The European MCL Network (http://www.european-mcl.net) is represented in 19 countries and involves clinical study groups, experts in histopathology and molecular genetics. Selection of individual partners was exclusively based on scientific excellence, profound clinical experience of MCL treatment, broad knowledge of the underlying molecular pathogenesis and outstanding methodological expertise.

Participating clinical study groups and national representative:

- Australasian lymphoma study group (J. Seymour, Melbourne/Australia)
- CLSG (M. Trneny, Prag/Czech Republic)
- Croatian Study group (I. Aurer, Zagreb/Croatia)
- FIL (Italian Intergroup) (U. Vitolo, Torino/Italy)
- GELTAMO (F. Lopez, Barcelona/Spain)
- GLSG (W. Hiddemann/Germany)
- HOVON (H. Kluin-Nelemans, Groningen/Netherlands)
- Irish lymphoma group (E. Vandenberghe, Dublin)
- Israeli Study group (O. Shpilberg, Petah-Tiqva/Israel)
- LYSARC (O. Hermine, V. Ribrag, St. Le Gouill, France)
- NCRI (S. Rule, Plymouth)
- Nordic Lymphoma Group (C. Geissler, Copenhagen; M. Jerkeman, Lund)
- PLRG (J. Walewski, Wawrzawa/Poland)
- Portugese LSG (M. da Silva, Lisboa/Portugal)
- SAKK (U. Mey, Chur)

During the last few years, the consortium has established the two standards treatment in younger and elderly MCL patients:

- MCL younger/ LyMa: Ara-C containing induction followed by Ara-C containing myeloablative consolidation with autologous stem cell rescue and rituximab maintenance
- MCL elderly: R-CHOP induction followed by Rituximab maintenance.

Publications and presentations of various clinical studies were received well at various international and national conferences.


Hermine O, Hoster E, Walewski J et al. Alternating courses of 3x CHOP and 3x DHAP plus rituximab followed by a high-dose cytarabine containing myeloablative regimen and autologous stem cell transplantation versus 6 courses of CHOP plus rituximab followed by myeloablative radiochemotherapy and autologous stem cell transplantation in patients <65years (MCL Younger): a randomised, open-label, phase 3 trial of the European MCL Network. Lancet 2016;388(10044):565-75.

Accordingly, the European MCL Network plays a crucial role in the first distinct ESMO guidelines for MCL as well as other consensus and educational manuscripts published in 2016.


Simultaneously, the corresponding biological risk factors and underlying molecular pathogenesis have been thoroughly explored with results being presented at international meetings (e.g. MRD, cell proliferation, various molecular markers).


In vitro and clinical results of molecularly targeted approaches have been also presented at different international conferences.


Accordingly, innovative combinations with biologicals are being investigated in the new study generation (figure 1).
The consortium has also performed various meetings in 2016:

5/2016 Principal investigator/ phase I/II platform meeting in Munich
10/2016 annual conference in Barcelona

Based on all of these achievements, we are looking forward to the ongoing collaboration within our scientific working group in 2017! To foster our future activities the EHA SWG European MCL network will join the EHQA LyG SWG in 2017.

Martin Dreyling
Coordinator

Conflict of interest:
The European MCL Network thanks for the unrestricted grants of Celgene (2012-2017) and Janssen (2016) (see www.european-mcl.net)