ADVANCED MALICNANCY						
ADVANCED MALIGNANCY			(INCD 54939 207) A Ph 2 O I I I C' . I A			
Advanced solid tumor malignancy; documentation of an FGFR1-3 gene mutation or translocation; progression after atleast 1 prior therapy and no therapy that is likely to provide clinical benefit	Pemigatinib	19079	(INCB 54828-207) A Phase 2, Open-Label, Single-Arm, Multicenter Study to Evaluate the Efficacy and Safety of Pemigatinib in Participants With Previously Treated Locally Advanced/Metastatic or Surgically Unresectable Solid Tumor Malignancies Harboring Activating FGFR Mutations or Translocations (FIGHT-207)	Available*	Legacy Methodist Papillion	https://www.clinicaltrials.gov/ct2/sh ow/NCT03822117?term=NCT038221 17&draw=1&rank=1
Cohort D: Other tumor types excluding NSCLC and CRC with KRAS G12C mutation Cohort E: NSCLC with KRAS G12C and STK11 mutations)	MRTX849 600 mg	19151	A Phase I/II multiple expansion cohort trial of MRTX849 in patients with advanced solid tumos with KRAS G12C mutation	Available*	Legacy Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT03785249
Patient has a MAPK pathway altered solid tumor including but not limited to KRAS,NRAS,HRAS,BRAF, MEK and ERK mutations. Patient has exhausted or has inadequate response to available anti-cancer treatments	Ulixertinib (BVD-523)	ULI-EAP-100	Expanded Access to Ulixertinib(BVD-523) in patients with advanced MAPK pathway altered malignancies	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT04566393?term=ULI-EAP- 100&draw=1&rank=1
Cohort I HNSCC, Dermatologic, GU/Gynecology, GI cohorts open for enrollment (sub-cutaneous lesions)	ASP9801 (vaccinia virus expressing human transgenes for IL-12 and IL-7)	9801-CL-0101	9801 CL-0101: A Phase 1, Open-Label study of ASP9801, an Oncolytic Virus administered by intratumoral injection in patients with advanced/metastatic solid tumors	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT03954067?term=9801-CL- 0101&rank=1
Dose expansion tumor types include squamous cell carcinoma of the head and neck, NSCLC, breast cancer, ovarian, NSLC high PDL1, CRC Locally advanced (unresectable) or metastatic disease (no limit to prior therapies) Measurable disease per RECIST 1.1	ASP 1948+ Pembrolizumab Q3W	1948-CL-0101	A Phase Ib Study of ASP1948, Targeting an Immune Modulatory Receptor, as a Single Agent and in combination with a PD-I inhibitor (Nivolumab or Pembrolizumab) in Subjects with Advanced Solid Tumors	Paused	Legacy Methodist Bergan	https://clinicaltrials.gov/ct2/show/N CT035654457term=1948-CL- 0101&draw=2&rank=1
dose expansion, the tumor-specific cohorts will include subjects with SCCHN, non-small cell lung cancer (NSCLC) (all PD-L1 status), NSCLC PD-L1 high and cervical cancer, as well as subjects with any tumor types that respond to study drug treatment during dose escalation.	ASP1951+ Pembrolizumab	1951-CL-0101	A Phase Ib Study of ASP1951, a GITR Agonistic Antibody, as a single agent and in combination with pembrolizumab in subjects with advanced solid tumors	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT03799003?term=1951+CL0101&dr aw=2&rank=1
locally advanced, metastatic solid tumor and has measurable disease per RECIST1.1. Patient has exhausted standard options; ECOG 0-2	ASP1570	1570-CL-0101	A Phase I study of ASP1570 in participants with advanced solid tumors	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT05083481?term=1570- CL&draw=2&rank=1
Patients diagnosed with advanced/metastatic solid tumors for whom no approved therapy with clinical benefit is available. Tumor types include CPI naïve squamous NSCLC, CPI naïve mCRPC, cutaneous melanoma	MGD019	CP-MGD019-01	A Phase 1, First-in-Human, Open-Label, Dose Escalation and Cohort Expansion Study of MGD019, a Bispecific DART® Protein Binding PD-1 and CTLA-4 in Patients with Unresectable or Metastatic Neoplasms	pending	Legacy Grand Island?	https://clinicaltrials.gov/ct2/show/N CT03761017?term=cp-mgd019- 01&draw=2&rank=1
Diagnosis during expansion (Part 2) - All patients in Groups 1, 2, 5 and 6 must have oncogenic RET-rearrangement/fusion or mutation (excluding synonymous and nonsense mutations) solid tumor, as determined by local testing of tumor or circulating tumor nucleic acid in blood	BLU-667	18164 CP008	A Phase 1 Study of the Highly-selective RET Inhibitor, BLU-667, in Patients with Thyroid Cancer, Non-Small Cell Lung Cancer (NSCLC) and Other Advanced Solid Tumors (BLU-667-1101)	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT03037385?term=03037385&rank= 1
locally advanced, or metastatic solid tumor (including primary CNS tumors) (Stage IV, American Joint Committee on Cancer v.7) that harbors an ALK, ROS1, NTRK1, NTRK2, or NTRK3 gene rearrangement by protocol specified tests	TPX-0005/Repotrectinib	CP010	A Phase 1/2, Open-Label, Multi-Center, First-in-Human Study of the Safety, Tolerability, Pharmacokinetics, and Anti-Tumor Activity of TPX-0005 in Patients With Advanced Solid Tumors Harboring ALK, ROS1, or NTRK1-3 Rearrangements (TRIDENT-1)	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT03093116?term=TPX0005&draw= 2&rank=1

	1	1	1			,
Advanced solid malignancy with a p53 Y220C mutation; Previously treated with one or more lines of anticancer therapy and progressive disease	PC14586	CP011	A Phase 1/2 Open-label, Multicenter Study to Assess the Safety, Tolerability, Pharmacokinetics, Pharmacodynamics, and Efficacy of PC14586 in Patients With Advanced Solid Tumors Harboring a p53 Y220C Mutation	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT04585750?term=PC14586&draw= 2&rank=1
MRE11, RAD50, NBN, CCNE1 and non-specific biomarker USC	ZN-c3	CP012	A Phase 1 Study of ZN-c3 as a Single Agent in Subjects With Solid Tumors	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT04158336?term=zn- c3&draw=2&rank=2
cancer that is a locally advanced or metastatic solid tumor; Presence of WT TP53 and MDM2 gene amplification by tumor testing, defined as ≥ 12 copies by central diagnostic laboratory or ≥ 12 copies or 6-fold increase by local testing modalities	Milademetan (RAIN-32)	CP012	A Phase 2 Basket Study of Milademetan in Advanced/Metastatic Solid Tumors	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT05012397?term=Rain32&draw=2 &rank=1
advanced Gl tumors that have relapsed or are refractory to or are not considered medically suitable to receive standard of care treatment. Biomarkers RSPO2 and RSPO3	CGX1321	CP014	A Phase 1 Open-label Dose Escalation and Dose Expansion Study of CGX1321 in Subjects With Advanced Solid Tumors and Phase 1b Study of CGX1321 in Combination With Pembrolizumab in Subjects With Advanced Gastrointestinal Tumors	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT02675946?term=CGX1321&draw= 2&rank=2
Patients with solid tumors (as of Amendment 10, only subjects with glioma tumors) driven by a BRAF-V600 mutation Patients with no prior exposure to BRAF-directed therapy and for whom no standard therapy exists. Phase 2a-Dose Extension-Cohort 2 Patients with solid tumors driven by BRAF non-V600 mutation. Patients with prior exposure to BRAF-directed therapy will be allowed, pending confirmation of mutations in either a re-biopsy or ctDNA	PLX8394	CP009	A Phase 1/2a Study to Assess the Safety, Pharmacokinetics, and Pharmacodynamics of PLX8394 in Patients With Advanced Unresectable Solid Tumors	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT02428712?term=PLX8394&draw= 2&rank=2
Histologically or cytologically confirmed diagnosis of locally-advanced unresectable or metastatic solid tumor, including primary brain tumors Participants with disease types other than breast cancer, biliary tract cancer, non-squamous NSCLC, and cervical cancer: Disease progression on or after the most recent systemic therapy for locally-advanced unresectable or metastatic disease	Tucatinib+Trastuzumab	20344	A Phase 2 Basket Study of Tucatinib in Combination with Trastuzumab in Subjects with Previously Treated, Locally- Advanced Unresectable or Metastatic Solid Tumors Driven by HER2 Alterations (SGNTUC-019)	Open	Legacy Methodist	https://clinicaltrials.gov/ct2/show/N CT04579380?term=NCT04579380&d raw=2&rank=1
Locally-advanced or metastatic solid tumor with an NRG1 gene fusion identified through molecular assays Availability of fresh or archived FFPE tumor sample to be submitted to a central laboratory for confirmation of NRG1 gene fusion status	Seribantumab	20245 CP004	CRESTONE: A Phase 2 Study of Seribantumab in Adult Patients with Neuregulin-1 (NRG1) Fusion Positive Locally Advanced or Metastatic Solid Tumors (ELVCAP-001-01)	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT04383210?term=NCT04383210&d raw=2&rank=1
Advanced solid tumor harboring NRG1 fusion; measurable disease	MCLA-128	CP001	A Phase I/II Study of MCLA-128, a full length IgG1 Bispecific Antibody Targeting HER2 and HER3, in Patients with Solid Tumors	Available*	Legacy Papillion Bergan Methodist Grand Island	https://clinicaltrials.gov/ct2/show/N CT02912949?term=MCLA- 128&draw=2&rank=1

Cohort A-1: NSCLC EXON 14 skip mutation (c-Met naïve) for first line treatment, Cohort A-2: NSCLC EXON 14 skip mutation (c-Met naïve) pretreated subjects with no more than 3 lines of prior therapy, Cohort B: NSCLC EXON 14 skip mutation (c-Met experienced; radiographic progression on prior c-Met inhibitor), Cohort C: basket of tumor types with c-Met high level amplification (NSCLC EXON 14 skip mutation excluded), Cohort D: basket of tumor type with c-Met fusions MUM: Uveal melanoma with histological or cytological	APL-101	CP002	A Phase 1/2 Multicenter Study of the Safety, Pharmacokinetics, and Preliminary Efficacy of APL-101 in Subjects with Non-Small Cell Lung Cancer with c-Met EXON 14 Skip Mutations and c-Met Dysregulation Advanced Solid Tumors	Available*	Legacy Papillion Bergan Methodist Grand Island	https://clinicaltrials.gov/ct2/show/N CT03175224?term=APL- 101&draw=2&rank=1
confirmed metastatic disease. Or Non-MUM: Advanced cutaneous melanoma, colorectal cancer, or other solid tumor that has progressed following prior standard therapies or that has no satisfactory alternative therapies and has evidence of GNAQ/11 hotspot mutation	IDE-196	CP003	Phase 1/2, multi-center, open-label basket study designed to evaluate the safety and anti-tumor activity of IDE 196 in patients with solid tumors harboring GNAQ or GNA11 (GNAQ/I1) mutations or PRKC fusions, including metastatic uveal melanoma (MUM), cutaneous melanoma, colorectal cancer, and other solid tumors	Available*	Legacy Papillion Bergan Methodist Grand Island	https://clinicaltrials.gov/ct2/show/N CT03947385?term=IDE- 196&draw=2&rank=1
patients with NSCLC, melanoma, PD-L1 basket of HNSCC, Gastric, GEJ, RCC, UC who have exhausted options. Refractory to PD-1 or anti PD-L1 and anti CTLA-4. Antibiotics within 4 weeks of starting study medication is excluded	INBRX-105 or INBRX- 105+Pembrolizumab	INBRX-105	An Open Label, First in human (FIH), dose escalation, phase I study of INBRX-105 and INBRX-105 in combination with pembrolizumab in patients with locally advanced or metastatic solid tumors	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT03809624?term=INBRX- 105&draw=2&rank=1
Metastatic locally advanced solid tumors Exhausted all standard options. Thrombotic events within the last 6 months excludes patients. Willingness to do pretreatment and on treatment biopsies * Only ENROLLING OVARIAN*	CDX527-01	CDX527-01	A Phase I study of PD-L1 xCD27 Bispecific antibody CDX527 in patients with advanced malignancies	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT04440943?term=cdx527&draw=2 &rank=1
advanced solid tumor malignancy that has progressed or intolerant to all available therapies; ECOG 0 to 1	NGM707-IO-101	NGM707	A Phase 1/2 Dose Escalation/Expansion Study of NGM707 as Monotherapy and in Combination with Pembrolizumab in Advanced or Metastatic Solid Tumor Malignancies	pending	Legacy	https://clinicaltrials.gov/ct2/show/N CT04913337?term=ngm707&draw= 2&rank=1
Measurable disease per RECIST; Small Cell Lung Cancer, Gastric or GEJ, Squamous Cell of the genitalia, pancreatic, endometrial dx; neuropathy grade 2 or higher excluded.	PEN-866	PEN-866-01	A Phase I/IIA, open label, multicenter study to assess the safety, tolerability, pharmacokinetics, pharmacodynamics, and anti tumor activity of PEN-866 in patients with advanced solid malignancies	pending	Legacy	https://clinicaltrials.gov/ct2/show/N CT03221400?term=pen- 866&draw=2&rank=1
NSCLC with atleast one prior line of therapy, including platinum chemo and check point inhibitor given together or separate; Patients with ALK, EGFR, ROS1,BRAF, NTRK must have received therapy directed at molecular abberation in order to enroll NSCLC or breast origin with brain mets; breast cancer patients must have had prior CDK4/6 inhibitor Glioblasoma (first recurence) and candidate for surgical resection BREAST	GLR2007	GLP-CDK-1009	An Open Label, Phase IB/II Study to establish the safey, tolerability, and optimal dosing strategy for GLP2007 in subjects with advanced solid tumors	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT0444427?term=GLP- CDK&draw=2&rank=1
Patient Population	Treatment Design	Trial	Title	Status	Location(s)	Trial Information
(Neo)Adjuvant	11 Catalent Design	11141	THE	Status	Location(s)	111at 111ff maugn
T1c-T2 (tumor size > or = 2 cm), clinical node stage (cN) 1-cN2, or T3-T4, cN0-cN2; ER+/HER2- grade 2 or 3 with Ki67 of at least 30% breast cancer of ductal	Neoadjuvant: Pembro or placebo + paclitaxel (4 cycles) followed by pembro or placebo+ doxorubicin or epirubicin+ Cyclophosphamide (4 cycles) Adjuvant: pembro or placebo +		A Randomized, Double-blind, phase III study of Pembrolizumab versus Placebo in combination with neoadjuvant chemotherapy and adjuvant endocrine therapy for the treatment of high risk early stage		Legacy Methodist	https://clinicaltrials.gov/ct2/show/N CT03725059?term=mk3475-

Adjuvant						
Aujuvant	T	T	T	1	1	T
IID IIDDA in initial diamental diamental income						
HR+, HER2+ in initial diagnostic tissue, early invasive						
breast cancer without evidence of disease recurrence or						
distant metastases; received a minimum of four cycles of						
chemotherapy in either the neoadjuvant or adjuvant						
setting per standard of care therapy;Have high risk						
disease, defined by one of the following:						
°For participants treated with neoadjuvant therapy (as						
defined above): Pathologically detected axillary nodal						
disease in the surgical specimen						
oFor participants not treated with neoadjuvant therapy:	1					
Axillary node positive disease meeting one of the						
following criteria:						
Pathological tumor involvement in > four ipsilateral						
axillary lymph nodes OR						
Pathological tumor involvement in one to three ipsilateral						
axillary lymph node(s) and at least 1 of the following			eMonarcHER: A Randomized, Double Blind, Placebo-Controlled			
criteria:			Phase 3 Study of Abemaciclib plus Standard Adjuvant Endocrine			
					,	https://clinicaltrials.gov/ct2/show/N
Histological Grade 2 or Grade 3			Therapy in Participants with High-Risk, Node-Positive, HR+,		Legacy	CT04752332?term=NCT04752332&d
Primary invasive tumor size >5 centimeters determined	Abemaciclib +ET vs placebo+		HER2+ Early Breast Cancer Who Have Completed Adjuvant HER2-	_	Methodist	
pathologically	ET	20364	Targeted Therapy (I3Y-MC-JPCW)	Open	Papillion	raw=2&rank=1
Stage I- III EBC; patients with multicentric or multifocal						
bc are eligible if all examined tumors meet pathogenic			A Phase III, randomized, open-label multicenter study evaluating			
						https://clinicaltrials.gov/ct2/show/N
criteria for ER+ and HER2 negativity. History of DCIS	CDC 0545 1 : 1 1 :		the efficacy and safety of adjuvant GDC-9545 compared with		Legacy	
or LCIS is excluded and any other malignancy within 5	GDC-9545 or physcian's choice		physican's choice of adjuvant endocrine therapy in patients with	_	Methodist	CT04961996?term=GDC9545&draw
years prior to screening.	endocrine therapy	20408	HR+, HER2- early breast cancer	Open	Papillion	=2&rank=8
1st line Metastatic						
	Arm 1: durvalumab + paclitaxel					
	Arm 2: durvalumab + paclitaxel					
	+ capivasertib		A Phase IB/II, 2-Stage, Open-label, Multicenter Study to			
	Arm 5: durvalumab + paclitaxel		Determine the Efficacy and Safety of Durvalumab (MEDI4736) +			l
	+ oleclumab		Paclitaxel and Durvalumab (MEDI4736) in Combination With		Legacy	https://clinicaltrials.gov/ct2/show/N
Unresectable or metastatic TNBC. Treatment naïve.	Arm 6: durvalumab +		Novel Oncology Therapies With or Without Paclitaxel for First-line		Methodist	CT03742102?term=NCT03742102&d
Must have at least 1 lesion that can be measured.	trastuzumab deruxtecan	20417	Metastatic Triple Negative Breast Cancer (D933LC00001)	Available*	Papillion	raw=2&rank=1
2nd line Metastatic	trastuzuillati ucruatecan	2041/	increasitatic Triple (vegative breast Calicer (D7551C00001)	Available	т аринон	idw-zoidlik=1
Znu nne ivietastatic						
	1		Randomized, double-blind, phase III trial of tucatinib or placebo in			
HER2+, received prior treatment with a taxane and	1		combination with ado-trastuzumab emtansine (T-DM1) for subjects		Legacy	https://www.clinicaltrials.gov/ct2/sl
trastuzumab and had progression afer the last systemic	tucatinib or placebo + ado-		with unresectable locally advanced or metastatic HER2+ breast		Methodist	ow/NCT03975647?term=SGNTUC-
therapy or be intolerant of last systemic therapy.	trastuzumab emtansine	SGNTUC-016		Open	Bergan	016&rank=1
merup, or on intolerant of and systemic therapy.	Tablazaniao emanone	3GIVI 0C-010		open	2015mi	<u> </u>

Histologically or cytologically confirmed breast cancer at						
primary site.						
Participants with inoperable brain metastases (prior						
radiation therapy and/or stereotactic radiosurgery is						
allowed). A neurosurgical consult is at the discretion of			A O THINK I THE TOTAL COLUMN			https://www.clinicaltrials.gov/ct2/sh
the investigator. Participants with brain metastases from breast cancer who			An Open-Label, Multi-center, phase Ib/II Study to establish safety, tolerability, and optimal dosing strategy of GLR2007 in subjects			ow/NCT04444427?term=GLP-CDK-
have previously received CDK4/6 inhibitors	GLR 2007 (CDK4/6 inhibitor)	GLP-CDK-1009	with advanced solid tumors	Open	Legacy	1009&draw=2&rank=1
in to provide styreously received objective intensives	GER 2007 (CERT TO MIMOROL)	GLI-CDK-1007		орен	Legacy	1003ddidw 2didim 1
HR+/HER2- breast cancer not previously treated with			A Randomized, Double-blind, placebo controlled, phase III study of Pembrolizumab plus Chemotherapy versus placebo plus			
cytotoxic chemotherapy in the noncurative setting. Has			chemotherapy for the treatment of chemotherapy candidate		Legacy	
progressed on two or more lines od endocrine therapy			hormone receptor positive, human epidermal growth factor receptor-		Methodist	https://clinicaltrials.gov/ct2/show/N
with atleast one given in combination with a CDK 4/6	Pembrolizumab or placebo +		2 negative (HR+/HER2-) Metastatic breast cancer (KEYNOTE B-		Bergan	CT04895358?term=mk3475-
inhibitor.	SOC chemotherapy	MK3475-B49	49)	Open	Papillion	b49&draw=2&rank=1
				-		
HR+, HER2- with prior endocrine therapy with CDK 4/6			A Phase IV mutlicenter, single arm study to assess the efficacy,			
inhibitor unless endocrine therapy is not indicated.			safety, and tolerability of oral Paclitaxel and Encequidar in			
Patients may have had prior therapy with one			HR+/HER2- locally advanced or metastatic breast cancer patients		Legacy	
chemotherapy regimen in the metastatic setting however patient must be taxane naïve in the metastatic setting.	Paclitaxel (oral) + Encequidar (oral)	10150	who progressed on or after prior endocrine treatment with CDK 4/6 inhibitors in first or second line of therapy	Pending	Methodist Papillion	and the second second
patient must be taxane haive in the metastatic setting.	(orai)	19150	illimotors in first or second line of therapy	rending	гариноп	not yet available
HR+, HER2- advanced or metastatic breast cancer.Must						
have received at least 2 but no more than 4 prior lines of therapy (not including single agent hormonal therapy).						
One line must include CDK 4/6 inhibitor. Patient must			A Phase II, Open-Label study to evaluate the safety and anti tumor		Legacy	
have received 0 to 2 prior cytotoxic chemotherapy in the	Arm A: CX-2009 monotherapy		activity of CX-2009 in advanced HR+ HER2- breast cancer and of		Bergan	https://clinicaltrials.gov/ct2/show/N
locally advanced or metastatic setting. Measurable	in HR+ HER2-		CX-2009 as monotherapy and in combination with CX-072 in		Methodist	CT04596150?term=CTMX-2009-
disease per RECIST 1.1. ECOG 0 or 1		CTMX-2009-002	advanced triple negative breast cancer	Open	Papillion	002&draw=2&rank=1
TNBC patient must have received 1-3 prior lines of	Arm B: CX-2009 monotherapy		A Phase II, Open-Label study to evaluate the safety and anti tumor		Legacy	hanne Heltertenkeitel (1971 fr.
therapy (arm B and C). Measurable disease per RECIST 1.1. Patients in arm C must be PD-L1 positive. ECOG 0	TNBC Arm C: CX-2009 and CX-072		activity of CX-2009 in advanced HR+ HER2- breast cancer and of CX-2009 as monotherapy and in combination with CX-072 in		Bergan Methodist	https://clinicaltrials.gov/ct2/show/N CT04596150?term=CTMX-2009-
or 1	in TNBC	CTMX-2009-002	advanced triple negative breast cancer	Open	Papillion	002&draw=2&rank=1
3rd line Metastatic		C141A-2007-002		- P***	- apimon	SSECURION-EQUALICE
HER2+						
HED2 magazing of page 1 to 11 to 11 to 12						
HER2+ progression of unresectable locally advanced or metastatic breast cancer after last systemic therapy or			A Single-Arm, Open Label, Phase II study of Tucatinib in			
intolerant of last therapy. Received 2 or more prior lines			combination with Trastuzumab Deruxtecan in subjects with		Legacy	https://www.clinicaltrials.gov/ct2/sh
of anti-HER2 based regimens in the metastatic setting.	Tucatinib+Trastuzumab		previously unresectable locally advanced or metastatic HER2+		Bergan	ow/NCT04539938?term=sgntuc-
Measurable disease per RECIST 1.1	Deruxtecan	SGNTUC-025	breast cancer	Open	Methodist	025&draw=2&rank=1
				-		
HER2+ locally advanced/unresectable or metastatic					Legacy	
disease. Have received a minimum of 4-8 cycles of					Bergan	
previous treatment of trastuzumab, pertuzumab, and a			A randomized, double-blind, phase 3 study of tucatinib or placebo		Methodist	
taxane as first line treatment for HER2+ advanced breast	Tucatinib or placebo+		in combination with trastuzumab and pertuzumab as maintenance		Papillion	
cancer w/o evidence of disease progression	trastuzumab+pertuzumab	SGNTUC-028	therapy for metastatic HER2+ breast cancer (HER2CLIMB-05)	pending	Grand Island	pending

HER2+, measurable disease, less than or equal to 5 prior chemotherapy regimens for metastatic breast cancer; no limit on prior endocrine therapies.	Ibrutinib+ Trastuzumab	14059	A Phase I/II trial of Ibrutinib plus trastuzumab in HER2- amplified Metastatic Breast Cancer	Available*	Legacy Methodist Papillion	https://www.clinicaltrials.gov/ct2/sh ow/NCT03379428?term=03379428& draw=2&rank=1
MBC previously treated with T-DM-1 and or T-DX-d and or tucatinib containing regimens. Subjects must have been treated with one or more of these regimens to be eligibile. Subjects must have been treated with trustuzumab plus taxane. Measurable disease per RECIST 1.1	ARX-788	ACE-Breast-03	A Global, Phase 2 Study of ARX788 in HER2-positive Metastatic Breast Cancer Patients Whose Disease is Resistant or Refractory to T-DM1, and/or T-DXd, and/or Tucatinib-containing Regimens	Open	Legacy Bergan Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT04829604?term=ace-breast- 03&draw=2&rank=1
NEUROLOGICAL						
Patient Population	Treatment Design	Trial	Title	Status	Location(s)	Trial Information
Recurrent Glioblastoma (GBM)	-	•		•		
Recurrent	GLR (CDK4/6 inhibitor)	GLP-CDK-1009	An Open-Label, Multi-center, phase Ib/II Study to establish safety, tolerability, and optimal dosing strategy of GLR2007 in subjects with advanced solid tumors	Open	Legacy	https://www.clinicaltrials.gov/ct2/sh ow/NCT04444427?term=GLP-CDK- 1009&draw=2&rank=1
GASTROINTESTINAL						
Adjuvant						
Surgically resected adenocarcinoma of the colon or rectum; Pathologic stage II or III disease; Has residual FFPE specimen available for submission to Natera; Prior history and treatment for any cancer within the past year or has another active cancer, with the exception of nonmelanoma skin cancer is exclusionary Ist line metastatic	Signatara Test	20-041-NCP (BESPOKE)	BESPOKE Study of ctDNA Guided Therapy in Colorectal Cancer	Open	Legacy Methodist Bergan Papillion	https://clinicaltrials.gov/ct2/show/N CT04264702?term=BESPOKE+Study+ of+ctDNA+Guided+Therapy+in+Colo rectal+Cancer&draw=2&rank=1
Presence of metastasized or locally advanced, inoperable (curative intent) histologically proven, well differentiated Grade 2 or Grade 3 (GEP-NET) tumor diagnosed within 6 months prior to screening. Expression of somatostatin receptors on all documented target lesions documented by CT/MRI scans within 3 months prior to randomization	Lutathera	CAA601A22301	A Phase III multi-center, randomized, open-label study to evaluate the efficacy and safey of Lutathera in patients with Grade II and Grade III advanced GEP-NET	Open	Legacy	https://www.clinicaltrials.gov/ct2/sh ow/NCT03972488?term=CAAA601A 22301&draw=2&rank=1

	T	T	T			1
IV CRC; BRAFV600 E mutant local and must be sent to central lab for confirmation. Cohort 12: Histologically or cytologically confirmed diagnosis of advanced unresectable or	Encorafenib+ Cetuximab with or without chemotherapy vs SOC	C4221015	An Open Label, multicenter, randomized, phase III study of first line Encorafenib+Cetuximab with or without chemotherapy versus standard of care with a safety lead in of Encorafenib and Cetuximab plus chemotherapy in participants with metastatic BRAF V600E mutant colorectal cancer	pending	Legacy Methodist Bergan	https://clinicaltrials.gov/ct2/show/N CT04607421?term=C4221015&draw =2&rank=1
metastatic adenocarcinoma of the stomach or gastroesophageal junction with HER2- negative disease. No prior chemotherapy within 6 months of study enrollment.	TTX-030 + mFOLFOX6	TTX-030-002	A Phase I/IB Study to Evaluate the Safety and Activity of TTX-030 (Anti-CD39) in Combination with Budigalimab and/or Chemotherapy in Subjects with Advanced Solid Tumors	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT04306900?term=ttx-030- 002&draw=2&rank=1
recurrent/metastatic cholangiocarcinoma (non-resectable). Particpants with gallbladder or ampulla of Vater carcinoma are not eligible. Documented FGFR-2 gene fusion/translocation. ECOG 0 or 1. No prior systemic anticancer therapy for recurrent or metastatic cholangiocarcinoma	BGJ398 or Gemeitabine+Cisplatin	18264	A Phase 3 Multicenter, Open-Label, Randomized, Controlled Study of Oral Infigratinib versus Gemeitabine with Cisplatin in Subjects with Advanced/Metastatic or Inoperable Cholangiocarcinoma with FGFR2 Gene Fusions/Translocations: The PROOF Trial (QBGJ398-301)	Available*	Legacy Methodist Papillion	https://www.clinicaltrials.gov/ct2/sh ow/NCT03773302?term=03773302& rank=1
histologically/cytologically verified, inoperable locally recurrent/metastatic SCAC; no prior systemic therapy except chemotherapy with radiotherapy, or prior neoadjuvant/adjuvant therapy if completed ≥6 months; measurable disease per RECIST v1.1: adequate tissue sample and whole blood sample with central testing result	carboplatin+paclitaxel+placebo vs carboplatin+paclitaxel+retifanli mab	20189	A Phase 3 Global, Multicenter, Double-Blind Randomized Study of Carboplatin-Paclitaxel With INCMGA00012 or Placebo in Participants With Inoperable Locally Recurrent or Metastatic Squamous Cell Carcinoma of the Anal Canal Not Previously Treated With Systemic Chemotherapy (POD1UM-303/InterAACT 2) (INCMGA 0012-303)	Available*	Legacy Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT04472429?term=NCT04472429&d raw=2&rank=1
Cohort 11: locally advanced, unresectable, or metastatic pancreatic adenocarcinoma. Naive to treatment for metastatic disease and eligible to receive Gemcitabine and Abraxane 2nd line and beyond	TTX-030 + gemcitabine + nab- paclitaxel	TTX-030-002	Phase 1/1b Study to Evaluate the Safety and Activity of TTX-030 (Anti-CD39) in Combination with Pembrolizumab or Budigalimab and/or Chemotherapy in Subjects with Advanced Solid Tumors	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT03884556?term=ttx-030- 001&draw=2&rank=1
Advanced or metastatic colon or rectum adenocarcinoma. Refractory, resistant, or intolerant to at least 2 prior lines of therapy that must include Fluoropyrimidine, Irinotecan, Platinum agents, anti VEGF, anti EGFR (if indicated); measurable disease per RECIST 1.1	US1402	U31402-A-U202	A Multicenter, Open Label, Phase II study to evaluate the safety and efficacy of U3-1402 in subjects with advanced or metastatic colorectal cancer	Hold	Legacy Papillion Bergan Methodist	https://www.clinicaltrials.gov/ct2/sh ow/NCT04479436?term=u31402&dr aw=2&rank=1
Dx adenocarcinoma of the colon or rectum. RAS must have been previously determined based on local assessment. Has received a maximum of two prior chemotherapy regimens for the treatment of advanced colorectecal cancer. ECOG 0 to 1	Avastin+Lonsurf	CL3-95005-007	An open-label, randomised, phase III study comparing trifluridine/tipiracil in combination with bevacizumab to trifluridine/tipiracil monotherapy in patients with refractory metastatic colorectal cancer (SUNLIGHT study)	Open	Legacy Methodist Bergan	https://clinicaltrials.gov/ct2/show/N CT04737187?term=cl3-95005- 007&draw=2&rank=1
adenocarcinoma of the colon or rectum that is unresectable or metastatic andhave failed therapy containing fluoropyrimidines, oxaliplatin, irinotecan, and anti-VEGR and anti-PD -1 if tumor MSI-H. Has RAS WT in primary tumor tissue	Tucatinib+Trustuzumab or Tucantib monotherapy	20216	MOUNTAINEER: A Phase 2, Open Label Study of Tucatinib Combined with Trastuzumab in Patients with HER2+ Metastatic Colorectal Cancer (ACCRU-GI-1617, SGNTUC-017)	Available*	Legacy Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT03043313?term=NCT03043313&d raw=2&rank=1
Dose expansion tumor types include CRC Locally advanced (unresectable) or metastatic disease (no limit to prior therapies) Measurable disease per RECIST 1.1	ASP 1948+ Pembrolizumab Q3W	1948-CL-0101	A Phase Ib Study of ASP1948, Targeting an Immune Modulatory Receptor, as a Single Agent and in combination with a PD-I inhibitor (Nivolumab or Pembrolizumab) in Subjects with Advanced Solid Tumors	paused	Legacy Methodist Bergan	https://clinicaltrials.gov/ct2/show/N CT03565445?term=1948-CL- 0101&draw=2&rank=1

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			An Onen Lebel multicanten Einst in Human Deep Feedletien			https://clinicaltrials.gov/ct2/show/N
C/CEA ::II II I			An Open-Label, multicenter, First in Human, Dose Escalation,			CT04198766?term=inbrx-
G/GEA, with locally advanced, non resectable disease,	INBRX-106	n mny 406	Phase I Study of INBRX-106 in Subjects with locally advanced or	D 15	T	
which has progressed despite all standard therapies	INBRA-106	INBRX-106	metastatic solid tumors	Pending	Legacy	106&draw=2&rank=1
			A Phase Ib/3 global, randomized, controlled, open-label trial			
			comparing treatment with Actinium Ac225 dotatate (RYZ101) to			
			standard of care therapy in subjects with inoperable, advanced,			
			somatostatin receptor expressing (SSTR+) gastroentero pancreatic			
Grade 1-3 well differentiated GEP-NET; Ki 67 index ≤			neuroendocrine tumors that have progressed following prior		Legacy	
55%; ECOG 0-2	Ac225 dotatate vs SOC	RYZ101-301	treatment with 177Lu-Dotatate or 177Lu-DOTATOC	pending	Grand Island	not yet available
GENITOURINARY						
UROTHELIAL						
Patient Population	Treatment	Trial	Title	Status	Location(s)	Trial Information
(Neo)Adjuvant						
	Neoadjuvant Arm A: GC Q3W					
	x 4 Cycles					
	Neoadjuvant Arm B or C: GC					
	Q3W x4 cycles, Nivolumab					
	360mg Q3W x 4 Cycles, BMS-					
Participants with MIBC, clinical stage T2-T4a, N0 (<10	986205/Placebo 100mg QD					
mm on CT or MRI), M0, diagnosed at TURBT and	Adjuvant Post-Surgical					
confirmed by radiographic imaging. Variant histology is	Treatment					
acceptable if there is a predominant urothelial component.	Arm A; No further study					
Participant must be deemed eligible for Radial	therapy		A Phase 3, Randomized, Open-Label Study of Neoadjuvant			
Cystectomy (RC) by his/her oncologist and/or urologist,	Arm B or C: Nivolumab 480		Chemotherapy alone versus Neoadjuvant Chemotherapy plus			
and must agree to undergo Radial Cystectomy (RC) after	mg Q4W + BMS		Nivolumab or Nivolumab and BMS-986205, Followed by			
completion of neoadjuvant therapy.	986205/placebo 100mg x 9		Continued Post-Surgery Therapy with Nivolumab or Nivolumab			https://clinicaltrials.gov/ct2/show/N
Eastern Cooperative Oncology Group (ECOG)	Cycles		and BMS-986205 in Participants with Muscle-Invasive Bladder			CT03661320?term=NCT03661320&r
Performance Status 0 or 1		18095	Cancer (CA017078)	Open	Legacy	<u>ank=1</u>
Histologically confirmed muscle invasive bladder cancer						
at clinical stage cT2-T4a.						
Medically fit (i.e. eligible for surgery) and scheduled for						
radical cystectomy.						
ECOG performance status of 0, 1, or 2.						
Participants with ECOG performance status of 2 must						
meet the following additional criteria: hemoglobin >10						
g/dL, GFR >50 mL/min, may not have NYHA Class III						
heart failure.						
Cohort H and J: Ineligible for cisplatin-based					1	
chemotherapy and no prior systemic treatment,						
chemoradiation, or radiation therapy for MIBC. May						
have received prior intravesical Bacillus Calmette-Guerin						
(BCG) or intravesical chemotherapy for non-muscle						
invasive bladder cancer.	Cohort H: Enfortumab Vedotin		A Study of Enfortumab Vedotin (ASG-22CE) as monotherapy or in		Legacy	https://clinicaltrials.gov/ct2/show/N
	Cohort J: Enfortumab Vedotin+		combination with other anticancer therapies for the treatment of		Methodist	CT03288545?term=NCT03288545&d
open yet)	Pembrolizumab	20172	urothelial cancer (SGN22E-002)	Available*	Papillion	raw=2&rank=1
Adjuvant						
						1
Histologically or cytologically confirmed, invasive					I	
urothelial carcinoma with susceptible FGFR2 alterations					1	
within 120 days following nephrourecterectomy, dista			QBGJ398-302: Phase 3, Multicenter, Double-Blind, Randomized,			
urethrectomy, or cystectomy. If the patient received			Placebo-Controlled Trial of Infigratinib for the Adjuvant Treatment		1	https://clinicaltrials.gov/ct2/show/N
neoadjuvant chemotherapy: pathologic stage at surgical			of Subjects with Invasive Urothelial Carcinoma with Susceptible		1	CT04197986?term=proof302&draw=
resection must be <a>yp T2 and/or yN+	Infigratinib or placebo	19094	FGFR3 Genetic Alterations (PROOF302)	Open	Legacy	2&rank=1
1st line metastatic						
l						

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Cohort 10: unresectable or metastatic UCC ineligible for			Disco 1/11 Charles to Francisco de Cafata and Astricta affect CTTV 020			https://clinicaltrials.gov/ct2/show/N
platinum containing chemotherapy or disease progression	TTV 020		Phase 1/1b Study to Evaluate the Safety and Activity of TTX-030 (Anti-CD39) in Combination with Pembrolizumab or Budigalimab			CT03884556?term=ttx-030-
within 12 months of neoadjuvant treatment with platinum containing chemotherapy	TTX-030 + gemcitabine + nab- paclitaxel	TTX 020 002	and/or Chemotherapy in Subjects with Advanced Solid Tumors	0	T account	
containing chemotherapy	pacittaxei	TTX-030-002	and/or Chemotherapy in Subjects with Advanced Solid Tulliors	Open	Legacy	001&draw=2&rank=1
Cohort K: Ineligible for cisplatin-based chemotherapy due						
to at least 1 of the following: Glomerular filtration rate						
(GFR) <60 mL/min and ¡Ý30 mL/min, ECOG						
performance status of 2, NCI CTCAE Version 4.03						
Grade >2 hearing loss, New York Heart Association (NYHA) Class III heart failure. No prior systemic						
treatment for locally advanced or metastatic disease. No	Enfortumab Vedotin days 1, 8		A Study of Enfortumab Vedotin (ASG-22CE) as monotherapy or in		Legacy	https://clinicaltrials.gov/ct2/show/N
adjuvant/neoadjuvant platinum-based therapy within 12	or Enfortumab Vedotin +		combination with other anticancer therapies for the treatment of		Methodist	CT03288545?term=NCT03288545&d
months prior to randomization	Pembrolizumab	20172	urothelial cancer (SGN22E-002)	Available*	Papillion	raw=2&rank=1
2nd line Metastatic	1 omoromeumac	20172	archiella career (BG1-1222 002)	Transor	- upinion	IdW-20(d)K-1
Znu nne svetastauc						
	Arm 1A- Erdafitinib; Arm 1B-				L	,,
Metastatic transistional cell carcinoma of the urothelium;	Vinflunine or Docetaxel; Arm		A Phase III Study of Erdafitinib Compared with Vinfluine or		Legacy	https://www.clinicaltrials.gov/ct2/sh
progressive disease defined as any progression that	2A- Erdafitinib; Arm 2B		Docetaxel or Pembrolizumab in Subjects with Advanced Urothelial		Methodist	ow/NCT03390504?term=NCT033905
requires a change in treatment	Pembrolizumab	17133	Cancer and Selected FGFR Gene Aberations	Available*	Papillion	04&draw=1&rank=1
Cohort 2- Platium ineligibbe previously treated with CPI						
Cohort 3 and 4- Previously treated with anti-PD (L)1 and						
another selected IO either platinum treated or platinum						
ineligible						
Cohort 6: platinum ineligible anti PD (L)-1 naïve			A Phase II study of Sitravatinib in Combination with PD-(L)1		Legacy	https://clinicaltrials.gov/ct2/show/N
Cohort 7 and 8: Previously treated with anti PD(L)-1 and			Checkpoint Inhibitor Regimens in Patients with Advanced or		Methodist	CT03606174?term=516-
	Sitravatinib+ Nivolumab	18033	Checkpoint Inhibitor Regimens in Patients with Advanced or Metastatic Urothelial Carcinoma	Available*	Methodist Papillion	CT03606174?term=516- 003&draw=2&rank=1
Cohort 7 and 8: Previously treated with anti PD(L)-1 and	Sitravatinib+ Nivolumab	18033		Available*		
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible	Sitravatinib+ Nivolumab Treatment	18033		Available* Status		
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE			Metastatic Urothelial Carcinoma		Papillion	003&draw=2&rank=1
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC)			Metastatic Urothelial Carcinoma		Papillion	003&draw=2&rank=1
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population			Metastatic Urothelial Carcinoma		Papillion	003&draw=2&rank=1
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or			Metastatic Urothelial Carcinoma Title		Papillion	003&draw=2&rank=1 Trial Information
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy	Treatment		Metastatic Urothelial Carcinoma Title A Multicenter, Open-Label, Randomized Phase I/II Study of		Papillion	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting	Treatment non treatment (diagnostic Cu64	Trial	Metastatic Urothelial Carcinoma Title	Status	Papillion Location(s)	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy	Treatment		Metastatic Urothelial Carcinoma Title A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer		Papillion	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded.	Treatment non treatment (diagnostic Cu64	Trial	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study	Status	Papillion Location(s)	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-	Treatment non treatment (diagnostic Cu64	Trial	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone	Status	Papillion Location(s)	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate	Treatment non treatment (diagnostic Cu64	Trial	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De	Status	Papillion Location(s)	O03&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcinoma without small-cell tumors; A valid	non treatment (diagnostic Cu64 PSMA I&T injection)	Trial	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate	Status	Papillion Location(s)	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcinoma without small-cell tumors; A valid PTEN IHC result indicating PTEN deficiency (centralized	non treatment (diagnostic Cu64 PSMA I&T injection) Capivasertib+Abiraterone or	Trial CURCu64PSM0001	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer(mHSPC)Characterised by PTEN deficiency (CAPItello-	Status pending	Papillion Location(s) Legacy	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT04493853?term=NCT04493853&d
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcinoma without small-cell tumors; A valid PTEN IHC result indicating PTEN deficiency (centralized testing)	non treatment (diagnostic Cu64 PSMA I&T injection)	Trial	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate	Status	Papillion Location(s)	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcinoma without small-cell tumors; A valid PTEN IHC result indicating PTEN deficiency (centralized	non treatment (diagnostic Cu64 PSMA I&T injection) Capivasertib+Abiraterone or	Trial CURCu64PSM0001	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer(mHSPC)Characterised by PTEN deficiency (CAPItello-281) D361BC00001	Status pending	Papillion Location(s) Legacy	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT04493853?term=NCT04493853&d
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcimoma without small-cell tumors; A valid PTEN IHC result indicating PTEN deficiency (centralized testing) Metastatic (mHSPC)	non treatment (diagnostic Cu64 PSMA I&T injection) Capivasertib+Abiraterone or	Trial CURCu64PSM0001	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivaserib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer(mHSPC)Characterised by PTEN deficiency (CAPItello-281) D361BC00001	Status pending	Papillion Location(s) Legacy	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT04493853?term=NCT04493853&d
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcinoma without small-cell tumors; A valid PTEN IHC result indicating PTEN deficiency (centralized testing) Metastatic (mHSPC) Must have documented metastatic disease; evidence of	non treatment (diagnostic Cu64 PSMA I&T injection) Capivasertib+Abiraterone or	Trial CURCu64PSM0001	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer(mHSPC)Characterised by PTEN deficiency (CAPItello-281) D361BC00001 PSMAddition: An International Prospective Open-label, Randomized, Phase III Study comparing 177Lu-PSMA-617 in	Status pending	Papillion Location(s) Legacy	D03&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT04493853?term=NCT04493853&d raw=2&rank=1
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcinoma without small-cell tumors; A valid PTEN IHC result indicating PTEN deficiency (centralized testing) Metastatic (mHSPC) Must have documented metastatic disease; evidence of PSMA positive disease as seen on Ga-PSMA PET; 45	non treatment (diagnostic Cu64 PSMA I&T injection) Capivasertib+Abiraterone or placebo+ Abiraterone	Trial CURCu64PSM0001	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer(mHSPC)Characterised by PTEN deficiency (CAPItello-281) D361BC00001 PSMAddition: An International Prospective Open-label, Randomized, Phase III Study comparing 177Lu-PSMA-617 in combination with Standard of Care, versus Standard of Care alone,	Status pending	Papillion Location(s) Legacy	003&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT04493853?term=NCT04493853&d
Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcinoma without small-cell tumors; A valid PTEN IHC result indicating PTEN deficiency (centralized testing) Metastatic (mHSPC) Must have documented metastatic disease; evidence of	non treatment (diagnostic Cu64 PSMA I&T injection) Capivasertib+Abiraterone or	Trial CURCu64PSM0001	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer(mHSPC)Characterised by PTEN deficiency (CAPItello-281) D361BC00001 PSMAddition: An International Prospective Open-label, Randomized, Phase III Study comparing 177Lu-PSMA-617 in	pending Available*	Papillion Location(s) Legacy	D03&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT04493853?term=NCT04493853&d raw=2&rank=1 https://clinicaltrials.gov/ct2/show/N
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Cohort 7 and 8: Previously treated with anti PD(L)-1 and ADC either platinum treated or ineligible PROSTATE Patient Population Metastatic (mHSPC) Must have documented metastatic disease; biochemical recurrence of disease; prior radical prostectomy or radiation therapy with curative intent. Prior ADT therapy within the last 6 months or other therapies targeting androgen pathway are excuded. Asymptomatic or mildly symptomatic, histologically-confirmed de novo metastatic hormone-sensitive prostate adenocarcinoma without small-cell tumors; A valid PTEN IHC result indicating PTEN deficiency (centralized testing) Metastatic (mHSPC) Must have documented metastatic disease; evidence of PSMA positive disease as seen on Ga-PSMA PET; 45 days prior LHRH agonist/antagonists are allowed. 45 days prior ARDT is allowed prior Patient Population 2nd line Metastatic CRPC	non treatment (diagnostic Cu64 PSMA I&T injection) Capivasertib+Abiraterone or placebo+ Abiraterone 177Lu-PSMA-617 + ARDT vs ARDT Treatment	CURCu64PSM0001 20138 CAA617C12301	A Multicenter, Open-Label, Randomized Phase I/II Study of Copper Cu64PSMA I &T injection in patients with histologically proven metastatic prostate cancer A Phase III Double-Blind, Randomised, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer(mHSPC)Characterised by PTEN deficiency (CAPItello-281) D361BC00001 PSMAddition: An International Prospective Open-label, Randomized, Phase III Study comparing 177Lu-PSMA-617 in combination with Standard of Care, versus Standard of Care alone, in adult male patients with Metastatic Hormone Sensitive Prostate Cancer (mHSPC) Title A Phase III, Randomized, Double-blind trial of Pembrolizumab (MK3475) plus Enzalutamide versus placebo plus Enzalutamide in	pending Available*	Papillion Legacy TBD	D03&draw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT04493853?term=NCT04493853&d faw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT04720157?term=psmaddition&dr aw=2&rank=1 Trial Information https://clinicaltrials.gov/ct2/show/N

Must have DRD or CDK12 by sponsor blood or tissue						
assay. Measurable diease per RECIST 1.1. and received			A Dhoon Il-/II Cturky of Ninomonik combination theremine for the			https://www.clinicaltrials.gov/ct2/sh ow/NCT03431350?term=NCT034313
atleast 1 but no more than 2 lines of novel AR targeted therapy.	Niraparib+ Cetrelimab	19146	A Phase Ib/II Study of Niraparib combination therapies for the treatment of Metastatic Castration Resistant Prostate Cancer	Available*	Legacy	50&draw=2&rank=1
therapy.	TVII apario - Cettennao	17140	treatment of Metastatic Custration Resistant Flostate Cuncer	Available	Legacy	JOGGIAW-ZGIAHK-1
Adeno of the prostate w/o small cell features. Treatment						
with at least 1 line of taxane based chemotherapy in the						
castration sensitive prostate cancer or in CRPC. At least						https://clinicaltrials.gov/ct2/show/N
1 line of novel AR hormonal therapy in the CSPC or			Safety and Pharmacokinetics of ODM-208 in patients with			CT03436485?term=CYPIDES&draw=
CRPC setting for a minimum of 12 weeks	ODM-208	CYPIDES	metastatic castration resistant prostate cancer	Open	Legacy	2&rank=1
Expansion cohorts 21 CRPC prior enzalutamide or						
abiraterone no prior taxotere for mCRPC (single agent	Cabozantinib monotherapy					
Cabozantinib)	(cohort 21)		A Phase Ib Dose-Escalation Study of Cabozantinib (XL184)		Legacy	https://clinicaltrials.gov/ct2/show/N
Expansion cohort 23 (mCRPC prior enzalutamide or	Cabozantinib+ Atezolizumab		Administered Alone or in Combination with Atezolizumab in		Methodist	CT03170960?term=XL184-
abiraterone; no prior docetaxel)	(cohort; 23)	XL184-021	subjects with Locally advanced or Metastatic Solid Tumors	Open	Bergan	<u>021&rank=1</u>
GA-PSMA-11 positive PET/CT scan and have had one			PSMAfore: A Phase III, Open Label, Multi-Center, Randomized			
prior approved ARDT and had documented progression.			Study Comparing 177Lu-PSMA-617 vs. a Change of androgen			https://www.clinicaltrials.gov/ct2/sh
Prior cytotoxic chemotherapy for CRPC or castrate			receptor-directed therapy in the treatment of Taxane Naiive Men			ow/NCT04689828?term=CAAA617B
sensitive prostate cancer is exclusionary.	177Lu-PSMA-617 vs ARDT	CAAA617B12302	with progressive metastatic castrate resistant prostate cancer	Open	Legacy	12302&draw=2&rank=1
prostate adenocarcinoma without predominant small cell						
component; progression of disease by regression of						
measurable disease; presence of at least one new bone						
lesion, and rising PSA on two occasions at least 3 weeks apart. Must have received one but no more than two AR-	177Lu-PSMA I&T vs SOC		A Multi-Center, Open-Label, Randomized Phase III trial comparing			
directed therapies and one must have been administered in	(taxotere, cabitaxel, abiraterone		the safety and efficacy of Lu-PSMA I&T versus standard of care in			
the mCRPC setting.	or enzalutamide)	CURLu177PSM0001	patients with metastatic castration resistant prostate cancer	pending	Legacy	not yet available
GA-PSMA-11 positive PET/CT scan and must have been	or enzaratamae)	CCREat / /I SWI0001	patients with inclustatic custiation resistant prostate cancer	pending	Legacy	not yet available
treated with a prior taxane but no more than two prior			Managed Access Program (MAP) Cohort Treatment Plan			https://clinicaltrials.gov/ct2/show/N
taxane regimens. Patients must have received at least 1			CAAA617A12001M to provide access to 177Lu-PSMA-617 for			CT04825652?term=CAAA617A12001
prior NAAD	177Lu-PSMA-617	CAAA617A12001M	patients with metastatic castration-resistant prostate cancer	pending	Legacy	M&draw=2&rank=1
3rd line Metastatic CRPC	Į.	Į.	-	1 0	-	
			A Phase 1, First-in-Human, Open-Label, Dose Escalation and			
			Cohort Expansion Study of MGD019, a Bispecific DART® Protein			https://clinicaltrials.gov/ct2/show/N
CPI naïve mCRPC after no more than 2 prior lines of anti			Binding PD-1 and CTLA-4 in Patients with Unresectable or		Legacy	CT03761017?term=cp-mgd019-
androgen therapy	MGD019	CP-MGD019-01	Metastatic Neoplasms	pending	Grand Island	01&draw=2&rank=1
MCRPC that has received ≥ 2 lines of approved systemic			A Phase I/II study of REGN5678 (anti-PSAMAXCD28) with			https://clinicaltrials.gov/ct2/show/N
therapy for mCRPC including a second generation	DECLES OF STREET		Cemiplimab in patients with metastatic castration resistant prostate		-	CT03972657?term=R5678-
hormonal agent.	REGN5678+ Cemiplimab	R5678-ONC-1879	cancer	pending	Legacy	ONC%3D1879&rank=1
CDDCid to	D		DORA Trial: Phase III Trial of Docetaxel vs Docetaxel and			
mCRPC with two or more bone lesions; ECOG 0 to 1, prior chemotherapy in the mCRPC setting is exclusionary	Docetaxel vs Docetaxel+ Rad- 223	c16-174	Radium-223 for Metastatic Castration-Resistant Prostate Cancer (mCRPC)	pending	Legacy	not yet available
	443	C10-1/4	(men e)	penuing	Legacy	not yet available
RENAL CELL						
Advanced/ Metastatic 2nd-4th line	I				1	1
			An Open-Label, multicenter, First in Human, Dose Escalation,			https://clinicaltrials.gov/ct2/show/N
RCC locally advanced, non resectable disease, which has	D. D. D. V. 40.6		Phase I Study of INBRX-106 in Subjects with locally advanced or		L	CT04198766?term=inbrx-
progressed despite all standard therapies	INBRX-106	INBRX-106	metastatic solid tumors	Open	Legacy	106&draw=2&rank=1
			A Phase I/II, open label dose escalation and expansion trial of			
			NKT2152, an orally administered HIF-2a inhibitor, to investigate safety, pharmacokinetics, pharmacodynamics, and clinical activity in			
advanced clear cell renal cell dx	NKT2152	NKT2152	patients with advanced clear cell renal cell carcinoma	Open	Legacy	not yet available
ad-anoth oldir con renar con ux		111214134	Parisms in advanced clear con renar con caremonia	open.	Leguey	not yet available

			TiNivo-2: A Phase 3, Randomized, Controlled, Multicenter, Open-			
			label Study to Compare			
advanced rcc with clear cell component must have had			Tivozanib in Combination with Nivolumab to Tivozanib			
radiographic disease progression following at least 6			Monotherapy in Subjects with		Legacy	
weeks of treatment with immuno therapy. One or two			Renal Cell Carcinoma Who Have Progressed Following		Methodist	https://clinicaltrials.gov/ct2/show/N
prior therapies are allowed however 1 has to be			One or Two Lines of Therapy Where One Line has an Immune		Bergan	CT04987203?term=AV-951-20-
immunotherapy	Tivozanib+Nivo vs Tivozanib	AV-951-20-304	Checkpoint Inhibitor	pending	Grand Island	304&draw=2&rank=1
	Tivozamo i tvivo vs Tivozamo	AV-931-20-304	Спескрони пиновог	pending	Grand Island	304&draw=2&rank=1
OVARIAN		_				
Patient Population	Treatment	Trial	Title	Status	Location(s)	Trial Information
Locally Advanced/Metastatic	1	T	1		ı	
Dose expansion tumor types include ovarian,			A DI II. Co. I CACDIOAR T			
			A Phase Ib Study of ASP1948, Targeting an Immune Modulatory			https://clinicaltrials.gov/ct2/show/N
Locally advanced (unresectable) or metastatic disease (no	Landa and a landa		Receptor, as a Single Agent and in combination with a PD-I		Legacy	
limit to prior therapies) exhausted standard options	ASP 1948+ Pembrolizumab		inhibitor (Nivolumab or Pembrolizumab) in Subjects with Advanced		Methodist	CT03565445?term=1948-CL-
Measurable disease per RECIST 1.1	Q3W	1948-CL-0101	Solid Tumors	Paused	Bergan	0101&draw=2&rank=1
HEAD AND NECK						
Patient Population	Treatment	Trial	Title	Status	Location(s)	Trial Information
1st Line						
Histopathologically confirmed unresectable, locally						
advanced, recurrent or metastatic ESCC (excluding						
mixed adenosquamous carcinoma and other histological						
subtypes)						
Subject must be unsuitable for definitive treatment, such						
as definitive chemoradiotherapy and/or surgery. For						
subjects who have received (neo)adjuvant or definitive			A Multicenter, Double-Blind, Randomized Phase III Clinical Trial			
			1			
chemotherapy/radiochemotherapy, time from the			Evaluating the Efficacy and Safety of Sintilimab vs. Placebo, in			https://clinicaltrials.gov/ct2/show/N
completion of last treatment to disease recurrence must	Sintilimab or placebo+		Combination with Chemotherapy, for First-Line Treatment of		Legacy	
be > 6 months Could provide archival or fresh tissues for	Cisplatin+Paclitaxel+		Unresectable, Locally Advanced, Recurrent, or Metastatic		Methodist	CT03748134?term=NCT03748134&d
PD-L1 expression analysis with obtainable results#	Fluorouracil	20171	Esophageal Squamous Cell Carcinoma (ORIENT-15)CIBI308A301	Available*	Papillion	raw=2&rank=1
2nd-3rd line Metastatic						
Part 3: Patients that have had progression while receiving		1				
a anti-PD-1 or and anti-PD-L1. Patients must have		1				
received at least two doses of an approved CPI. Any CPI	1	1	A Phase I, Study of CDX-1140 a fully human agonist anti-CD40	İ		https://clinicaltrials.gov/ct2/show/N
that is experimental are not permitted to enroll. Patients		1	monoclonal antibody as monotherapy or in combination in patients			CT03329950?term=CDX1140&rank=
must have either a NSCLC dx or SCCHN	CDX 1140+ Pembrolizumab	CDX1140-01	with advanced solid tumors	Open	Legacy	1
	CDA 1140+ Femoronzumao	CDA1140-01	with advanced solid fulliors	Open	Legacy	<u></u>
Dose expansion tumor types include squamous cell			I DI H C. I CACDIOAO T			
carcinoma of the head and neck		1	A Phase Ib Study of ASP1948, Targeting an Immune Modulatory			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Locally advanced (unresectable) or metastatic disease (no		1	Receptor, as a Single Agent and in combination with a PD-I		Legacy	https://clinicaltrials.gov/ct2/show/N
limit to prior therapies)	ASP 1948+ Pembrolizumab		inhibitor (Nivolumab or Pembrolizumab) in Subjects with Advanced		Methodist	CT03565445?term=1948-CL-
Measurable disease per RECIST 1.1	Q3W	1948-CL-0101	Solid Tumors	hold	Bergan	0101&draw=2&rank=1
			An Open-Label, multicenter, First in Human, Dose Escalation,			https://clinicaltrials.gov/ct2/show/N
HCSCC with locally advanced, non resectable disease,		1	Phase I Study of INBRX-106 in Subjects with locally advanced or			CT04198766?term=inbrx-
which has progressed despite all standard therapies	INBRX-106	INBRX-106	metastatic solid tumors	pending	Legacy	106&draw=2&rank=1
HEMATOLOGY			<u>'</u>	,- <u> </u>		
Patient Population						
	Treatment	Trial	Title	Status	Location(s)	Trial Information

	T		T		•	
untreated DLBCL; one measurable lesion of transverse diameter of ≥ 1.5 cm and greatest perpendicular diameter of ≥ 1.0 cm. ECOG 0 to 2; prior non-hematologic malignancy is exclusionary except for malignancy treted with curative intent and not more than 2 years before screening amd adequately treated carcinoma in situ without evidence of disease.	Tafasitabmab+ Lenalidomide+ R-CHOP vs R-CHOP	20133	A Phase III, multicenter, open-label, randomized trial comparing the efficacy and safety of Tafasitamab plus Lenalidomide in addition to R-CHOP versus R-CHOP for hight risk patients with previously untreated Diffuse Large B-Cell Lymphoma	Open	Legacy Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT04824092?term=NCT04824092&d raw=2&rank=1
PMF, PPV-MK, or PET-MF; platelet <50,000/uL based on two measurements taken on different days and both measurements must be <50,000/uL; Palpable splenomegaly≥ 5cm below the lower costal margin.If the patient has received prior JAK2 inhibitor treatment, this treatment must meet at least one offhe following criteria: Prior treatment with any JAK2 inhibitor, irrespective of dose, with a duration of 90 days orless. The 90-day period starts on the date of first administration of JAK2 inhibitor therapy andcontinues for 90 calendar days, regardless of whether therapy is administered continuously orintermittently during that interval. b.Prior treatment with ruxolitinib, at no more than 10 mg total daily dose on any day, with aduration of 180 days or less. The 180-day period starts on the date of first ruxolitinibadministration and continues for 180 calendar days, regardless of whether therapy isadministered continuously or intermittently. The patient may not have received >10 mg ofruxolitinib on any day during that interval.	Pacritinib 200 mg vs Physician's Choice (limited to single drugs from the following list: corticosteriods, hydroxyurea, thalidomide, lenalidomide, or low dose ruxolitinib)	19171	A Randomized, Controlled Phase 3 Study of Pacritinib Versus Physician's Choice in Patients with Primary Myelofibrosis, Post Polycythemia Vera Myelofibrosis, or Post-Essential Thrombocythemia Myelofibrosis with Severe Thrombocytopenia (Platelets Counts <50,000/µL) (PAC203)	Available*	Legacy Methodist Papillion	https://www.clinicaltrials.gov/ct2/sh ow/NCT03165734?term=NCT031657 34&draw=2&rank=1
2nd Line						
Relapsed AML or high risk MDS relapsed or refractory following at least 6 cycles of hypomethylating agents or evidence of early progression	CA-4948 BID (PO)	CA-4948-102	A Phase 1, Open Label Dose Escalation Trial Evaluating the Safety, Pharmacokinetics, Pharmacodynamics, and Clinical Activity of Orally Administered CA-4948 in Patients with Acute Myelogenous Leukemia or Myelodysplastic Syndrome	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT04278768?term=CA-4948- 102&draw=2&rank=1
DLBCL relapsed/refractory; at least 1 prior line of therapy; at least 1 bi-dimensional measurable lesion; ECOG 0-2	Polatuzumab Vedotin+R- GEMOX vs R-GEMOX	MO40598	A Phase III, open label, randomized study evaluating the safety and efficacy of Polatuzumab vedotin in combination with Rituximab plus Gemcitabine plus Oxaliplatin (R-GEMOX) versus R-GEMOX alone in relapsed/refractory Diffuse Large B Cell Lymphoma	on hold	Legacy	https://www.clinicaltrials.gov/ct2/sh ow/NCT04182204?term=mo40598& draw=1&rank=1
Previously treated with a minimum of 1 prior line of standard chemotherapy-containing regimen (with completion of >2 treatment cycles) Documented failure to achieve at least partial response (PR) or documented disease progression after response to the most recent treatment regimen. Refractory disease is defined as treatment failure (stable disease, non-response, progressive disease [PD]) or disease progression within 6 months after the most recent prior therapy; ECOG 0-2	Zanubrutinib 160 mg BID	18263	A Phase 2, Multicenter, Single-arm Study of Zanubrutinib (BGB-3111) in Patients with Previously Treated B-Cell Lymphoma Intolerant of Prior Treatment with Ibrutinib and/or Acalabrutinib (BGB-3111-215)	Available*	Legacy Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT04116437?term=BGB-3111- 215&draw=2&rank=1

diagnosis of CML-CP; 2 prior ATP-site TKIs (i.e. imatinib, nilotinib, bosutinib, dasatinib or ponatinib) in case of absence of T315I mutation • 1 prior ATP site TKI (i.e. imatinib, nilotinib, bosutinib, dasatinib or ponatinib) in case of presence of T315I mutation	Cohort A: 40 mg asciminib orally twice daily (BID) Cohort B: 80 mg asciminib orally once daily (QD) Cohort C: 200 mg asciminib orally twice daily (BID)	20282	An open label, multi-center Phase IIIb study of asciminib (ABL001) monotherapy in previously treated patients with chronic myeloid leukemia in chronic phase (CML-CP) with and without T3151 mutation (AIM4CML)(CABL001AUS04)	Available*	Legacy Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT04666259?term=NCT04666259&d raw=2&rank=1
3rd Line						
Multiple myeloma with measurable disease. Has failed at least 3 prior lines of anti myeloma treatments including an anti CD38. Refractory to at	TAK-981+ Mezagitamab (dose escalation) TAK981+ Daratumumab + hyaluronidase- fihj (Lead In)	TAK-981-1503	A Phase Ib/II Open-Label, Multicenter Study to Evaluate the Safety and Efficacy of TAK-981 in combination with monoclonal antibodies in adult patients with relapsed and or refractory multiple myeloma	Open	Legacy Methodist	https://clinicaltrials.gov/ct2/show/N CT04776018?term=TAK981- 1503&draw=2&rank=1
DLBCL relapsed/refractory; at least 2 prior lines of therapy; must be stem cell or CAR-T ineligibile	Arm 1:DPX-Survivac, Pembrolizumab, CPA Arm 2: DPX-Survivac, Pembrolizumab Arm 3: DPX-Survivax	P1605-SUR-D23	A Phase 2b, Open-label, Multicenter, Randomized Parallel-Group, Two-Stage, Study of an Immunotherapeutic Treatment DPX-Survivac, Alone or in Combination with Pembrolizumab, with and without Intermittent Low-Dose Cyclophosphamide, in Subjects with Relapsed/Refractory Diffuse Large B-Cell Lymphoma.	pending	Legacy Methodist Grand Island	https://clinicaltrials.gov/ct2/show/N CT04920617?term=1605- SUR&draw=2&rank=1
LUNG						
Patient Population	Treatment	Trial	Title	Status	Location(s)	Trial Information
Histologically or cytologically documented nonsquamous NSCLC Stage IV (M1a-c, AJCC 8th Edition) disease not previously treated with systemic therapy for metastatic NSCLC a. Patients who received adjuvant or neoadjuvant therapy (with or without immunotherapy) for localized NSCLC are eligible if all adjuvant/neoadjuvant therapy (including immunotherapy) was completed at least 6 months prior to the development of metastatic disease. Known mutation KEAP1 or NRF2	Telaglenastat or placebo + Pembrolizumab+Chemotherapy	19239	CX-839-014 "KEAPSAKE": A Phase 2, Randomized, Multicenter, Double-blind, Study of the Glutaminase Inhibitor Telaglenastat with Pembrolizumab and Chemotherapy versus Placebo with Pembrolizumab and Chemotherapy in First-line Metastatic KEAP1/NRF2-mutated Nonsquamous, Non-Small Cell Lung Cancer (NSCLC)	Available*	Methodist Legacy Papillion	https://clinicaltrials.gov/ct2/show/N CT04265534?term=NCT04265534&d raw=2&rank=1
NSCLC dx with KRAS G12c and STK11 mutations in the first line systemic treatment setting	MRTX849	MRTX849-001	A Phase I/II multiple expansion cohort trial of MRTX849 in patients with advanced solid tumos with KRAS G12C mutation	Hold	Methodist Legacy	https://www.clinicaltrials.gov/ct2/sh ow/NCT03785249?term=mrtx849&d raw=2&rank=1
substitution. No prior systemic therapy for locally advanced or metastatic disease.	Amivantamab+Lazertinib (Arm A) Osimertinib+placebo+Lazertini b (Arm B) Lazertinib+placebo+ Osimertinib (Arm C)	20250	A Phase 3, Randomized Study of Amivantamab and Lazertinib Combination Therapy Versus Osimertinib Versus Lazertinib as First-Line Treatment in Patients with EGFR-Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer (73841937NSC3003)MARIPOSA	Available*	Legacy Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT04487080?term=NCT04487080&d raw=2&rank=1
Confirmed advanced, metastatic NSCLC and hasn't been treated with systemic anticancer therapy. Must have documented RET fusion and measurable disease per RECIST 1.1	Pralsetinib (BLU-667) vs Platinum Doublet with or without pembrolizumab	19208	A Randomized, Open-Label, Phase 3 Study of Pralsetinib versus Standard of Care for First Line Treatment of RET fusion-positive, Metastatic Non-Small Cell Lung Cancer (BLU-667-2303)	Available*	Legacy Methodist Papillion	https://www.clinicaltrials.gov/ct2/sh ow/NCT04222972?term=NCT042229 72&draw=2&rank=1
1st-2nd Line Metastatic						
LS-SCLC and no evidence of metastatic disease by PET/CT, CT, or MRI; I measurable lesion; treatment naïve	Pembrolizumab+ CR+Pembro+/- Olaparib	MK-7339-013	A Randomized, Double-blind, Placebo-controlled Phase 3 Study of Pembrolizumab (MK-3475) in Combination with Concurrent Chemoradiation Therapy Followed by Pembrolizumab with or without Olaparib (MK-7339), Compared to Concurrent Chemoradiation Therapy Alone in Participants with Newly Diagnosed Treatment-Naïve Limited-Stage Small Cell Lung Cancer (LS-SCLC)	Open	Grand Island	https://clinicaltrials.gov/ct2/show/N CT04624204?term=mk7339- 013&draw=2&rank=1

Diagnosis of Non-Squamous Non-Small Cell Lung Cancer; Receipt of at least one but not more than two prior treatment regimens in the advanced setting Prior treatment with PD-1/PD-L1 checkpoint inhibitor therapy and platinum-based chemotherapy in combination or in sequence (i.e., platinum-based chemotheraphy followed by checkpoint inhibitor therapy)	Sitravatinib+ Nivolumab vs Docetaxel	CP013	A Randomized Phase 3 Study of Sitravatinib in Combination With Nivolumab Versus Docetaxel in Patients With Advanced Non-Squamous Non-Small Cell Lung Cancer With Disease Progression On or After Platinum-Based Chemotherapy and Checkpoint Inhibitor Therapy SAPPHIRE A Phase 1, First-in-Human, Open-Label, Dose Escalation and Cohort Expansion Study of MGD019, a Bispecific DART® Protein Binding PD-1 and CTLA-4 in Patients with Unresectable or	Available*	Legacy Methodist Papillion Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT03906071?term=SAPPHIRE&recrs =ab&draw=2&rank=1 https://clinicaltrials.gov/ct2/show/N CT03761017?term=cp-mgd019-
Tumor types include squamous NSCLC, CPI naïve	MGD019	CP-MGD019-01	Metastatic Neoplasms	pending	Grand Island	01&draw=2&rank=1
Treatment naïve stage IV squamous or nonsquamous NSCLC. Mixed histologies are allowed. Participants who receive adjuvant/neoadjuvant therapy are eligible if the therapy was completed at least 12 months prior to development of metastatic disease. Participant is able to	Substudy 1: Carboplatin+ Paclitaxel+pembrolizumab+					https://www.clinicaltrials.gov/ct2/sh ow/NCT04165070?term=MK3475- U01&draw=1&rank=2
provide archival tissue or newly obtained core biopsy. Participants in substudy 2 must have PD-L1 > 1%. Substudy 3: Participants must have progressed on PD- (L)1 plus platinum doublet therapy given in combination; progressed on PD-(L)1 plus platinum double therapy	MK7684 (IP) (4 cycles) then Pembro+ MK7684+ pemetrexed (nonsquam only) Substudy 2: Pembrolizumab+ MK4830		A Phase II, Umbrella Study with Rolling Arms of Investigational			https://www.clinicaltrials.gov/ct2/sh ow/NCT04165083?term=MK3475- U01&draw=1&rank=3
given in sequence; for patients receiving prior platinum	Substudy 3:		Agents with either Pembrolizumab in combination with			https://www.clinicaltrials.gov/ct2/sh
doublet as management of earlier disease, platinum	Pembrolizumab+MK5890 or		Chemotherapy or with Pembrolizumab alone in Patients with			ow/NCT04165096?term=MK3475-
therapy must be within 12 months of signing consent	MK4830	MK3475-U01	Advanced Non- small cell Lung Cancer	Open	Legacy	U01&draw=1&rank=4
ES-SCLC in need of first line therapy; measurable disease per RECIST	Group A: Pembrolizumab+MK4830+ Etoposide/Platinum Group B: Pembrolizumab+MK5890+Eto poside/Platinum Group C: Pembrolizumab+Lenvatinib+Et oposide/Platinum	MK3475-B99	A Phase 2 Study to Evaluate the Efficacy and Safety of Pembrolizumab plus Investigational Agents in Combination with Etoposide and Cisplatin or Carboplatin for the First-Line Treatment of Participants with Extensive-Stage Small Cell Lung Cancer (KEYNOTE-B99)	Open pending	Legacy Methodist Bergan Grand Island	https://clinicaltrials.gov/ct2/show/N CT04924101?term=mk3475%3DB99 &draw=2&rank=1
Participant must have histologically or cytologically confirmed, locally advanced or metastatic, nonsquamous non-small cell lung cancer (NSCLC) with documented primary epidermal growth factor receptor (EGFR) Exon 20ins activating mutation Participant must have measurable disease according to Response Evaluation Criteria in Solid Tumors (RECIST) v1.1.	Amivantamab + Chemotherapy vs chemotherapy alone	20249	A Randomized, Open-label Phase 3 Study of Combination Amivantamab and Carboplatin-Pemetrexed Therapy, Compared with Carboplatin-Pemetrexed, in Patients with EGFR Exon 20ins Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer (61186372NSC3001)	Available*	Legacy Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT04538664?term=NCT04538664&d raw=2&rank=1
NSCLC of squamous or non-squamous histology with stage IV disease. ECOG 0 or 1; Measurable disease per RECIST 1.1. Untreated CNS metastases are excluded	Nivolumab + Relatimab dose + Platinum Chemotherapy Nivolumab+ placebo + Platinum Chemotherapy	CA224-104	A Study of Relatlimab plus Nivolumab in Combination with Chemotherapy vs. Nivolumab in combination with Chemotherapy as first line treatment for participants with Stage IV or recurrent Non Small Cell Lung Cancer	Open	Legacy Bergan Methodist Papillion	https://clinicaltrials.gov/ct2/show/N CT04623775?term=ca224- 104&draw=2&rank=1

2nd-3rd line Metastatic						
					1	
ES-SCLC in need of second-line therapy; patients must have progressed on or after treatment with an anti-PD-1/L1 mAb	Group A: MK1308A (Q6W) Group B: MK1308A(Q6W)+ Lenvatinib (QD) Group C: MK1308A(Q6W)+MK-4830 (Q3W) Group D: MK4280A(Q3W)	MK3475-B98	A Phase 1b/2 Study to Evaluate the Efficacy and Safety of Pembrolizumab in Combination with Investigational Agents for the Treatment of Participants With PD-1/L1- refractory Extensive- Stage Small Cell Lung Cancer in Need of Second-Line Therapy (KEYNOTE-B98)	Open	Legacy Methodist Bergan Grand Island	https://clinicaltrials.gov/ct2/results cond=&term=mk3475- 898&cntry=&state=&city=&dist=
Patients that have had progression while receiving a anti- PD-1 or and anti-PD-L1. Patients must have received at least two doses of an approved CPI. Any CPI that is experimental are not permitted to enroll. Patients must have either a NSCLC dx or SCCHN	CDX 1140+ Pembrolizumab	CDX1140-01	A Phase I, Study of CDX-1140 a fully human agonist anti-CD40 monoclonal antibody as monotherapy or in combination in patients with advanced solid tumors	Open	Legacy	https://clinicaltrials.gov/ct2/show/N CT03329950?term=CDX1140&rank= 1
ALK+ NSCLC and progression after crizotinib; history of pulmonary interstital disase, drug related pneumonitis, or radiation pneumonitis is excluded	Brigatinib or Alectinib	18129	Brigatinib-3001- A Phase 3 Randomized Open-label Study of Brigatinib (ALUNBRIG™) Versus Alectinib (ALECENSA®) in Advanced Anaplastic Lymphoma Kinase-Positive Non–Small-Cell Lung Cancer Patients Who Have Progressed on Crizotinib (XALKORI®)	Available*	Legacy Methodist Papillion	https://www.clinicaltrials.gov/ct2/si ow/NCT03596866?term=NCT035968 66&draw=1&rank=1
Histologically or cytologically confirmed diagnosis of			A Randomized Phase 3 Study of MRTX849 versus Docetaxel in		Legacy	https://clinicaltrials.gov/ct2/show/N CT046851357term=NCT04685135&c
NSCLC with KRAS G12C mutation. Candidacy to receive treatment with docetaxel	MRTX849 vs Docetaxel	20269	Patients with Previously Treated Non-Small Cell Lung Cancer with KRAS G12C Mutation (849-012)	Available*	Methodist Papillion	CT04685135?term=NCT04685135&craw=2&rank=1
2.Participants must have received at least 1 line of standard therapy for metastatic disease, including platinum-based chemotherapy and an immune checkpoint inhibitor given together or as separate lines of therapy, unless participants are ineligible for or cannot tolerate	GLR (CDK4/6 inhibitor)	GLP-CDK-1009	An Open-Label, Multi-center, phase Ib/II Study to establish safety, tolerability, and optimal dosing strategy of GLR2007 in subjects with advanced solid tumors	Pending	Legacy	https://www.clinicaltrials.gov/ct2/sl ow/NCT04444427?term=GLP-CDK- 1009&draw=2&rank=1
Prior platinum therapy required. Must have received at least two prior lines of therapy. Measurable disease per RECIST 1.1	RRX+ Platinum Doublet vs Platinum Doublet	RRx-001-33	A Phase III, Controlled, Open Label, Randomized Study of RRx- 001 administered Sequentially with a Platinum Doublet or a Platinum Doublet in Third-Line or Beyond Small Cell Lung Cancer An Open-Label, multicenter, First in Human, Dose Escalation,	Hold	Legacy Methodist Bergan	https://clinicaltrials.gov/ct2/show/N CT03699956?term=rrx001- 33&draw=2&rank=1 https://clinicaltrials.gov/ct2/show/N
NSCLC with locally advanced, non resectable disease, which has progressed despite all standard therapies	INBRX-106	INBRX-106	An Open-Label, multicenter, First in Human, Dose Escalation, Phase I Study of INBRX-106 in Subjects with locally advanced or metastatic solid tumors	Open	Legacy	CT04198766?term=inbrx- 106&draw=2&rank=1
Dose expansion tumor types include NSCLC (all comers), NSLC high PDL1 Locally advanced (unresectable) or metastatic disease (no limit to prior therapies) Measurable disease per RECIST 1.1	ASP 1948+ Pembrolizumab Q3W	1948-CL-0101	A Phase Ib Study of ASP1948, Targeting an Immune Modulatory Receptor, as a Single Agent and in combination with a PD-I inhibitor (Nivolumab or Pembrolizumab) in Subjects with Advanced Solid Tumors	Open	Legacy Methodist Bergan	https://clinicaltrials.gov/ct2/show/N CT035654457term=1948-CL- 0101&draw=2&rank=1
NSCLC with documented KRAS p.G12C mutation per local testing guidelines that have exhausted standard of care options for locally advanced or metastatic disease MELANOMA	RMC-4630 +Sotorasib	RMC-4630-03	A Phase II, Open-Label , Multicenter Study of the Combination of RMC-4630 and Sotorasib for Non-Small Cell Lung Cancer Subjects with KRAS G12C mutation after failure of prior standard therapies	Open	Methodist Papillion Bergan Legacy	not yet available

Patient Population	Treatment	Trial	Title	Status	Location(s)	Trial Information
Adjuvant	•	•			•	•
			A Phase III, Randomized, Open-Label study of Adjuvant			
			Immunotherapy with Bempegaldesleukin Combined with			https://clinicaltrials.gov/ct2/show/N
Patients with resected melanoma (Stage IIc, IIIa, IIIb/c/d,			Nivolumab Versus Nivolumab After Complete Resection of			CT04410445?term=PIVOT+12&draw
or IV with no evidence of disease; LN metastases >1mm	Nivolumab vs Nivolumab	PIVOT-12	Melanoma in Participants at High Risk for Recurrence (PIVOT-12)	Open	Legacy	<u>=2&rank=1</u>
1st line Advanced/Metastatic						
			Study Investigating the Efficacy and Safety of UV1 Vaccination in			
First-line unresectable IIIB-D or unresectable IV			Combination with Nivolumab and Ipilimumab as First-line		Legacy	https://clinicaltrials.gov/ct2/show/N
metastatic melanoma; measurable disease per RECIST	UV1 + Nivolumab+ Ipilimumab		Treatment of Patients with Unresectable or Metastatic Melanoma		Methodist	CT04382664?term=UV1-
1.1; ECOG 0 or 1	vs Nivolomab + Ipilimumab	UV1-202	(UV1-202)	Open	Bergan	202&draw=2&rank=1
			An Open-Label, multicenter, First in Human, Dose Escalation,			https://clinicaltrials.gov/ct2/show/N
Melanoma with locally advanced, non resectable disease,			Phase I Study of INBRX-106 in Subjects with locally advanced or			CT04198766?term=inbrx-
which has progressed despite all standard therapies	INBRX-106	INBRX-106	metastatic solid tumors	Pending	Legacy	106&draw=2&rank=1
2nd line to 6th line Advanced/Metastatic						
						https://clinicaltrials.gov/ct2/show/N
mealnoma progression post atleast 1 prior regimen.	BMS-986253/placebo+		A Phase 1/2 Study of BMS-986253 in Combination with			CT04913337?term=ngm707&draw=
Measurable disease per RECIST 1.1, ECOG 0 to 1	Nivolumab+Ipilimumab	CA027002	Nivolumab or Nivolumab plus Ipilimumab in Advanced Cancers	pending	Legacy	<u>2&rank=1</u>
Stage III or IV melanoma that have had confirmed						
disease progresseion on or after anti-PD1 regimen.						
Patients should receive at least 1 but no more than 5 prior			Open-Label, randomized Phase II trial with BNT 111 and			https://clinicaltrials.gov/ct2/show/N
therapies for advanced disease. Uveal, acral, or muscosal			Cemiplimab in combination or as single agents in patients with anti-		Legacy	CT04526899?term=bnt111&draw=2
melanoma are excluded.	BNT 111 + Cemiplimab	BNT111-01-4781	PD-1 refractory or relapsed, unresectable Stage III or IV melanoma	pending	Grand Island	<u>&rank=1</u>
Cutaneous melanoma that has progressed during or						
following systemic treatment for unresectable, locally			A Phase 1, First-in-Human, Open-Label, Dose Escalation and			
advanced, or metastatic disease. Patients will have			Cohort Expansion Study of MGD019, a Bispecific DART® Protein			https://clinicaltrials.gov/ct2/show/N
received PD-(L)1 and/or CTLA-4 pathway inhibitors			Binding PD-1 and CTLA-4 in Patients with Unresectable or		Legacy	CT03761017?term=cp-mgd019-
where available and indicated.	MGD019	CP-MGD019-01	Metastatic Neoplasms	pending	Grand Island	01&draw=2&rank=1
BASAL CELL CARCINOMA						•
Patient Population	Treatment	Trial	Title	Status	Location(s)	Trial Information
2nd Line Metastatic and beyond					1 7	•
mBCC, histologic confirmation of distant BCC			A Phase I, Multi-Center, Open-Label, Treatment Duration			
metastasis (e.g., lung, liver, lymph nodes, or bone), with			Increment, Expansion, Safety, and PK study of CX-4945		Legacy	https://clinicaltrials.gov/ct2/show/N
metastatic disease that is RECIST measurable using CT			administered twice daily to patients with advanced basal cell		Methodist	CT03897036?term=NCT03897036&d
or MRI	CX-4945	18014	carcinoma	Available*	Papillion	raw=2&rank=1
OVARIAN						
Patient Population	Treatment	Trial	Title	Status	Location(s)	Trial Information
2nd Line Metastatic and beyond			I ''		(1)	
					Legacy	https://www.clinicaltrials.gov/ct2/sh
Histology proven LGSOC (ovarian, peritoneal); KRAS	VS-6766 vs VS-6766 +		A Phase II Study of VS-6766 Alone and in Combination with		Methodist	ow/NCT04625270?term=NCT046252
mutation (part A) Measurable disease per RECIST 1.1	Defactinib	20298	Defactinib in Recurrent Low-Grade Serous Ovarian Cancer	Available*	Papillion	70&draw=2&rank=1
Non Interventional		20270				
Patient Population	Treatment	Trial	Title	Status	Location(s)	Trial Information
Blood Collection Trial	ricatinent	11181	11110	Status	Location(s)	111al IIIIVI IIIAUVII
.						
diagnosis of metastatic (Stage IV) PC, confirmed by						
either biopsy of a metastatic tumor					Lagrany	https://clinicaltrials.gov/ct2/show/N
site or history of localized disease supported by metastatic disease on imaging studies (ie,			Biomarker Study to Determine Frequency of DNA-repair Defects in		Legacy Methodist	CT03871816?term=64091742PCR00
clearly noted in hospital/clinical records)	N/A	19144	Men with Metastatic Prostate Cancer (64091742PCR0002)	Open	Papillion	02&draw=2&rank=1
cicarry noted in nospitarennical records)	11//21	17144	ivien with Metastatic Flustate Calicel (04071/42PCR0002)	Орен	1 apililon	UZXXIIAW-ZXIAIIK-1