

Oncology Clinical Trial List

September 2024

Breast

*HER2-positive- based on pre treatment biopsy, IHC score of 3+ and/or positive by in situ hybridization (ISH). Known HR status.
 *Clinical stage T1-4, N0-3 disease and residual invasive disease postop are eligible.
 *Residual HR-negative, HER2 positive (+) disease in the breast and/or lymph nodes per the surgical path report are eligible; but HR+ HER2+ cancers must have node-positive residual disease per the surgical path report
 *Residual disease tissue not required to be HER2-positive, eligibility based on a positive HER2 status at initial cancer diagnosis
 *Micrometastases in lymph nodes after preop therapy counts as residual disease, whereas the presence of isolated tumor cells does not
 *Synchronous bilateral invasive disease are eligible provided both lesions were confirmed to be HER2-positive, and at least one lesion meets criteria
 *Must have received neoadjuvant chemo with one of: THP; TMP; AC-TH(P); TCH(P); FAC-TH(P), or FEC-TH(P)
 *Patients are randomized to 1 of 2 arms.
 **Arm I Active Comparator: (trastuzumab emtansine, placebo): Patients receive trastuzumab emtansine (T-DM1) IV over 30-90 minutes on day 1 & placebo orally (PO) twice daily (BID) on days 1-21. Treatment repeats every 21 days for up to 14 cycles in the absence of disease progression or unacceptable toxicity.
 **Arm II Experimental: (trastuzumab emtansine, tucatinib): Patients receive T-DM1 IV over 30-90 minutes on day 1 and tucatinib PO BID on days 1-21. Treatment repeats every 21 days for up to 14 cycles in the absence of disease progression or unacceptable toxicity.
 *After completion of study treatment, patients are followed up at 30 days, then every 6 months for 10 years.

The COMPASSHER2 Trials (Comprehensive Use of OMPREHENSIVE USE OF PATHOLOGIC RESPONSE ASSESSMENT TO OPTIMIZE THERAPY IN HER2-POSITIVE BREAST CANCER): COMPASSHER2 RESIDUAL DISEASE (RD), A DOUBLE-BLINDED, PHASE III RANDOMIZED TRIAL OF T-DM1 AND PLACEBO COMPARED WITH T-DM1 AND TUCATINIB
 (Quality of Life Sub-Study Closed)
NCORP A011801
NCT04457596
<https://clinicaltrials.gov/study/NCT04457596>

ER+HER2- breast cancer
 *Histol/cyto diagnosis of locally advanced or metastatic ER+HER2 breast cancer, must have progressed after first line (1st line depends on phase we are in)
 *Documentation of ER-positive tumor (≥1% positive stained cells) based on most recent tumor biopsy
 *documentation of HER2-negative tumor: determined as immunohistochemistry score 0/1+ or negative by in situ hybridization
 *must be willing to undergo medically induced menopause by treatment with the approved LHRH agonist such as goserelin, leuprolide or equivalent
 *at least 1 measurable lesion as defined by RECIST version 1.1 not previously irradiated.
 *ECOG - PS 0 or 1
 *Adequate renal, liver, and bone marrow function.
 *Resolved acute effects of prior therapy to baseline severity or CTCAE Grade 1

A Randomized, Open-label, Phase 3 Study of Adjuvant Imlunetrant vs Standard Adjuvant Endocrine Therapy in Patients who have Previously Received 2 to 5 years of Adjuvant Endrocine Therapy for ER+, HER 2- Early Breast Cancer with an Increased Risk of Recurrence
Eli Lilly J2J-MC-JZLH
NCT05514054
<https://clinicaltrials.gov/ct2/show/NCT05514054>

Breast (Continued)

*Untreated MBC HR+

*1 or more elevated breast markers (CEA, CA15-3, CA27.29)

*need at least 2 markers done

*No brain mets

Randomized Non-Inferiority Trial Comparing Overall Survival of Patients Monitored with Serum Tumor Marker Directed Disease Monitoring (STMDDM) versus Usual Care in Patients with Metastatic Hormone Receptor Positive HER-2 Negative Breast Cancer
S1703 (NCORP)

NCT03723928

<https://clinicaltrials.gov/ct2/show/NCT03723928>

Anal and Colorectal

*Histologically/cytologically confirmed Stage IV CRC with BRAF V600E mutation

*Prior systemic treatment in metastatic setting (considered metastatic treatment if relapse/ metastasis < 6 mos from end of adj/neoadj treatment)

*SLI: 0-1 regimens

*Phase 3: None

*Measurable disease (Phase 3)/ Measurable or evaluable disease (Safety Lead-in)

*ECOG PS 0-1

*Adequate organ function

An Open-label, Multicenter, Randomized Phase 3 Study of First line Encorafenib Plus Cetuximab With or Without Chemotherapy Agents versus Standard of Care Therapy with a Safety Lead-in of Encorafenib and Cetuximab Plus Chemotherapy In Participants with Metastatic BRAF V600E Mutant Colorectal Cancer

Pfizer C4221015

NCT04607421

<https://clinicaltrials.gov/ct2/show/NCT04607421>

Non Small Cell Lung Cancer (NSCLC)

*Advanced stage (stages IIIB-IV) NSCLC and confirmed METex14 skipping alterations who are initiating or already treated with a systemic therapy

Disease Registry on Patients with Advanced Non-small Cell Lung Cancer (NSCLC) Harboring METex14 Skipping Alterations
MOMENT (Met nOn sMall cEll caNcer registry)

EMD Serono MS200095-0050 (MOMENT)

NCT05376891

<https://clinicaltrials.gov/ct2/show/NCT05376891>

*Experimental: Arm A: Durvalumab + Tremelimumab + Platinum-based Chemotherapy

*Durvalumab plus tremelimumab q3w for four 21-day cycles in combination with chemotherapy

*Followed by maintenance therapy (durvalumab plus pemetrexed maintenance) every 4 weeks (q4w) until disease progression or unacceptable toxicity or treatment discontinuation.

*During the maintenance therapy phase, participants will receive an additional cycle of durvalumab plus tremelimumab (plus pemetrexed, where applicable) at Week 16.

A Phase IIIb, Randomized, Multicenter, Open-label Study to assess the Efficacy of Durvalumab plus Tremelimumab versus Pembrolizumab in Combination with Platinum-Based Chemotherapy for First-Line Treatment in Metastatic Non-Small Cell Lung Cancer Patients with Non-Squamous Histology who have Mutations and/or Co-mutations in STK11, KEAP1, or KRAS (TRITON)

Astra Zeneca D419ML00003 (Triton)

NCT06008093

<https://classic.clinicaltrials.gov/ct2/show/NCT06008093>

DNA Evaluation, Liquid Biopsy, Gene Sequencing	
<p>**Cohort B - No Cancer - no cancer diagnosis or stable nodule for at least 1 year by chest CT scan. (~70% no nodules and ~30% stable nodules anticipated)</p> <p>**Cohort C - Cancer, Non-Lung primary - pathologic diagnosis of non-lung cancer inclusive of TNM Stage, originating from: esophagus (upper), colon or rectum, pancreas, stomach (including lower esophagus), head & neck, bladder, kidney, or liver.</p>	<p>DNA Evaluation of Fragments for Early Interception - - Lung Cancer Training Study DELFI-L101 (Cohort A closed to enrollment) NCT04825834 https://clinicaltrials.gov/ct2/show/NCT04825834</p>
<p>*Baseline blood draw before initial treatment</p> <p>*Longitudinal blood draws every month to assess DNA changes</p> <p>*No samples will be tested until sufficient samples have been collected study wide</p> <p>*Physicians will not receive results</p> <p>*However, patients can have blood tested up to 3 times free of charge on commercially available Guardant 360</p>	<p>SIBYL: obServation of therapy response with liQuid BiopsY evaluation</p> <p>Guardant 06-MX-001 (SYBIL) Not listed in NCT</p>

DNA Evaluation, Liquid Biopsy, Gene Sequencing (Cont'd)	
<p>*Must have had/will have at least one dose of anti-PD-1/PD-L1 immunotherapy</p> <p>*Must have had/will have tumor biopsy prior to anti-PD-1/PD-L1 treatment</p> <p>*Must have had/will have CT or MRI of tumor prior to anti-PD-1/PD-L1 immunotherapy</p> <p>*Must have enough tissue available for protocol needs</p> <p>CANCERS</p> <p>*Head and neck squamous cell carcinoma (HNSCC)</p> <p>*Non-small-cell lung cancer (NSCLC) - *Small cell lung cancer (SCLC)</p> <p>*Urothelial carcinoma (UCC) - *Cervical cancer</p> <p>*Gastric or gastroesophageal junction adenocarcinoma</p> <p>*Esophageal squamous cell carcinoma (ESCC)</p> <p>*Triple-negative breast cancer (TNBC) - *Hepatocellular carcinoma (HCC)</p> <p>*Renal cell carcinoma (RCC) - *Colorectal cancer (CRC)</p>	<p>A Multicenter Cancer Biospecimen Collection Study</p> <p>Cofactor Genomics, Inc. PREDAPT-2</p> <p>NCT04510129 https://clinicaltrials.gov/ct2/show/NCT04510129</p>
<p>*Patients who are having surgery, or have had surgery with preserved specimens.</p> <p>*Breast, DCIS, Ovarian, Liver, Renal Cell Carcinoma, and Gastric cancer</p> <p>**must be newly diagnosed and have histologically confirmed cancer</p> <p>*Ovarian, Esophageal, Gastric, Liver, and Pancreatic cancer</p> <p>**must be 35 to 80 years old</p> <p>**must be newly diagnosed/treatment naïve at time of collection</p> <p>**must be pre-therapy AND pre-surgery</p>	<p>Cancer Tissue, Adjacent Normal Tissue, Urine and Peripheral Whole Blood</p> <p>Translational Oncology: Discovery and Evaluation of Biomarkers/Pharmacogenomics for the Diagnosis and Personalized Management of the Oncology Patient</p> <p>MT Group MTG-015 Biospecimen (No NCT)</p>

Precision Medicine Basket Trials	
<p>Screening: Large 1B; IIA or IIB; NSCLC Squamous Stage IB – IIIA; Free testing for EGFR, ALK and PD-L1</p>	<p>Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial (ALCHEMIST) A151216 (NCORP) NCT02194738 https://clinicaltrials.gov/ct2/show/NCT02194738</p>

Smoldering Multiple Myeloma

<p><i>*ECOG PS 0-2, and adequate lab values, Measurable disease</i></p> <p><i>*Asymptomatic high-risk smoldering multiple myeloma (SMM) within past 12 months</i></p> <p><i>*Bone marrow aspirate &/or biopsy w/in 42 days of randomization and demonstrate 10-59% clonal plasma cells</i></p> <p><i>*No lytic lesions, plasmacytoma, or unexplained hypercalcemia</i></p> <p><i>*No known COPD or moderate-severe asthma</i></p> <p><i>*No prior/concurrent systemic or radiation therapy for myeloma; *No contraindication to DVT prophylaxis/aspirin</i></p> <p><i>*Not more than 1 focal marrow lesion on MRI of pelvis or spine</i></p> <p><i>*No concurrent use of erythropoietin</i></p> <p><i>*No prior glucocorticosteroid therapy for MML (but other glucocorti-costeroid use is permitted per protocol)</i></p> <p><i>*No active, uncontrolled seizure disorder, or uncontrolled intercurrent illness</i></p> <p><i>*No monoclonal gammopathy of undetermined significance</i></p> <p><i>*No Gr 2 or higher peripheral neuropath</i></p> <p><i>*No active, uncontrolled infection</i></p> <p><i>*History of current/previous DVT or PE allowed but must take anti-coagulation</i></p> <p><i>*No baseline NYHA classification III/IV heart failure</i></p> <p><i>*HIV, HBV, HCV patients are eligible</i></p>	<p>Daratumumab to Enhance Therapeutic Effectiveness of Revlimid in Smoldering Myeloma (DETER-SMM)</p> <p>NCORP EAA173</p> <p>NCT03937635</p> <p>https://clinicaltrials.gov/ct2/show/NCT03937635</p>
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Rollover Studies

<p><i>*Previously enrolled in a Pembrolizumab Study</i></p>	<p>A Multicenter, Open label, Phase III Extension Trial to Study the Long-term Safety and Efficacy in Participants w/Advanced Tumors Who Are Currently on Treatment or in F/up in a Pembrolizumab Trial.</p> <p>Merck MK-3475-587-00</p> <p>NCT03486873</p> <p>https://clinicaltrials.gov/ct2/show/NCT03486873</p>
<p><i>*Previously enrolled in Tolmar2506A study</i></p>	<p>Open-label, Safety Extension Study for Subjects with Hormone-Receptor-Positive (HR+), Human Epidermal Growth Factor Receptor 2 (HER2)-Negative Breast Cancer Who Have Completed the OVarian Suppression Evaluating Subcutaneous Leuprolide Acetate in Breast Cancer (OVELIA) Study</p> <p>Tolmar</p> <p>TOL2506A-EXT Extension Safety Study</p> <p>NCT05645536</p> <p>https://clinicaltrials.gov/study/NCT05645536</p>

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