Summary of Clinical Trial Results

A study to look at adding polatuzumab vedotin to bendamustine and rituximab or obinutuzumab treatment in people with a type of cancer of the lymph nodes called 'non-Hodgkin's lymphoma' whose previous treatment had not worked

See the end of the summary for the full title of the study.

About this summary

This is a summary of the results of a clinical trial (called a 'study' in this document) – written for:

- members of the public and
- people who participated in the study.

This summary is based on information known at the time of writing.

The study started in October 2014 and this summary includes the complete results that were collected and analysed in January 2020. At the time of writing this summary, this study is still happening – this summary presents the complete results for one part of the study.

No single study can tell us everything about the risks and benefits of a medicine. It takes lots of people in many studies to find out everything we need to know. The results from this study may be different from other studies with the same medicine.

- This means that you should not make decisions based on this one summary – always speak to your doctor before making any decisions about your treatment.

Contents of the summary

Roche Products Pty Limited, Level 8, 30-34 Hickson Road, Sydney NSW 2000, Ph: +61 9454 9000, ABN 70 000 132 865

Polatuzumab vedotin is "investigational" and not approved for use outside of clinical trials in follicular lymphoma in Australia.

More information about Polatuzumab vedotin being used to treat diffuse large B-cell lymphoma is available from the Consumer Medicine Information (CMI), available from healthcare professionals or www.roche-australia.com/productinfo

More information about bendamustine, rituximab and obinutuzumab is available from the Consumer Medicine Information (CMI), available from healthcare professionals or www.tga.gov.au/artg

Glossary

- DLBCL = diffuse large B-cell lymphoma
- FL = follicular lymphoma
- Pola+BR = polatuzumab vedotin plus bendamustine and rituximab
- Pola+BG = polatuzumab vedotin plus bendamustine and obinutuzumab

Thank you to the people who took part in this study

The people who took part in the study have helped researchers to answer important questions about two types of non-Hodgkin's lymphoma (NHL), called diffuse large B-cell lymphoma (DLBCL) and follicular lymphoma (FL), and the medicines being studied – 'polatuzumab vedotin', 'bendamustine', 'rituximab' and 'obinutuzumab'.

Polatuzumab vedotin is "investigational" and not approved for use outside of clinical trials in FL in Australia.

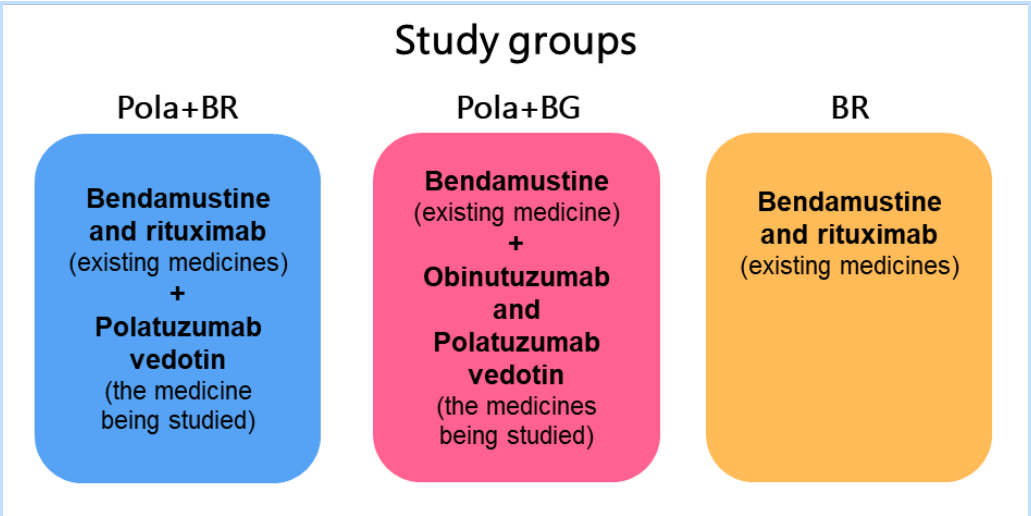
More information about Polatuzumab vedotin being used to treat diffuse large B-cell lymphoma is available from the Consumer Medicine Information (CMI), available from healthcare professionals or www.roche-australia.com/productinfo

More information about bendamustine, rituximab and obinutuzumab is available from the Consumer Medicine Information (CMI), available from healthcare professionals or www.tga.gov.au/artg

Key information about this study

Why is this study being done?

- This study was done to look at adding the medicine being studied to an existing medicine in people with two types of NHL (cancer of the lymph nodes) called 'diffuse large B-cell lymphoma' (also known as DLBCL) and 'follicular lymphoma' (also known as FL).
- People in the study were given one of the three following combinations of medicine:



- These medicines were looked at in people with DLBCL and people with FL separately, because these diseases behave differently.
- This study included 331 people in 13 countries.

What were the results?

- In people with DLBCL the main finding was that, 6–8 weeks after finishing their last treatment, the number of people who had no evidence of cancer were:
  - 16 out of 40 people (40.0%) who took Pola+BR in the randomised group
  - 7 out of 40 people (17.5%) who took BR in the randomised group.
- In people with FL the main finding was that, 6–8 weeks after finishing their last treatment, the number of people who had no evidence of cancer were:
  - 27 out of 39 people (69%) who took Pola+BR in the randomised group
  - 26 out of 41 people (63%) who took BR in the randomised group.

What were the side effects?

- Overall, around two-thirds of people with DLBCL experienced a side effect (or more than one side effect) that was serious:
  - in the randomised group, around 67% of people taking Pola+BR had a serious side effect, compared with around 62% of people taking BR
  - around 69% of people taking Pola+BG had a serious side effect.

- Overall, almost half of people with FL experienced a side effect (or more than one side effect) that was serious:
  - in the randomised group, around 66% of people taking Pola+BR had a serious side effect, compared with around 27% of people taking BR
  - around 46% of people taking Pola+BG had a serious side effect.

1. General information about this study

Why was this study done?

In diffuse large B-cell lymphoma:

Diffuse large B-cell lymphoma, also called DLBCL, is a type of blood cancer.

B cells (also called lymphocytes) are a type of white blood cell that help fight infections. DLBCL develops when B cells grow abnormally. It is called diffuse large B cell lymphoma because when examined under a microscope, the abnormal cells are spread out (or 'diffuse') instead of grouped together and are bigger than healthy cells.

When you have a lymphoma, the abnormal lymphocytes build up in pea-sized glands called lymph nodes or other body organs and form a lump.

DLBCL is the most common type of non-Hodgkin's lymphoma and it is currently treated with a group of medicines that kill cancer cells – called 'R-CHOP'. This is a combination of a few medicines:

- R – rituximab (a medicine called a 'monoclonal antibody' used in cancer. Monoclonal antibodies are man-made proteins that stick to a protein called an 'antigen' on cancer cells to help the immune system to recognise the cancer)
- C – cyclophosphamide (a chemotherapy)
- H – doxorubicin (a chemotherapy)
- O – vincristine (a chemotherapy)
- P – prednisolone (a steroid).

Around 6 out of every 10 people who have DLBCL will be cured with R-CHOP treatment. However, some people's DLBCL may continue to get worse after being given R-CHOP – meaning that the medicine has not worked. At the moment, doctors then give people a different type of treatment called a 'stem cell transplant'. This involves destroying any unhealthy blood cells and replacing them with healthy ones removed from the blood or bone marrow. After these healthy stem cells are infused into a person's bloodstream, they travel to the bone marrow and begin the process of forming new, healthy blood cells.

However, not all people are well enough to be given a stem cell transplant, or this may not work to stop the cancer getting worse. There is no standard medicine that these people are given, there are several options for treatment, which include bendamustine and rituximab (BR) and rituximab plus gemcitabine and oxaliplatin (R-GemOx). New medicines that work better or have fewer side effects are needed to be able to treat the cancer for these people.

For further information about this condition, please speak to your healthcare professional.

In follicular lymphoma:

Follicular lymphoma (FL) is another type of blood cancer. This is also a type of non-Hodgkin's lymphoma, but it grows more slowly than DLBCL. People with FL are also given medicine called 'chemotherapy' that kills cancer cells – usually either CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisolone) or another chemotherapy combination called CVP (cyclophosphamide, vincristine, and prednisolone) – plus a medicine called 'rituximab', which is a 'monoclonal antibody' used in cancer that helps the immune system to recognise the cancer.

Although these medicines usually work at first, people's cancer often gets worse again after time – this is called a 'relapse'. There are lots of types of medicine doctors can give people with relapsed FL. However, new medicines that will work better or have fewer side effects are needed.

For further information about this condition, please speak to your healthcare professional.

What were the study medicines?

This study looked at 3 medicines:

- bendamustine and rituximab – existing medicines
- polatuzumab vedotin – the medicine that was studied.

'Bendamustine' is an existing medicine that is given along with other medicines to people with cancer of the lymph nodes, after other medicines have not worked.

- You say this as 'BEN – da – MUS – teen'.
- Bendamustine is a 'chemotherapy' that works by stopping cancer cells from multiplying – so it stops the tumour from growing.

'Rituximab' is an existing medicine that is given along with other medicines to people with cancer of the lymph nodes, after other medicines have not worked.

- You say this as 'rih – TUK – si – mab'.
- Rituximab is a 'monoclonal antibody' that works by helping the immune system to recognise and fight the cancer.

'Polatuzumab vedotin' is the medicine that was studied here – it works in a different way to bendamustine and rituximab.

- You say this as 'POH – lah – TOO – zoo – mab veh – DOH – tin'.
- Polatuzumab vedotin is an 'antibody-drug conjugate' that is made of a combination of:
  - a 'monoclonal antibody' that recognises the cancer cells
  - a 'chemotherapy' that kills the cancer cells when it reaches them, and stops them from multiplying.
- This may mean that polatuzumab vedotin can be given alongside existing medicines to help to shrink the tumours (reverse the cancer), by specifically killing the cancer cells with less risk of damaging healthy cells.

As an additional part of the study, researchers also looked at combining polatuzumab vedotin with bendamustine and obinutuzumab:

- bendamustine – an existing medicine
- obinutuzumab and polatuzumab vedotin – the medicines that were studied.

'Obinutuzumab' is a medicine that is similar to 'rituximab', but works in a slightly different way.

- You say this as 'OH – bin – uh – too – zoo – mab'.
- Obinutuzumab causes cancer cells to die by helping your immune system to recognise and reduce the number of B cells.
- Some studies had previously shown that obinutuzumab might work better than rituximab for some people with FL.

What did researchers want to find out?

- Researchers did this study to compare polatuzumab vedotin plus bendamustine and rituximab (Pola+BR) with bendamustine and rituximab (BR) – to see how well polatuzumab vedotin worked (see section 4 "What were the results of the study?").
- They also wanted to look at giving people polatuzumab vedotin plus bendamustine and obinutuzumab (Pola+BG) to see how well this combination of medicines would work.
- For all parts of the study, they also wanted to find out how safe the medicines were – by checking how many people had side effects and seeing how serious they were, when taking each of the medicines during this study (see section 5 "What were the side effects?").

The main questions that researchers wanted to answer were:

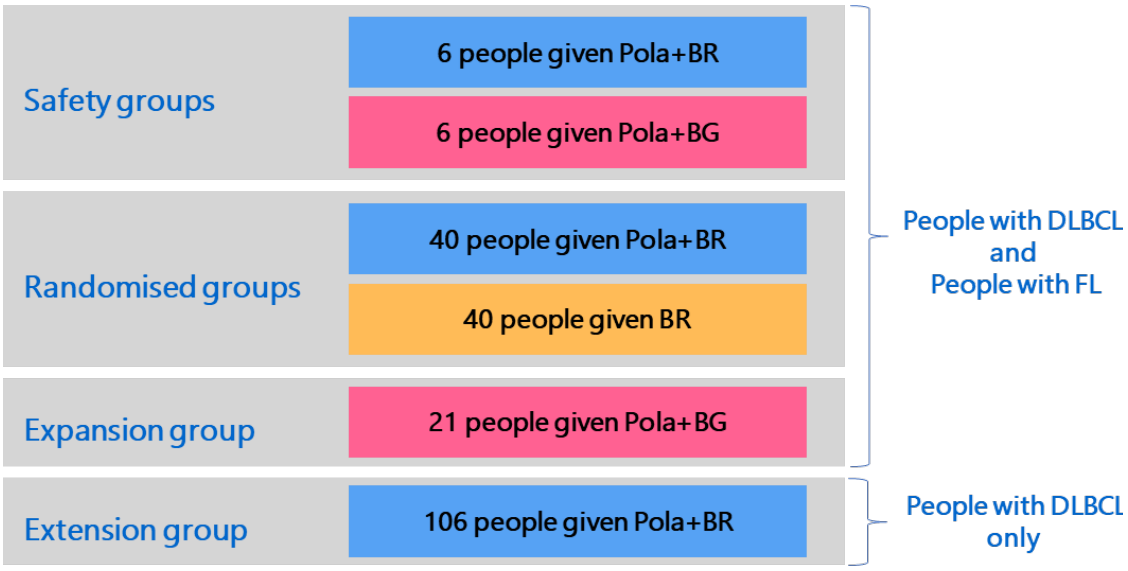
1. How many people had smaller tumours or no tumours after taking their medicine?
2. How safe are the combinations of medicines for the people in the study?

What kind of study was this?

This was a 'Phase Ib and 2' study. There were a few different parts to the study.

- The first part of the study (safety groups) was to find out whether the medicines were safe to give to people with DLBCL or FL.
- The second part of the study (randomised groups) was to compare how well Pola+BR worked compared with BR.
  - this part of the study was 'randomised'. This means that, for each person in the study, it was decided by chance which of the medicines they would receive – like tossing a coin. Randomly choosing which medicine people take makes it more likely that the types of people in both groups (for example, age, race) will be a similar mix. Apart from the exact medicines being tested in each group, all other aspects of care were the same between the groups.

- There were two more parts to the study, the expansion group and extension group. These parts looked at Pola+BG and Pola+BR in larger groups of people – Pola+BG and Pola+BR were not compared to any other medicines in these parts. The extension group only included people with DLBCL.



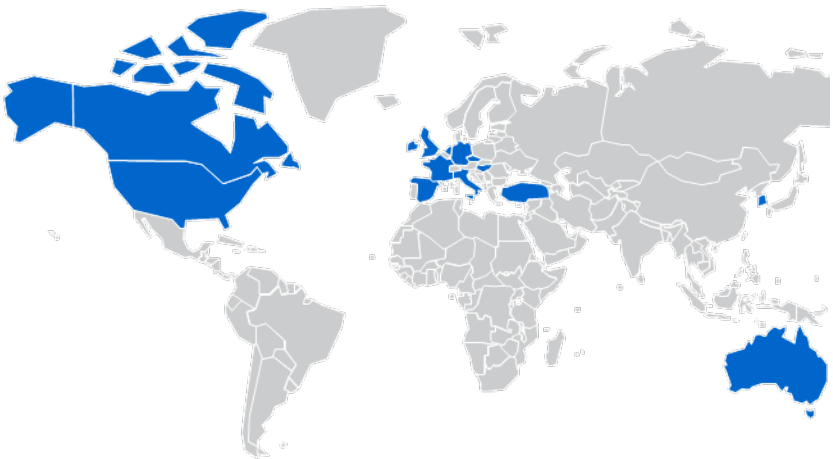
This was an 'open label' study. This means that the people participating in the study, as well as their study doctors, knew which treatment they were taking.

When and where did the study take place?

The study started in October 2014 and this summary includes the complete results up until January 2020. At the time of writing this summary, further safety information is being collected.

The study took place at 56 study centres – across 13 countries in Asia, Europe, and North America. The countries were:

- Australia
- Canada
- Czech Republic
- France
- Germany
- Great Britain
- Hungary
- Italy
- Korea
- Spain
- The Netherlands
- Turkey
- United States

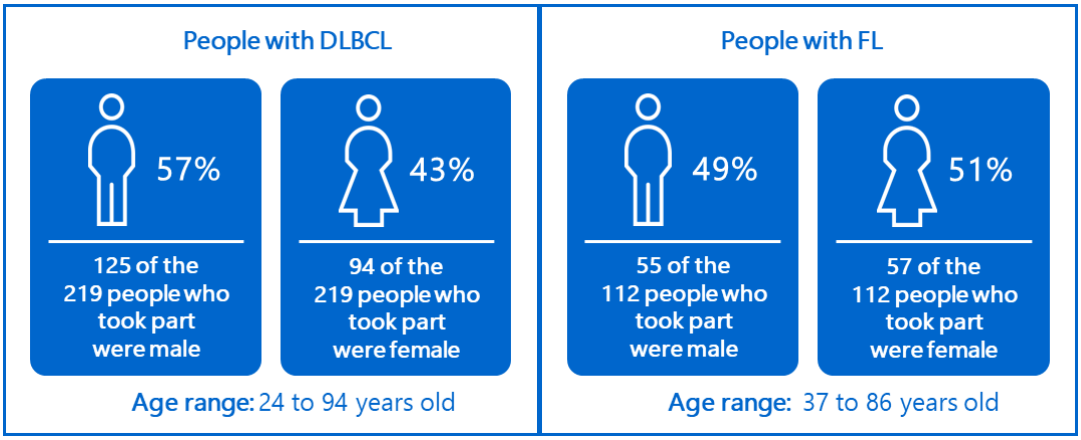


2. Who took part in this study?

In this study, 331 people with types of cancer of the lymph nodes, called 'diffuse large B-cell lymphoma' (DLBCL) and 'follicular lymphoma' (FL) took part. This included:

- 219 people with DLBCL
- 112 people with FL.

People who took part in the study were aged 18 or above. More information on the people who took part is given below:



People could take part in the study if they:

- previously had at least one treatment for their DLBCL or FL that had not worked, or that had stopped working.

People could not take part in the study if they:

- were eligible for treatment with a stem cell transplant
- had not yet had any other treatment for their DLBCL or FL.

3. What happened during the study?

There were several parts to this study. In the Phase 1b part (safety groups), a small number of people with DLBCL or FL were given either Pola+BR or Pola+BG to find out if they were safe.
More people joined the study in Phase 2. This phase was separated into 3 parts:

- a randomised part where people were selected by chance to get either Pola+BR or BR. The treatments in the 'randomised' groups were selected at random – by a computer
- an expansion part where people received Pola+BG
- an extension part where people with DLBCL received Pola+BR.

Treatments were given on set days for up to 6 'cycles', a cycle was:

- every 21 days for people with DLBCL
- every 28 days for people with FL.

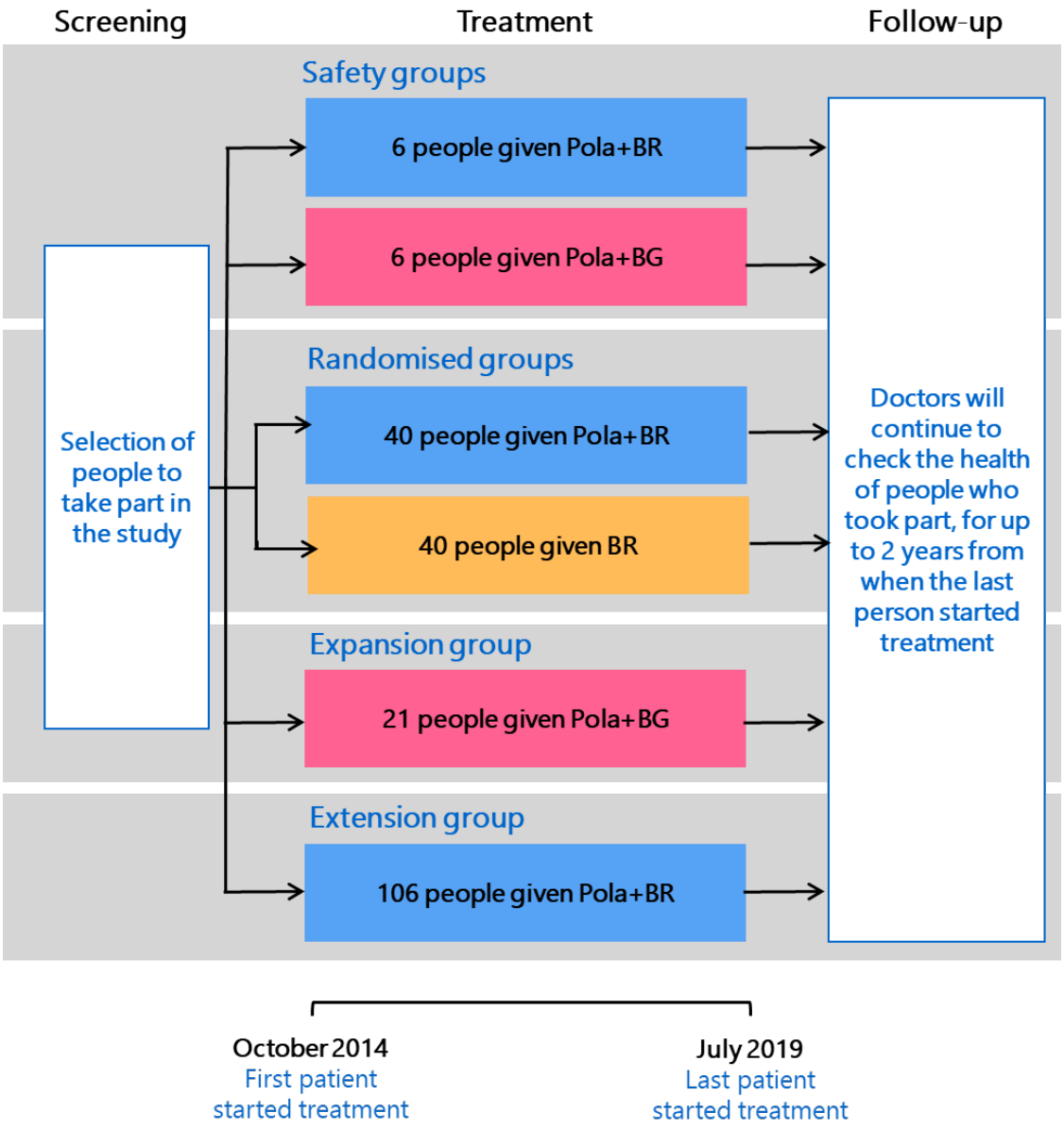
The treatments were:

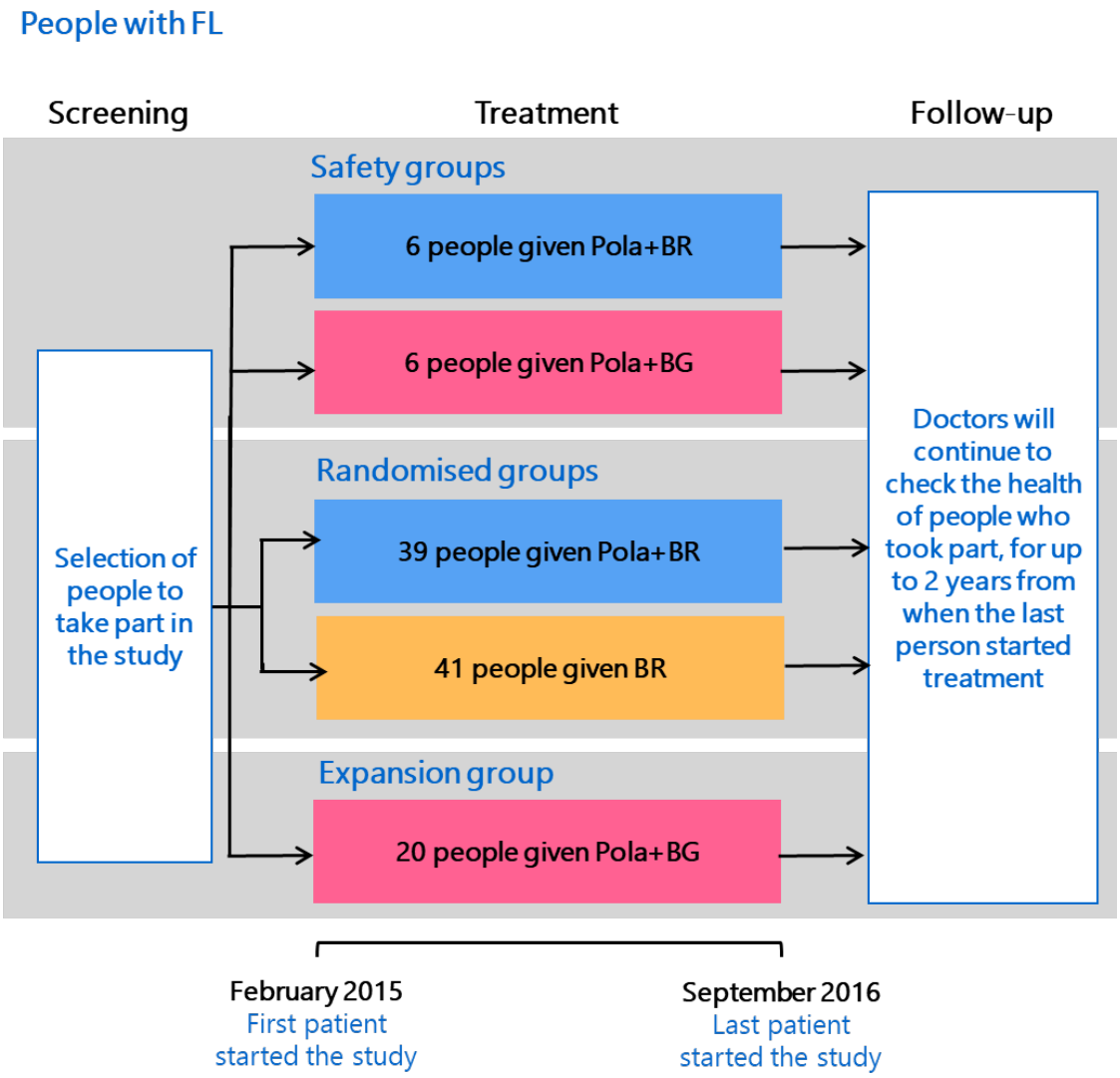
- polatuzumab vedotin (the medicine being studied) – injected into a vein once every treatment cycle
- bendamustine (an existing medicine) – injected into a vein twice every treatment cycle
- rituximab (an existing medicine) – injected into a vein once every treatment cycle
- obinutuzumab (the medicine being studied) – injected into a vein three times in the first treatment cycle, and twice in any further treatment cycles.

The full details of the treatment groups can be seen below.

This study is still happening. All people in the study have finished their study treatment, but some people are still being seen by their doctor for tests to see if their cancer can still be detected. When the study finishes, the people who took part will be asked to go back to their study centre for more visits – to check their overall health. Look below to see more information about what has happened in the study so far – and what the next steps are.

People with DLBCL





4. What were the results of the study?

Question 1: How many people had smaller tumours or no evidence of cancer after taking their medicine?

Researchers looked at whether people's cancer could still be detected on particular scans (a positron emission tomography [or PET] scan, and/or a computed tomography [or CT] scan) after finishing treatment. These results do not include people in the Phase 1b groups, as the aim of those groups was to look at safety.

People with DLBCL

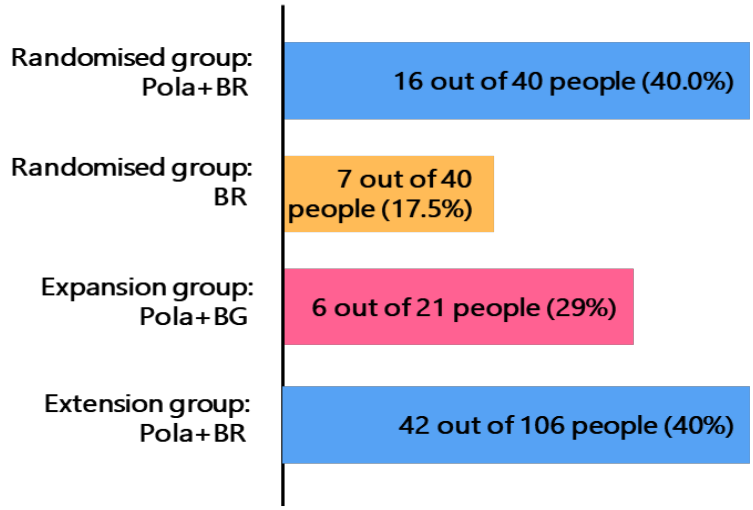
In the randomised groups, 6–8 weeks after finishing their last treatment, the number of people with DLBCL who had no evidence of cancer were:

- 16 out of 40 people (40.0%) who took Pola+BR
- 7 out of 40 people (17.5%) who took BR.

In the expansion group, 6–8 weeks after finishing their treatment 6 out of 21 people (29%) who took Pola+BG had no evidence of cancer.

In the extension group, 6–8 weeks after finishing their treatment 42 out of 106 people (40%) who took Pola+BR had no evidence of cancer.

How many people with DLBCL in each group had no evidence of cancer 6–8 weeks after completing their treatment?

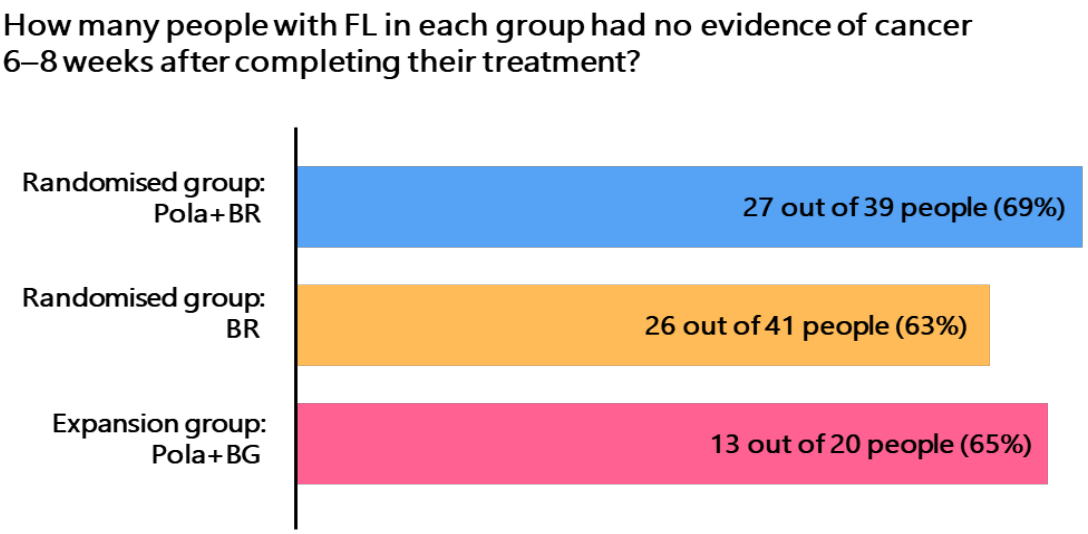


People with FL

In the randomised groups, 6–8 weeks after finishing their last treatment, the number of people with FL who had no evidence of cancer were:

- 27 out of 39 people (69%) who took Pola+BR
- 26 out of 41 people (63%) who took BR.

In the expansion group, 6–8 weeks after finishing their treatment 13 out of 20 people (65%) who took Pola+BG had no evidence of cancer.



This section only shows the key results from this study. You can find information about all other results on the websites at the end of this summary (see section 8).

5. What were the side effects?

Side effects are medical problems (such as feeling dizzy) that happen during the study.

- They are described in this summary because the study doctor believes the side effects were related to the treatments in the study.
- Not all of the people in this study had all of the side effects.
- Side effects may be mild to very serious and can be different from person to person.
- It is important to be aware that the side effects reported here are from this single study. Therefore, the side effects shown here may be different from those seen in other studies, or those that appear on the medicine leaflets.
- Serious and common side effects are listed in the following sections.

Serious side effects

A side effect is considered 'serious' if it is life-threatening, needs hospital care, or causes lasting problems.

Many of the common serious side effects in this study were related to the patient's immune system. This is because several of the treatments given in this study work by targeting B cells, a type of white blood cell that makes up an important part of the immune system. Although the treatments are effective at killing the cancerous B cells, a large reduction in B cells can also make patients more prone to infections, which in some cases can be serious.

People with DLBCL

During this study, 126 of the 216 people (58%) with DLBCL had at least one serious side effect.

- Around 67% of people taking Pola+BR in the randomised group had a serious side effect, compared with around 62% of people taking BR.
- Around 69% of people taking Pola+BG had a serious side effect.

The most common serious side effects are shown in the following table – these are the serious side effects that one or more of every 20 people (5%) in any of the treatment groups had. Some people had more than one side effect – this means that they are included in more than one row in the table.

Serious side effects reported in this study	People taking Pola+BR (151 people total)	People taking BR (39 people total)	People taking Pola+BG (26 people total)
Infection of one or both lungs called 'pneumonia'	7% (10 out of 151)	10% (4 out of 39)	8% (2 out of 26)
Serious reaction to an infection sometimes called 'blood poisoning' or 'sepsis'	7% (10 out of 151)	5% (2 out of 39)	4% (1 out of 26)
Lower number of white blood cells and fever called 'febrile neutropenia'	9% (14 out of 151)	10% (4 out of 39)	12% (3 out of 26)
Low level of white blood cells called 'neutropenia'	Less than 1% (1 out of 151)	5% (2 out of 39)	0% (0 out of 26)
Fever	8% (12 out of 151)	0% (0 out of 39)	12% (3 out of 26)

There were some people with DLBCL in the study who died due to side effects that may have been related to one of the study medicines. These were:

- 18 out of 151 people (11%) who were given Pola+BR in any group
- in the randomised groups:

- 11 out of 39 people (28%) who were given Pola+BR
- 10 out of 39 people (26%) who were given BR.

- 7 out of 106 people (7%) in the extension Pola+BR group
- 5 out of 26 people (19%) who were given Pola+BG in any group.

During the study, some people decided to stop taking their medicine because of side effects:

- in the randomised BR group:
  - 4 out of 39 people (10%) stopped taking their bendamustine
  - 4 out of 39 people (10%) stopped taking their rituximab.

- in the Pola+BR group:
  - 28 out of 151 people (19%) stopped taking their polatuzumab vedotin
  - 30 out of 151(20%) people stopped taking their bendamustine
  - 28 out of 151 (19%) patients stopped taking their rituximab.

- in the Pola+BG group:
  - 6 out of 26 people (23%) stopped taking their polatuzumab vedotin
  - 6 out of 26 people (23%) stopped taking their bendamustine
  - 6 out of 26 people (23%) stopped taking their obinutuzumab.

Most common side effects

During this study, around 98 out of every 100 people (98%) with DLBCL had a side effect that was not considered serious.

The most common side effects are shown in the following table – these are the most common side effects that were seen across both treatment groups. Some people had more than one side effect – this means that they are included in more than one row in the table.

Most common side effects reported in this study	People taking Pola+BR (151 people total)	People taking BR (39 people total)	People taking Pola+BG (26 people total)
Low level of white blood cells	36% (54 out of 151) (number of people in this treatment group)	39% (15 out of 39) (number of people in this treatment group)	27% (7 out of 26) (number of people in this treatment group)
Low level of red blood cells	32% (48 out of 151)	26% (10 out of 39)	19% (5 out of 26)
Low level of the blood cell fragments that help blood to clot – called 'platelets'	26% (40 out of 151)	31% (12 out of 39)	31% (8 out of 26)
Diarrhoea	36% (54 out of 151)	28% (11 out of 39)	62% (16 out of 26)
Feeling sick (nausea)	33% (50 out of 151)	41% (16 out of 39)	54% (14 out of 26)
Feeling tired	26% (40 out of 151)	36% (14 out of 39)	54% (14 out of 26)
Fever	28% (43 out of 151)	23% (9 out of 39)	42% (11 out of 26)
Decreased appetite	26% (39 out of 151)	21% (8 out of 39)	42% (11 out of 26)
Constipation	19% (28 out of 151)	21% (8 out of 39)	42% (11 out of 26)
Cough	13% (20 out of 151)	21% (8 out of 39)	12% (3 out of 26)

People with FL

Serious side effects

During this study, 50 of the 111 people (45%) with FL had at least one serious side effect.

- Around 66% of people taking Pola+BR in the randomised group had a serious side effect, compared with around 27% of people taking BR.
- Around 46% of people taking Pola+BG had a serious side effect.

The most common serious side effects are shown in the following table – these are the serious side effects that one or more of every 20 people (5%) in any of the treatment

groups had. Some people had more than one side effect – this means that they are included in more than one row in the table.

Serious side effects reported in this study	People taking Pola+BR (44 people total)	People taking BR (41 people total)	People taking Pola+BG (26 people total)
Infection of one or both lungs called 'pneumonia'	16% (7 out of 44)	0% (0 out of 41)	0% (0 out of 26)
Serious reaction to an infection sometimes called 'blood poisoning' or 'sepsis'	2% (1 out of 44)	2% (1 out of 41)	8% (2 out of 26)
Lower number of white blood cells and fever called 'febrile neutropenia'	14% (6 out of 44)	2% (1 out of 41)	8% (2 out of 26)
Diarrhoea	7% (3 out of 44)	0% (0 out of 41)	0% (0 out of 26)

There were some people with FL in the study who died due to side effects that may have been related to one of the study medicines. These were:

- 6 out of 38 people (16%) in the randomised Pola+BR group
- 4 out of 41 people (5%) in the randomised BR group
- 2 out of 20 people (10%) in the Pola+BG expansion group.

During the study, some people decided to stop taking their medicine because of side effects:

- in the Pola+BR group:
    - 6 out of 44 people (14%) stopped taking their polatuzumab vedotin
    - 9 out of 44 people (21%) stopped taking their bendamustine
    - 7 out of 44 people (16%) stopped taking their rituximab.
- in the Pola+BG group:
    - 5 out of 26 people (19%) stopped taking their polatuzumab vedotin
    - 6 out of 26 people (23%) stopped taking their bendamustine
    - 5 out of 26 people (19%) stopped taking their obinutuzumab.
- in the randomised BR group:

- 5 out of 41 people (12%) stopped taking their bendamustine
- 4 out of 41 people (10%) stopped taking their rituximab.

Most common side effects

During this study, every person (100%) with FL had a side effect that was not considered serious.

The most common side effects are shown in the following table – these are the most common side effects that were seen across both treatment groups. Some people had more than one side effect – this means that they are included in more than one row in the table.

Most common side effects reported in this study	People taking Pola+BR (44 people total)	People taking BR (41 people total)	People taking Pola+BG (26 people total)
Feeling sick (nausea)	57% (25 out of 44) (number of people in this treatment group)	32% (13 out of 41) (number of people in this treatment group)	62% (16 out of 26) (number of people in this treatment group)
Low level of white blood cells (neutropenia)	46% (20 out of 44)	27% (11 out of 41)	31% (8 out of 26)
Feeling tired	46% (20 out of 44)	32% (13 out of 41)	62% (16 out of 26)
Diarrhoea	41% (18 out of 44)	22% (9 out of 41)	54% (14 out of 26)
Decreased appetite	30% (13 out of 44)	12% (5 out of 41)	31% (8 out of 26)
Constipation	30% (13 out of 44)	20% (8 out of 41)	42% (11 out of 26)
Fever	23% (10 out of 44)	12% (5 out of 41)	15% (4 out of 26)
Vomiting	21% (9 out of 44)	20% (8 out of 41)	50% (13 out of 26)
Cough	16% (7 out of 44)	7% (3 out of 41)	19% (5 out of 26)

Other side effects

You can find information about other side effects (not shown in the sections above) on the websites listed at the end of this summary – see section 8.

6. How has this study helped research?

The information presented here is from a single study of 331 people from 13 countries with types of non-Hodgkin's lymphoma (cancer of the lymph nodes) called diffuse large B-cell lymphoma (DLBCL) and follicular lymphoma (FL). The purpose of this study was to see whether adding polatuzumab vedotin to treatment with bendamustine and rituximab or obinutuzumab would be safe and effective for people with DLBCL and FL.

So far, the study has shown that:

- out of the people in the study with DLBCL, there was no sign of the cancer in scans of people after their treatment for:
  - 16 out of 40 people (40%) who took Pola+BR in the 'randomised' part of the study
  - 42 out of 106 people (40%) who took Pola+BR in the 'extension' part of the study
  - 7 out of 40 people (18%) who took BR
  - 6 out of 21 people (29%) who took Pola+BG.

No single study can tell us everything about the risks and benefits of a medicine. It takes lots of people in many studies to find out everything we need to know. The results from this study may be different from other studies with the same medicine.

- This means that you should not make decisions based on this one summary – always speak to your doctor before making any decisions about your treatment.

7. Are there plans for other studies?

Studies with polatuzumab vedotin are still happening, and further studies are planned.

8. Where can I find more information?

You can find more information about this study on the websites listed below:

- https://clinicaltrials.gov/ct2/show/results/NCT02257567
- https://www.clinicaltrialsregister.eu/ctr-search/trial/2014-001361-28/results

If you would like to find out more about the results of this study, the full title of the relevant scientific paper is: "Polatuzumab Vedotin in Relapsed or Refractory Diffuse Large B-Cell Lymphoma". The authors of the scientific paper are: Laurie Sehn, Alex Herrera, Christopher Flowers, Manali Kamdar, Andrew McMillan and others. The paper is

published in the journal 'Journal of Clinical Oncology', volume number 38, on Pages 155–165.

Who can I contact if I have questions about this study?

If you have any further questions after reading this summary:

- contact a representative at your local Roche office.

If you took part in this study and have any questions about the results:

- speak with the study doctor or staff at the study hospital or clinic.

If you have questions about your own treatment:

- speak to the doctor in charge of your treatment.

Who organised and paid for this study?

This study was organised and paid for by F. Hoffmann-La Roche Ltd who have their headquarters in Basel, Switzerland.

Full title of the study and other identifying information

The full title of this study is: "A Study of Polatuzumab Vedotin (DCDS4501A) in Combination With Rituximab or Obinutuzumab Plus Bendamustine in Participants With Relapsed or Refractory Follicular or Diffuse Large B-Cell Lymphoma".

The study is known as 'GO29365'.

- The protocol number for this study is: GO29365.
- The ClinicalTrials.gov identifier for this study is: NCT02257567.
- The EudraCT number for this study is: 2014-001361-28.