Assess the reporting quality of RCTs of treatments in non-hodgkin's lymphoma using the CONSORT statement from 2011 to 2016.

Αξιολόγηση της ποιότητας των αναφορών σε μελέτες RCTs για την θεραπεία του non-hodgkin's λεμφώματος με τη χρήση του CONSORT statement από το 2011 έως το 2016.

Τμήμα Ιατρικής
Σχολή Επιστημών Υγείας
Πανεπιστήμιο Θεσσαλίας

Παπαϊωάννου Ελένη (Α.Μ. 00071)
Επιβλέποντες Καθηγητές Χρυσούλα Δοξάνη
Ηλίας Ζιντζαράς
Ιωάννης Στεφανίδης

ΠΡΟΓΡΑΜΜΑ ΜΕΤΑΠΤΥΧΙΑΚΩΝ ΣΠΟΥΔΩΝ

ΜΕΘΟΔΟΛΟΓΙΑ ΒΙΟΙΤΑΡΙΚΗΣ ΕΡΕΥΝΑΣ, ΒΙΟΣΤΑΤΙΣΤΙΚΗ ΚΑΙ ΚΛΙΝΙΚΗ ΒΙΟΠΛΗΡΟΦΟΡΙΚΗ

CONTENTS

ABSTRACT

Randomized Control Trial (RCT) is considered the most accurate method in evaluating the effectiveness of a treatment. In 1996, in order to improve the quality of published studies, the Consolidated Standards for Reporting Trials (CONSORT) statement was published. It was the result of a cooperation of scientists and publishers aiming to provide authors a guideline.

I searched Pub Med database for RCTs published from 2011 to 2016, for treatment on Non-Hodgkin's lymphoma (NHL). From the 183 studies found in Pub Med, eligible for further analysis were 74. Based on the evaluation the compliance with the CONSORT statement remains very low. Authors still avoid reporting important details about the design of their trials, such as randomization strategy, the calculation of the sample size etc.

1. ***INTRODUCTION***

Randomized Control Trials (RCTs) are considered the gold standard in scientific research and the most accurate methods to determine if there is a cause-effect relation between treatment and outcome as well as the efficacy of the treatment (*Kober et al., 2006*). Participants are randomly assigned to either a control group (placebo or standard method of treatment) or to one of the experimental groups. Randomization process of patients without intervention of researchers minimizes selection bias. Therefore, on average the characteristics of the participants will be similar among the different groups without affecting the results. A well designed and executed RCT can result to more reliable and transparent evidence. Over the last decades, RCTs publications have overrun biomedical journals and the need for an evaluation guideline arose.

On 1996, a group of scientists and editors published the CONSORT (Consolidated Standards of Reporting Trials) statement aiming to help authors improve the reporting quality of RCTs reports. CONSORT statement was revised again on 2001 and 2010 in light of new empirical evidence and experience. The use of CONSORT statement is associated with the improvement of the reporting quality of RCTs (*Schulz et al. 2010*) However, according to similar evaluation research the compliance of RCTs with the CONSORT statement has increased but still there is no great improvement (*Ziogas-Zintzaras 2009, Kober et al. 2006*).

Non-Hodgkin's Lymphoma (NHL) is the most common cancer of lymphatic system, a part of the immune system. It consists of a group of several closely related cancers. The World Health Organization (WHO) estimates that there are 61 distinct types of NHL. NHL can be divided in two major groups:

- B-cell lymphoma that counts about 85% of annually cases.
- T-cell (15% of cases).

Another possible deviation is in indolent (slow-growing) and aggressive (fast growing).

There are 4 possible stages of the disease depending on its extension:

I. Early Stage: Cancer is found in a single lymph, an organ or in an area outside the lymph node.
II. Locally Advanced Disease: Cancer is found in two or more lymph node regions on the one side of the diaphragm.
III. Advanced Disease: Cancer on this stage is found in lymph nodes on both sides of the diaphragm.
IV. Widespread disease: Cancer is spread in several parts of one or more organs or tissues or it can be found in the liver, blood and bone marrow.

There are many treatment options depending on the stage of the disease, the age and health of the patient and prior therapies. Some options are the active

surveillance, also known as watchful waiting, chemotherapy, stem cell transplantation, radiation therapy or novel targeted agents.

In the present study, a reporting quality analysis of RCTs from 2011 until 2016 will be conducted regarding the treatment of NHL. The items of the revised CONSORT 2010 statement checklist will be used.

2. ***METHODS***

2.1 *DATA SOURCES AND RESEARCH STRATEGIES*

The Pub Med database was used to search for studies on RCTs for NHL treatments from 1/1/2011 to 31/12/216. The search criteria were *"treatment"* and *"non-hodgkin's lymphoma".* The filter of the article, the language and the species were "Randomized Control Trials", "English" and "humans" respectively.

2.2 ELIGIBILITY OF STUDIES

A study is considered eligible for analysis when is in line with the following criteria. The participants have to be randomly assigned to at least two treatment arms. Patients should have any type of NHL and the aim of the study should be the treatment of NHL. RCTs about health quality, treatment of side effects or consolidation treatment were not included in the analysis. Moreover, studies comparing the results of previous publications were included only if these were RCTs.

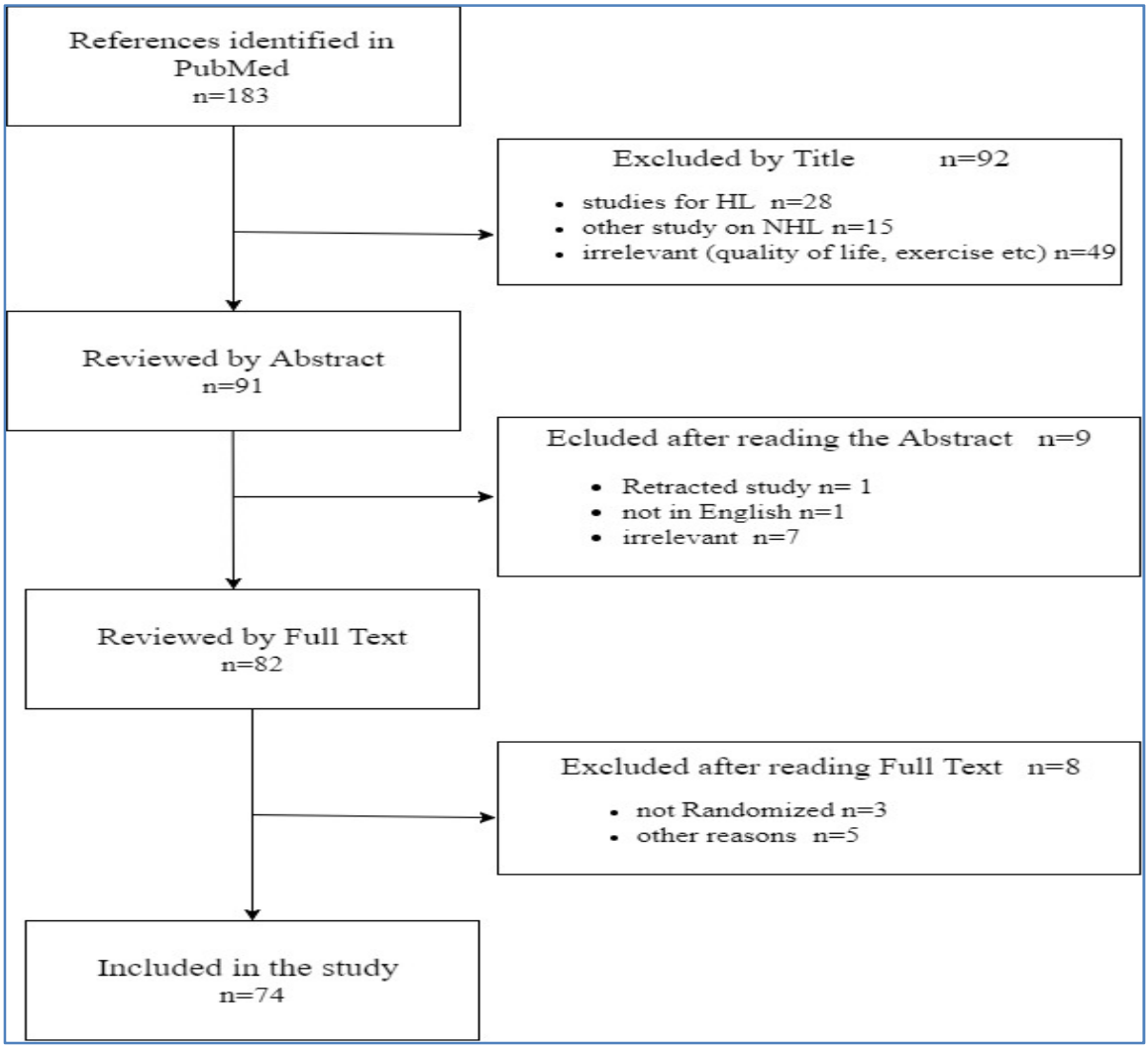
2.3 *REPORTING ASSESSMENT TOOL AND EVALUATION ANALYSIS*

The revised CONSORT 2010 checklist (http://www.consort-statement.org) was used as an assessment tool for the studies. We used the 22-item checklist and the answers were based on the CONSORT 2010 Explanation and Elaboration that is available online from the CONSORT statement web page.

The evaluation analysis is based on the number of CONSORT statement items that are reported on the study. For each of the items in the list only two possible answers were considered (positive or negative). If the item is reported and there is sufficient elaboration then I conclude that it is present and the answer is positive. On the other hand if an item is not mentioned, even if it is carried out in the trial, or there are no necessary details presented in the study, then the answer is negative. For example, the CONSORT item 7:"How sample size was determined" , in order to have a positive answer the study should include, apart from the number of the participants in each arm, details on how it was calculated such as estimated outcomes in each group, the type II error level, statistical power etc (CONSORT E&E). Moreover, it is essential each of these items to be reported on the specific part of the study as indicated by the CONSORT statement. For instance, Consort item 14 "Dates defining the periods of recruitment and follow-up" if mentioned in the Results the answer is positive. But if it is mentioned in the METHODS then it is considered non-reported in the study. Last but not least, items reported on Appendix or Supplementary Data were not taken into consideration. For the evaluation of the studies Microsoft-excel 2010 software was used.

3. ***RESULTS***

The search on Pub Med database retrieved 183 studies. From these, 92 studies, out of the initial selected ones, were excluded after screening the titles due to their irrelevant subject (quality of life, exercise, Hodgkin's lymphoma etch). After reading the abstracts of the 93 remaining studies I had to exclude 9 studies, 1 was retracted, 1 was not in English and 7 were irrelevant to this topic. The remaining 82 studies were analytically reviewed and 8 studies were left out mainly because of no randomization or because they were not in English or access was not allowed.



Flow Chart of search strategy

Table 1 summarizes the percentage of each item in the analyzed studies. In general, we can conclude that the items in the Results part are more in line with the CONSORT statement comparing to the items in the Method part. This can indicate that researchers are more interested in presenting their conclusive results than trying illustrating the design of the trials.

Almost all the studies (72 out of 74, 97.3%) mentioned either on the title or in the abstract that it was a randomized trial or that the participants were randomized in treatment groups. As we expect all studies present sufficient scientific background references justifying the need for a new trial (100%) in the introduction.

Table 1. Percentage of compliance with CONSORT statement

	1. Randomized in title/abstract	97,30%	72
	2. Scientific background in introduction	100,00%	74
METHODS	3. Eligibility criteria for participants	91,89%	69
	4. Precise details of the interventions in each arm	90,54%	67
	5. Objectives	98,65%	73
	6. End-points	97,30%	72
	7. Sample size	71,62%	53
	8. Method of randomization (sequence generation)	50,00%	37
	9. Allocation concealment	13,51%	10
	10. Implementation of randomization	27,03%	20
	11. Blinding (masking)	9,46%	7
	12. Statistical methods	93,24%	69
RESULTS	13. Participant flow	70,27%	52
	14. a Recruitment	63,51%	47
	14.b Follow Up	79,73%	59
	15. Baseline data	94,59%	70
	16. Numbers analyzed	78,38%	58
	17.a Outcomes	100,00%	74
	17.b estimation	94,59%	70
	18. Ancillary analyses	70,27%	52
	19. Adverse events	85,14%	63
DISCUSSION	20. Interpretation	85,14%	63
	21. Generalisability	64,86%	48
	22. Overall evidence	66,22%	49

Also, they clearly separated the primary, of great importance, from the secondary endpoints of the study.

Intervention applied in each treatment arm was sufficiently described in 90.54% (67) of the studies. Furthermore, 93.24% of the studies presented extensive information on the selection criteria of the participants for the trial and some of them presented

also exclusion criteria. The same percentage of studies (93.24%) described the statistical methods that were used for the analysis and the comparison of the primary and secondary outcomes of the study.

On the contrary, only 53 out of 74 (71.64 %) studies sufficiently demonstrated how the sample size was calculated. All studies reported the needed number of participants in each group but not all of them presented the level of statistical significance, the type I and type II errors etc.

The items that gathered the lowest percentages were those describing the Randomization and Blinding strategy. Only 7 out of 74 studies were clear on which blinding procedure was used and on who was blinded. In most of the studies, authors did not clearly report which group was blinded or how this happened. Last but not least, only in half (50%, 37 out of 74) studies the method of randomization was explained. They may refer to the ratio that was used for the randomization process but no further details on how it was implemented and even less studies, only 10 out of 74 (9.46%) explained how the allocation concealment was secured.

CONSORT statement strongly recommends authors to include a participants' flow diagram that will visualize how participants are allocated in treatment groups, how many were eliminated and why, in each phase of the trial. From the 74 studies analyzed only 53 (70.27%) included a flow diagram in the results part while some of the remaining presented it in the Appendix or Supplementary Data. Even less were the studies that reported sufficient details on participants' recruitment (47(63.51%) out of 74) in the results section. Those provided clear details about the follow-up period were 59 out of 74 (79.73%). They stated either the specific date that the follow-up ended for all participants or specified the period that the follow-up lasted after the randomization of the participants.

In order to evaluate the results of a study and the significance of them, it is important the treatment groups to have similar baseline characteristics and the only difference should be the treatment. Knowing the characteristics of the groups would be necessary for clinicians to evaluate for which patients the treatment is suitable and also for the right interpretation of the results. Based on my evaluation, 94.59% of the studies analyzed included a detailed table that presented the Baseline demographic characteristics of the participants.

It is very important for the analysis to demonstrate information about the number of participants in each group and to present all changes that may occur due to loss of participants, wrong allocation or randomization of ineligible participants. Authors should be clear on what was the population of patients that was used for the analysis and this was clear only for 58 of the studies I analyzed and only 30 of them reported that the analysis followed the intention-to-treat strategy.

				Methods											Results									Discussio		
		1.Title/abstract	2.Introduction/Scientific background	3.Eligibility criteria	4,Intervention in each arm	5. Objectives	6. End-points	7. Sample size	8. Method of randomization	9. Allocation concealment	10. Implementation of randomization	11. Blinding (masking)	12. Statistical methods	13. Participant flow	14. a Recruitment	14.b Follow Up	15. Baseline data	16. Numbers analyzed	17.a Outcomes	17.b estimation	18. Ancillary analyses	19. Adverse events	20. Interpretation	21. Generalisability	22. Overall evidence
Alexander S. et al.	2014	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alnahhas et al.	2015	✓	✓	✓	✓	✓	✓	×	✓	×	×	×	×	×	×	×	×	✓	✓	×	×	✓	✓	×	×
Asselin a et al.	2016	✓	✓	✓	×	✓	×	×	✓	×	×	×	✓	✓	×	×	✓	✓	✓	✓	✓	✓	✓	✓	×
Bachy E. et al.	2013	✓	✓	×	✓	✓	×	×	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bittenbring JT et al.	2014	✓	✓	×	✓	✓	✓	×	×	×	×	×	✓	×	×	×	×	✓	✓	✓	✓	×	✓	×	×
Bozzoli et al.	2015	✓	✓	✓	✓	×	✓	✓	×	×	×	×	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	×	✓
Cabanillas et al.	2012	✓	✓	✓	✓	✓	✓	×	✓	×	✓	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	×
Cunningham et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Czuczman et al.	2012	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	×	✓
Czuczman et al.	2011	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	×	✓	×	×	✓	✓	✓	✓	✓	✓	×	✓
Davies et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	×	✓
Delarue et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dreyling et al.	2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓
Fayad et al.	2015	✓	✓	✓	✓	✓	✓	✓	✓	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Federico M. et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flinn et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	×	×	✓	✓	✓	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fridrik et al.	2016	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓
Furtado et al.	2015	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	×	×	×	✓	✓	✓	✓	×	✓	✓	✓	×
Gisselbrecht et al.	2012	✓	✓	✓	×	✓	✓	✓	×	×	×	×	✓	✓	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓
Glass et al.	2014	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hainsworth et al.	2014	✓	✓	✓	✓	✓	✓	✓	×	×	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	×	✓	✓	×	×
Herbrecht	2013	×	✓	✓	×	✓	✓	✓	✓	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×
Hermine et al.	2016	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Herold et al.	2015	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓
Hertzberg et al.	2014	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	×	×	×	×
Hoskin et al	2014	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	×	✓	✓
Hsiao at al.	2015	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	×	×	×	✓	✓	✓	✓	✓	✓	✓	×	×
Jaeger et al.	2015	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kahl et al.	2014	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	✓
Ketterer et al.	2012	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	✓	×	×	✓	✓	✓	✓	✓	×	×	✓	✓	✓
Kimby et al.	2015	✓	✓	✓	✓	✓	✓	✓	×	✓	×	×	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓
Kluin-Nelemans et al.	2012	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓
Kuruvilla et al.	2015	✓	✓	✓	×	✓	✓	×	×	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×
Leblond et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leonard et al.	2015	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	✓	✓	✓	×	✓	✓	✓	×	×	✓	✓	×	✓
Lessin et al.	2013	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Levy et al.	2014	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	×	×
Maziarz et al.	2011	✓	✓	✓	✓	✓	✓	×	×	×	×	×	✓	×	×	✓	×	✓	✓	✓	×	×	×	✓	×
McClanahan et al.	2012	✓	✓	✓	×	✓	✓	×	×	×	×	×	✓	×	×	×	✓	✓	✓	×	×	×	×	×	×
Merli Francesco et al.	2012	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mikkelsen et al.	2014	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	×	✓	×	×	✓	✓	✓	✓	✓	×	×	✓	×	×
Molina et al.	2014	×	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	×
Morschhauser et al.	2013	✓	✓	✓	✓	✓	✓	×	×	×	×	×	✓	×	×	✓	✓	✓	✓	✓	✓	×	✓	×	×
Morschhauser et al.	2013	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓
Offner et al.	2015	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oki et al.	2013	✓	✓	✓	✓	✓	✓	×	✓	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓
Pettengell et al.	2013	✓	✓	✓	✓	✓	✓	×	✓	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓
Pettengell et al.	2012	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pfreundschuh et al.	2011	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓
Press et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Radford et al.	2013	✓	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	×	✓	✓	✓	✓	✓	×	✓	✓	✓	✓
Recher et al.	2011	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ribrag et al.	2016	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ribrag et al.	2013	✓	✓	✓	✓	✓	✓	✓	×	×	×	×	×	✓	✓	✓	✓	✓	✓	×	×	✓	✓	×	×
Robak et al	2015	✓	✓	×	✓	✓	✓	✓	×	×	×	×	✓	×	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rummel at al	2016	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Rummel at al	2013	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Salar et al.	2014	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Salles et al.	2013	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗
Schmitz et al.	2012	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sehn et al.	2015	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Seymour et al.	2014	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗
Shimoni et al.	2012	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✓	✓	✓	✓	✓	✗	✓	✓	✗	✗
Stiff et al.	2013	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✗	✗	✓	✗	✓	✓	✓	✗	✗	✗	✗
Taverna et al.	2016	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Termuhlen et al.	2013	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✗
Tineny et al.	2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓
Vitolo et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Vose et al.	2013	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
Watanebe et al.	2011	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Whittaker et al.	2012	✓	✓	✗	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗	✓	✓	✓	✓	✗	✓	✗	✓	✗
Witzens- Harig M et al.	2015	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✗	✓	✓	✓	✓	✗	✓	✓	✗	✗
Zinzani et al.	2012	✓	✓	✓	✗	✓	✓	✗	✓	✗	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zucca et al.	2013	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

On the other hand, all of the studies demonstrated results for their preplanned primary and secondary outcomes both in details and in tables that presented the confidence interval. Also they all included a detailed comparison for the results of the groups. Of the 74 analyzed studies 52 (70.2%) included results for multiple ancillary analysis of the data, allowing them to identify the analyzed subgroups and the reason of this analysis. It is crucial for a tested treatment to report not only the results for the outcome but also the adverse events that were observed during the trial. In my analysis 63 out of 74 studies reported sufficient information about the adverse events recorded during the treatment.

The 85.14% (63) of the studies interpreted the results by presenting both strong and weak parts, such as limitations in the design, treatment, participants' characteristics etc. A clinical trial is useful when the results can be generalized to similar cases too. When the characteristics of the participants are well balanced and well described, the trial was well designed and well executed and the results are carefully analyzed and presented then it is easier for clinicians to interpret them and follow them in similar cases. Consequently, the results of 64.86% of the studies can be generalized. The overall evidence was judged sufficient based on evaluating the presented and the missing items and on my personal point of view and is equal to 66.22%.

The average CONSORT compliance reached 71.28% (37.5% - 95.83%). 43 studies had a score of more than 75% compliance, 11 out of 74 more than 90% and 10 had a score lower than 60%.

4. ***DISCUSSION***

The aim of this study was to evaluate the reporting quality of RCTs on treatment of NHL. The results indicate that the desired quality is not yet achieved and the overall level of compliance with the CONSORT statement remains low. This is in line with similar results found after evaluating RTCs from different fields of medical science (Rikos et al.,2016, Huang et al., 2015).

At least 7 studies reported details in Supplementary Data and omit them from the main body of the study, mainly about the eligibility criteria, randomization strategy

and treatment, (*Herbrecht et al., 2013*). As I have already stated, there seems to be a preference in reporting more details on the Results than the Methods for most of the authors. This may imply that they are more interested in presenting the results rather than explaining in details the design of their research.

The two major weaknesses of this study are the lack of any medical background studies and the fact that there was not a second reviewer for the evaluation. The approach was based on a more practical method. Initially, I tried to identify the items of the CONSORT statement in the studies and then to evaluate them. I used as a guideline the CONSORT 2010 Explanation and Elaboration. However, my incomplete knowledge in medical made it difficult sometimes to perform an evaluation for some of the items such as whether or not the authors gave sufficient information on the treatment that was followed in each treatment arm or if the description of the eligibility criteria was sufficient. On the other hand, this can lead to a more unbiased evaluation of a study.

Further research is needed in the evaluation of RCTs on treatment of NHL as well as in the contribution of the CONSORT statement regarding its attribution in improving the quality of the published studies.

References

1. Hugo, J., Adams, A. and Kwee, T.C., 2015. Negative PET: no guarantee of good prognosis in Hodgkin's lymphoma. *Annals of hematology*, *94*(9), p.1609.
2. *Alexander, Sarah, Jacqueline M. Kraveka, Sheila Weitzman, Eric Lowe, Lynette Smith, James C. Lynch, Myron Chang et al. "Advanced stage anaplastic large cell lymphoma in children and adolescents: results of ANHL0131, a randomized phase III trial of APO versus a modified regimen with vinblastine: a report from the children's oncology group." *Pediatric blood & cancer* 61, no. 12 (2014): 2236-2242.
3. *Alnahhas, I. and Malkin, M., 2015. Journal Club: Randomized phase III study of whole-brain radiotherapy for primary CNS lymphoma. *Neurology*, *85*(24), pp.e187-e189.
4. Ansell, S.M., Maurer, M.J., Ziesmer, S.C., Slager, S.L., Habermann, T.M., Link, B.K., Witzig, T.E., Macon, W.R., Dogan, A., Cerhan, J.R. and Novak, A.J., 2012. Elevated pretreatment serum levels of interferon-inducible protein-10 (CXCL10) predict disease relapse and prognosis in diffuse large B-cell lymphoma patients. *American journal of hematology*, *87*(9), pp.865-869.
5. Apisarnthanarax, N., Wood, G.S., Stevens, S.R., Carlson, S., Chan, D.V., Liu, L., Szabo, S.K., Fu, P., Gilliam, A.C., Gerson, S.L. and Remick, S.C., 2012. Phase I clinical trial of O6-benzylguanine and topical carmustine in the treatment of cutaneous T-cell lymphoma, mycosis fungoides type. *Archives of dermatology*, *148*(5), pp.613-620.
6. Arakelyan, N., Jais, J.P., Tomowiack, C., Colombat, P., Berthou, C., Desablens, B., Moles-Moreau, M.P., Gastinne, T., Quittet, P., Casassus, P. and Le Pourhiet-Le Mevel, A., 2013. Intermediate stage Hodgkin lymphoma in partial remission after three or four courses of doxorubicin, bleomycin, vinblastine dacarbazine: no benefit of one course of intensive chemotherapy before irradiation. *Leukemia & lymphoma*, *54*(1), pp.76-82.
7. Ardeshna, K.M., Qian, W., Smith, P., Braganca, N., Lowry, L., Patrick, P., Warden, J., Stevens, L., Pocock, C.F., Miall, F. and Cunningham, D., 2014. Rituximab versus a watch-and-wait approach in patients with advanced-stage, asymptomatic, non-bulky follicular lymphoma: an open-label randomised phase 3 trial. *The lancet oncology*, *15*(4), pp.424-435.
8. Askeland, G., 2013. Rituximab chemotherapy regimens for treating advanced follicular lymphoma evaluated in new study. *Expert review of clinical immunology*, *9*(5), p.402.
9. *Asselin, B.L., Devidas, M., Chen, L., Franco, V.I., Pullen, J., Borowitz, M.J., Hutchison, R.E., Ravindranath, Y., Armenian, S.H., Camitta, B.M. and Lipshultz, S.E., 2015. Cardioprotection and safety of dexrazoxane in patients treated for newly diagnosed T-cell acute lymphoblastic leukemia or advanced-stage lymphoblastic non-Hodgkin lymphoma: a report of the Children's Oncology Group Randomized Trial Pediatric Oncology Group 9404. *Journal of Clinical Oncology*, *34*(8), pp.854-862.
10. Aviles, A., Neri, N., Fernandez-Diez, J., Silva, L. and Nambo, M.J., 2015. Interferon and low doses of methotrexate versus interferon and retinoids in the treatment of refractory/relapsed cutaneous T-cell lymphoma. *Hematology*, *20*(9), pp.538-542.
11. Avilés, A., Neri, N., Fernández, R., Huerta-Guzmán, J. and Nambo, M.J., 2012. RETRACTED: randomized clinical trial to assess the efficacy of radiotherapy in primary mediastinal large B-lymphoma. *International Journal of Radiation Oncology* Biology* Physics*, *83*(4), pp.1227-1231.
12. *Bachy, E., Houot, R., Morschhauser, F., Sonet, A., Brice, P., Belhadj, K., Cartron, G., Audhuy, B., Fermé, C., Feugier, P. and Sebban, C., 2013. Long-term follow-up of the FL2000 study comparing CHVP-interferon to CHVP-interferon plus rituximab in follicular lymphoma. *Haematologica*, pp.haematol-2012.

13. Bah, E., Carrieri, M.P., Hainaut, P., Bah, Y., Nyan, O. and Taal, M., 2013. 20-years of population-based cancer registration in hepatitis B and liver cancer prevention in the Gambia, West Africa. *PLoS One*, *8*(9), p.e75775.
14. Beasley, M.J., 2012. Lymphoma of the thyroid and head and neck. *Clinical Oncology*, *24*(5), pp.345-351.
15. Behringer, K., Goergen, H., Hitz, F., Zijlstra, J.M., Greil, R., Markova, J., Sasse, S., Fuchs, M., Topp, M.S., Soekler, M. and Mathas, S., 2015. Omission of dacarbazine or bleomycin, or both, from the ABVD regimen in treatment of early-stage favourable Hodgkin's lymphoma (GHSG HD13): an open-label, randomised, non-inferiority trial. *The Lancet*, *385*(9976), pp.1418-1427.
16. Berinstein, N.L., Bhella, S., Pennell, N.M., Cheung, M.C., Imrie, K.R., Spaner, D.E., Milliken, V., Zhang, L., Hewitt, K., Boudreau, A. and Reis, M.D., 2015. Prolonged clinical remissions in patients with relapsed or refractory follicular lymphoma treated with autologous stem cell transplantation incorporating rituximab. *Annals of hematology*, *94*(5), pp.813-823.
17. *Bittenbring, J.T., Neumann, F., Altmann, B., Achenbach, M., Reichrath, J., Ziepert, M., Geisel, J., Regitz, E., Held, G. and Pfreundschuh, M., 2014. Vitamin D deficiency impairs rituximab-mediated cellular cytotoxicity and outcome of patients with diffuse large B-cell lymphoma treated with but not without rituximab. *Journal of Clinical Oncology*, *32*(29), pp.3242-3248
18. Böll, B., Görgen, H., Fuchs, M., Pluetschow, A., Eich, H.T., Bargetzi, M.J., Weidmann, E., Junghanß, C., Greil, R., Scherpe, A. and Schmalz, O., 2013. ABVD in older patients with early-stage Hodgkin lymphoma treated within the German Hodgkin Study Group HD10 and HD11 trials. *Journal of Clinical Oncology*, *31*(12), pp.1522-1529.
19. Bosly, A., Grigg, A., Holte, H., Gisselbrecht, C., Radford, J., Rossi, A., Lopez-Guillermo, A., Trneny, M., Sebban, C., Hagberg, H. and da Costa, F.L., 2013. A randomized study of interferon α-2b versus no treatment as consolidation after high dose therapy and autologous stem cell transplantation for patients with relapsed lymphoma. *The oncologist*, *18*(11), pp.1189-1189.
20. *Bozzoli, V., Tisi, M.C., Maiolo, E., Alma, E., Bellesi, S., D'alo, F., Voso, M.T., Leone, G. and Hohaus, S., 2015. Four doses of unpegylated versus one dose of pegylated filgrastim as supportive therapy in R-CHOP-14 for elderly patients with diffuse large B-cell lymphoma. *British journal of haematology*, *169*(6), pp.787-794.
21. Bradfield, S.M., Sandler, E., Geller, T., Tamura, R.N. and Krischer, J.P., 2015. Glutamic acid not beneficial for the prevention of vincristine neurotoxicity in children with cancer. *Pediatric blood & cancer*, *62*(6), pp.1004-1010.
22. Breitbart, W., Poppito, S., Rosenfeld, B., Vickers, A.J., Li, Y., Abbey, J., Olden, M., Pessin, H., Lichtenthal, W., Sjoberg, D. and Cassileth, B.R., 2012. Pilot randomized controlled trial of individual meaning-centered psychotherapy for patients with advanced cancer. *Journal of Clinical Oncology*, *30*(12), pp.1304-1309.
23. *Cabanillas, M.E., Kantarjian, H., Thomas, D.A., Mattiuzzi, G.N., Rytting, M.E., Bruera, E., Xiao, L., Bekele, B.N., Foudray, M.C. and Cortes, J.E., 2012. Epoetin alpha decreases the number of erythrocyte transfusions in patients with acute lymphoblastic leukemia, lymphoblastic lymphoma, and Burkitt leukemia/lymphoma. *Cancer*, *118*(3), pp.848-855.
24. Cairo, Mitchell S., Richard Sposto, Mary Gerrard, Anne Auperin, Stanton C. Goldman, Lauren Harrison, Ross Pinkerton et al. "Advanced stage, increased lactate dehydrogenase, and primary site, but not adolescent age (≥ 15 years), are associated with an increased risk of treatment failure in children and adolescents with mature B-cell non-Hodgkin's lymphoma: results of the FAB LMB 96 study." *Journal of Clinical Oncology* 30, no. 4 (2012): 387-393.

25. Chen, Q., Ayer, T., Nastoupil, L.J., Rose, A.C. and Flowers, C.R., 2015. Comparing the cost-effectiveness of rituximab maintenance and radioimmunotherapy consolidation versus observation following first-line therapy in patients with follicular lymphoma. *Value in Health*, *18*(2), pp.189-197.
26. Chow, E.J., Asselin, B.L., Schwartz, C.L., Doody, D.R., Leisenring, W.M., Aggarwal, S., Baker, K.S., Bhatia, S., Constine, L.S., Freyer, D.R. and Lipshultz, S.E., 2015. Late mortality after dexrazoxane treatment: a report from the children's oncology group. *Journal of Clinical Oncology*, *33*(24), pp.2639-2645.
27. Cillo, A.R., Krishnan, S., McMahon, D.K., Mitsuyasu, R.T., Para, M.F. and Mellors, J.W., 2014. Impact of chemotherapy for HIV-1 related lymphoma on residual viremia and cellular HIV-1 DNA in patients on suppressive antiretroviral therapy. *PloS one*, *9*(3), p.e92118.
28. Cook, J.R., Goldman, B., Tubbs, R.R., Rimsza, L., Leblanc, M., Stiff, P. and Fisher, R., 2014. Clinical significance of MYC expression and/or “high grade” morphology in non-Burkitt, diffuse aggressive B-cell lymphomas: A SWOG S9704 correlative study. *The American journal of surgical pathology*, *38*(4), p.494.
29. Copie-Bergman, C., Cuillière-Dartigues, P., Baia, M., Briere, J., Delarue, R., Canioni, D., Salles, G., Parrens, M., Belhadj, K., Fabiani, B. and Recher, C., 2015. MYC-IG rearrangements are negative predictors of survival in DLBCL patients treated with immunochemotherapy: a GELA/LYSA study. *Blood*, *126*(22), pp.2466-2474.
30. Courneya, K.S., Sellar, C., Trinh, L., Forbes, C., Stevinson, C., McNeely, M., Peddle, C., Friedenreich, C. and Reiman, T., 2012. A randomized trial of aerobic exercise and sleep quality in lymphoma patients receiving chemotherapy or no treatments. *Cancer Epidemiology and Prevention Biomarkers*, pp.cebp-0075.
31. Courneya, K.S., Stevinson, C., McNeely, M.L., Sellar, C.M., Friedenreich, C.M., Peddle-McIntyre, C.J., Chua, N. and Reiman, T., 2012. Predictors of follow-up exercise behavior 6 months after a randomized trial of supervised exercise training in lymphoma patients. *Psycho-Oncology*, *21*(10), pp.1124-1131.
32. Craig, M., Hanna, W.T., Cabanillas, F., Chen, C.S., Esseltine, D.L., Neuwirth, R. and O'connor, O.A., 2014. Phase II study of bortezomib in combination with rituximab, cyclophosphamide and prednisone with or without doxorubicin followed by rituximab maintenance in patients with relapsed or refractory follicular lymphoma. *British journal of haematology*, *166*(6), pp.920-928.
33. Cuccuini, W., Briere, J., Mounier, N., Voelker, H.U., Rosenwald, A., Sundstrom, C., Cogliatti, S., Hirchaud, E., Ysebaert, L., Bron, D. and Soulier, J., 2012. MYC+ diffuse large B-cell lymphoma is not salvaged by classical R-ICE or R-DHAP followed by BEAM plus autologous stem cell transplantation. *Blood*, *119*(20), pp.4619-4624.
34. *Cunningham, D., Hawkes, E.A., Jack, A., Qian, W., Smith, P., Mouncey, P., Pocock, C., Ardeshna, K.M., Radford, J.A., McMillan, A. and Davies, J., 2013. Rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisolone in patients with newly diagnosed diffuse large B-cell non-Hodgkin lymphoma: a phase 3 comparison of dose intensification with 14-day versus 21-day cycles. *The Lancet*, *381*(9880), pp.1817-1826.
35. *Czuczman, M.S., Hess, G., Gadeberg, O.V., Pedersen, L.M., Goldstein, N., Gupta, I., Jewell, R.C., Lin, T.S., Lisby, S., Strange, C. and Windfeld, K., 2012. Chemoimmunotherapy with ofatumumab in combination with CHOP in previously untreated follicular lymphoma. *British journal of haematology*, *157*(4), pp.438-445.
36. *Czuczman, M.S., Fayad, L., Delwail, V., Cartron, G., Jacobsen, E., Kuliczkowski, K., Link, B.K., Pinter-Brown, L., Radford, J., Hellmann, A. and Gallop-Evans, E., 2012. Ofatumumab monotherapy in rituximab-refractory follicular lymphoma: results from a multicenter study. *Blood*, *119*(16), pp.3698-3704.

37. *Davies, A., Merli, F., Mihaljevic, B., Siritanaratkul, N., Solal-Céligny, P., Barrett, M., Berge, C., Bittner, B., Boehnke, A., McIntyre, C. and MacDonald, D., 2014. Pharmacokinetics and safety of subcutaneous rituximab in follicular lymphoma (SABRINA): stage 1 analysis of a randomised phase 3 study. *The lancet oncology*, *15*(3), pp.343-352.
38. Lastours, V., LeGoff, J., Brière, J., Agbalika, F., Boulet, T., Lévy, Y., Simon, F., Aboulker, J.P. and Molina, J.M., 2014. Lymphoma and Epstein− Barr virus DNA in blood during interleukin-2 therapy in antiretroviral-naïve HIV-1-infected patients: a substudy of the ANRS 119 trial. *HIV medicine*, *15*(1), pp.23-29.
39. *Delarue, R., Tilly, H., Mounier, N., Petrella, T., Salles, G., Thieblemont, C., Bologna, S., Ghesquières, H., Hacini, M., Fruchart, C. and Ysebaert, L., 2013. Dose-dense rituximab-CHOP compared with standard rituximab-CHOP in elderly patients with diffuse large B-cell lymphoma (the LNH03-6B study): a randomised phase 3 trial. *The lancet oncology*, *14*(6), pp.525-533.
40. Delfau-Larue, M.H., Klapper, W., Berger, F., Jardin, F., Briere, J., Salles, G., Casasnovas, O., Feugier, P., Haioun, C., Ribrag, V. and Thieblemont, C., 2015. High-dose cytarabine does not overcome the adverse prognostic value of CDKN2A and TP53 deletions in mantle cell lymphoma. *Blood*, *126*(5), pp.604-611.
41. Demeestere, I., Brice, P., Peccatori, F.A., Kentos, A., Gaillard, I., Zachee, P., Casasnovas, R.O., Van Den Neste, E., Dechene, J., De Maertelaer, V. and Bron, D., 2012. Gonadotropin-releasing hormone agonist for the prevention of chemotherapy-induced ovarian failure in patients with lymphoma: 1-year follow-up of a prospective randomized trial. *Journal of clinical oncology*, *31*(7), pp.903-909.
42. Demirkaya, M., Çelebi, S., Sevinir, B. and Hacımustafaoglu, M., 2013. Randomized Comparison of Piperacillin–Tazobactam Plus Amikacin Versus Cefoperazone-Sulbactam Plus Amikacin for Management of Febrile Neutropenia in Children with Lymphoma and Solid Tumors. *Pediatric hematology and oncology*, *30*(2), pp.141-148.
43. Dharmarajan, K.V., Friedman, D.L., Schwartz, C.L., Chen, L., FitzGerald, T.J., McCarten, K.M., Kessel, S.K., Iandoli, M., Constine, L.S. and Wolden, S.L., 2015. Patterns of relapse from a phase 3 study of response-based therapy for intermediate-risk Hodgkin lymphoma (AHOD0031): A report from the Children's Oncology Group. *International Journal of Radiation Oncology* Biology* Physics*, *92*(1), pp.60-66.
44. *Dreyling, M., Jurczak, W., Jerkeman, M., Silva, R.S., Rusconi, C., Trneny, M., Offner, F., Caballero, D., Joao, C., Witzens-Harig, M. and Hess, G., 2016. Ibrutinib versus temsirolimus in patients with relapsed or refractory mantle-cell lymphoma: an international, randomised, open-label, phase 3 study. *The Lancet*, *387*(10020), pp.770-778.
45. Duvic, M., Geskin, L. and Prince, H.M., 2013. Duration of response in cutaneous T-cell lymphoma patients treated with denileukin diftitox: results from 3 phase III studies. *Clinical Lymphoma Myeloma and Leukemia*, *13*(4), pp.377-384.
46. Engert, A., Haverkamp, H., Kobe, C., Markova, J., Renner, C., Ho, A., Zijlstra, J., Král, Z., Fuchs, M., Hallek, M. and Kanz, L., 2012. Reduced-intensity chemotherapy and PET-guided radiotherapy in patients with advanced stage Hodgkin's lymphoma (HD15 trial): a randomised, open-label, phase 3 non-inferiority trial. *The Lancet*, *379*(9828), pp.1791-1799.
47. Evens, A.M., Hong, F., Gordon, L.I., Fisher, R.I., Bartlett, N.L., Connors, J.M., Gascoyne, R.D., Wagner, H., Gospodarowicz, M., Cheson, B.D. and Stiff, P.J., 2013. The efficacy and tolerability of adriamycin, bleomycin, vinblastine, dacarbazine and Stanford V in older Hodgkin lymphoma patients: a comprehensive analysis from the North American intergroup trial E2496. *British journal of haematology*, *161*(1), pp.76-86.

48. Eyre, T.A., Clifford, R., Roberts, C., Boyle, L., Francis, A., Schuh, A. and Dutton, S.J., 2015. Single arm NCRI phase II study of CHOP in combination with Ofatumumab in induction and maintenance for patients with newly diagnosed Richter's syndrome. *BMC cancer*, *15*(1), p.52.
49. *Fayad, L., Ansell, S.M., Advani, R., Coiffier, B., Stuart, R., Bartlett, N.L., Forero-Torres, A., Kuliczkowski, K., Belada, D., Ng, E. and Drachman, J.G., 2015. Dacetuzumab plus rituximab, ifosfamide, carboplatin and etoposide as salvage therapy for patients with diffuse large B-cell lymphoma relapsing after rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone: a randomized, double-blind, placebo-controlled phase 2b trial. *Leukemia & lymphoma*, *56*(9), pp.2569-2578.
50. *Federico, M., Luminari, S., Dondi, A., Tucci, A., Vitolo, U., Rigacci, L., Di Raimondo, F., Carella, A.M., Pulsoni, A., Merli, F. and Arcaini, L., 2013. R-CVP versus R-CHOP versus R-FM for the initial treatment of patients with advanced-stage follicular lymphoma: results of the FOLL05 trial conducted by the Fondazione Italiana Linfomi. *Journal of Clinical Oncology*, *31*(12), pp.1506-1513.
51. Flinn, I., Bartlett, N.L., Blum, K.A., Ardeshna, K.M., LaCasce, A., Flowers, C.R., Shustov, A.R., Thress, K., Zheng, F., Skolnik, J. and Friedberg, J.W., 2014. A phase II trial to evaluate the efficacy of fostamatinib in patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL).
52. *Flinn, I.W., van der Jagt, R., Kahl, B.S., Wood, P., Hawkins, T.E., MacDonald, D., Hertzberg, M., Kwan, Y.L., Simpson, D., Craig, M. and Kolibaba, K., 2014. Randomized trial of bendamustine-rituximab or R-CHOP/R-CVP in first-line treatment of indolent NHL or MCL: the BRIGHT study. *Blood*, *123*(19), pp.2944-2952.
53. *Fridrik, M.A., Jaeger, U., Petzer, A., Willenbacher, W., Keil, F., Lang, A., Andel, J., Burgstaller, S., Krieger, O., Oberaigner, W. and Sihorsch, K., 2016. Cardiotoxicity with rituximab, cyclophosphamide, non-pegylated liposomal doxorubicin, vincristine and prednisolone compared to rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone in frontline treatment of patients with diffuse large B-cell lymphoma: a randomised phase-III study from the Austrian cancer drug therapy working group [Arbeitsgemeinschaft Medikamentöse Tumortherapie AGMT](NHL-14). *European Journal of Cancer*, *58*, pp.112-121.
54. *Furtado, M., Johnson, R., Kruger, A., Turner, D. and Rule, S., 2015. Addition of bortezomib to standard dose chop chemotherapy improves response and survival in relapsed mantle cell lymphoma. *British journal of haematology*, *168*(1), pp.55-62.
55. Gerrard, M., Waxman, I.M., Sposto, R., Auperin, A., Perkins, S.L., Goldman, S., Harrison, L., Pinkerton, R., McCarthy, K., Raphael, M. and Patte, C., 2013. Outcome and pathologic classification of children and adolescents with mediastinal large B-cell lymphoma treated with FAB/LMB96 mature B-NHL therapy. *Blood*, *121*(2), pp.278-285.
56. Ghesquières, H., Cartron, G., Seymour, J.F., Delfau-Larue, M.H., Offner, F., Soubeyran, P., Perrot, A., Brice, P., Bouabdallah, R., Sonet, A. and Dupuis, J., 2012. Clinical outcome of patients with follicular lymphoma receiving chemoimmunotherapy in the PRIMA study is not affected by FCGR3A and FCGR2A polymorphisms. *Blood*, *120*(13), pp.2650-2657.
57. Girinsky, T., Aupérin, A., Ribrag, V., Elleuch, M., Fermé, C., Bonniaud, G., Ruelle, C., Alberini, J.L., Celebic, A. and Edeline, V., 2014. Role of FDG-PET in the implementation of involved-node radiation therapy for Hodgkin lymphoma patients. *International Journal of Radiation Oncology* Biology* Physics*, *89*(5), pp.1047-1052.
58. *Gisselbrecht, C., Schmitz, N., Mounier, N., Singh Gill, D., Linch, D.C., Trneny, M., Bosly, A., Milpied, N.J., Radford, J., Ketterer, N. and Shpilberg, O., 2012. Rituximab maintenance therapy after autologous stem-cell transplantation in patients with

relapsed CD20+ diffuse large B-cell lymphoma: final analysis of the collaborative trial in relapsed aggressive lymphoma. *Journal of Clinical Oncology*, *30*(36), pp.4462-4469.
59. *Glass, B., Hasenkamp, J., Wulf, G., Dreger, P., Pfreundschuh, M., Gramatzki, M., Silling, G., Wilhelm, C., Zeis, M., Görlitz, A. and Pfeiffer, S., 2014. Rituximab after lymphoma-directed conditioning and allogeneic stem-cell transplantation for relapsed and refractory aggressive non-Hodgkin lymphoma (DSHNHL R3): an open-label, randomised, phase 2 trial. *The Lancet Oncology*, *15*(7), pp.757-766.
60. *Gómez, H.L., Samanéz, C., Campana, F., Neciosup, S.P., Vera, L., Casanova, L., Leon, J., Flores, C., de Mendoza, F.H., Casteñeda, C.A. and Pinto, J.A., 2012. Addition of amifostine to the CHOP regimen in elderly patients with aggressive non-Hodgkin lymphoma: a phase II trial showing reduction in toxicity without altering long-term survival. *Hematology/oncology and stem cell therapy*, *5*(3), pp.152-157.
61. Gopal, A.K., Kahl, B.S., de Vos, S., Wagner-Johnston, N.D., Schuster, S.J., Jurczak, W.J., Flinn, I.W., Flowers, C.R., Martin, P., Viardot, A. and Blum, K.A., 2014. PI3Kδ inhibition by idelalisib in patients with relapsed indolent lymphoma. *New England Journal of Medicine*, *370*(11), pp.1008-1018.
62. Hagenbeek, A., 2013. Rituximab maintenance versus radio-immunotherapy consolidation in first remission follicular non-Hodgkin lymphoma. *Transfusion and Apheresis Science*, *49*(1), p.43.
63. *Hainsworth, J.D., Greco, F.A., Raefsky, E.L., Thompson, D.S., Lunin, S., Reeves, J., White, L., Quinn, R., DeBusk, L.M. and Flinn, I.W., 2014. Rituximab with or without bevacizumab for the treatment of patients with relapsed follicular lymphoma. *Clinical Lymphoma Myeloma and Leukemia*, *14*(4), pp.277-283.
64. Hayslip, J., Dressler, E.V., Weiss, H., Taylor, T.J., Chambers, M., Noel, T., Miriyala, S., Keeney, J.T., Ren, X., Sultana, R. and Vore, M., 2015. Plasma TNF-α and soluble TNF receptor levels after doxorubicin with or without co-administration of mesna—a randomized, cross-over clinical study. *PloS one*, *10*(4), p.e0124988.
65. Hedenus, M., Karlsson, T., Ludwig, H., Rzychon, B., Felder, M., Roubert, B. and Birgegård, G., 2014. Intravenous iron alone resolves anemia in patients with functional iron deficiency and lymphoid malignancies undergoing chemotherapy. *Medical Oncology*, *31*(12), p.302.
66. Held, G., Murawski, N., Ziepert, M., Fleckenstein, J., Pöschel, V., Zwick, C., Bittenbring, J., Hänel, M., Wilhelm, S., Schubert, J. and Schmitz, N., 2014. Role of radiotherapy to bulky disease in elderly patients with aggressive B-cell lymphoma. *Journal of Clinical Oncology*, *32*(11), pp.1112-1118.
67. Hellmann, A., Rule, S., Walewski, J., Shpilberg, O., Feng, H., van de Velde, H., Patel, H., Skee, D.M., Girgis, S. and Louw, V.J., 2011. Effect of cytochrome P450 3A4 inducers on the pharmacokinetic, pharmacodynamic and safety profiles of bortezomib in patients with multiple myeloma or non-Hodgkin's lymphoma. *Clinical pharmacokinetics*, *50*(12), pp.781-791.
68. *Herbrecht, R., Cernohous, P., Engert, A., Le Gouill, S., Macdonald, D., Machida, C., Myint, H., Saleh, A., Singer, J., Wilhelm, M. and van der Jagt, R., 2013. Comparison of pixantrone-based regimen (CPOP-R) with doxorubicin-based therapy (CHOP-R) for treatment of diffuse large B-cell lymphoma. *Annals of oncology*, *24*(10), pp.2618-2623.
69. *Hermine, O., Hoster, E., Walewski, J., Bosly, A., Stilgenbauer, S., Thieblemont, C., Szymczyk, M., Bouabdallah, R., Kneba, M., Hallek, M. and Salles, G., 2016. Addition of high-dose cytarabine to immunochemotherapy before autologous stem-cell transplantation in patients aged 65 years or younger with mantle cell lymphoma (MCL Younger): a randomised, open-label, phase 3 trial of the European Mantle Cell Lymphoma Network. *The Lancet*, *388*(10044), pp.565-575.
70. *Herold, M., Scholz, C.W., Rothmann, F., Hirt, C., Lakner, V. and Naumann, R., 2015. Long-term follow-up of rituximab plus first-line mitoxantrone, chlorambucil,

prednisolone and interferon-alpha as maintenance therapy in follicular lymphoma. *Journal of cancer research and clinical oncology*, *141*(9), pp.1689-1695.

71. *Hertzberg, M., Matthews, J.P., Stone, J.M., Dubosq, M.C., Grigg, A., Ellis, D., Benson, W., Browett, P., Horvath, N., Januszewicz, H. and Abdi, E., 2014. A phase III randomized trial of high-dose CEOP+ filgrastim versus standard-dose CEOP in patients with non-Hodgkin lymphoma: 10-year follow-up data: Australasian Leukaemia and Lymphoma Group (ALLG) NHL07 trial. *American journal of hematology*, *89*(5), pp.536-541.
72. Hong, F., Habermann, T.M., Gordon, L.I., Hochster, H., Gascoyne, R.D., Morrison, V.A., Fisher, R.I., Bartlett, N.L., Stiff, P.J., Cheson, B.D. and Crump, M., 2014. The role of body mass index in survival outcome for lymphoma patients: US intergroup experience. *Annals of oncology*, *25*(3), pp.669-674.
73. *Hoskin, P.J., Kirkwood, A.A., Popova, B., Smith, P., Robinson, M., Gallop-Evans, E., Coltart, S., Illidge, T., Madhavan, K., Brammer, C. and Diez, P., 2014. 4 Gy versus 24 Gy radiotherapy for patients with indolent lymphoma (FORT): a randomised phase 3 non-inferiority trial. *The Lancet Oncology*, *15*(4), pp.457-463.
74. *Hsiao, L.T., Tien, H.F., Kuo, C.Y., Wu, J.H., Hou, H.A., Wang, M.C., Liu, C.Y., Chen, P.M. and Chiou, T.J., 2015. Pharmacokinetic profile and first preliminary clinical evaluation of bendamustine in Taiwanese patients with heavily pretreated indolent B-cell non-Hodgkin lymphoma and mantle cell lymphoma. *Hematological oncology*, *33*(4), pp.136-144.
75. Huang, H., Li, X., Zhu, J., Ye, S., Zhang, H., Wang, W., Wu, X., Peng, J., Xu, B., Lin, Y. and Cao, Y., 2014. Entecavir vs lamivudine for prevention of hepatitis B virus reactivation among patients with untreated diffuse large B-cell lymphoma receiving R-CHOP chemotherapy: a randomized clinical trial. *Jama*, *312*(23), pp.2521-2530.
76. Huang, Z., Xu, Z. and Zhou, Y., 2013. Chemotherapy alone versus chemotherapy followed by consolidative radiotherapy for limited-stage aggressive non-Hodgkin's lymphoma: A meta-analysis of randomized controlled trials. *Cancer/Radiothérapie*, *17*(8), pp.736-743.
77. Iams, W.T., Hames, M.L., Tsai, J.P., Dahlman, K.B., Talbott, M.S., Richards, K.L. and Reddy, N.M., 2015. Increased serum tumor necrosis factor α levels in patients with lenalidomide-induced hypothyroidism. *Experimental hematology*, *43*(2), pp.74-78.
78. *Jaeger, U., Trneny, M., Melzer, H., Praxmarer, M., Nawarawong, W., Yehuda, D.B., Goldstein, D., Mihaljevic, B., Ilhan, O., Ballova, V. and Hedenus, M., 2015. Rituximab maintenance for patients with aggressive B-cell lymphoma in first remission: results of the randomized NHL13 trial. *Haematologica*, pp.haematol-2015.
79. Johnson, P., Federico, M., Kirkwood, A., Fosså, A., Berkahn, L., Carella, A., d'Amore, F., Enblad, G., Franceschetto, A., Fulham, M. and Luminari, S., 2016. Adapted treatment guided by interim PET-CT scan in advanced Hodgkin's lymphoma. *New England Journal of Medicine*, *374*(25), pp.2419-2429.
80. *Kahl, B.S., Hong, F., Williams, M.E., Gascoyne, R.D., Wagner, L.I., Krauss, J.C., Habermann, T.M., Swinnen, L.J., Schuster, S.J., Peterson, C.G. and Sborov, M.D., 2014. Rituximab Extended Schedule or Re-Treatment Trial for Low–Tumor Burden Follicular Lymphoma: Eastern Cooperative Oncology Group Protocol E4402. *Journal of Clinical Oncology*, *32*(28), pp.3096-3102.
81. Kato, I., Chlebowski, R.T., Hou, L., Wactawski-Wende, J., Ray, R.M., Abrams, J., Bock, C., Desai, P. and Simon, M.S., 2016. Menopausal estrogen therapy and non-Hodgkin's lymphoma: A post-hoc analysis of women's health initiative randomized clinical trial. *International journal of cancer*, *138*(3), pp.604-611.
82. Kelly, J.L., Salles, G., Goldman, B., Fisher, R.I., Brice, P., Press, O., Casasnovas, O., Maloney, D.G., Soubeyran, P., Rimsza, L. and Haioun, C., 2015. Low serum vitamin D levels are associated with inferior survival in follicular lymphoma: a prospective

evaluation in SWOG and LYSA studies. *Journal of Clinical Oncology*, *33*(13), pp.1482-1490.

83. *Ketterer, N., Coiffier, B., Thieblemont, C., Fermé, C., Brière, J., Casasnovas, O., Bologna, S., Christian, B., Connerotte, T., Récher, C. and Bordessoule, D., 2012. Phase III study of ACVBP versus ACVBP plus rituximab for patients with localized low-risk diffuse large B-cell lymphoma (LNH03-1B). *Annals of oncology*, *24*(4), pp.1032-1037.
84. *Kimby, E., Östenstad, B., Brown, P., Hagberg, H., Erlanson, M., Holte, H., Linden, O., Johansson, A.S., Ahlgren, T., Wader, K. and Wahlin, B.E., 2015. Two courses of four weekly infusions of rituximab with or without interferon-α2a: final results from a randomized phase III study in symptomatic indolent B-cell lymphomas. *Leukemia & lymphoma*, *56*(9), pp.2598-2607.
85. Klimm, B., Brillant, C., Skoetz, N., Müller, H., Engert, A. and Borchmann, P., 2012. The effect of specialized cancer treatment centers on treatment efficacy in Hodgkin's lymphoma. *Deutsches Ärzteblatt International*, *109*(51-52), p.893.
86. *Kluin-Nelemans, H.C., Hoster, E., Hermine, O., Walewski, J., Trneny, M., Geisler, C.H., Stilgenbauer, S., Thieblemont, C., Vehling-Kaiser, U., Doorduijn, J.K. and Coiffier, B., 2012. Treatment of older patients with mantle-cell lymphoma. *New England Journal of Medicine*, *367*(6), pp.520-531.
87. Kobe, C., Kuhnert, G., Kahraman, D., Haverkamp, H., Eich, H.T., Franke, M., Persigehl, T., Klutmann, S., Amthauer, H., Bockisch, A. and Kluge, R., 2014. Assessment of tumor size reduction improves outcome prediction of positron emission tomography/computed tomography after chemotherapy in advanced-stage Hodgkin lymphoma. *Journal of Clinical Oncology*, *32*(17), pp.1776-1781.
88. Kridel, R., Xerri, L., Gelas-Dore, B., Tan, K., Feugier, P., Vawda, A., Canioni, D., Farinha, P., Boussetta, S., Moccia, A.A. and Brice, P., 2015. The prognostic impact of CD163-positive macrophages in follicular lymphoma: a study from the BC Cancer Agency and the Lymphoma Study Association. *Clinical Cancer Research*, *21*(15), pp.3428-3435.
89. Krull, K.R., Sabin, N.D., Reddick, W.E., Zhu, L., Armstrong, G.T., Green, D.M., Arevalo, A.R., Krasin, M.J., Srivastava, D.K., Robison, L.L. and Hudson, M.M., 2012. Neurocognitive function and CNS integrity in adult survivors of childhood hodgkin lymphoma. *Journal of clinical Oncology*, *30*(29), pp.3618-3624.
90. *Kuruvilla, J., MacDonald, D.A., Kouroukis, C.T., Cheung, M., Olney, H.J., Turner, A.R., Anglin, P., Seftel, M., Ismail, W.S., Luminari, S. and Couban, S., 2015. Salvage chemotherapy and autologous stem cell transplantation for transformed indolent lymphoma: a subset analysis of NCIC CTG LY12. *Blood*, *126*(6), pp.733-738.
91. Ladetto, M., Lobetti-Bodoni, C., Mantoan, B., Ceccarelli, M., Boccomini, C., Genuardi, E., Chiappella, A., Baldini, L., Rossi, G., Pulsoni, A. and Di Raimondo, F., 2013. Persistence of minimal residual disease in bone marrow predicts outcome in follicular lymphomas treated with a rituximab-intensive program. *Blood*, *122*(23), pp.3759-3766.
92. Lamant, L., McCarthy, K., d'Amore, E., Klapper, W., Nakagawa, A., Fraga, M., Maldyk, J., Simonitsch-Klupp, I., Oschlies, I., Delsol, G. and Mauguen, A., 2011. Prognostic impact of morphologic and phenotypic features of childhood ALK-positive anaplastic large-cell lymphoma: results of the ALCL99 study. *Journal of Clinical Oncology*, *29*(35), pp.4669-4676.
93. *Leblond, V., Johnson, S., Chevret, S., Copplestone, A., Rule, S., Tournilhac, O., Seymour, J.F., Patmore, R.D., Wright, D., Morel, P. and Dilhuydy, M.S., 2012. Results of a randomized trial of chlorambucil versus fludarabine for patients with untreated Waldenström macroglobulinemia, marginal zone lymphoma, or lymphoplasmacytic lymphoma. *Journal of Clinical Oncology*, *31*(3), pp.301-307.

94. *Leonard, J.P., Jung, S.H., Johnson, J., Pitcher, B.N., Bartlett, N.L., Blum, K.A., Czuczman, M., Giguere, J.K. and Cheson, B.D., 2015. Randomized trial of lenalidomide alone versus lenalidomide plus rituximab in patients with recurrent follicular lymphoma: CALGB 50401 (Alliance). *Journal of Clinical Oncology*, *33*(31), pp.3635-3640.
95. *Lessin, S.R., Duvic, M., Guitart, J., Pandya, A.G., Strober, B.E., Olsen, E.A., Hull, C.M., Knobler, E.H., Rook, A.H., Kim, E.J. and Naylor, M.F., 2013. Topical chemotherapy in cutaneous T-cell lymphoma: positive results of a randomized, controlled, multicenter trial testing the efficacy and safety of a novel mechlorethamine, 0.02%, gel in mycosis fungoides. *JAMA dermatology*, *149*(1), pp.25-32.
96. *Levy, R., Ganjoo, K.N., Leonard, J.P., Vose, J.M., Flinn, I.W., Ambinder, R.F., Connors, J.M., Berinstein, N.L., Belch, A.R., Bartlett, N.L. and Nichols, C., 2014. Active idiotypic vaccination versus control immunotherapy for follicular lymphoma. *Journal of Clinical Oncology*, *32*(17), pp.1797-1803.
97. Li, J., Zhi, J., Wenger, M., Valente, N., Dmoszynska, A., Robak, T., Mangat, R., Joshi, A. and Visich, J., 2012. Population pharmacokinetics of rituximab in patients with chronic lymphocytic leukemia. *The Journal of Clinical Pharmacology*, *52*(12), pp.1918-1926.
98. Liao, F., Hsu, Y.C., Kuo, S.H., Yang, Y.C., Chen, J.P., Hsu, P.N., Lin, C.W., Chen, L.T., Cheng, A.L., Fann, C.S.J. and Lin, J.T., 2014. Genetic polymorphisms and tissue expression of interleukin-22 associated with risk and therapeutic response of gastric mucosa-associated lymphoid tissue lymphoma. *Blood cancer journal*, *4*(10), p.eXX.
99. Luminari, S., Biasoli, I., Arcaini, L., Versari, A., Rusconi, C., Merli, F., Spina, M., Ferreri, A.J.M., Zinzani, P.L., Gallamini, A. and Mastronardi, S., 2013. The use of FDG-PET in the initial staging of 142 patients with follicular lymphoma: a retrospective study from the FOLL05 randomized trial of the Fondazione Italiana Linfomi. *Annals of oncology*, *24*(8), pp.2108-2112.
100. Marcheselli, L., Bari, A., Anastasia, A., Botto, B., Puccini, B., Dondi, A., Carella, A.M., Alvarez, I., Chiarenza, A., Arcari, A. and Salvi, F., 2015. Prognostic roles of absolute monocyte and absolute lymphocyte counts in patients with advanced-stage follicular lymphoma in the rituximab era: an analysis from the FOLL05 trial of the Fondazione Italiana Linfomi. *British journal of haematology*, *169*(4), pp.544-551.
101. Marostica, E., Sukbuntherng, J., Loury, D., de Jong, J., de Trixhe, X.W., Vermeulen, A., De Nicolao, G., O'Brien, S., Byrd, J.C., Advani, R. and McGreivy, J., 2015. Population pharmacokinetic model of ibrutinib, a Bruton tyrosine kinase inhibitor, in patients with B cell malignancies. *Cancer chemotherapy and pharmacology*, *75*(1), pp.111-121.
102. *Maziarz, R.T., Nademanee, A.P., Micallef, I.N., Stiff, P.J., Calandra, G., Angell, J., DiPersio, J.F. and Bolwell, B.J., 2013. Plerixafor plus granulocyte colony-stimulating factor improves the mobilization of hematopoietic stem cells in patients with non-Hodgkin lymphoma and low circulating peripheral blood CD34+ cells. *Biology of Blood and Marrow Transplantation*, *19*(4), pp.670-675.
103. *McClanahan, F., Hielscher, T., Rieger, M., Hensel, M., Bentz, M., Schmidt-Wolf, I., Käbisch, A., Salwender, H., Dürk, H., Staiger, H. and Mandel, T., 2012. Final results of a randomized trial comparing 1, 3, or 6 infusions of Rituximab plus 6 cycles CHOP provide valuable preliminary data towards a more cost-effective and safer treatment of advanced follicular lymphoma. *American journal of hematology*, *87*(10).
104. Merli, F., Luminari, S., Gobbi, P.G., Cascavilla, N., Mammi, C., Ilariucci, F., Stelitano, C., Musso, M., Baldini, L., Galimberti, S. and Angrilli, F., 2015. Long-term results of the HD2000 trial comparing ABVD versus BEACOPP versus COPP-EBV-CAD in untreated patients with advanced Hodgkin lymphoma: a study by Fondazione Italiana Linfomi. *Journal of Clinical Oncology*, *34*(11), pp.1175-1181.

105. *Merli, F., Luminari, S., Rossi, G., Mammi, C., Marcheselli, L., Tucci, A., Ilariucci, F., Chiappella, A., Musso, M., Rocco, A.D. and Stelitano, C., 2012. Cyclophosphamide, doxorubicin, vincristine, prednisone and rituximab versus epirubicin, cyclophosphamide, vinblastine, prednisone and rituximab for the initial treatment of elderly “fit” patients with diffuse large B-cell lymphoma: results from the ANZINTER3 trial of the Intergruppo Italiano Linfomi. *Leukemia & lymphoma*, *53*(4), pp.581-588.
106. Metzner, B., Müller, T.H., Gebauer, W., Casper, J., Kraemer, D., Rosien, B., Schumann-Binarsch, S., Thole, R., Köhne, C.H., Dreyling, M. and Hoster, E., 2014. Long-term clinical and molecular remissions in patients with mantle cell lymphoma following high-dose therapy and autologous stem cell transplantation. *Annals of hematology*, *93*(5), pp.803-810.
107. Meyer, R.M., Gospodarowicz, M.K., Connors, J.M., Pearcey, R.G., Wells, W.A., Winter, J.N., Horning, S.J., Dar, A.R., Shustik, C., Stewart, D.A. and Crump, M., 2012. ABVD alone versus radiation-based therapy in limited-stage Hodgkin's lymphoma. *New England Journal of Medicine*, *366*(5), pp.399-408.
108. *Mikkelsen, T.S., Mamoudou, A.D., Tuckuviene, R., Wehner, P.S. and Schroeder, H., 2014. Extended duration of prehydration does not prevent nephrotoxicity or delayed drug elimination in high-dose methotrexate infusions: A prospectively randomized cross-over study. *Pediatric blood & cancer*, *61*(2), pp.297-301.
109. *Molina, T.J., Canioni, D., Copie-Bergman, C., Recher, C., Brière, J., Haioun, C., Berger, F., Fermé, C., Copin, M.C., Casasnovas, O. and Thieblemont, C., 2014. Young Patients With Non–Germinal Center B-Cell–Like Diffuse Large B-Cell Lymphoma Benefit From Intensified Chemotherapy With ACVBP Plus Rituximab Compared With CHOP Plus Rituximab: Analysis of Data From the Groupe d'Etudes des Lymphomes de l'Adulte/Lymphoma Study Association Phase III Trial LNH 03-2B. *Journal of Clinical Oncology*, *32*(35), pp.3996-4003.
110. Morabito, F., Hohaus, S., Mammi, C., Marcheselli, L., Gentile, M., Merli, F., Montanini, A., Stelitano, C., Sala, A.L., Scalone, R. and Voso, M.T., 2012. Role of glutathione-S-transferase (GST) polymorphisms in patients with advanced Hodgkin lymphoma: results from the HD2000 GISL trial. *Leukemia & lymphoma*, *53*(3), pp.406-410.
111. Moraitis, A.G., Freeman, L.A., Shamburek, R.D., Wesley, R., Wilson, W., Grant, C.M., Price, S., Demosky, S., Thacker, S.G., Zarzour, A. and Hornung, R.L., 2015. Elevated interleukin-10: a new cause of dyslipidemia leading to severe HDL deficiency. *Journal of clinical lipidology*, *9*(1), pp.81-90.
112. Mori, T., Fukano, R., Saito, A., Takimoto, T., Sekimizu, M., Nakazawa, A., Tsurusawa, M., Kobayashi, R. and Horibe, K., 2014. Analysis of Japanese registration from the randomized international trial for childhood anaplastic large cell lymphoma (ALCL99-R1). *[Rinsho ketsueki] The Japanese journal of clinical hematology*, *55*(5), pp.526-533.
113. *Morschhauser, F., Radford, J., Van Hoof, A., Botto, B., Rohatiner, A.Z., Salles, G., Soubeyran, P., Tilly, H., Bischof-Delaloye, A., van Putten, W.L. and Kylstra, J.W., 2013. 90Yttrium-ibritumomab tiuxetan consolidation of first remission in advanced-stage follicular non-Hodgkin lymphoma: updated results after a median follow-up of 7.3 years from the International, Randomized, Phase III First-Line Indolent trial. *Journal of Clinical Oncology*, *31*(16), pp.1977-1983.
114. *Morschhauser, F.A., Cartron, G., Thieblemont, C., Solal-Céligny, P., Haioun, C., Bouabdallah, R., Feugier, P., Bouabdallah, K., Asikanius, E., Lei, G. and Wenger, M., 2013. Obinutuzumab (GA101) monotherapy in relapsed/refractory diffuse large b-cell lymphoma or mantle-cell lymphoma: results from the phase II GAUGUIN study. *Journal of Clinical Oncology*, *31*(23), pp.2912-2919.

115. Moskowitz, C.H., Nademanee, A., Masszi, T., Agura, E., Holowiecki, J., Abidi, M.H., Chen, A.I., Stiff, P., Gianni, A.M., Carella, A. and Osmanov, D., 2015. Brentuximab vedotin as consolidation therapy after autologous stem-cell transplantation in patients with Hodgkin's lymphoma at risk of relapse or progression (AETHERA): a randomised, double-blind, placebo-controlled, phase 3 trial. *The Lancet*, *385*(9980), pp.1853-1862.
116. Mounier, N., Brice, P., Bologna, S., Briere, J., Gaillard, I., Heczko, M., Gabarre, J., Casasnovas, O., Jaubert, J., Colin, P. and Delmer, A., 2014. ABVD (8 cycles) versus BEACOPP (4 escalated cycles≥ 4 baseline): final results in stage III–IV low-risk Hodgkin lymphoma (IPS 0–2) of the LYSA H34 randomized trial. *Annals of Oncology*, *25*(8), pp.1622-1628.
117. Mounier, N., Heutte, N., Thieblemont, C., Briere, J., Gaulard, P., Feugier, P., Ghesquieres, H., Van Den Neste, E., Robu, D., Tilly, H. and Bouabdallah, R., 2012. Ten-year relative survival and causes of death in elderly patients treated with R-CHOP or CHOP in the GELA LNH-985 trial. *Clinical Lymphoma, Myeloma and Leukemia*, *12*(3), pp.151-154.
118. Murawski, N., Held, G., Ziepert, M., Kempf, B., Viardot, A., Hänel, M., Witzens-Harig, M., Mahlberg, R., Rübe, C., Fleckenstein, J. and Zwick, C., 2014. The role of radiotherapy and intrathecal CNS prophylaxis in extralymphatic craniofacial aggressive B-cell lymphomas. *Blood*, *124*(5), pp.720-728.
119. Nocturne, G., Boudaoud, S., Miceli-Richard, C., Viengchareun, S., Lazure, T., Nititham, J., Taylor, K.E., Ma, A., Busato, F., Melki, J. and Lessard, C.J., 2013. Germline and somatic genetic variations of TNFAIP3 in lymphoma complicating primary Sjögren's syndrome. *Blood*, *122*(25), pp.4068-4076.
120. *Offner, F., Samoilova, O., Osmanov, E., Eom, H.S., Topp, M.S., Raposo, J., Pavlov, V., Ricci, D., Chaturvedi, S., Zhu, E. and van de Velde, H., 2015. Frontline rituximab, cyclophosphamide, doxorubicin, and prednisone with bortezomib (VR-CAP) or vincristine (R-CHOP) for non-GCB DLBCL. *Blood*, *126*(16), pp.1893-1901.
121. *Oki, Y., Westin, J.R., Vega, F., Chuang, H., Fowler, N., Neelapu, S., Hagemeister, F.B., McLaughlin, P., Kwak, L.W., Romaguera, J.E. and Fanale, M., 2013. Prospective phase II study of rituximab with alternating cycles of hyper-CVAD and high-dose methotrexate with cytarabine for young patients with high-risk diffuse large B-cell lymphoma. *British journal of haematology*, *163*(5), pp.611-620.
122. *Pettengell, R., Schmitz, N., Gisselbrecht, C., Smith, G., Patton, W.N., Metzner, B., Caballero, D., Tilly, H., Walewski, J.A., Bence-Bruckler, I. and To, B., 2013. Rituximab purging and/or maintenance in patients undergoing autologous transplantation for relapsed follicular lymphoma: a prospective randomized trial from the lymphoma working party of the European group for blood and marrow transplantation. *Journal of Clinical Oncology*, *31*(13), pp.1624-1630.
123. *Pettengell, R., Coiffier, B., Narayanan, G., de Mendoza, F.H., Digumarti, R., Gomez, H., Zinzani, P.L., Schiller, G., Rizzieri, D., Boland, G. and Cernohous, P., 2012. Pixantrone dimaleate versus other chemotherapeutic agents as a single-agent salvage treatment in patients with relapsed or refractory aggressive non-Hodgkin lymphoma: a phase 3, multicentre, open-label, randomised trial. *The lancet oncology*, *13*(7), pp.696-706.
124. *Pfreundschuh, M., Kuhnt, E., Trümper, L., Österborg, A., Trneny, M., Shepherd, L., Gill, D.S., Walewski, J., Pettengell, R., Jaeger, U. and Zinzani, P.L., 2011. CHOP-like chemotherapy with or without rituximab in young patients with good-prognosis diffuse large-B-cell lymphoma: 6-year results of an open-label randomised study of the MabThera International Trial (MInT) Group. *The lancet oncology*, *12*(11), pp.1013-1022.
125. Picardi, M., Pugliese, N., Cirillo, M., Zeppa, P., Cozzolino, I., Ciancia, G., Pettinato, G., Salvatore, C., Quintarelli, C. and Pane, F., 2014. Advanced-stage Hodgkin

lymphoma: US/chest radiography for detection of relapse in patients in first complete remission—a randomized trial of routine surveillance imaging procedures. *Radiology*, *272*(1), pp.262-274

126. Pillon, M., Gregucci, F., Lombardi, A., Santoro, N., Piglione, M., Sala, A., D'amore, E.S., De Santis, R., Casale, F., Zecca, M. and Mussolin, L., 2012. Results of AIEOP LNH-97 protocol for the treatment of anaplastic large cell lymphoma of childhood. *Pediatric blood & cancer*, *59*(5), pp.828-833.
127. Porrata, L.F., Inwards, D.J., Ansell, S.M., Micallef, I.N., Johnston, P.B., Hogan, W.J. and Markovic, S.N., 2014. Infused autograft lymphocyte to monocyte ratio and survival in diffuse large B cell lymphoma. *Biology of Blood and Marrow Transplantation*, *20*(11), pp.1804-1812.
128. Pósfai, É., Irsai, G., Illés, Á., Méhes, G., Marton, I., Molnár, C., Csípő, I., Baráth, S. and Gergely, L., 2014. Evaluation of significance of lymphocyte subpopulations and non-specific serologic markers in B-cell non-Hodgkin's lymphoma patients. *Pathology & Oncology Research*, *20*(3), pp.649-654.
129. *Press, O.W., Unger, J.M., Rimsza, L.M., Friedberg, J.W., LeBlanc, M., Czuczman, M.S., Kaminski, M., Braziel, R.M., Spier, C., Gopal, A.K. and Maloney, D.G., 2012. Phase III randomized intergroup trial of CHOP plus rituximab compared with CHOP chemotherapy plus 131iodine-tositumomab for previously untreated follicular non-Hodgkin lymphoma: SWOG S0016. *Journal of Clinical Oncology*, *31*(3), pp.314-320.
130. Quackenbush, R.C., Horner, T.J., Williams, V.C., Giampietro, P. and Lin, T.S., 2015. Patients with relapsed follicular lymphoma treated with rituximab versus tositumomab and iodine I-131 tositumomab. *Leukemia & lymphoma*, *56*(3), pp.779-781.
131. Quast, I., Keller, C.W., Maurer, M.A., Giddens, J.P., Tackenberg, B., Wang, L.X., Münz, C., Nimmerjahn, F., Dalakas, M.C. and Lünemann, J.D., 2015. Sialylation of IgG Fc domain impairs complement-dependent cytotoxicity. *The Journal of clinical investigation*, *125*(11), p.4160.
132. Radford, J., Illidge, T., Counsell, N., Hancock, B., Pettengell, R., Johnson, P., Wimperis, J., Culligan, D., Popova, B., Smith, P. and McMillan, A., 2015. Results of a trial of PET-directed therapy for early-stage Hodgkin's lymphoma. *New England Journal of Medicine*, *372*(17), pp.1598-1607.
133. *Radford, J., Davies, A., Cartron, G., Morschhauser, F., Salles, G., Marcus, R., Wenger, M., Lei, G., Wassner-Fritsch, E. and Vitolo, U., 2013. Obinutuzumab (GA101) plus CHOP or FC in relapsed/refractory follicular lymphoma: results of the GAUDI study (BO21000). *Blood*, *122*(7), pp.1137-1143.
134. Raemaekers, J.M., André, M.P., Federico, M., Girinsky, T., Oumedaly, R., Brusamolino, E., Brice, P., Fermé, C., van der Maazen, R., Gotti, M. and Bouabdallah, R., 2014. Omitting radiotherapy in early positron emission tomography–negative stage I/II Hodgkin lymphoma is associated with an increased risk of early relapse: clinical results of the preplanned interim analysis of the randomized EORTC/LYSA/FIL H10 trial. *Journal of clinical oncology*, *32*(12), pp.1188-1194.
135. *Récher, C., Coiffier, B., Haioun, C., Molina, T.J., Fermé, C., Casasnovas, O., Thiéblemont, C., Bosly, A., Laurent, G., Morschhauser, F. and Ghesquières, H., 2011. Intensified chemotherapy with ACVBP plus rituximab versus standard CHOP plus rituximab for the treatment of diffuse large B-cell lymphoma (LNH03-2B): an open-label randomised phase 3 trial. *The Lancet*, *378*(9806), pp.1858-1867.
136. *Ribrag, V., Koscielny, S., Bosq, J., Leguay, T., Casasnovas, O., Fornecker, L.M., Recher, C., Ghesquieres, H., Morschhauser, F., Girault, S. and Le Gouill, S., 2016. Rituximab and dose-dense chemotherapy for adults with Burkitt's lymphoma: a randomised, controlled, open-label, phase 3 trial. *The Lancet*, *387*(10036), pp.2402-2411.

137. *Ribrag, V., Tilly, H., Casasnovas, O., Bosly, A., Bouabdallah, R., Delarue, R., Boue, F., Bron, D., Feugier, P., Haioun, C. and Offner, F., 2013. Efficacy and toxicity of two schedules of bortezomib in patients with recurrent or refractory follicular lymphoma: a randomised phase II trial from the Groupe d'Etude des Lymphomes de l'Adulte (GELA). *European journal of cancer*, *49*(4), pp.904-910.
138. *Robak, T., Huang, H., Jin, J., Zhu, J., Liu, T., Samoilova, O., Pylypenko, H., Verhoef, G., Siritanaratkul, N., Osmanov, E. and Alexeeva, J., 2015. Bortezomib-based therapy for newly diagnosed mantle-cell lymphoma. *New England Journal of Medicine*, *372*(10), pp.944-953.
139. Rossi, D., Bruscaggin, A., La Cava, P., Galimberti, S., Ciabatti, E., Luminari, S., Rigacci, L., Tucci, A., Pulsoni, A., Bertoldero, G. and Vallisa, D., 2015. The genotype of MLH1 identifies a subgroup of follicular lymphoma patients that do not benefit from doxorubicin: FIL-FOLL05 study. *haematologica*, pp.haematol-2014.
140. *Rummel, M., Kaiser, U., Balser, C., Stauch, M., Brugger, W., Welslau, M., Niederle, N., Losem, C., Boeck, H.P., Weidmann, E. and von Gruenhagen, U., 2016. Bendamustine plus rituximab versus fludarabine plus rituximab for patients with relapsed indolent and mantle-cell lymphomas: a multicentre, randomised, open-label, non-inferiority phase 3 trial. *The Lancet Oncology*, *17*(1), pp.57-66.
141. *Rummel, M.J., Niederle, N., Maschmeyer, G., Banat, G.A., von Grünhagen, U., Losem, C., Kofahl-Krause, D., Heil, G., Welslau, M., Balser, C. and Kaiser, U., 2013. Bendamustine plus rituximab versus CHOP plus rituximab as first-line treatment for patients with indolent and mantle-cell lymphomas: an open-label, multicentre, randomised, phase 3 non-inferiority trial. *The Lancet*, *381*(9873), pp.1203-1210.
142. *Salar, A., Avivi, I., Bittner, B., Bouabdallah, R., Brewster, M., Catalani, O., Follows, G., Haynes, A., Hourcade-Potelleret, F., Janikova, A. and Larouche, J.F., 2014. Comparison of subcutaneous versus intravenous administration of rituximab as maintenance treatment for follicular lymphoma: results from a two-stage, phase IB study. *Journal of Clinical Oncology*, *32*(17), pp.1782-1791.
143. *Salles, G.A., Morschhauser, F., Solal-Céligny, P., Thieblemont, C., Lamy, T., Tilly, H., Gyan, E., Lei, G., Wenger, M., Wassner-Fritsch, E. and Cartron, G., 2013. Obinutuzumab (GA101) in patients with relapsed/refractory indolent non-Hodgkin lymphoma: results from the phase II GAUGUIN study. *Journal of Clinical Oncology*, *31*(23), pp.2920-2926.
144. Sarkozy, C., Seymour, J.F., Ferme, C., Caballero, D., Ghesquieres, H., Leppa, S., Delarue, R., Pedersen, L.M., Mounier, C., Da Silva, M.G. and Chassagne-Clement, C., 2014. Rituximab maintenance obviates the poor prognosis associated with circulating lymphoma cells in patients with follicular lymphoma. *Blood*, *123*(17), pp.2740-2742.
145. Sarkozy, C., Baseggio, L., Feugier, P., Callet-Bauchu, E., Karlin, L., Seymour, J.F., Lebras, L., Michallet, A.S., Offner, F., Dumas, O. and Traverse-Glehen, A., 2014. Peripheral blood involvement in patients with follicular lymphoma: a rare disease manifestation associated with poor prognosis. *British journal of haematology*, *164*(5), pp.659-667.
146. Sasse, S., Klimm, B., Görgen, H., Fuchs, M., Heyden-Honerkamp, A., Lohri, A., Koch, O., Wilhelm, M., Trenn, G., Finke, J. and Müller, R.P., 2012. Comparing long-term toxicity and efficacy of combined modality treatment including extended-or involved-field radiotherapy in early-stage Hodgkin's lymphoma. *Annals of oncology*, *23*(11), pp.2953-2959.
147. Sauer, M., Plütschow, A., Jachimowicz, R.D., Kleefisch, D., Reiners, K.S., Ponader, S., Engert, A. and von Strandmann, E.P., 2013. Baseline serum TARC levels predict therapy outcome in patients with Hodgkin lymphoma. *American journal of hematology*, *88*(2), pp.113-115.

148. *Schmitz, N., Nickelsen, M., Ziepert, M., Haenel, M., Borchmann, P., Schmidt, C., Viardot, A., Bentz, M., Peter, N., Ehninger, G. and Doelken, G., 2012. Conventional chemotherapy (CHOEP-14) with rituximab or high-dose chemotherapy (MegaCHOEP) with rituximab for young, high-risk patients with aggressive B-cell lymphoma: an open-label, randomised, phase 3 trial (DSHNHL 2002-1). *The lancet oncology*, *13*(12), pp.1250-1259.
149. *Sehn, L.H., Goy, A., Offner, F.C., Martinelli, G., Caballero, M.D., Gadeberg, O., Baetz, T., Zelenetz, A.D., Gaidano, G., Fayad, L.E. and Buckstein, R., 2015. Randomized phase II trial comparing obinutuzumab (GA101) with rituximab in patients with relapsed CD20+ indolent B-cell non-Hodgkin lymphoma: final analysis of the GAUSS study. *Journal of Clinical Oncology*, *33*(30), pp.3467-3474.
150. *Seymour, J.F., Pfreundschuh, M., Trněný, M., Sehn, L.H., Catalano, J., Csinady, E., Moore, N. and Coiffier, B., 2014. R-CHOP with or without bevacizumab in patients with previously untreated diffuse large B-cell lymphoma: final MAIN study outcomes. *Haematologica*, *99*(8), pp.1343-1349.
151. *Shimoni, A., Avivi, I., Rowe, J.M., Yeshurun, M., Levi, I., Or, R., Patachenko, P., Avigdor, A., Zwas, T. and Nagler, A., 2012. A randomized study comparing yttrium-90 ibritumomab tiuxetan (Zevalin) and high-dose BEAM chemotherapy versus BEAM alone as the conditioning regimen before autologous stem cell transplantation in patients with aggressive lymphoma. *Cancer*, *118*(19), pp.4706-4714.
152. Shpilberg, O. and Jackisch, C., 2013. Subcutaneous administration of rituximab (MabThera) and trastuzumab (Herceptin) using hyaluronidase. *British journal of cancer*, *109*(6), p.1556.
153. Sissolak, G., Wood, L., Smith, L., Armitage, J. and Jacobs, P., 2013. Tissue microarray in a subset of South African patients with DLBCL. *Transfusion and Apheresis Science*, *49*(2), pp.120-132.
154. Stadtmauer, E.A., Sullivan, K.M., Marty, F.M., Dadwal, S.S., Papanicoleau, G.A., Shea, T.C., Mossad, S.B., Andreadis, C., Young, J.A.H., Buadi, F.K. and El Idrissi, M., 2014. A phase 1/2 study of an adjuvanted varicella-zoster virus subunit candidate vaccine in adult autologous hematopoietic stem-cell transplant recipients. *Blood*, pp.blood-2014.
155. Steidl, C., Diepstra, A., Lee, T., Chan, F.C., Farinha, P., Tan, K., Telenius, A., Barclay, L., Shah, S.P., Connors, J.M. and van den Berg, A., 2012. Gene expression profiling of microdissected Hodgkin Reed-Sternberg cells correlates with treatment outcome in classical Hodgkin lymphoma. *Blood*, *120*(17), pp.3530-3540.
156. Stienen, J.J.C., Ottevanger, P.B., Wennekes, L., van de Schans, S.A.M., Dekker, H.M., van der Maazen, R.W.M., van Krieken, J.H.J.M., Blijlevens, N.M.A., Hermens, R.P.M.G. and PEARL study group, 2015. Trends in quality of non-Hodgkin's lymphoma care: is it getting better?. *Annals of hematology*, *94*(7), pp.1195-1203.
157. Stienen, J.J., Hermens, R.P., Wennekes, L., Van de Schans, S.A., Dekker, H.M., Blijlevens, N.M., Van der Maazen, R.W., Adang, E.M., Van Krieken, J.H. and Ottevanger, P.B., 2013. Improvement of hospital care for patients with non-Hodgkin's lymphoma: protocol for a cluster randomized controlled trial (PEARL study). *Implementation Science*, *8*(1), p.77.
158. *Stiff, P.J., Unger, J.M., Cook, J.R., Constine, L.S., Couban, S., Stewart, D.A., Shea, T.C., Porcu, P., Winter, J.N., Kahl, B.S. and Miller, T.P., 2013. Autologous transplantation as consolidation for aggressive non-Hodgkin's lymphoma. *New England Journal of Medicine*, *369*(18), pp.1681-1690.
159. Svensson, M., Dahlin, U. and Kimby, E., 2012. Better response with conjugate vaccine than with polysaccaride vaccine 12 months after rituximab treatment in lymphoma patients. *British journal of haematology*, *156*(3), pp.407-409.

160. Tan, K.L., Scott, D.W., Hong, F., Kahl, B.S., Fisher, R.I., Bartlett, N.L., Advani, R.H., Buckstein, R., Rimsza, L.M., Connors, J.M. and Steidl, C., 2012. Tumor-associated macrophages predict inferior outcomes in classical Hodgkin lymphoma: a correlative study from the E2496 Intergroup trial. *Blood*, pp.blood-2012.
161. *Taverna, C., Martinelli, G., Hitz, F., Mingrone, W., Pabst, T., Cevreska, L., Del Giglio, A., Vanazzi, A., Laszlo, D., Raats, J. and Rauch, D., 2015. Rituximab maintenance for a maximum of 5 years after single-agent rituximab induction in follicular lymphoma: results of the randomized controlled phase III trial SAKK 35/03. *Journal of clinical oncology*, *34*(5), pp.495-500.
162. *Termuhlen, A.M., Smith, L.M., Perkins, S.L., Lones, M., Finlay, J.L., Weinstein, H., Gross, T.G. and Abromowitch, M., 2013. Disseminated lymphoblastic lymphoma in children and adolescents: results of the COG A5971 trial: a report from the Children's Oncology Group. *British journal of haematology*, *162*(6), pp.792-801.
163. *Trněný, M., Lamy, T., Walewski, J., Belada, D., Mayer, J., Radford, J., Jurczak, W., Morschhauser, F., Alexeeva, J., Rule, S. and Afanasyev, B., 2016. Lenalidomide versus investigator's choice in relapsed or refractory mantle cell lymphoma (MCL-002; SPRINT): a phase 2, randomised, multicentre trial. *The Lancet Oncology*, *17*(3), pp.319-331.
164. Uhm, J. and Kuruvilla, J., 2012. Treatment of newly diagnosed advanced stage Hodgkin lymphoma. *Blood reviews*, *26*(4), pp.167-174.
165. Vadhan-Raj, S., Fayad, L.E., Fanale, M.A., Pro, B., Rodriguez, A., Hagemeister, F.B., Bueso-Ramos, C.E., Zhou, X., McLaughlin, P.W., Fowler, N. and Shah, J., 2011. A randomized trial of a single-dose rasburicase versus five-daily doses in patients at risk for tumor lysis syndrome. *Annals of oncology*, *23*(6), pp.1640-1645.
166. Van der Kaaij, M.A.E., van Echten-Arends, J., Heutte, N., Meijnders, P., Abeilard-Lemoisson, E., Spina, M., Moser, E.C., Allgeier, A., Meulemans, B., Lugtenburg, P.J. and Aleman, B.M.P., 2013. Cryopreservation, semen use and the likelihood of fatherhood in male Hodgkin lymphoma survivors: an EORTC-GELA Lymphoma Group cohort study. *Human Reproduction*, *29*(3), pp.525-533.
167. *Vitolo, U., Ladetto, M., Boccomini, C., Baldini, L., De Angelis, F., Tucci, A., Botto, B., Chiappella, A., Chiarenza, A., Pinto, A. and De Renzo, A., 2013. Rituximab maintenance compared with observation after brief first-line R-FND chemoimmunotherapy with rituximab consolidation in patients age older than 60 years with advanced follicular lymphoma: a phase III randomized study by the Fondazione Italiana Linfomi. *Journal of Clinical Oncology*, *31*(27), pp.3351-3359.
168. Von Tresckow, B., Plütschow, A., Fuchs, M., Klimm, B., Markova, J., Lohri, A., Kral, Z., Greil, R., Topp, M.S., Meissner, J. and Zijlstra, J.M., 2012. Dose-intensification in early unfavorable Hodgkin's lymphoma: final analysis of the German Hodgkin Study Group HD14 trial. *Journal of clinical oncology*, *30*(9), pp.907-913.
169. *Vose, J.M., Carter, S., Burns, L.J., Ayala, E., Press, O.W., Moskowitz, C.H., Stadtmauer, E.A., Mineshi, S., Ambinder, R., Fenske, T. and Horowitz, M., 2013. Phase III randomized study of rituximab/carmustine, etoposide, cytarabine, and melphalan (BEAM) compared with iodine-131 tositumomab/BEAM with autologous hematopoietic cell transplantation for relapsed diffuse large B-cell lymphoma: results from the BMT CTN 0401 trial. *Journal of Clinical Oncology*, *31*(13), pp.1662-1668.
170. Vu, K., Busaidy, N., Cabanillas, M.E., Konopleva, M., Faderl, S., Thomas, D.A., O'brien, S., Broglio, K., Ensor, J., Escalante, C. and Andreeff, M., 2012. A randomized controlled trial of an intensive insulin regimen in patients with hyperglycemic acute lymphoblastic leukemia. *Clinical Lymphoma Myeloma and Leukemia*, *12*(5), pp.355-362.
171. Wagner, L.I., Zhao, F., Hong, F., Williams, M.E., Gascoyne, R.D., Krauss, J.C., Advani, R.H., Go, R.S., Habermann, T.M., Leach, J.W. and O'Connor, B., 2015.

Anxiety and health-related quality of life among patients with low–tumor burden non-Hodgkin lymphoma randomly assigned to two different rituximab dosing regimens: Results from ECOG Trial E4402 (RESORT). *Journal of Clinical Oncology*, *33*(7), pp.740-748.

172. *Watanabe, T., Tobinai, K., Shibata, T., Tsukasaki, K., Morishima, Y., Maseki, N., Kinoshita, T., Suzuki, T., Yamaguchi, M., Ando, K. and Ogura, M., 2011. Phase II/III study of R-CHOP-21 versus R-CHOP-14 for untreated indolent B-cell non-Hodgkin's lymphoma: JCOG 0203 trial. *Journal of Clinical Oncology*, *29*(30), pp.3990-3998.
173. *Whittaker, S., Ortiz, P., Dummer, R., Ranki, A., Hasan, B., Meulemans, B., Gellrich, S., Knobler, R., Stadler, R. and Karrasch, M., 2012. Efficacy and safety of bexarotene combined with psoralen–ultraviolet A (PUVA) compared with PUVA treatment alone in stage IB–IIA mycosis fungoides: final results from the EORTC Cutaneous Lymphoma Task Force phase III randomized clinical trial 21011 (NCT00056056). *British Journal of Dermatology*, *167*(3), pp.678-687.
174. Williams, D., Mori, T., Reiter, A., Woessman, W., Rosolen, A., Wrobel, G., Zsiros, J., Uyttebroeck, A., Marky, I., Le Deley, M.C. and Brugières, L., 2013. Central nervous system involvement in anaplastic large cell lymphoma in childhood: results from a multicentre European and Japanese study. *Pediatric blood & cancer*, *60*(10).
175. *Witzens-Harig, M., Benner, A., McClanahan, F., Klemmer, J., Brandt, J., Brants, E., Rieger, M., Meissner, J., Hensel, M., Neben, K. and Dreger, P., 2015. Rituximab maintenance improves survival in male patients with diffuse large B-cell lymphoma. Results of the HD2002 prospective multicentre randomized phase III trial. *British journal of haematology*, *171*(5), pp.710-719.
176. Wongso, D., Fuchs, M., Plütschow, A., Klimm, B., Sasse, S., Hertenstein, B., Maschmeyer, G., Vieler, T., Dührsen, U., Lindemann, W. and Aulitzky, W., 2013. Treatment-related mortality in patients with advanced-stage hodgkin lymphoma: an analysis of the german hodgkin study group. *Journal of Clinical Oncology*, *31*(22), pp.2819-2824.
177. Xerri, L., Bachy, E., Fabiani, B., Canioni, D., Chassagne-Clément, C., Dartigues-Cuilléres, P., Charlotte, F., Brousse, N., Rousselet, M.C., Foussard, C. and Brice, P., 2014. Identification of MUM1 as a prognostic immunohistochemical marker in follicular lymphoma using computerized image analysis. *Human pathology*, *45*(10), pp.2085-2093.
178. Zallio, F., Tamiazzo, S., Monagheddu, C., Merli, F., Ilariucci, F., Stelitano, C., Liberati, A.M., Mannina, D., Vitolo, U., Angelucci, E. and Rota Scalabrini, D., 2016. Reduced intensity VEPEMB regimen compared with standard ABVD in elderly Hodgkin lymphoma patients: results from a randomized trial on behalf of the fondazione italiana linfomi (FIL). *British journal of haematology*, *172*(6), pp.879-888.
179. Zeynalova, S., Ziepert, M., Scholz, M., Schirm, S., Zwick, C., Pfreundschuh, M., Loeffler, M. and German High-Grade Non-Hodgkin Lymphoma Study Group (DSHNHL, 2013. Comparison and modelling of pegylated or unpegylated G-CSF schedules in CHOP-14 regimen of elderly patients with aggressive B-cell lymphoma. *Annals of hematology*, *92*(12), pp.1641-1652.
180. Zhou, X., Wang, J., Zhang, J., Copley-Merriman, C., Torigoe, Y., Reyes, C., Seymour, J.F., Offner, F.C., Trneny, M. and Salles, G.A., 2015. Symptoms and toxicity of rituximab maintenance relative to observation following immunochemotherapy in patients with follicular lymphoma. *Hematology*, *20*(3), pp.129-136.
181. *Zinzani, P.L., Khuageva, N.K., Wang, H., Garicochea, B., Walewski, J., Van Hoof, A., Soubeyran, P., Caballero, D., Buckstein, R., Esseltine, D.L. and Theocharous, P., 2012. Bortezomib plus rituximab versus rituximab in patients with high-risk, relapsed, rituximab-naïve or rituximab-sensitive follicular lymphoma: subgroup analysis of a randomized phase 3 trial. *Journal of hematology & oncology*, *5*(1), p.67.

182. Zohren, F., Bruns, I., Pechtel, S., Schroeder, T., Fenk, R., Czibere, A., Maschmeyer, G., Kofahl-Krause, D., Niederle, N., Heil, G. and Losem, C., 2015. Prognostic value of circulating Bcl-2/IgH levels in patients with follicular lymphoma receiving first-line immunochemotherapy. *Blood*, *126*(12), pp.1407-1414.
183. *Zucca, E., Conconi, A., Laszlo, D., López-Guillermo, A., Bouabdallah, R., Coiffier, B., Sebban, C., Jardin, F., Vitolo, U., Morschhauser, F. and Pileri, S.A., 2013. Addition of rituximab to chlorambucil produces superior event-free survival in the treatment of patients with extranodal marginal-zone B-cell lymphoma: 5-year analysis of the IELSG-19 Randomized Study. *Journal of Clinical Oncology*, *31*(5), pp.565-572.
184. Schulz, K.F., Altman, D.G. and Moher, D., 2010. CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *BMC medicine*, *8*(1), p.18
185. Rikos, D., Dardiotis, E., Tsivgoulis, G., Zintzaras, E. and Hadjigeorgiou, G.M., 2016. Reporting quality of randomized-controlled trials in multiple sclerosis from 2000 to 2015, based on CONSORT statement. *Multiple sclerosis and related disorders*, *9*, pp.135-139..
186. Partsinevelou, A. and Zintzaras, E., 2009. Quality of reporting of randomized controlled trials in polycystic ovary syndrome. *Trials*, *10*(1), p.106.
187. Ziogas, D.C. and Zintzaras, E., 2009. Analysis of the quality of reporting of randomized controlled trials in acute and chronic myeloid leukemia, and myelodysplastic syndromes as governed by the CONSORT statement. *Annals of epidemiology*, *19*(7), pp.494-500.
188. Kober, T., Trelle, S. and Engert, A., 2006. Reporting of randomized controlled trials in Hodgkin lymphoma in biomedical journals. *Journal of the National Cancer Institute*, *98*(9), pp.620-625.
189. Huang, D., Jin, X., Gao, J., Li, Y., Lu, L., Sun, F., Chen, D., Zhao, W., Luo, W., Li, H. and Hu, Y., 2015. Quality evaluation of randomized controlled trials reports of laparoscopy compared with open colorectal resection for colorectal cancer. *Expert review of anticancer therapy*, *15*(6), pp.727-732.