAC or RIC preparative regimens, and with either peripheral blood or bone marrow as the source of hematopoietic stem cells.	**Lauren.quilty@nhs.net**

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RADAR *(Myeloma XV)* **R**isk-**A**dapted therapy **D**irected **A**ccording to **R**esponse comparing treatment escalation and de-escalation strategies in newly diagnosed patients with multiple myeloma (NDMM) suitable for stem cell transplant (TE)	Newly Diagnosed Myeloma and ASCT eligible	Newly Diagnosed Myeloma and ASCT eligible	Justine.hewlett@nhs.net
FiTNEss (Myeloma XIV) **F**railty-adjusted therapy **i**n **T**ransplant **N**on-**E**ligible patient**s** with newly diagno**s**ed Multiple Myeloma: A phase III trial to compare standard and frailty-adjusted induction therapy with ixazomib, lenalidomide and dexamethasone (IRD) and maintenance lenalidomide (R) to lenalidomide plus ixazomib (R+I)	Newly Diagnosed Myeloma and NOT ASCT eligible	Newly Diagnosed Myeloma and NOT ASCT eligible	Justine.hewlett@nhs.net
PREAMBLE :- Prospective Research Assessment in Multiple Myeloma: An Observational Evaluation	Newly Diagnosed or Relapsed Myeloma	Newly Diagnosed or Relapsed Myeloma being treated with a combination of IMiD + PI – Newer agents with novel MOAs alone or in combination (eg, mAbs, HDACIs, Akt inhibitors, SINE, or CAR T-cell therapies) Initiated to or plan agreed to treat with the following within 90 days of consent: CANNOT ALREADY BE IN A CLINICAL TRIAL	Justine.hewlett@nhs.net