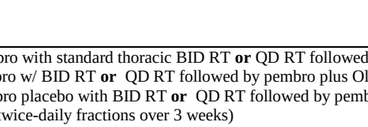
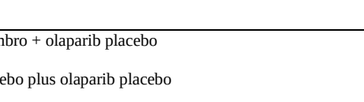
Short Name/Protocol #	Disease	Treatment
	LUNG STUDIES	
Metis EF-25 (Novocure)	**Device study** Phase 3/Brain mets from NSCLC • **New diagnosis** of brain metastases with 1 inoperable brain metastasis or 2-10 brain metastases, amenable to SRS. • Largest tumor volume < 10 cc.; longest tumor diameter < 3 cm; Cumulative volume of all tumors ≤ 15 cc • At least one measurable lesion • Karnofsky performance status (KPS) ≥ 70 • Leptomeningeal metastasis is exclusionary. • Patients that have received WBRT or prior SRS for their brain metastases will be ineligible for this study. Exclusion: Patients who are known to have somatic tumor mutations in the following genes, for which targeted agents are available that directly affect the treatment of brain metastasis: Anaplastic lymphoma kinase (ALK), epidermal growth factor receptor (EGFR), ROS-1 proto-oncogene, and proto-oncogene B-RAF	**NovoTTF-100M device (150kHz output frequency)** • Patients may continue on systemic therapy while receiving TTFields. • Patients on the supportive care arm can crossover to the device arm after second intracranial failure • Following first progression in the brain, patients may be offered salvage therapy based on local practice such as resection, repeat SRS or WBRT.
DS1062-A-U301 Tropion (Daiichi-Sankyo)	**Stage IIIB, IIIC or Stage IV NSCLC disease at the time of randomization** • Progression following PD-1/PD-L1 following or in combination with platinum-based treatment • Subjects with Actionable genomic mutations must have received targeted therapy for the mutation • No mixed SCLC and NSCLC histology	A total of approximately 590 eligible subjects will be randomized to DS-1062a arm or docetaxel arm in a 1:1 ratio (295/arm) ARM 1: DS-1062a 6.0 mg/kg IV q 3 weeks vs. ARM 2: Docetaxel 75mg/m2 IV q 3 weeks
PACIFIC-4 D9103C00001 (Astra Zeneca)	**Stage I to II NSCLC – T1 – T3N0M0** • Medically inoperable or operable & refusing surgery or choosing SBRT • **SBRT as definitive tx during treatment period • ECOG 0 – 2 • All comers for histology and PDL-1 Status • Patients with ultra-central tumors are not eligible • **Patients with T1a/b – recruitment closed**	**Double Blind, randomized 1:1** Durvalumab 1500mg IV Q 4 wks up to 24 months Or Placebo IV Q 4 wks up to 24 months
MK 7339-013 KEYLYNK (Merck)	**Phase 3/newly diagnosed untreated LS- SCLC** • Untreated Stage I-III LS-SCLC with at least 1 measurable lesion • ECOG 0-1 • Tumor tissue required, fresh preferred over archival • Life expectancy at least 6 months	**Group A:** Platinum doublet + Pembro with standard thoracic BID RT **or** QD RT followed by Pembro + olaparib placebo **Group B:** Platinum doublet + pembro w/ BID RT **or** QD RT followed by pembro plus Olaparib **Group C:** Platinum doublet + pembro placebo with BID RT **or** QD RT followed by pembro placebo plus olaparib placebo Standard thoracic RT (45 Gy in 30 twice-daily fractions over 3 weeks) Once-daily RT (60 to 66 Gy in 33 daily fractions over 6 weeks)
	BREAST STUDIES	
IPI-549-03 (Infinity Pharmaceuticals)	**Cohort A: TNBC – locally advanced or Metastatic** • No prior chemo or systemic therapy for locally adv. or mets TNBC setting • -Measurable disease per RECIST 1.1 • -ECOG 0-1 • -Screening biopsy required **Cohort B: RCC – Closed**	**Treatments** **TNBC: IPI-549 PO + Front line therapy** **(Atezolizumab + Nab-paclitaxel)**
G1T28-208 – PRESERVE 2 (G1 Therapeutics)	**Locally advanced unresectable or Metastatic Triple Negative Breast Cancer** **Cohort 1** • 1st line advanced or metastatic • No prior Pd-1/PD-L1 any setting • ≥ 6 months since curative tx **Cohort 2 (Closed to enrollment)** **Both cohorts** • Tissue required • ECOG 0-1 • No prior gemcitabine • Optional tumor biopsies done at Screening and between C1D17 – C1D20	**1:1 randomized** **Trilaciclib/placebo solution as a 30-minute IV infusion followed by Gemcitabine and Carboplatin** The dose of trilaciclib will not be modified and will remain at 240 mg/m2 throughout the study. • **Cohort 1: Any PD-L1 Status, First-line, PD-1/PD-L1 Inhibitor-Naïve Population** • ~~**Cohort 2: PD-L1 + Status, Second-line, Previously Treated with a PD-1/PD-L1 Inhibitor**~~ **(Closed to enrollment)**
EMBER-3 **J2J-OX-JZLC** (Eli Lilly)	**Phase 3 - ER+, HER2- locally advanced (not amenable to curative treatment by surgery) or metastatic Breast Cancer, who have been treated with an AI, alone or in combination with a CDK4/6 inhibitor.** **Key Inclusion Criteria:** • Have a diagnosis of ER+, HER2- breast cancer • Locally advanced (not amenable to curative treatment by surgery) or metastatic disease and progression on or after only 1 line of therapy with an AI, alone or in combination with a CDK4/6 inhibitor. • ECOG of 0 or 1 **Key Exclusion Criteria:** • prior **chemotherapy** (except for neoadjuvant/adjuvant chemotherapy), **fulvestrant**, any investigational-ER-directed therapy (including SERDs and non-SERDs), any PI3K-, mTOR-, or AKT-inhibitor • Inflammatory breast cancer • wide-field radiotherapy ≤4 weeks (defined as involving ≥25% of the bone marrow), or limited field radiation for palliation ≤1 week prior to randomization.	**Open Label – randomized 1:1** **Arm A – Imlunestrant PO daily** **Imlunestrant is an oral SERD.** **Arm B – Investigator choice of:** **Fulvestrant or Exemestane** **Arm C- Imlunestrant PO daily+** **Abemaciclib PO BID**
G1T28-213 (G1 Therapeutics)	**Locally advanced unresectable or Metastatic Triple Negative Breast Cancer** • Histologically documented hormone receptor negative and HER2 negative • Measurable disease per RECIST 1.1 • 2 prior lines of systemic therapy, at least one in the metastatic setting • ECOG 0-1 Exclusions • Patients with known brain mets at enrollment • **Bone-only disease**	**Treatment Arm** **Trilaciclib 240mg/2** Days 1, 8 every 21 days + **Sacituzumab Govitecan-hxiy** 10mg/kg days 1, 8 every 21 days *The dose of Trilaciclib will not be modified and will remain at 240 mg/m2 throughout the study*  
	LYMPHOMA STUDIES	

XPORT-DLBCL-30 (Karyopharm)	**Phase 2/3 Relapsed Refractory DLBCL** (pts not intended for ASCT or CAR-T) • pathologically confirmed de novo DLBCL or DLBCL transformed from previously diagnosed indolent lymphoma (eg, FL) • Have received at least 1 but no more than 2 previous systemic regimens for DLBCL tx • measurable disease per Lugano • ECOG ≤ 2 • primary refractory disease defined as no response or relapse within 3 months after ending 1st-line tx will be allowed on study (up to 20% of enrolled patients in each Phase)	**Treatment Phase 2: Selinexor + R-GDP** **Treatment Phase 3: Selinexor or placebo + R-GDP**
MOR208C310 FRONT-MIND	**Newly Diagnosed, previously untreated, high-intermediate and high risk DLBCL** • **≤ 28 days from pathologic diagnosis to start of treatment (C1D1)** • Biopsy proven CD20 positive p DLBCL • ECOG 0-2 • Thromboembolic event Prophylaxis required • No known CNS involvement	**Experimental Arm: 6 cycles** **R-CHOP + Tafasitamab + lenalidomide** **(D1) (Days 1, 8, 15) (D1-10)** **Control Arm: 6 cycles** **R-CHOP + Tafasitamab placebo + lenalidomide Placebo** **(D1) (Days 1, 8, 15) (D1-10)**
MYELOFIBROSIS STUDIES		
TRANSFORM-2 M20-178 (AbbVie)	**Relapsed or refractory Myelofibrosis** (resistant to a JAK-2 inhibitor) • Previously treated with JAK-2 inhibitor therapy who have measurable splenomegaly and are not candidates for allogeneic-stem cell transplantation.	**Arm A –** Exp. group: **ruxolitinib 10mg BID + navitoclax 100/200 mg QD** **Arm B - Control group:** Best available therapy, options include ruxolitinib, hydroxyurea, PEG-interferon-α2, or danazol and fedratinib *(where approved for relapsed/refractory MF).*
COLORECTAL CANCER		
BESPOKE 20-041-NCP (Natera) Registry Study	**Patients that have undergone surgery for stage I, II or III colorectal cancer & oligometastatic Stage IV colorectal cancer** • Planning or undergone surgical resection of adenocarcinoma of the colon or rectum • Pathologic stage I, II or III disease • Stage IV with oligometastatic disease eligible for curative intent resection or ablation, and clinically eligible for adjuvant chemotherapy or immunotherapy • ECOG performance status ≤ 2 • Clinically eligible for chemotherapy	**Observational Study:** Data will be collected for patients who have undergone surgery for stage I, II, III, & IV colorectal cancer (CRC) and will provide whole blood samples for routine care SIGNATERA testing. Patients will receive SIGNATERA test results and may be recommended for adjuvant chemotherapy or observation by their treating healthcare provider. Optional future research testing done via Natera test.
SOLID TUMORS		
SGNLVA-005 (SeaGen)	**Unresectable LA or Met solid tumors** • ECOG ≤ 1 • Measurable disease per RECIST 1.1 • Prior PDL-1 treatment **CPRC (castrate resistant prostate cancer)** • Histologic adenocarcinoma of prostate • Metastatic CRPC • No more than one prior 2nd gen anti-androgen for mCPRC • No prior chemo in mCPRC • Measurable or non-measurable disease **Melanoma** • Must have histologically or cytologically confirmed cutaneous malignant melanoma; • Subjects with mucosal, acral, or uveal melanoma are excluded. • Must have locally advanced unresectable or metastatic stage disease; • Must have measurable disease: • Must have progressive disease following anti-PD(L)1 therapy: • Prior ipilimumab therapy is allowed;	*Currently only 2 cohorts open ~~Cohort 1: SCLC (closed)~~ ~~Cohort 2: NSCLC-squamous (closed)~~ ~~Cohort 3: NSCLC-nonsquamous (closed)~~ ~~Cohort 4: HNSCC (closed)~~ ~~Cohort 5: Esophoogeal-squamous- closed)~~ ~~Cohort 6: Gastric and GEJ adenocarcinoma (closed)~~ **Cohort 7: CRPC (OPEN)** **Cohort 8: Melanoma (OPEN)** **Treatment:** Ladiratuzumab Vedotin
02-MX-003 ORACLE (Guardant Health)	**Patients that were treated with curative intent and are planning to undergo standard-of-care follow-up/monitoring for cancer recurrence** • At least one blood sample (Landmark sample) collected 4-12 weeks after completion of primary treatment • Have a single primary qualifying cancer: Primary Cohorts: • Muscle invasive carcinoma of the bladder, ureter, or renal pelvis (stage II-III) • Non-small cell lung cancer (stage II-III) • Invasive breast carcinoma (T1-4/N0-3/M0 at presentation) who completed preop chemotherapy, underwent surgical resection, & have pathological evidence of residual invasive carcinoma in the breast and/or axillary lymph nodes Exploratory Cohorts: • Cutaneous melanoma (stage IIb-III or resectable stage IV) • Esophageal or gastroesophageal junction carcinoma (stage II-III) • Gastric adenocarcinoma (stage II-III) • Surgically resected pancreatic adenocarcinoma • Invasive squamous cell carcinoma of the head and neck (stage I-III) • High risk epithelial ovarian or Fallopian tube carcinoma • High risk endometrial carcinoma • High risk renal cell carcinoma	**Observational Study:** ORACLE is a multi-center, prospective observational study for patients with solid tumors treated with curative intent. The study goal is to determine how well a simple blood test identifying presence of circulating tumor DNA (ctDNA) predicts cancer recurrence after curative intent treatment. Blood samples will be collected at the patient's standard-of-care follow-up visits. Results of testing **will not be made available** to research staff, physicians, or patients.
RENAL CELL CANCER		
MK6482-011 (Merck)	**Advanced RCC patients that have progressed after prior Anti-PD-1/L1 therapy** • 2nd or 3rd line treatment post anti PD-1/L1 therapy (at least 2 doses) • 1 prior anti-PD-1/L1 therapy for locally advanced or metastatic RCC • locally advanced/metastatic RCC with clear cell component • Measurable disease per RECIST 1.1 • No intermittent or supplemental oxygen requirement	**Experimental Arm:** **Belzutifan + Lenvatinib** **Control Arm:** **Cabozatinib** 

MYELODYSPLASTIC SYNDROME (MDS)		
STIMULUS-MDS CMBG543B1US01 (Novartis)	**Intermediate, high or very high risk myelodysplastic syndrome (MDS)** • Confirmed dx of MDS intermediate, high, or very high risk per PISS-R criteria • ECOG 0-2 • Not eligible for SCT • No prior to exposure to TIM-3 therapy (prior checkpoint inhibitor allowed if >than 4 months prior to enrollment • No more than 1 prior ccle of HMA • No prior chemotherapy	Treatment: Sabatolimab (MBG453) + HMA of choice (Decitabine IV or Azacitabine  IV)