

# Clinical Trials Flowcharts

**May 2025** 

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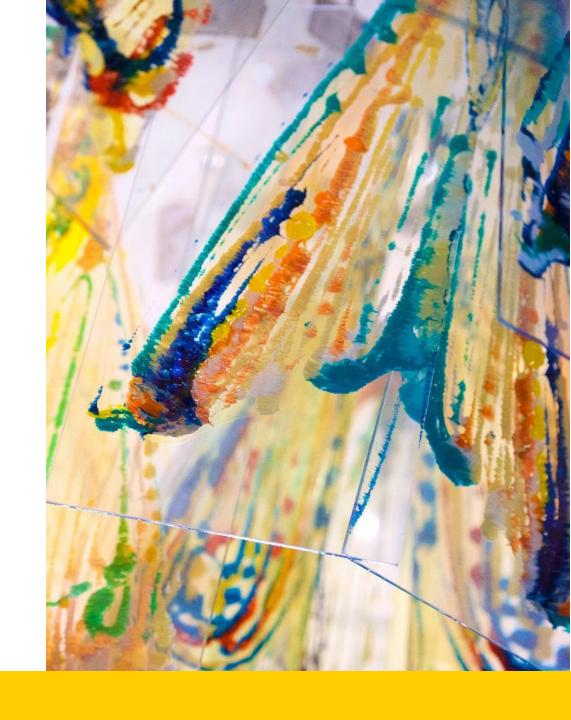
**Myeloma** 

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Sarcoma

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<u>Cancer Services – Quad Cities</u>





# To refer a patient:

To learn more about a specific trial, contact the MOG leader listed, or call the clinical trials hotline at 319-353-8155.

All calls to the clinical trials hotline will be returned within 48 hours.

The clinical trials team will then work with you to get your patient enrolled, when appropriate.

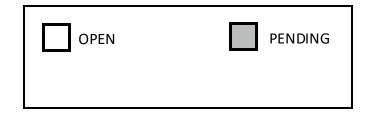
**Clinical Trials Hotline** 319-353-8155



Mimi McKay, MPH, BSN Clinical Trial Navigator mariel-mckay@uiowa.edu



# Breast Cancer Clinical Trials



**NEOADJUVANT** SCARLET: T2-T4, N0, M0 or T1-T3, N1-2, M0; no prior systemic therapy or radiation therapy with curative intent for current breast cancer PI: Sneha Phadke NCT05929768

#### PENDING **OPEN BREAST ADJUVANT CANCER HER 2 -**TRIPLE NEGATIVE ER + Optim-ICE: T1cN1-Ascent05: Adequate RaPHLRR: Cambria: must have BR009: ADE-MI: 2 or T2-4N0-2: no excision and Locoregional had definitive premenopausal; HR+HER2- who are residual disease or surgical removal of recurrence; adequate locoregional postoperative pT1-3; prescribed LN after all clinical evidence local treatment for therapy +/- adjuvant ipsilateral nodes pN0 abemaciclib neoadjuvant of disease in the locoregional systemic therapy; or pN1; if node breast and/or LN therapy; recurrence; completed at least negative, oncotype neoadjuvant chemo and have adequately Enrolled within 6 mo 2 yrs (but no more DX RS RS 21-25 or + pembro x 6 recovered from of last local than 5) of adjuvant 16-20 with high cycles; < 12 weeks surgery treatment ET (and is still clinical risk disease; if between surgery 1-3 nodes + oncotype receiving) and randomization **DX RS 26** PI: Praveen Vikas PI: Sneha Phadke NCT05812807 NCT05633654 NCT05774951 NCT05879926 NCT05467891





# METASTATIC HER2+

#### **Beamicon BCGC-1:**

Documented HER2+ metastatic breast cancer with presence of at least one RECIST measurable lesion

PI: Sneha Phadke

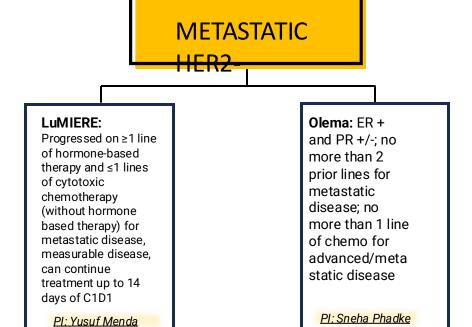
NCT06324357

#### LuMIERE:

Progressed on ≥2 lines of HER2 targeted therapy for metastatic disease, measurable disease, can continue treatment up to 14 days of C1D1.

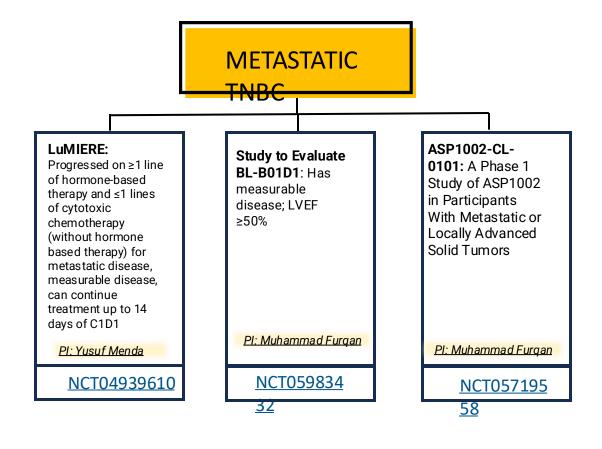
PI: Yusuf Menda





NCT04939610





# Gastrointestinal Cancer Clinical Trials

# **PANCREATIC**



#### TIGER-PAC/RENOVO

Criteria: Histo/ctyo confirmed diagnosis within 6 weeks of consent; no prior treatment for pancreatic cancer OR more than 1 cycle of gem delivery and nabpaclitaxel; no evidence of metastatic disease; arterial anatomy suitable of intraarterial of gemcitabine to intended tumor

PI: Naomi Fei

NCT0524910

#### LuMIERE:

Eligible for FOLFIRINOX. CrCl ≥ 60 mL/min, measurable disease.

PI: Yusuf Menda

NCT04939610

#### TWINPEAK

Criteria: 1L Locally advanced or metastatic pancreatic adenocarcinoma; measurable disease

PI: Naomi Fei

NCT05482893

#### CG-745-2-08

Criteria: Locally advanced or metastatic pancreatic adenocarcinoma without evidence of progression on initial chemo for metastatic disease (CR, PR or SD); FOLFIRINOX at full or modified dose for a minimum of 16 wks with no evidence of progression

PI: Naomi Fei

NCT05249101

#### LuMIERE:

**METASTATIC** 

CrCl ≥ 60 mL/min, progressed on ≤ 2 prior chemotherapy regimens (changing for toxicity does not count), measurable disease.

**OPEN** 

PI: Yusuf Menda

NCT04939610

#### KO-2806

Criteria: KRAS G12C positive; prior KRAS use permitted

**PENDING** 

PI: Doug Laux

NCT06026410



## **COLORECTAL CANCER**



#### NEOADJUVAN T

#### Dostarlimab

Criteria: Biopsy proven Stage II or III dMMR amenable to en block surgical resection; biopsy specimen has enough tissue for 4-6 FFPE slides; absence of metastatic disease

PI: Saima Sharif

NCT05239546

#### ADJUVANT

#### NRG-GI008

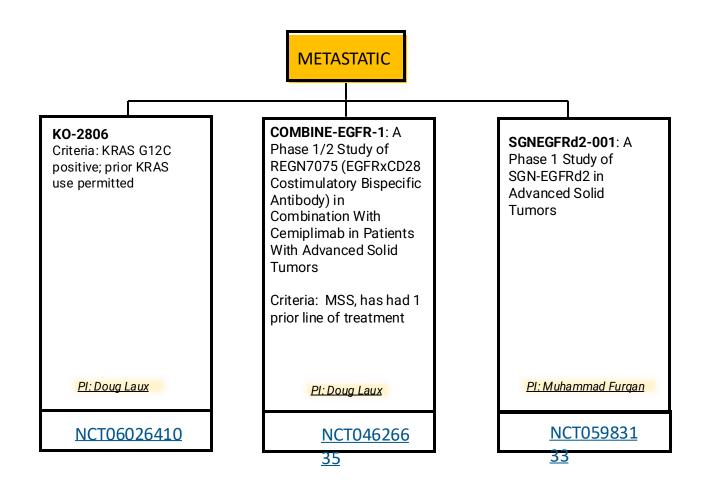
Criteria: T1-3, N1/N1c confirmed adenocarcinoma with RO resection; no radiographic evidence of overt metastatic disease: distal extent of tumor ≥12 cm from anal verge on colonoscopy or above peritoneal reflection as documented during surgery or on path specimen; must have had en bloc complete gross resection of tumor (curative resection); microsatellite stable or intact mismatch repair proteins through CLIA approved testing PI: Saima Sharif

NCT05174169



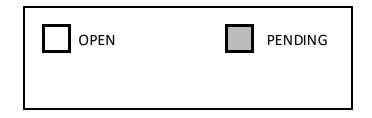
## **COLORECTAL CANCER**







# GASTRIC/GASTROESPHAGEAL CANCER



# 1L

#### A022102

Criteria: Unresectable or metastatic HER2adenocarcinoma of esophagus, GEJ, or stomach; no prior treatment for unresectable or metastatic disease

PI: Saima Sharif

NCT05677490

#### OBT076-001:

Criteria: Noncurative recurrent and/or metastatic solid tumors for which a standard therapy is not available or is no longer effective; maximum of two prior lines of cytotoxic chemotherapy in the metastatic setting

PI: Doug Laux

NCT04064359

#### **Beamicon BCGC-1:**

Documented HER2+ gastric, GEJ, or esophageal adenocarcinoma with presence of at least one RECIST measurable lesion

PI: Sneha Phadke

NCT06324357

#### **ACCRU GI-1810**:

**METASTATIC** 

Criteria: LA, unresectable, metastatic disease that has progressed ≤ 180 days from last treatment, patient must have received 5-FU or capecitabine and platinum or trastuzumab in case of HER2+ disease

PI: Saima Sharif

NCT046607

60

#### **TWINPEAK**

Criteria: 2L Locally advanced or metastatic GC/GEJ; measurable disease

PI: Naomi Fei

NCT05482893



## **BILIARY TRACT CANCER**



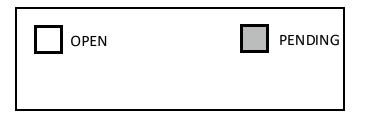
Adjuvant

#### **ARTEMIDE-Biliary01:**

Criteria: Histologically confirmed adenocarcinoma of the biliary tract (intrahepatic or extrahepatic cholangiocarcinoma (CCA) or muscle invasive gallbladder cancer (GBC)) after macroscopically complete resection (R0 or R1); randomization within 12 weeks after resection

PI: Naomi Fei

# HEPATOCELLULAR CARCINOMA



UNRESECTABL

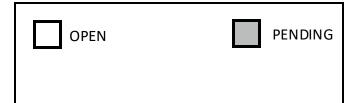
#### ROUTE90:

Criteria: Confirmed diagnosis of HCC, LIRADS 5 or biopsy; One lesion  $\geq 2$  cm in diameter, no more than 3 lesions; Max 3 lesions and single lesion size  $\leq 8$  cm & sum tumor dimensions of  $\leq 12$  cm; Evidence that > 33% of the total liver volume is disease-free; No extra hepatic disease

PI: Michael Hummel

# Genitourinary Cancer Clinical Trials

### **BLADDER CANCER**



#### NMIBC

#### Adapt

Criteria: Histologically confirmed urothelial carcinoma of bladder (Ta, T1, or Tis) on TURBT; BCG unresponsive disease (persistent CIS with or without the presence of Ta or T1 tumors within 12 months of completion of BCG, or recurrent high-grade Ta or T1 tumors within 6 months of completion of adequate BCG therapy

PI: Michael O'Donnell

NCT03317158

#### Bridge

Criteria: High-grade non-muscle invasive urothelial carcinoma of the bladder; must have all visible papillary tumor resected by the treating urologist at the site registering the patient; no prior intravesical therapy for bladder cancer with the exception of perioperative chemotherapy at the time of TURBT

PI: Michael O'Donnell

NCT05538663

Criteria: High grade upper tract urothelial carcinoma proven by biopsy with 12 weeks of randomization; no component of small cell/neuroendocrine carcinoma; no evidence of metastatic disease or enlarged LN

EA8192

PI: Umar Farooq

NCT04628767

#### V940-005

**NEOADJUVAN** 

Criteria: muscleinvasive urothelial carcinoma

PI: Mohammed Milhem

NCT06305767

#### ADJUVANT

#### V940-005

Criteria: muscleinvasive urothelial carcinoma; high-risk pathologic disease after radical resection

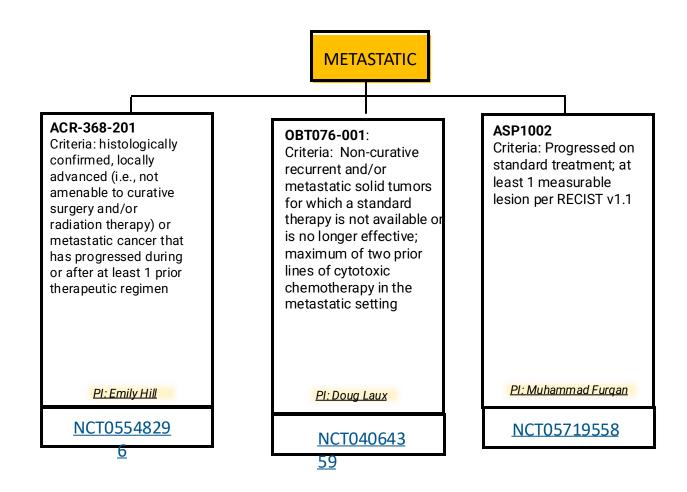
PI: Mohammed Milhem

NCT06305767



### **BLADDER CANCER**







## PROSTATE CANCER

OPEN	PENDING

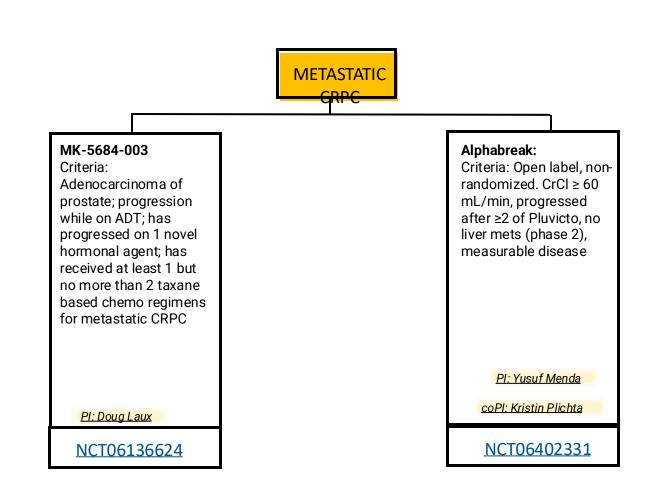
#### METASTATIC HORMONE

#### CENICITIVE

#### S1802

Criteria: Adenocarcinoma of prostate; no prior local therapy for prostate adenocarcinoma; evidence of metastatic disease on bone scan and CT or MRI; received no more than 28 weeks of standard systemic therapy(SST); no progression while on SST; must have surgically resectable disease per urology consult

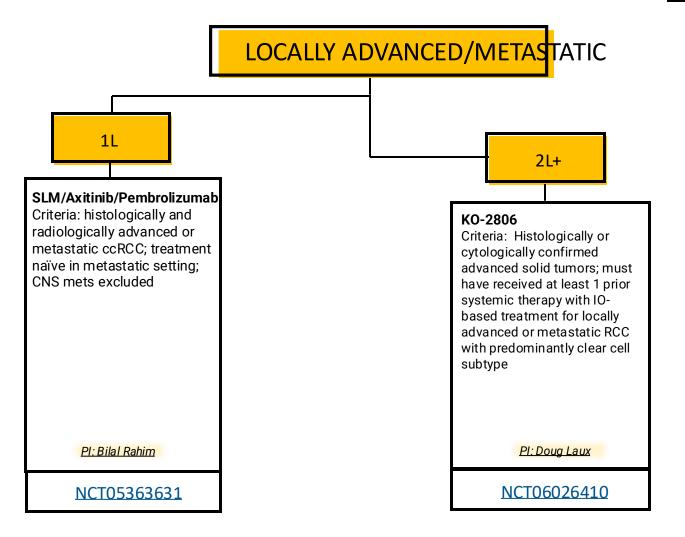
PI: Joseph Caster





## **KIDNEY CANCER**







## **KIDNEY CANCER**

OPEN	PENDING

#### **METASTATIC** AB-2100-201 ASP1012 Criteria: Must have Criteria: histologically, or received an immune cytologically, confirmed checkpoint inhibitor and diagnosis of locally a VEGF-targeted therapy advanced or metastatic in the advanced or solid tumor metastatic setting. Must have evidence of progression on or after the last treatment regimen or discontinued treatment for unacceptable toxicity PI: Umar Faroog PI: Doug Laux NCT06245915



# Gynecologic Cancer Clinical Trials

### **OVARIAN CANCER**

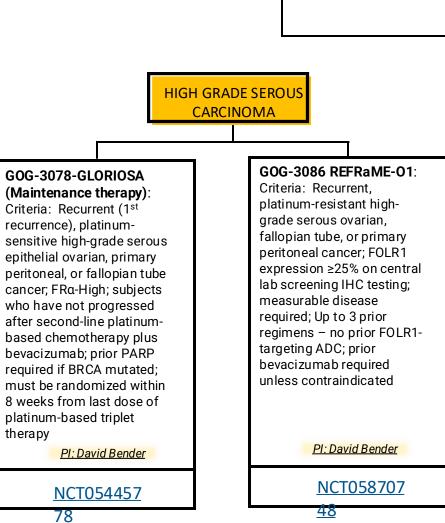
OPEN PENDING

LOW GRADE SEROUS CARCINOMA

#### NRG-GY019:

Criteria: Newly diagnosed, stage II-IV low-grade serous ovarian, fallopian tube and primary peritoneal cancers; must have undergone an attempt at maximal upfront cytoreductive surgery, with either optimal (=< 1 cm diameter residual disease/nodule) or suboptimal residual disease (> 1 cm diameter residual disease/nodule) allowed; must enroll within 8 weeks of primary surgery

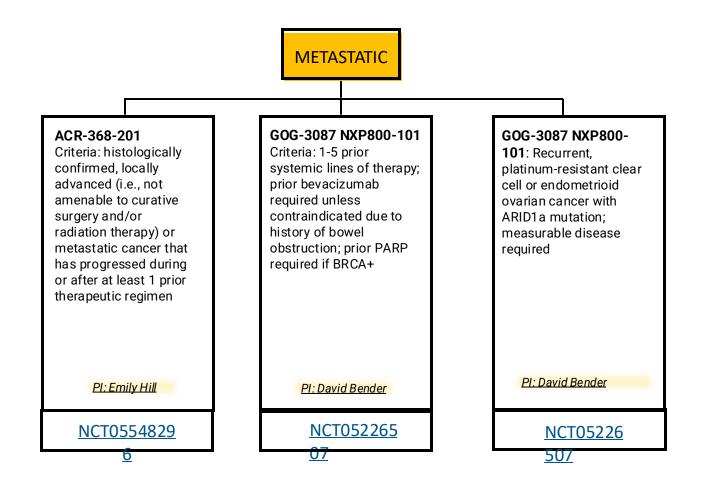
PI: David Bender





### **OVARIAN CANCER**







## **ENDOMETRIAL CANCER**

OPEN	PENDING

#### NEWLY DIAGNOSED

#### NRG-GY026:

Criteria: stage IA-IVB, nonrecurrent, chemo-naive, HER2+ endometrial serous carcinoma or endometrial carcinosarcoma: must have myoinvasive disease; must be within 8 weeks of primary surgery (or endometrial biopsy in patients who never undergo hysterectomy) at the time of study registration; no prior radiation therapy, biologic, or targeted therapy for endometrial cancer

PI: David Bender

NCT05256

<u>225</u>



#### NRG-GY025:

Criteria: Recurrent MMR-deficient endometrial cancer; serous and carcinosarcoma subtypes excluded measurable or detectable disease required; patients may have received up to 2 prior lines of systemic therapy; prior anti-PD1/PD L1 therapy is allowed if given in combination with chemotherapy or radiation therapy in adjuvant or primary metastatic/recurrent settings; must have had a complete response and have disease progression/relapse with treatment free interval of 12 months or more from last dose of therapy with immune check inhibition

PI: David Bender

NCT051126

01



## **ENDOMETRIAL CANCER**



#### METASTATIC

#### NRG-GY028

Criteria:

Recurrent/metastatic grade 1 or 2 endometrioid endometrial cancer; measurable disease required; may have received unlimited prior lines of therapy; prior hormonal therapy (e.g., megestrol acetate, medroxyprogesterone acetate, aromatase inhibitor, tamoxifen, fulvestrant) it must have completed at least 6 months prior to registration; no prior AKT inhibitor

PI: David Bender

NCT055388

97

#### ACR-368-201

Criteria: histologically confirmed, locally advanced (i.e., not amenable to curative surgery and/or radiation therapy) or metastatic cancer that has progressed during or after at least 1 prior therapeutic regimen

PI: Emily Hill

NCT0554829

#### OBT076-001:

Criteria: Non-curative recurrent and/or metastatic solid tumors for which a standard therapy is not available or is no longer effective; maximum of two prior lines of cytotoxic chemotherapy in the metastatic setting

PI: Doug Laux

NCT040643

<u>59</u>

#### IMC-F106C-101:

Criteria:
HLA-A\*02:01 positive;
PRAME positive tumor;
Relapsed from,
refractory to, or
intolerant of standard
therapies; or, in
combination with
standard therapies

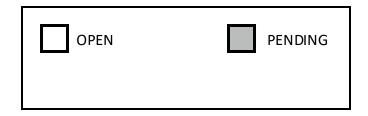
PI: Muhammad Furqan

NCT0426246





# **CERVICAL CANCER**



#### **METASTATIC**

BGB-A317-A3055-

101: A Phase 1a/1b Study Investigating the Safety, Tolerability, Pharmacokinetics, Pharmacodynamics, and Preliminary Antitumor Activity of BGB-A3055, Alone and in Combination With Tislelizumab in Patients With

PI: Muhammad Furqan

Selected Advanced or Metastatic Solid

NCT059350

<u>98</u>

Tumors



## **GERM CELL TUMOR**



LOW OR STANDARD

#### AGCT1531:

Criteria: Low risk stage I immature teratoma (IT); site: ovarian; tumor markers: alpha-FP = < 1,000 ng/mL,beta-HCG institutional normal; all ages Standard risk 2 (SR2) Site: ovarian; stage: COG stage II and III, FIGO stage IC, II and III; histology: must contain at least one of the following: yolk sac tumor, embryonal carcinoma, or choriocarcinoma; age < 25

PI: David Dickens

NCT03067

181

#### INTERMEDIATE OR **POOR RISK**

#### AGCT1532:

Criteria: Histologically or cytologically confirmed germ cell; or Exceptionally raised tumour markers (AFP ≥ 1000ng/mL and/or HCG ≥ 5000 IU/L) without histologic or cytologic confirmation in the rare case where pattern of metastases consistent with GCT, high tumour burden, and a need to start therapy urgently; Primary arising in testis, ovary, retroperitoneum, or mediastinum; Intermediate or poor prognosis as defined by IGCCC classification3

PI: David Dickens

NCT025826

97



## **BRCA1 OVARIAN CANCER RISK** REDUCTION

OPEN **PENDING** 

INTERMEDIATE OR POOR RISK

#### NRG-CC008:

Criteria: Individuals 35-50 years of age, inclusive; positive CLIAapproved test results for pathogenic or likely pathogenic germline BRCA1 mutation in the patient; non-randomized prospective trial comparing the non-inferiority of salpingectomy to salpingo-oophorectomy to reduce the risk of ovarian cancer among BRCA1 carriers; patient choice of bilateral salpingectomy or bilateral salpingo-oophorectomy (with or without hysterectomy); no prior radiation to the abdomen/pelvis; no prior hormonal therapy within 90 days

PI: <u>David Bender</u>

NCT042510

52



# Head and Neck Cancer Clinical Trials

# HEAD AND NECK CANCER



HNSCC

**ADJUVANT** 

#### **GSK-221530 JADE**:

Has newly diagnosed unresected LA histologically confirmed HNSCC of the oral cavity, oropharynx, hypopharynx or larynx and completed cisplatin plus radiotherapy with curative intent and has no evidence of distant metastatic disease.

PI: Doug Laux

# HEAD AND NECK CANCER

HNSCC

1L UNRESECTABLE OR METASTATIC

#### STELLAR-305:

Histologically or cytologically-confirmed R/M HNSCC that is considered incurable by local therapy; no prior systemic therapy administered in the recurrent or metastatic setting; therapy completed more than 6 months prior to randomization if given as part of multimodal treatment for locally advanced disease is allowed.

PI: Doug Laux

NCT06082 167 COMBINE-EGFR-1: A

Phase 1/2 Study of REGN7075 (EGFRxCD28 Costimulatory Bispecific Antibody) in Combination With Cemiplimab in Patients With Advanced Solid Tumors

PI: Doug Laux

NCT046266

<u>35</u>

GSK-219885 GALAXIES OPEN

Criteria:

The eligible primary tumor locations are oropharynx, oral cavity, hypopharynx, and larynx; Subjects must not have had prior systemic therapy administered in the R/M setting

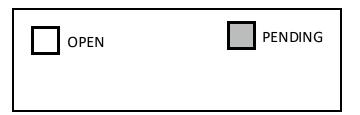
PI: Doug Laux

NCT06062420



PENDING

## **HEAD AND NECK CANCER**



**METASTATIC** 

#### KO-2806

Criteria: HRAS overexpression; progressed on or be refractory to all standard of care therapies

PI: Doug Laux

NCT06026410

#### INBRX-106

Criteria: Subjects must have LA or metastatic disease which is checkpoint inhibitor naïve

PI: Muhammad Furgan

NCT04198766

#### Study to Evaluate

**BL-B01D1**: Has measurable disease; LVEF ≥50%; must have received platinum and PD1

PI: Muhammad Furgan

NCT059834

32

#### Phase 1 Study of SGN-PDL1V in

SGNPDL1v-001: A

Advanced Solid Tumors

PI: Muhammad Furgan



# HEAD AND NECK CANCER



**NASOPHARYN** 

GĘAL

Study to Evaluate BL-B01D1: Has measurable disease; LVEF ≥50%; must have received platinum and PD1

PI: Muhammad Furgan

NCT059834

32



# HEAD AND NECK CANCER



#### **THYROID**

CANCER

#### EA3231:

Dedifferentiated thyroid cancer; BRAF V600E+; must have been previously treated with or deemed ineligible for treatment with lodine-131; must have had prior treatment lenvatinib and/or sorafenib

PI: Doug Laux



## **NON-MELANOMA SKIN**

## **CANCER**

CUTANEOUS SQUAMOUS CELL

1L

#### **COMBINE-EGFR-1**: A

Phase 1/2 Study of REGN7075 (EGFRxCD28 Costimulatory Bispecific Antibody) in Combination With Cemiplimab in Patients With Advanced Solid

Tumors

PI: Doug Laux

NCT046266

35

MERKEL, BASAL,

#### **Replimune IGNYTE**

Criteria: Locally advanced or metastatic NMSC not considered treatable by surgery; must have received 8 wks of anti-PD1/PDL1 as their last line of therapy and progressed while on treatment

PI: Doug Laux

NCT: 03767348

MERKEL CELL

**PENDING** 

#### **HCRN MCC20-443**

OPEN

Criteria: Histological or cytological evidence of Merkel cell cancer per AJCC, 8th ed; presence of somatostatin receptors by Ga-68 dotatate imaging; progress on treatment with anti-PD1/L1 administered either as monotherapy or in combination with other check point inhibitors or other therapies

PI: Doug Laux

NCT: 05583708



# Leukemia Clinical Trials

# **ACUTE MYELOID LEUKEMIA**

(AML)

NEWLY DIAGNOSED

#### MM1YA-S01:

Newly diagnosed untreated AML, high-risk AML; therapy-related AML, AML with myelodysplasia related changes are eligible; FLT3 and t(9;22) excluded

PI: Prajwal Dhakal

NCT05554406

#### MM1YA-CTG01:

Must have been assigned to this study based on presence of an actionable mutation following screening on MYELOMATCH; Age 18-59 at time of induction

PI: Prajwal Dhakal

NCT05554393

#### **KO-MEN-007**

Criteria: Newly diagnosed or relapsed/refractory AML with NPM1 or KMT2A rearrangement

PI: Grerk Sutamtewagul

NCT: 05735184

#### OncoVerity

A Study Comparing Venetoclax and Azacitidine Plus Cusatuzumab to Venetoclax and Azacitidine in Newly Diagnosed AML Ineligible for Intensive Therapy

PI: Grerk Sutamtewagul

NCT06384261

#### **MYELOMATCH:**

A Screening Study to Assign People With Myeloid Cancer to a Treatment Study or Standard of Care Treatment Within myeloMATCH

PI: Prajwal Dhakal

NCT05564390

#### MM10A-EA02:

**PENDING** 

OPEN

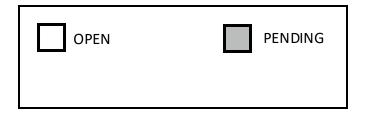
Must have been assigned to this study based screening from MYELOMATCH; must be ≥60 years of age or <60 and better served by azanucleoside-based therapy rather than intensive therapy based on clinical status

PI: Prajwal Dhakal

NCT06317649



# ACUTE MYELOID LEUKEMIA (AML)



RELAPSED/REFRAC

#### **KO-MEN-008**

Safety and Tolerability of Ziftomenib Combinations in Patients With Relapsed/Refractory Acute Myeloid Leukemia

PI: Grerk Sutamtewagul

NCT06001788

#### **KO-MEN-007**

Phase 1 study of venetoclax/azacitidi ne or venetoclax in combination with ziftomenib (KO-539) or standard induction cytarabine/daunorub icin (7+3) chemotherapy in combination with ziftomenib or the treatment of patients with acute myeloid leukemia PI: Grerk Sutamtewagul



# MALIGNANT HEME (OTHER)



# NEWLY DIAGNOSED

#### SY-1425-301

Criteria: Must be RARA-positive based on investigational assay; diagnosis of MDS according to WHO classification and classified as very high, high, or intermediate risk per IPSS

PI: Grerk Sutamtewagul

NCT: 04797780

#### MF, MDS, MDS/MPN, ET

#### LIMBER

Criteria: Received at least 1 prior line of therapy; R/R or intolerant to the last therapy; no therapy that would provide clinical benefit in the opinion of the investigator

PI: Kittika Poonsombudlert

NCT04279847

# ANY MYELOID MALIGNANCY

#### CA055-001

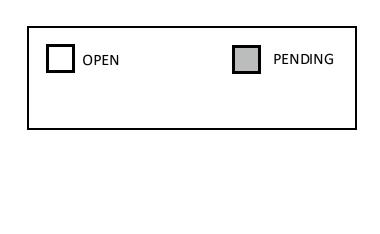
Criteria: Moderate or severe hepatic impairment as defined by National Cancer Institute Organ Dysfunction Working Group criteria

PI: Grerk Sutamtewagul



# Lymphoma Clinical Trials

# LARGE CELL LYMPHOMAS



#### ZUMA-23

Study to Compare
Axicabtagene
Ciloleucel With
Standard of Care
Therapy as First-line
Treatment in
Participants With
High-risk Large B-cell
Lymphoma (ZUMA-23)

PI: Umar Faroog

NCT05605899

#### **SKYGLO**

An Open-Label Study Comparing Glofitamab and Polatuzumab Vedotin + Rituximab, Cyclophosphamide, Doxorubicin, and Prednisone Versus Pola-R-CHP in Previously Untreated Patients With Large B-Cell Lymphoma

PI: Eric Mou

NCT06047080

#### **ANHL1931**

Nivolumab in Combination With Chemo-Immunotherapy for the Treatment of Newly Diagnosed Primary Mediastinal B-Cell Lymphoma

PI: David Dickens

NCT04759586

Cholecalciferol in Improving Survival in Patients With Newly Diagnosed Cancer With Vitamin D Insufficiency

PI: Brian Link

NCT01787409



**FRONTLINE** 

## LARGE CELL LYMPHOMAS



RELAPSED/REFRAC

#### SGN35T-001:

An open-label phase 1 study to evaluate the safety of SGN-35T in adults with advanced malignancies

PI: Eric Mou

NCT06120504

#### JNJ-90014496

A Study of JNJ-90014496 in Participants With Relapsed or Refractory B-Cell Non-Hodgkin Lymphoma

PI: Umar Faroog

NCT05421663

#### **JCAR017**

A Study to Evaluate the Efficacy and Safety of JCAR017 in Adult Subjects With Relapsed or Refractory Indolent B-cell Non-Hodgkin Lymphoma (NHL) (TRANSCEND FL)

PI: Umar Faroog

NCT04245839

#### S2114

A Randomized Phase II Trial of Consolidation Therapy Following CD19 CAR T-Cell Treatment for Relapsed/Refractor y Diffuse Large B-Cell Lymphoma or Grade IIIB Follicular Lymphoma

PI: Eric Mou

NCT05633615

#### LYL314-101

Study of IMPT-314 (CD19/CD20 bispecific CAR-T) in R/R Aggressive B-cell NHL

PI: Umar Faroog

NCT: 05826535

#### JNJ-90009530

A Study of JNJ-90009530 in Relapsed or Refractory B-Cell Non-Hodgkin Lymphoma

PI: Umar Farooq



## LARGE CELL LYMPHOMAS

NCT: 03888105



RELAPSED/REFRAC MC200802 BGB-16673 **ANTLER** ELM-2 Randomized Phase A Dose-Escalation CRISPR-Edited A Study to Assess 2 Study With Safety and Expansion Allogeneic Antithe Anti-Tumor Run-In of PD-1 Study of BGB-CD19 CAR-T Cell Activity and Safety Inhibitor and IgG4 16673 in Therapy for of Odronextamab SIRPa-Fc Fusion Relapsed/Refractory Participants With in Patients With B-Protein (TTI-622) B Cell Non-Hodgkin B-Cell cell Non-Hodgkin and PD-1 Inhibitor Malignancies Lymphoma Lymphoma That and IgG1 SIRPa-Have Been IgG4-Fc Fusion Previously Treated Protein (TTI-621) in Relapsed Diffuse Large B-Cell Lymphoma (DLBCL) PI: Umar Faroog PI: Eric Mou PI: Umar Faroog PI: Eric Mou



NCT: 05507541

NCT: 05006716

## MANTLE CELL LYMPHOMA

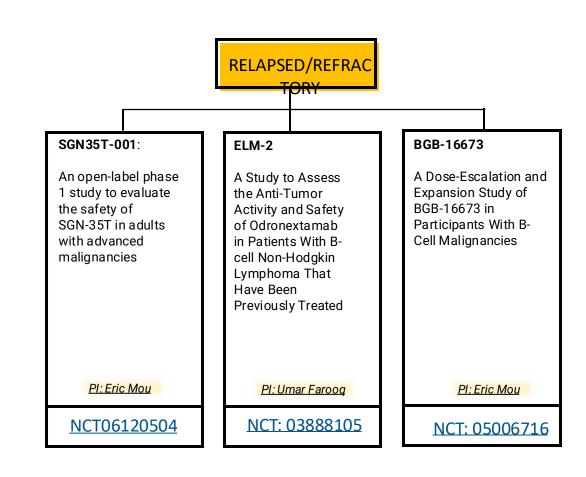


#### **FRONTLINE**

#### A052101:

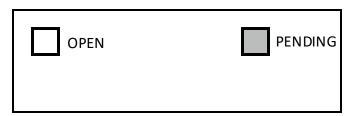
A Randomized Phase 3 Trial of Continuous vs. Intermittent Maintenance Therapy with Zanubrutinib as Upfront Treatment in Older Patients (Age ≥ 70 or ≥ 60 with selected comorbidities) with Mantle Cell Lymphoma

PI: Umar Faroog





# FOLLICULAR LYMPHOMA



#### **FRONTLINE**

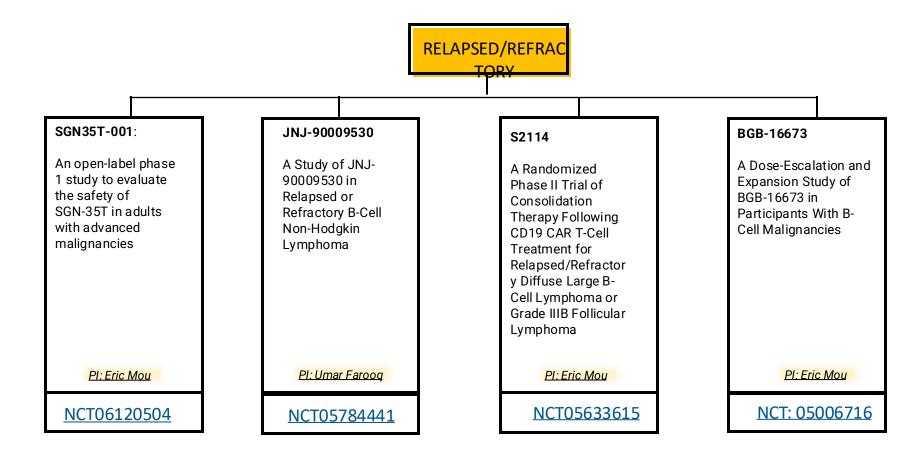
S2308: RANDOMIZED PHASE III STUDY OF MOSUNETUZUMAB VS. RITUXIMAB FOR LOW TUMOR BURDEN FOLLICULAR LYMPHOMA

PI: Eric Mou



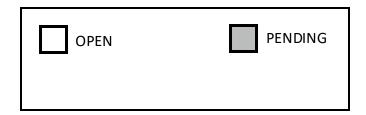
## FOLLICULAR LYMPHOMA







# CLL/SLL



#### **FRONTLINE**

#### BELLWAVE-011:

A Phase 3,
Randomized Study to
Compare
Nemtabrutinib
Versus Comparator
(Investigator's
Choice of Ibrutinib or
Acalabrutinib) in
Participants With
Untreated Chronic
Lymphocytic
Leukemia/Small
Lymphocytic
Lymphoma
Pl: Eric Mou

NCT06136559

# RELAPSED/REFRAC

#### BGB-16673

A Dose-Escalation and Expansion Study of BGB-16673 in Participants With B-Cell Malignancies

PI: Eric Mou

# HODGKIN LYMPHOMA



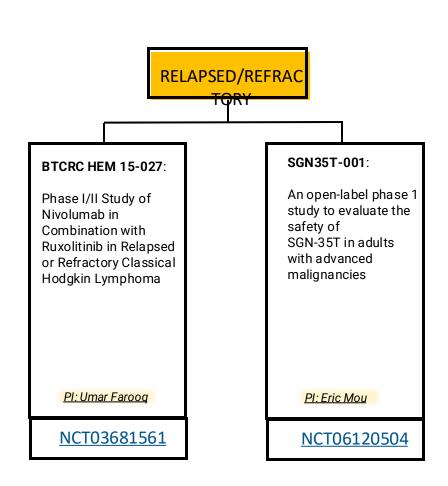
#### **FRONTLINE**

#### AHOD2131:

A Randomized Phase 3
Interim Response
Adapted Trial Comparing
Standard Therapy with
Immuno-oncology
Therapy for Children and
Adults with Newly
Diagnosed Stage I and II
Classic Hodgkin
Lymphoma

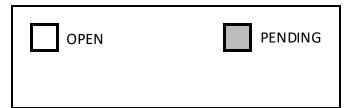
PI: David Dickens

NCT05675410

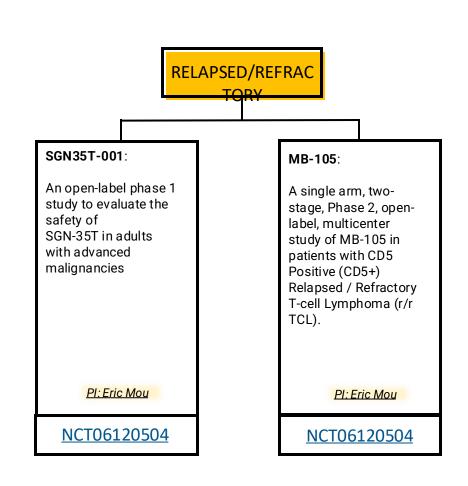




# T-CELL LYMPHOMA

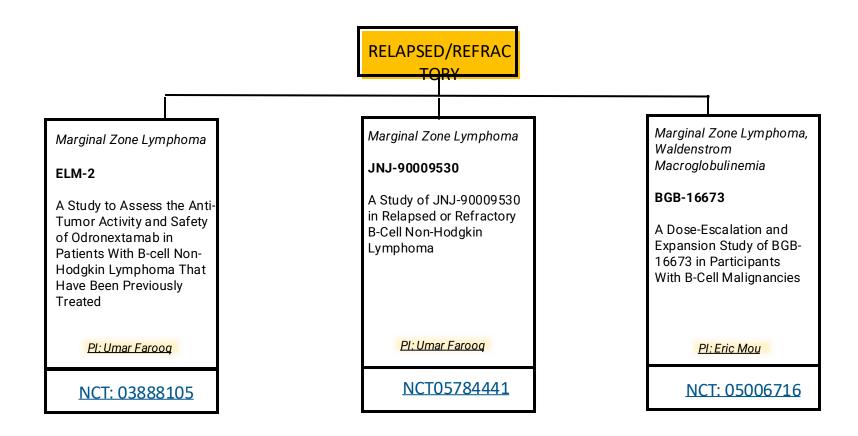


#### **FRONTLINE** Cholecalciferol in A051902: Improving Survival in Patients With Newly A Randomized Phase Diagnosed Cancer With II Study of CHO(E)P vs Vitamin D Insufficiency CC-486-CHO(E)P vs Duvelisib-CHO(E)P in Previously Untreated CD30 Negative (<10%) Peripheral T-Cell Lymphomas PI: Brian Link PI: Umar Faroog NCT: 04803201 NCT01787409



# **OTHER LYMPHOMAS**

OPEN	PENDING

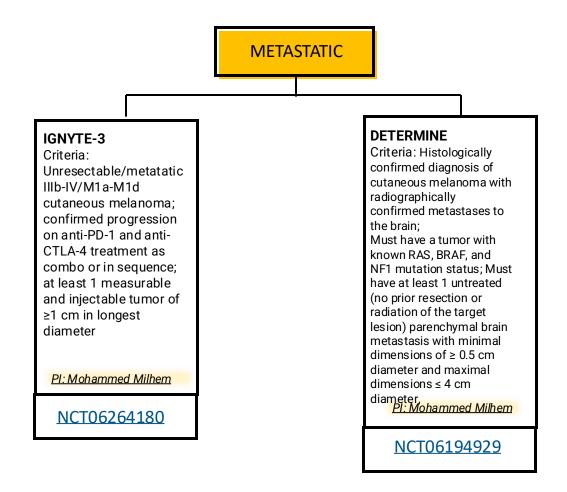




# Melanoma Clinical Trials

# **CUTANEOUS MELANOMA**

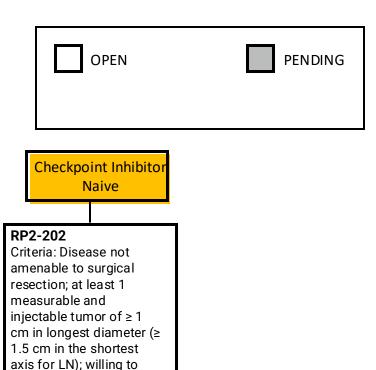




### **UVEAL MELANOMA**

IDE196-002 IDE196-001 Criteria: HLA-A\*02:01 Criteria: Metastatic negative patients disease may be (Testing can be done at treatment naïve or have U of Iowa) progressed on or after Treatment naïve patients most recent therapy. with metastatic uveal melanoma Investigational Agent: Darovasertib + Crizotinib vs investigator choice PI: Asad Javed PI: Asad Javed NCT03947385 NCT05987332

Relapsed/Refractory IDE196-001 Criteria: Metastatic disease may be treatment naïve or have progressed on or after most recent therapy. PI: Asad Javed NCT03947385



PI: Asad Javed

provide tumor biopsy

samples

# Myeloma Clinical Trials

# **MULTIPLE MYELOMA**



#### CARTITUDE-6

Phase 3

DVRd->Cilta-cel vs
DVRd->auto stem cell in
first line

No prior treatment for MM

ASCT is part of intended treatment plan

PI: Christopher Strouse

NCT05257083

#### S2209

Phase 3 evaluation comparing up front 3 drug regimens with single or double agent maintenance

**NEWLY DIAGNOSED** 

1 cycle of nondaratumumab allowed prior to enrollment

Myeloma Frailty Score= frail or intermediate risk regardless of age

PI: Hira Shaikh

NCT05561387

#### **AMMbition**

Phase 2 evaluation of combination of Dara-VRd + bispecific antibody + Cilta-cel in limited duration regimen

1 cycle of Dara-VRd permitted prior to enrollment

Standard risk MM

PI: Christopher Strouse



# MULTIPLE MYELOMA (CONT'D)

OPEN PENDING

**RELAPSED/REFRACTORY** 

#### Ascorbic Acid + Melphalan

High Dose Ascorbic Acid is hypothesized to have synergy with melphalan. This is a phase 1 dose escalation trial.

3+ prior lines of therapy Prior exposure to IMiD, PI, Anti-CD38 antibody required

PI: Christopher Strouse

NCT: 03602235

#### C1071020 - Elranatamab + Carfilzomib / anti-CD47 antibody

Testing combinations with anti-BCMA bispecific antibody.

#### Arm 1: Elra + Carf

1-3 prior lines Prior carfilzomib is OK

#### Arm 2: Elra + anti-CD47

3+ prior lines of therapy Refractory to IMiD, PI, anti-CD38 antibody PI: Hira Shaikh

NCT: 05675449

#### P-BCMA-ALLO1

Allogeneic anti-BCMA CAR-T cells.

#### **EITHER**

- 2+ prior lines of therapy
- Refractory to PI, IMiD, anti-CD38 antibody

#### OR

- 3+ prior lines of therapy
- Exposure to PI, IMiD, anti-CD38 antibody

PI: Christopher Strouse

NCT: 04960579

#### **QUINTESSENTIAL**

Autologous anti-GPRC5d CAR-T cells

3+ prior lines Prior treatment with anti-BCMA therapy is **required** 

PI: Christopher Strouse

NCT: 06121843

#### LimiTEC

Limited duration therapy of teclistamab

Patients achieving VGPR or better after 6 cycles of teclistamab (less than 9).

Telephone consenting and remote monitoring is possible (no need to visit Iowa City) PI: Hira Shaikh

PI. HII a SIIdIKII

NCT05932680

#### MonumenTAL-8

Combination anti-GPRC5d bispecific antibody + anti-BCMA CAR T cells for high risk myeloma

3+ prior lines Exposure to IMiD, PI, anti-CD38 antibody

"High Risk" myeloma = 1 of:
- Cyto t[4;14, t[14;16], or 17p

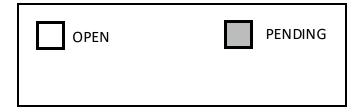
- Baseline ISS Stage III
- Extramedullary plasmacytoma

No prior anti-BCMA therapy PI: Christopher Strouse

NCT06550895



# **MULTIPLE MYELOMA**



#### **SMOLDERING**

**MYELOMA** 

#### Ecog-Acrin 173

Phase 3 Pre-emptive tx for high risk smoldering myeloma

Dara-Rd x2 years

Vs Rd x 2 years

"High Risk" SMM = 2 of these:

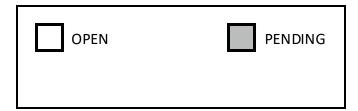
- >2.0 g/dl m-protein
- Cyto: +1q, t[4;14], -17p, -13q
- >20% PCs in marrow
- Involved light chains 20x greater than uninvolved

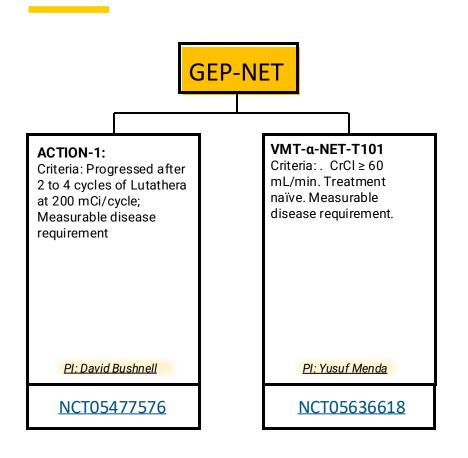
Dx in last 1 year, no myeloma

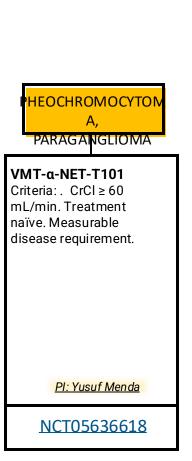
defining criteria <u>Pl: Christopher Strouse</u>

# Neuroendocrine Clinical Trials

## **NEUROENDOCRINE CANCER**



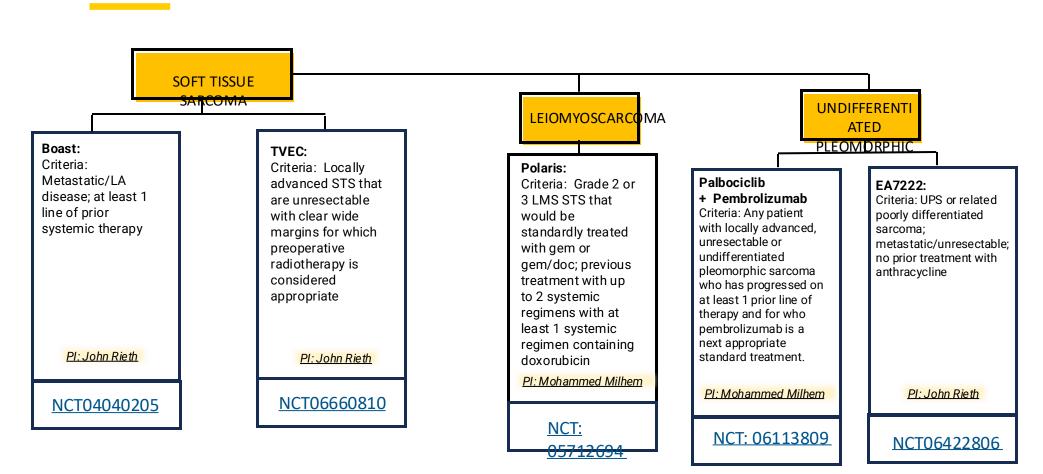




# Sarcoma Clinical Trials

### **SARCOMA**







## **SARCOMA**

# OPEN PENDING

#### **ANGIOSARCOMA**

#### IGNYTE

Criteria: locally advanced or metastatic disease; at least 1 measurable and injectable lesion; must have received 8 weeks of anti-PD1 as last line of therapy and progressed while on treatment

PI: Doug Laux

NCT: 03767348

# CHONDROSARCO

#### **CHONQUER**

Criteria: LA/metastatic chondrosarcoma grades 1, 2, 3, not eligible for a curative resection; have received 0-1 prior systemic treatments in LA/metastatic setting

PI: John Rieth

NCT06127407

#### INBRX-109

Criteria: Conventional chondrosarcoma, unresectable or metastatic (clear-cell, mesenchymal, extraskeletal myxoid, myxoid, and dedifferentiated chondrosarcoma are not eligible)

PI: Mohammed Milhem

# Thoracic Cancer Clinical Trials

# **NON-SMALL CELL LUNG**

CANCER **ADJUVANT NEOADJUVANT** 

#### Ascorbate + **Durvalumab**

STAGE i

Criteria: Histologically or cytologically confirmed NSCLC: clinical stage I with tumor size > 1cm to 4 cm (T1b, T1c, T2a and N0M0 per AJCC 8th ed); surgically resectable

PI: Muhammad Furgan

NCT: 06083454

#### STAGE I

#### BTCRC-LUN18-153

Criteria: Must have undergone complete surgical resection of stage I NSCLC between 4-12 weeks prior to registration and have negative surgical margins (R0); both squamous and nonsquamous histologies aloud; pathological tumor size must be 1.0-4.0cm in greatest dimension

PI: Muhammad Furgan

NCT: 04317534

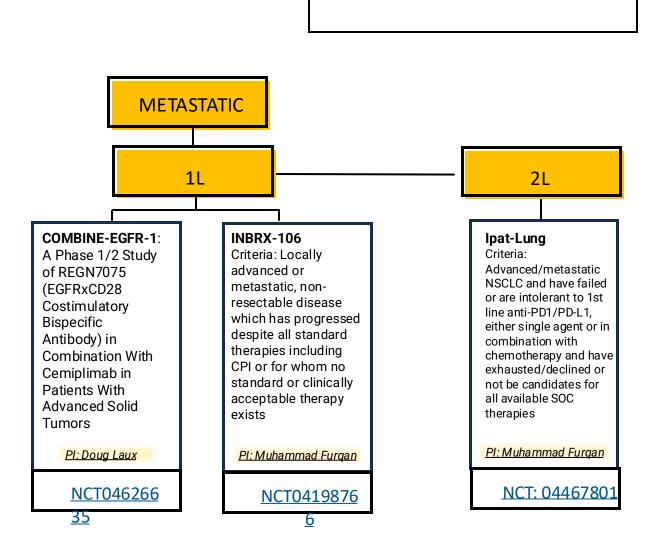
### V940-002

Criteria: Has undergone margin negative complete resection of NSCLC: no evidence of disease: has received at least one dose of adjuvant treatment with standard of care platinum doublet

STAGE II, IIIA, IIIB

PI: Muhammad Furgan

NCT06077760



OPEN

**PENDING** 



# NON-SMALL CELL LUNG CANCER



#### IMC-F106C-

101: Criteria: Relapsed from, refractory to, or intolerant of standard therapies; or, in combination with standard therapies

PI: Muhammad Furqan

NCT04262466

#### OBT076-001:

Criteria: Subject has received a maximum of two prior lines of cytotoxic chemotherapy in the metastatic setting; subject has tumor that is positive for CD205 antigen by IHC staining

PI: Doug Laux

NCT040643

<del>5</del>9

#### SGNEGFRd2-001: A

Phase 1 Study of SGN-EGFRd2 in Advanced Solid Tumors

PI: Muhammad Furgan

NCT059831

<u>33</u>

#### **INBRX-106:**

Criteria: Locally advanced or metastatic, nonresectable disease, which has progressed despite all standard therapies including CPI or for whom no standard or

METASTATIC 3<sup>RD</sup>

PI: Muhammad Furgan

acceptable therapy

NCT0419

8766

clinically

exists

#### SGNPDL1v-

**001:** SGN-PDL1V alone and with pembrolizumab in participants with solid tumors

PI: Doug Laux

NCT0520

8762

### Study to Evaluate BL-B01D1:

Criteria: Has measurable disease; LVEF ≥50%

PI: Muhammad Furqan

NCT059834

<u>32</u>

#### KO-2806

Criteria: KRAS G12C; prior use of KRAS permitted

PI: Doug Laux

NCT06026410



# **SMALL CELL LUNG CANCER**

OPEN	PENDING

1L

#### MOZART:

Criteria: Extensive disease IV SCLC, or T3-4 disease due to multiple lung nodules that are too extensive for radiation; No prior systemic therapy for small-cell lung cancer, with the following exceptions: Up to one cycle of platinum doublet chemotherapy with or without durvalumab is allowed up to 4 weeks prior to registration on this study PI: Muhammad Furgan

NCT05903092

M23-385: Criteria:
Histologically or
cytologically
confirmed SCLC
that is relapsed or
refractory (R/R)
following at least 1
prior platinumcontaining
chemotherapy and
with no curative
therapy available

NCT05599984

BTCRC-LUN20-462 Study to Evaluate Criteria: Histologically **BL-B01D1**: Has or cytologically measurable documented diagnosis disease: LVEF of extensive stage ≥50% SCLC and have progressed or recurred after platinum-based chemotherapy with immunotherapy; max of 2 prior lines of systemic therapy in the metastatic setting

2<sup>ND</sup> LINE+

PI: Muhammad Furgan

NCT059834

32

PI: Muhammad Furqan

# Cancer Services – Quad Cities Clinical Trials

# THORACIC CANCER



SCLC

#### BTCRC-LUN20-462

Criteria: Histologically or cytologically documented diagnosis of extensive stage SCLC and have progressed or recurred after platinum-based chemotherapy with immunotherapy; max of 2 prior lines of systemic therapy in the metastatic setting

PI: Muhammad Furgan

# **BREAST**



SCARLET: T2-T4, N0, M0 or T1-T3, N1-2, M0; no prior systemic therapy or radiation therapy with curative intent for current breast cancer

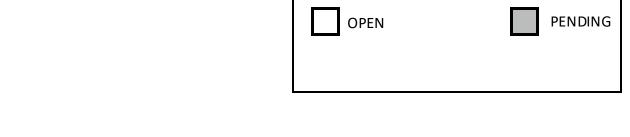
PI: Sneha Phadke

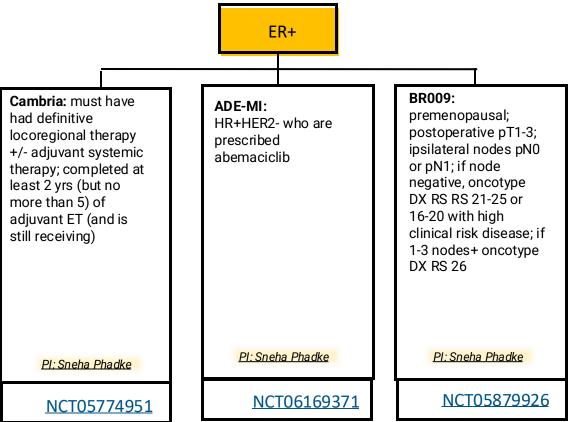
NCT05929768

Optim-ICE: T1cN1-2 or T2-4N0-2; no residual disease or LN after neoadjuvant therapy; neoadjuvant chemo+pembro x 6 cycles; < 12 weeks between surgery and randomization

PI: Sneha Phadke

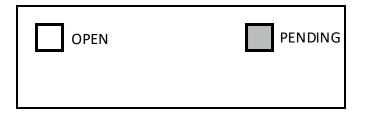
NCT05812807







# HEAD AND NECK CANCER



#### **THYROID**

CANCER

#### EA3231:

Dedifferentiated thyroid cancer; BRAF V600E+; must have been previously treated with or deemed ineligible for treatment with lodine-131; must have had prior treatment lenvatinib and/or sorafenib

PI: Doug Laux



### **GI CANCER**

OPEN	PENDING

COLON

#### NRG-GI008

Criteria: T1-3, N1/N1c confirmed adenocarcinoma with RO resection; no radiographic evidence of overt metastatic disease; distal extent of tumor ≥12 cm from anal verge on colonoscopy or above peritoneal reflection as documented during surgery or on path specimen; must have had en bloc complete gross resection of tumor (curative resection); microsatellite stable or intact mismatch repair proteins through CLIA approved testing
PI: Saima Sharif

NCT: 05174169

GEJ

#### A022102

Criteria:
Unresectable or
metastatic HER2adenocarcinoma of
esophagus, GEJ, or
stomach; no prior
treatment for
unresectable or
metastatic disease

PI: Saima Sharif



# MULTIPLE MYELOMA

### SMOLDERING

#### Ecog-Acrin 173

Phase 3 Pre-emptive tx for high risk smoldering myeloma

Dara-Rd x2 years Vs

Rd x 2 years

"High Risk" SMM = 2 of these:

- >2.0 g/dl m-protein
- Cyto: +1q, t[4;14], -17p, -13q
- >20% PCs in marrow
- Involved light chains 20x greater than uninvolved

Dx in last 1 year, no myeloma defining criteria

PI: Christopher Strouse

NCT: 03937635



#### **NEWLY DIAGNOSED**

#### S2209

Phase 3 evaluation comparing up front 3 drug regimens with single or double agent maintenance

No prior treatment for MM

Myeloma Frailty Score= frail or intermediate risk regardless of age

PI: Hira Shaikh

