KURZPROTOKOLL
INFORM Register

Öffentlicher Titel	INFORM: INdividualized Therapy
Wissenschaftl. Titel	INFORM: INdividualized Therapy
Kurztitel	INFORM Register
Studienart	multizentrisch, prospektiv, offen/unverblindet, Investigator Initiated Trial (IIT), mehrarmig
Studienphase	Phase IV
Erkrankung	PAED: Sonstige Tumoren

Ziele

- The primary objectives of the INFORM registry are: To establish the logistics (tissue sample submission, analysis and classification); to establish an individualized risk management support (working group with experts in drug interaction) and access modes for targeted compounds; and to establish a database for the documentation of sequencing results, identified clinically relevant targets, clinical courses, and therapies / single experimental treatments (Einzelheilversuche).
- Secondary objectives of the INFORM registry are the descriptive and exploratory analyses of registered patients regarding response rates, progression free and overall survival.

Einschlusskriterien

- Children, adolescents and young adults 1 to 40 years old with refractory/ relapsed/ progressive oncological disease following first, second or third line treatment protocols (except for specific primary r habdomyosarcoma indications , DIPG and “other” refractory or progressive/relapsed entities), including targeted treatment approaches considering entity - specific high risk criteria. Contact respective study group chair in case of further questions on inclusion characterist ics of patients .
- No established curative treatment options
- Life expectancy > 3 months and sufficient general condition (Lansky >= 50 or Karnofsky >= 50)
- First - line treatment within one of the therapy optimization/registry trials of the German Society of Pediatric Oncology (GPOH) , except for specific primary r habdomyosarcoma indications , DIPG and “other” refractory or progressive/r elapsed entities .
- Inclusion in INFORM Registry discussed with and agreed by respective GPOH Study group .
- H istopathological/molecular confirmation of clinically suspected diagnosis.
- Solid tumors: present measurable disease activity (res idual mass /metastasis) after biopsy/puncture .
- Routine biopsy /puncture of the current refractory/relapsed/progressive oncological disease as part of standard of care treatment .
- Time between biopsy/puncture of the current refractory/relapsed/progressive oncological disease and receipt of all required samples in the Central Pathology Laboratory in Heidelberg < 8 weeks.
- Solid tumors: F resh frozen (FF) , Formalin fixed paraffin embedded (FFPE) tumor of the current refractory/relapsed/progressive disease and non - malignant material sent to INFORM Registry for mole cular analysis .
- Leukemias: Fresh frozen leukemic blasts or preparated DNA/RNA together with unstained bone marrow smears of the current refractory/relapsed/progressive disease and non - malignant material sent to INFORM Registry for molecular analysis .
- Written informed consent of the patients and/or the legal guardians concerning data and tumor material transfer .
- ALL - HR
- Refractory disease at first relapse (> 5% blasts in bone marrow)
- 2nd relapse post Ctx (>25% blasts in bone marrow)

- Bone marrow involvement
- ALL post - SCT
- Bone marrow relapse of ALL
- Post allogeneic hematopoietic stem cell transplantation
- AML
- Early 1st relapse AML / refractory disease following re - induction , or 2nd relapse AML
- CWS/r habdomyosarcoma /d esmoplastic small round cell tumor
- Combined or metastatic relapsed RMS , or first - line therapy: Progressive RMS , no option for local therapy , or primary metastatic RMS in patients age > 10years or bone/bone marrow metastasis , or non - resectable desmoplastic small round cell tumor (primary diagnosis or refractory/relapsed/progressive DSRCT)
- Ependymoma and medulloblastoma
- Medulloblastoma or ependymoma (WHO°II or III)
- Documented progress or relapse by MRI (cranial, holospinal) - at least one solid measurable cerebral, cerebellar or spinal lesion .
- Refractory or progressive disease following first - line therapy or first or multiple relapse
- Ewing sarcoma
- Any relapsed and/or therapy refractory ewing sarcoma, including pPNET .
- Tumor at biopsy accessible site
- High grade glioma (incl. DIPG)
- Diagnosis of relapsed/progressive high - grade malignant glioma after first - line therapy or primary DIPG confirmed by central neuro radio logical revie w
- WHO grade 3 or 4 gliomas including: • glioblastoma multiforme (WHO IV) • anaplastic astrocytoma (WHO III) • anaplas tic oligodendroglioma (WHO III) • anaplastic oligoastrocytoma (WHO III) • anaplastic pilocytic astrocytoma (WHO III) • ana plastic ganglioglioma (WHO III) • anaplastic pleomorphic xanthoast rocytoma (analogous to WHO III) • giant cell glioblastoma (WHO IV) • gliosarcoma (WHO IV) • diffuse intrinsic pontine glioma (DIPG) (primary or refractory/ relapsed /progressive)
- Neuroblastoma
- H igh risk neuroblastoma patients ; A ny neuroblastoma rela p se after high risk therap y, or i ntermediate risk neuroblastoma patients: S econd relapse after HD chemotherapy and ASCT
- Relapsed tumor accessible to low risk surgery or, in case of bone marrow infiltration , aspirate containing at least 4 0 % neur oblast infiltration
- NHL
- Burkitt lymphoma, mature aggressive B - cell NHL n ot f urther c lassified or LBL with non - response, progression, or relapse
- Osteosarcoma
- Relapsed or first - line therapy refractory O steosarcoma
- Rhabdoid t umors
- Relapse or first - line therapy refractory rhabdoid tumors

	- Einschlusskriterien für die Registerpopulation sind rezidivierte oder unter Therapie progrediente Tumorerkrankung mit der Diagnose einer ALL-HR, ALL Post-SCT, AML, Rhabdoide Tumoren, Ependymom, Medulloblastom, Ewing-Sarkom, hochgradiges Gliom, Hochrisiko-Neuroblastom, Non-Hodgkin Lymphom, Osteosarkom und Rhabdomyosarkom, für die keine etablierten kurativen Behandlungen existieren. Die Patienten sind zwischen 1 und 40 Jahre alt und wurden im Rahmen ihrer Primärdiagnose in einem Behandlungsprotokoll der Gesellschaft für Pädiatrische Onkologie und Hämatologie (GPOH) be-handelt, außer im Falle spezifischer Rhabdomyosarkom-Indikationen für die keine kurativen Behandlungsoptionen in der Primärsituation vorliegen.
Ausschlusskriterien	- AML - Acute promyelocytic leukemia - Acute myeloid leukemia in patients with Down Syndrome - Fehlende Einwilligung
Alter	<= 40 Jahre
Status	Aktiv
Beginn der Rekrutierung	01.02.2015
Fallzahl	260
Prüfzentren	**Universitätsklinikum Frankfurt** Klinik für Kinder- und Jugendmedizin Theodor-Stern-Kai 7 60590 Frankfurt am Main Prof. Dr. med Thomas Klingebiel Tel: 069 63015094 Fax: 069 63016700 Thomas.Klingebiel@kgu.de
Sponsoren	Universitätsklinik Heidelberg (Hauptsponsor)
Therapie	Das Prin-zip des IN-FORM-Pro-gramms ist, un-ab-hän-gig von der Dia-gno-se, bei Pa-ti-en-ten mit Rück-fall oder Pro-gress der bös-ar-ti-gen Er-kran-kung, für die kein eta-blier-tes Be-hand-lungs-kon-zept mehr zur Ver-fü-gung steht, durch Rou-ti-ne-biop-si-en ge-won-ne-ne Tu-mor-pro-ben mit mo-derns-ten mo-le-ku-lar-ge-ne-ti-schen Me-tho-den so ge-nau wie heu-te mög-lich zu cha-rak-te-ri-sie-ren. Aus ei-nem sol-chen "Fin-ger-ab-druck" des Tu-mors wer-den dann von ei-nem Ex-per-ten-gre-mi-um (er-fah-re-ne Kin-de-ron-ko-lo-gen, Bio-in-for-ma-ti-ker, Bio-lo-gen, Phar-ma-ko-lo-gen) für je-den ein-zel-nen Pa-ti-en-ten die ge-fun-de-nen Ver-än-de-run-gen nach kli-ni-scher Re-le-vanz klas-si-fi-ziert. Die-se mo-le-ku-la-re In-for-ma-ti in we-ni-ger als 4 Wo-chen vor-lie-gen. Im Rah-men des Re-gis-ters wer-den kei-ne The-ra-pie-emp-feh-lun-gen, son-dern le-dig-lich die mo-le-ku-la-ren In-for-ma-tio-nen wei-ter-ge – der be-han-deln-de Arzt hat Zu-griff auf die ge-won-ne-nen bio-lo-gi-schen In-for-ma-tio-nen sei-nes Pa-ti-en-ten und trägt die vol-le Ver-ant-wor-tung, ob und in wel-cher Form er die-se für sei-ne The-ra-pie-ent-schei-dung nutzt.
Links	INFORM Registry