

JUNE 2022

NEW & REOPENED TRIALS HIGHLIGHTED IN GREEN!

JUST IN TIME TRIALS (JIT) AML ANAL ALL APL BLADDER-UROTHELIAL BRAIN BREAST/ GYN CANCER CONTROL CLL CML COLON-RECTAL ESOPHAGEAL - GASTRIC HEAD & NECK LYMPHOMA MDS MELANOMA MERKEL MOLECULAR STUDIES MULTIPLE MYELOMA NEUROENDOCRINE NSCLC PROSTATE PANCREATIC RADIATION TRIALS SMALL CELL LUNG CANCER RENAL CELL

Updated 6.17.22

RADIATION LOCATIONS:

OSF Glen Oak - OSF main hospital
OSF Route 91 (attached to Illinois CancerCare)
UPHM - Unity Point Health Methodist
Galesburg - Western Illinois Cancer Treatment Center





JUNE 2022

	JUST IN TIME (JIT) TRIALS	*Contact Disease Specific Navigator				
· ·						
Multi-Disease Site: Advanced/Metastatic Solid Tumors						
	A Phase 2 Basket Study of Milademetan in Advanced/Metastatic Solid					
<u>RAIN-3202</u>	Tumors					
	Brain					
4074702	A Phase II Study of Checkpoint Blockade In	nmunotherapy in Patients With				
<u>A071702</u>	Somatically Hypermutated Recurrent Gliol	blastoma				
	Carcinoid					
	Randomized Phase II Trial of Postoperative	e Adjuvant Capecitabine and				
<u>\$2104</u>	Temozolomide Versus Observation in High	· ·				
	Tumors					
	Endometrial					
	(Temp. suspended) Phase II Study of Tazer	metostat (EPZ-6438) (IND #				
GY014	138671) in Recurrent or Persistent Endom					
<u> </u>	the Ovary, and Recurrent or Persistent End	dometrioid Endometrial				
	Adenocarcinoma					
	Gastrointestinal					
FA2107	Temporarily closed Phase II study of Pevo	nedistat in Combincatoin with				
<u>EA2187</u>	Carbo and paclitaxel in advanced intrahep	atic cholangiocarcinoma.				
	Genitourinary - Rare					
	Phase II Study of Cahozantinih in Combina	tion with Nivolumah and				
	Phase II Study of Cabozantinib in Combination with Nivolumab and Ipilimumab in Rare Genitourinary Tumors (temp closed cohorts - small cell					
<u>A031702</u>	carcinoma/neuroendorine & adenocarcinoma of bladder, penile, and misc					
	GU tract variants, renal medullary carcinoma, and rare GU)					
Head & Neck						
	Temporarily Closed (RT at Route-91) A Ph	ase II Randomized Trial of				
EA3191	Adjuvant Therapy With Pembrolizumab Af					
LNGIGI	Recurrent/Second Primary Head and Neck Squamous Cell Carcinoma With					
High Risk Features						
Lung						

	Randomized Phase II Trial of Trimodality +/- Atezolizumab in Resectable				
S1934	Superior Sulcus Non-Small Cell Lung Cancer. NASSIST (Neoadjuvant				
31334	Chemoradiation +/- Immunotherapy Before Surgery for Superior Sulcus				
Tumors)					
	Multi-Disease (town placed) A Bhase III Bondonsined Trial of Brondonic Antivirus				
61614	(temp closed) A Phase III Randomized Trial of Prophylactic Antiviral				
Therapy in Patients with Current or past hepatitis B Virus Infe Receiving Anti-Cancer Therapy for Solid Tumors					
	Ovarian				
	(i				
CV01A	(temp closed) Phase II Study of Tazemetostat (EPZ-6438) (IND # 138671) in				
<u>GY014</u>	Recurrent or Persistent Endometrioid or Clear Cell Carcinoma of the Ovary, and Recurrent or Persistent Endometrioid Endometrial Adenocarcinoma				
	Pancreas				
	Randomized Phase II Clinical Trial of Olaparib + Pembrolizumab vs.				
<u>\$2001</u>	Olaparib Alone as Maintenance Therapy in Metastatic Pancreatic Cancer				
	Patients with Germline BRCA1 or BRCA2 Mutations				
	Randomized Phase II Trial of Postoperative Adjuvant Capecitabine and				
<u>\$2104</u>	Temozolomide Versus Observation in High-Risk Pancreatic Neuroendocrine				
	Tumors				
	Rectal				
	(RT at Glen Oak, UPHM, Galesburg) A Phase II Study of Neoadjuvant				
EA2201	Nivolumab Plus Ipilimumab and Short-Course Radiation in MSI-H/dMMR				
	Locally Advanced Rectal Adenocarcinoma				
	Sarcoma				
	A Multicenter Phase II Trial of Paclitaxel With and Without Nivolumab in Taxane				
A091902	Naive, and Nivolumab and Cabozantinib in Taxane Pretreated Subjects With				
	Angiosarcoma (closed to taxane pre-treated pts only)				
Skin					
	Phase II randomized Trial of Avelumab plus cetuximab versus avelumab				
<u>A091802</u>	alone in advanced cutaneous Squamous cell carcinoma of skin				
Thymoma					
	A Randomized Phase II Trial of Carboplatin-Paclitaxel with or without				
<u>\$1701</u>	Ramucirumab in Patients with Unresectable Locally Advanced, Recurrent,				
	or Metastatic Thymic Carcinoma				



MENU

JUNE 2022

AML

Navigator - Heather x3661





JUNE 2022

ANAL	Navigator - Carrie x3621

<u>EA2176</u>	A Randomized Phase III Study of Immune Checkpoint Inhibition With Chemotherapy in Treatment- Naive Metastatic Anal Cancer Patients
<u>EA2182</u>	(RT at UPHM and Glen Oak) A Randomized Phase II Study of De-Intensified ChemoRadiation for Early-Stage Anal Squamous Cell Carcinoma (DECREASE)



MENU

JUNE 2022

APL

Navigator - Heather x3661

There are no trials available at this time



MENU

JUNE 2022

ACUTE LYMPHOBLASTIC LEUKEMIA

Navigator - Heather x3661

EA9152

Temporarily Closed | A Phase IB/II Study of Venetoclax (ABT-199) in Combination With Liposomal Vincristine in Patients With Relapsed or Refractory T-Cell or B-Cell Acute Lymphoblastic Leukemia



MENU

JUNE 2022

BLADDER / UROTHELIAL

Navigator - Carrie x3621

ADJUVANT / NEOADJUVANT					
BMS CA017-078	(Peoria, Bloomington, Galesburg, and Peru) -A Phase 3, Randomized, Study of Neoadjuvant Chemotherap alone versus Neoadjuvant Chemotherapy plus Nivolumab or Nivolumab and BMS-986205, Followed by Continued Post-Surgery Therapy with Nivolumab or Nivolumab and BMS-986205 in Participants with Musc Invasive Bladder Cancer (BMS-986205/placebo tablets discontinued)				
<u>EA8185</u>	(RT pending at Glen Oak & Rt-91) Phase 2 Study of Bladder-Sparing Chemoradiation With MEDI4736 (Durvalumab) in Clinical Stage 3, Node Positive Bladder Cancer (INSPIRE)				
<u>\$1806</u>	(RT at Glen Oak, UPHM and Galesburg) Phase III Randomized Trial of Concurrent Chemoradiotherapy with or without Atezolizumab in Localized Muscle Invasive Bladder Cancer				
<u>\$2011</u>	Randomized Phase II Trial of Gemcitabine, Avelumab and Carboplatin vs. No Neoadjuvant Therapy Preceding Surgery for Cisplatin-Ineligible Muscle-Invasive Urothelial Carcinoma: SWOG GAP TRIAL				
	METASTATIC				
<u>A031901</u>	Duration of Immune Checkpoint Therapy in Locally Advanced or Metastatic Urothelial Carcinoma: A Randomized Phase 3 Non-Inferiority Trial				
<u>A032001</u>	Phase III Randomized Trial of Maintenance Cabozantinib and Avelumab vs Maintenance Avelumab After First- Line Platinum-Based Chemotherapy in Patients With Metastatic Urothelial Cancer				

A032002

(RT at Glen Oak) Phase II Randomized Trial of Atezolizumab Versus Atezolizumab and Radiation Therapy for Platinum Ineligible/Refractory Metastatic Urothelial Cancer (ART)



MENU

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BRAIN	Navigator - Carrie x3621
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<u>BN007</u>	Temporarily Closed (RT at UPHM, Glen Oak, Galesburg) A Randomized Phase II/III Open-Label Study of Ipilimumab and Nivolumab Versus Temozolomide in Patients With Newly Diagnosed MGMT (Tumor O-6-Methylguanine DNA Methyltransferase) Unmethylated Glioblastoma
<u>BN011</u>	(RT credentialing pending) A Phase III Trial of Gleostine® (Lomustine)-Temozolomide Combination Therapy Versus Standard Temozolomide in Patients With Methylated MGMT Promoter Glioblastoma
<u>N0577</u>	(RT at Glen Oak, RT 91, and UPHM) Phase III Intergroup Study of Radiotherapy with Concomitant and Adjuvant Temozolomide versus Radiotherapy with Adjuvant PCV Chemotherapy in Patients with 1p/19q Co-deleted Anaplastic Glioma or Low Grade Glioma



A191901

American women)

MASTER TRIAL LIST

MENU

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BREAST

Navigator - Angie x3613

	DCIS				
Comparing an Operation to Monitoring, With or Without Endocrine Therapy Trial For Low Ri DCIS: A Phase III Prospective Randomized Trial (COMET)					
	NEO/ADJUVANT TREATMENT				
Neo/Adjuvant - HEF	R2 Positive				
<u>EA1181</u>	Preoperative THP and Postoperative HP in Patients Who Achieve a Pathologic Complete Response (CompassHER2-pCR)				
Neo/Adjuvant - Hor	mone Receptor Positive / HER2 Negative				
<u>BR007</u>	(RT at Galesburg, Glen Oak, Rt 91, UPHM) Phase III Clinic Radiation for Conservative Treatment of Stage I, Hormon Recurrence Score Less Than or Equal to 18 Breast Cancer	ne Sensitive, HER-2 Negative, Oncotype			
Neo/Adjuvant - Trip	ole Negative				
	METASTATIC TREATMENT				
Metastatic - HER2 P	ositive				
A-11-1'- 11	P				
vietastatic - Hormo	ne Receptor Positive / HER2 Negative				
Metastatic - Triple I	Negative				
victastatic - Triple i	vegative				
	SURGERY / RADIATION ONLY				
<u>A011202</u>	Temporarily Closed - A Randomized Phase III Trial Events Node Dissection in breast Cancer Patients (cT1-3 N1 Disease After Neoadjuvant Chemotherapy. (RT: Glest)	L) Who Have Positive Lymph Node			
<u>MA.39</u>	Tailor RT: A Randomized Trial of Regional Radiotherapy in Biomarker Low Risk Node Positive Breast Cancer (RT: Glen Oak and UPHM)				
	CANCER CONTROL (Breast only)				

(Peoria, Bloomington, Galesburg, Ottawa, Pekin, and Peru) Optimizing Endocrine

Therapy Through Motivational Interviewing and Text Interventions (only enrolling African

A211901	Reaching Rural Cancer Survivors Who Smoke Using Text-Based Cessation Interventions
A222004	A Randomized Phase III Trial of Olanzapine Versus Megestrol Acetate for Cancer-Associated Anorexia
EAQ202	Improving Adolescent and Young Adult Self-Reported Data in ECOG-ACRIN Trials
<u>S1912CD</u>	A Randomized Trial Addressing Cancer-Related Financial Hardship Through Delivery of a Proactive Financial Navigation Intervention (CREDIT)
<u>\$2013</u>	(Peoria, Bloomington, Galesburg, Pekin, Washington) Immune Checkpoint Inhibitor Toxicity: A Prospective Observational Study (I-CHECKIT)
<u>URCC 16070</u>	Treatment of Refractory Nausea- for breast cancer patients.
<u>URCC-18007</u>	Randomized Placebo Controlled Trial of Bupropion For Cancer Related Fatigue in stage I-III Breast cancer pts at least 2 months out from surgery/tx/radiation
<u>URCC 21038</u>	(Peoria Only) Disparities in Results of ImmuneCheckpoint Inhibitor Treatment (DiRECT): A Prospective Cohort Study of Cancer Survivors Treated With anti-PD-1/anti-PD-L1 Immunotherapy in a Community Oncology Setting
WF-1901	Internet-delivered Management of Pain Among Cancer Treatment Survivors (IMPACTS)

GYNECOLOGICAL

Navigator - Angie x3613

<u>NRG - GY023</u>	A Randomized Phase II Trial of Triplet Therapy (a PD-L1 Inhibitor (Durvalumab) MEDI4736 in Combination With Olaparib and Cediranib) Compared to Olaparib and Cediranib or (Durvalumab) MEDI4736 and Cediranib or Standard of Care Chemotherapy in Women With Platinum-Resistant Recurrent Epithelial Ovarian Cancer, Primary Peritoneal or Fallopian Cancer Who Have Received Prior Bevacizumab



MENU

JUNE 2022

Navigators - Courtney x3660 Hannah x3603 Kelsey x 3618

CANCER CONTROL

	CANCER CONTROL				
	MULTI-DISEASE SITES				
A211901	Reaching Rural Cancer Survivors Who Smoke Using Text-Based Cessation Interventions				
A222004	A Randomized Phase III Trial of Olanzapine Versus Megestrol Acetate for Cancer-Associated Anorexia				
<u>EAQ202</u>	Improving Adolescent and Young Adult Self-Reported Data in ECOG-ACRIN Trials				
<u>\$1912CD</u>	A Randomized Trial Addressing Cancer-Related Financial Hardship Through Delivery of a Proactive Financial Navigation Intervention (CREDIT)				
<u>\$2013</u>	(Peoria, Bloomington, Galesburg, Pekin, Washington) Immune Checkpoint Inhibitor Toxicity: A Prospective Observational Study (I-CHECKIT)				
URCC 21038	(Peoria only) Disparities in Results of ImmuneCheckpoint Inhibitor Treatment (DiRECT): A Prospective Cohort Study of Cancer Survivors Treated With anti-PD-1/anti-PD-L1 Immunotherapy in a Community Oncology Setting				
<u>WF-1901</u>	Internet-delivered Management of Pain Among Cancer Treatment Survivors (IMPACTS)				
	BREAST				
<u>A191901</u>	(Peoria, Bloomington, Galesburg, Ottawa, Pekin, and Peru) Optimizing Endocrine Therap Through Motivational Interviewing and Text Interventions (only enrolling African American women)				
URCC 16070	Treatment of Refractory Nausea- for breast cancer patients.				
<u>URCC-18007</u>	Randomized Placebo Controlled Trial of Bupropion For Cancer Related Fatigue in stage I-II Breast cancer pts at least 2 months out from surgery/tx/radiation				
	LUNG				
	Nothing currently available for Lung only - See Multi-Disease Cancer Control trials ABOVE.				
	COLORECTAL				
<u>A221805</u>	Duloxetine to Prevent Oxaliplatin-Induced Chemotherapy-Induced Peripheral Neuropathy: A Randomized, Double-Blind, Placebo-Controlled Phase II to Phase III Study				
<u>WF-1806</u>	(M&M Study) Myopenia and Mechanisms of Chemotherapy Toxicity in older Adults with Colorectal Cancer				
	BRAIN				
WF-1801	A Single Arm, Pilot Study of Ramipril for Preventing Radiation-Induced Cognitive Decline in Glioblastoma (GBM) Patients Receiving Brain Radiotherapy				
	REGISTRY Contact Disease Specific Navigator				

NHLBI-MDS

(Peoria, Bloomington and Galesburg only) -The National Myelodysplastic Syndromes (MDS) Study



JUNE 2022

Navigator - Ashton x3611

Carrie x3621

MENU

CARCINOID

No trials at this time



MENU

JUNE 2022

CLL

Navigator - Heather x3661

1st Line

A041702

Temporarily closed | A Randomized Phase III Study of Ibrutinib Plus Obinutuzumab Versus Ibrutinib Plus Venetoclax and Obinutuzumab in Untreated Older Patients (≥ 65 Years of Age) With Chronic Lymphocytic Leukemia (CLL)

2nd Line, 3rd Line, etc.

no trials at this time



MENU

JUNE 2022

CML

Navigator - Heather x3661



MENU

JUNE 2022

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Navigator - Carrie x3621

	Adjuvant and the second	
<u>A021502</u>	Randomized Trial of Standard Chemotherapy Alone or Combined With Atezolizumab as Adjuvant Therapy for Patients With Stage III Colon Cancer and Deficient DNA Mismatch Repair	
<u>C-14</u>	Second Colorectal Cancer Clinical Validation Study to Predict Recurrence Using A Circulating Tumor DNA Assay To Detect Minimal Residual Disease (CORRECT-MRD II)	
<u>G1005</u>	Phase II/III Study of Circulating Tumor DNA as a Predictive Biomarker in Adjuvant Chemotherapy in Patients With Stage IIA Colon Cancer (COBRA)	
<u>GI008</u>	Temporarily Closed Colon Adjuvant Chemotherapy Based on Evaluation of Residual Disease	
	Metastatic	
MK 7339-003	(Peoria, Bloomington, Galesburg, Peru) A Phase 3 Randomized, Open-label Study to Evaluate the Efficacy and Safety of Olaparib Alone or in Combination With Bevacizumab Compared to Bevacizumab with 5-FU in Participants with Unresectable or Metastatic Colorectal Cancer who Have Not Progressed Following First-line Induction of FOLFOX With Bevacizumab (LYNK-003)	
	CANCER CONTROL (Colorectal only)	
A211901	Reaching Rural Cancer Survivors Who Smoke Using Text-Based Cessation Interventions	
<u>A221805</u>	Duloxetine to Prevent Oxaliplatin-Induced Chemotherapy-Induced Peripheral Neuropathy: A Randomized, Double-Blind, Placebo-Controlled Phase II to Phase III Study	
A222004	A Randomized Phase III Trial of Olanzapine Versus Megestrol Acetate for Cancer-Associated Anorexia	
EAQ202	Improving Adolescent and Young Adult Self-Reported Data in ECOG-ACRIN Trials	
<u>\$1912CD</u>	A Randomized Trial Addressing Cancer-Related Financial Hardship Through Delivery of a Proactive Financial Navigation Intervention (CREDIT)	
<u>\$2013</u>	(Peoria, Bloomington, Galesburg, Pekin, Washington) Immune Checkpoint Inhibitor Toxicity: A Prospective Observational Study (I-CHECKIT)	
URCC 21038	(Peoria Only) Disparities in Results of ImmuneCheckpoint Inhibitor Treatment (DiRECT): A Prospective Cohort Study of Cancer Survivors Treated With anti-PD-1/anti-PD-L1 Immunotherapy in a Community Oncology Setting	

<u>WF-1901</u>	Internet-delivered Management of Pain Among Cancer Treatment Survivors (IMPACTS)
WF-1806	(M&M Study) Myopenia and Mechanisms of Chemotherapy Toxicity in older Adults with Colorectal Cancer



MENU

JUNE 2022

	ESOPHAGEAL- GASTRIC	Navigator - Carrie x3621
(RT at Glen Oak, RT-91, UPHM, Galesburg) A Phase II/III Study of F EA2174 Ipilimumab in Patients With Locoregional Esophageal and Gastroes		Operative Nivolumab and
		ageal Junction
	Adenocarcinoma	



MENU

JUNE 2022

HEAD & NECK

Navigator - Ashton x3611

<u>EA3161</u>	(RT at Glen Oak, UPH, Galesburg) A Phase II/III Randomized Study of Maintenance Nivolumab Versus Observation in Patients With Locally Advanced, Intermediate Risk HPV Positive OPSCC
<u>EA3191 - JIT</u>	Temporarily Closed (RT at Route-91) A Phase II Randomized Trial of Adjuvant Therapy With Pembrolizumab After Resection of Recurrent/Second Primary Head and Neck Squamous Cell Carcinoma With High Risk Features
<u>HN005</u>	(RT at UPHM, Galesburg, Glen Oak) A Randomized Phase II/III Trial of De-Intensified Radiation Therapy for Patients With Early-Stage, P16-Positive, Non-Smoking Associated Oropharyngeal Cancer
<u>HN009</u>	(RT at UPHM) Randomized Phase II/III Trial of Radiation With High-Dose Cisplatin (100 mg/m2) Every Three Weeks Versus Radiation With Low-Dose Weekly Cisplatin (40 mg/m2) for Patients With Locoregionally Advanced Squamous Cell Carcinoma of the Head and Neck (SCCHN)



MENU

JUNE 2022

Navigator - Heather x3661

LYMPHOMA

	HL		
<u>\$1826</u>	(RT at Glen Oak, Rt-91, UPHM) A Phase III, Randomized Study of Nivolumab (Opdivo) Plus AVD or Brentuximab Vedotin (Adcetris) Plus AVD in Patients (Age >/= 12 Years) With Newly Diagnosed Advanced Stage Classical Hodgkin Lymphoma		
	NHL		
<u>EA4181</u>	A Randomized 3-Arm Phase II Study Comparing 1.) Bendamustine, Rituximab and High Dose Cytarabine (BR/CR) 2.) Bendamustine, Rituximab, High Dose Cytarabine and Acalabrutinib (BR/CR-A), and 3.) Bendamustine, Rituximab and Acalabrutinib (BR-A) in Patients ≤ 70 Years Old With Untreated Mantle Cell Lymphoma		
SLL			



MENU

JUNE 2022

MDS

Navigator - Heather x3661

NHLBI-MDS

(Peoria, Bloomington and Galesburg only) - The National Myelodysplastic Syndromes (MDS) Study





JUNE 2022

MELANOMA

Navigator - Carrie x3621

CA224098

A Randomized, Double-Blind Phase 2/3 Study of Relatlimab Combined With Nivolumab Versus Nivolumab in Participants With Previously Untreated Metastatic or Unresectable Melanoma



MENU

JUNE 2022

MERKEL

Navigator - Carrie x3621

EA6174

(RT at Glen Oak, UPHM, Galesburg) A Phase III Randomized Trial Comparing Adjuvant MK3475 (Pembrolizumab) to Standard of Care Observation in Completely Resected Merkel Cell Carcinoma





JUNE 2022

MOLECULAR STUDIES

*Contact Disease Specifc Navigator

64091742PCR0002 / Prevalence	Biomarker Study to Determine Frequency of DNA-repair Defects in Men with Metastatic Prostate Cancer (Prevelence)
<u>A151804</u>	Establishment of a National Biorepository to Advance Studies of Immune-Related Adverse Events
NSABP C-14	Second Colorectal Cancer Clinical Validation Study to Predict Recurrence Using A Circulating Tumor DNA Assay To Detect Minimal Residual Disease (CORRECT-MRD II)
<u>\$1823</u>	A Study of miRNA 371 in Patients With Germ Cell Tumor (closed to high risk pts or pts on chemo for testicular cancer)
<u>TPX-0005-01 (TRIDENT-1)</u>	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)



MENU

JUNE 2022

MULTIPLE MYELOMA

Navigator - Heather x3661

S1803

Phase III Study of Daratumumab/rHuPH20 (NSC- 810307) + Lenalidomide or Lenalidomide as Post-Autologous Stem Cell Transplant Maintenance Therapy in Patients with Multiple Myeloma (MM) Using Minimal Residual Disease to Direct Therapy Duration (DRAMMATIC Study)



MENU

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NEUROENDOCRINE

Navigator - Carrie x3621

A021804

A Prospective, Multi-Institutional Phase II Trial Evaluating Temozolomide vs. Temozolomide and Olaparib for Advanced Pheochromocytoma and Paraganglioma



MENU

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NSCLC

Navigator - Ashton x3611

ADJUVANT / NEOADJUVANT

<u>A081801</u>	Integration of Immunotherapy Into Adjuvant Therapy for Resected NSCLC: ALCHEMIST Chemo-IO (ALCHEMIST substudy- <i>Must be enrolled on ALCHEMIST and this substudy prior to start of tx</i>).
<u>A151216</u>	Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial (ALCHEMIST).
<u>EA5181</u>	(RT at UPHM and Galesburg) Randomized Phase III Trial of MEDI4736 (Durvalumab) as Concurrent and Consolidative Therapy or Consolidative Therapy Alone for Unresectable Stage 3 NSCLC (credentialing pending at Glen Oak & Rt-91)
<u>GO41854</u>	(Bloomington, Galesburg, Pekin, Peoria, Peru) A Phase III, Open Label, Randomized Study of Atezolizumab and Tiragolumab Compared With Durvalumab in Patients With Locally Advanced, unresectable Stage III Non-Small Cell Lung Cancer Who Have Not Progressed After Concurrent Platinum-Based Chemoradiation (SKYSCRAPER-03)
<u>\$1914</u>	(RT at Glen Oak, UPHM, Galesburg) Randomized Phase III Trial of Induction/Consolidation Atezolizumab (NSC #783608) + SBRT Versus SBRT Alone in High Risk, Early Stage NSCLC
<u>S1934 (JIT)</u>	Randomized Phase II Trial of Trimodality +/- Atezolizumab in Resectable Superior Sulcus Non-Small Cell Lung Cancer. NASSIST (Neoadjuvant Chemoradiation +/- Immunotherapy Before Surgery for Superior Sulcus Tumors)

METASTATIC - 1st Line

<u>EA5182</u>	Randomized Phase III Study of Combination AZD9291 (osimertinib) and Bevacizumab versus AZD9291 (osimertinib) Alone as First-Line Treatment for Patients with Metastatic EGFR-Mutant Non-Small Cell Lung Cancer (NSCLC)
MK 7684A-003	(Peoria only) A Phase 3, Multicenter, Randomized, Double-Blind Study of MK-7684 with Pembrolizumab as a Coformulation (MK-7684A) Versus Pembrolizumab Monotherapy as First Line Treatment for Participants With PD-L1 Positive Metastatic Non-Small Cell Lung Cancer
TH-138	(Peoria, Bloomington, Galesburg, Pekin) Phase II Randomized Trial of Carboplatin + Pemetrexed+ Bevacizumab, With or Without Atezolizumab in Stage IV Non-Squamous NSCLC Patients Who Harbor a Sensitizing EGFR Mutation or Have Never Smoked (non smokers)

METASTATIC - 2nd/3rd Line

<u>LUNGMAP</u>	A Master Protocol To Evaluate Biomarker-Driven Therapies and Immunotherapies in Previously-Treated NSCLC. (SUB-STUDIES: S1800D - A Phase II/III Study of N-803 (ALT-803) plus Pembrolizumab versus Standard of Care in Participants with Stage IV or Recurrent Non-Small Cell Lung Cancer Previously Treated with Anti-PD-1 or Anti-PD-L1 Therapy; S1900E - A Phase II Study of AMG 510 in Participants With Previously Treated Stage IV or Recurrent KRAS G12C Mutated Non-Squamous Non-Small Cell Lung Cancer)
MK 7684A-002	(Peoria only) A Phase II, Multicenter, Randomized Study to Compare the Efficacy and Safety of MK-7684A or MK-7684A Plus Docetaxel Versus Docetaxel Monotherapy in the Treatment of Participants With Metastatic NSCLC With Progressive Disease After Treatment With a Platinum Doublet Chemotherapy and Immunotherapy.

<u>TH-138</u>	(Peoria, Bloomington, Galesburg, Pekin) Phase II Randomized Trial of Carboplatin + Pemetrexed+ Bevacizumab, With or Without Atezolizumab in Stage IV Non-Squamous NSCLC Patients Who Harbor a Sensitizing EGFR Mutation or Have Never Smoked (EGFR mutants)
	CANCER CONTROL (NSCLC Only)
A211901	Reaching Rural Cancer Survivors Who Smoke Using Text-Based Cessation Interventions
<u>A222004</u>	A Randomized Phase III Trial of Olanzapine Versus Megestrol Acetate for Cancer-Associated Anorexia
<u>EAQ202</u>	Improving Adolescent and Young Adult Self-Reported Data in ECOG-ACRIN Trials
<u>S1912CD</u>	A Randomized Trial Addressing Cancer-Related Financial Hardship Through Delivery of a Proactive Financial Navigation Intervention (CREDIT)
<u>\$2013</u>	(Peoria, Bloomington, Galesburg, Pekin, Washington) Immune Checkpoint Inhibitor Toxicity: A Prospective Observational Study (I-CHECKIT)
URCC 21038	(Peoria Only) Disparities in Results of ImmuneCheckpoint Inhibitor Treatment (DiRECT): A Prospective Cohort Study of Cancer Survivors Treated With anti-PD-1/anti-PD-L1 Immunotherapy in a Community Oncology Setting
<u>WF-1901</u>	Internet-delivered Management of Pain Among Cancer Treatment Survivors (IMPACTS)





JUNE 2022

PANCREATIC

Navigator - Carrie x3621



MENU

JUNE 2022

	PROSTATE PROSTATE	Navigator - Carrie x3621	
ADJUVANT			
<u>GU008</u>	(RT at Glen Oak, UPHM) Randomized Phase III Trial Incorporating Apalutamide and Advanced Imaging Into Treatment for Patients With Node-Positive Prostate Cancer After Radical Prostatectomy (INNOVATE): Intensifying Treatment for Node Positive Prostate Cancer by Varying the Hormonal Therapy		
<u>GU009</u>	(RT at Glen Oak, Galesburg, UPHM) Parallel Phase III Randomized Trials for High Risk Prostate Cancer Evaluating De-Intensification for Lower Genomic Risk and Intensification of Concurrent Therapy for Higher Genomic Risk With Radiation (PREDICT-RT*)		
<u>GU010</u>	(RT at UPHM) Parallel Phase III Randomized Trials of Genomic-Risk Stratified Unfavorable Intermediate Risk Prostate Cancer: De-Intensification and Intensification Clinical Trial Evaluation (GUIDANCE)		
	METASTATIC		
64091742PCR0002 / Prevalence	Biomarker Study to Determine Frequency of DNA-repair Defects in Men v Cancer	vith Metastatic Prostate	
<u>C2321001</u>	(Peoria only) A Phase I Dose Escalation and Expanded Cohort Study of PF-06821497 in the Treatmonth of Adult Patients with Relapsed/Refractory Small Cell Lung Cancer (SCLC), Castration Resistant Prostate Cancer (CRPC) and Follicular Lymphoma (FL)		
A Phase III Trial of Enzalutamide and Rucaparib as a Novel Therapy in First-Line Metastatic Castratic Resistant Prostate Cancer		t-Line Metastatic Castration-	

<u>GU011</u>	(RT at Glen Oak and UPHM) A Phase II Double-Blinded, Placebo-Controlled Trial of PROstate OligoMETastatic RadiotHErapy With or Without ANdrogen Deprivation Therapy in Oligometastatic Prostate Cancer (NRG Promethean)
<u>\$1802</u>	(RT at Glen Oak & UPHM) Phase III Randomized Trial of Standard Systemic Therapy (SST) versus Standard Systemic Therapy Plus Definitive Treatment (Surgery or Radiation) of the Primary Tumor in Metastatic Prostate Cancer



MENU

Navigator - Carrie x3621

JUNE 2022

<u>A031704</u>	PD-Inhibitor (nivolumab) and Ipilimumab Followed by Nivolumab vs. VEGF TKI Cabozantinib with Nivolumab: A Phase III Trial in Metastatic Untreated Renal Cell Cancer (PDIGREE)
MK 6482-011	(Peoria, Bloomington, Galesburg, Pekin) An Open-label, Randomized, Phase 3 Study of MK-6482 in Combination with Lenvatinib (MK-7902) vs Cabozantinib for Second-line or Third-line Treatment in Participants with Advanced Renal Cell Carcinoma Who Have Progressed After Prior Anti-PD-1/L1 Therapy

RENAL CELL



MENU

JUNE 2022

	RADIATION TRIALS	Navigator - Jessica x3615
CANCER CONTROL		
<u>WF-1801</u>	A Single Arm, Pilot Study of Ramipril for Preventing Radiation-Induced Cognitive Decline in Glioblastoma (GBM) Patients Receiving Brain Radiotherapy	
ANAL		
EA2182	(UPHM and Glen Oak) A Randomized Phase II Study of De-Intensified ChemoRadiation for Early-Stage Anal Squamous Cell Carcinoma (DECREASE)	
BLADDER		
<u>A032002</u>	(RT at Glen Oak) Phase II Randomized Trial of Atezolizumab Versus Atezolizumab and Radiation Therapy for Platinum Ineligible/Refractory Metastatic Urothelial Cancer (ART)	
EA8185	(RT pending at Glen Oak & Rt-91) Phase 2 Study of Bladder-Sparing Chemoradiation With MEDI4736 (Durvalumab) in Clinical Stage 3, Node Positive Bladder Cancer (INSPIRE)	
<u>\$1806</u>	(Glen Oak, UPHM and Galesburg) Phase III Randomized Trial of Concurrent Chemoradiotherapy with or without Atezolizumab in Localized Muscle Invasive Bladder Cancer	
BRAIN		
<u>BN007</u>	Temporarily Closed (UPHM, Glen Oak, Galesburg) A Randomized Phase I Ipilimumab and Nivolumab Versus Temozolomide in Patients With Newly Methylguanine DNA Methyltransferase) Unmethylated Glioblastoma	
<u>N0577</u>	(Glen Oak, RT 91, and UPHM) Phase III Intergroup Study of Radiotherapy Temozolomide versus Radiotherapy with Adjuvant PCV Chemotherapy in Anaplastic Glioma or Low Grade Glioma	
BRAIN METS		
<u>A071801</u>	(UPHM & Glen Oak) Phase III Trial of Post-Surgical Single Fraction Stereon With Fractionated SRS for Resected Metastatic Brain Disease	actic Radiosurgery (SRS) Compared

CCTG CE.7	(UPHM & Glen Oak)- A Phase III Trial of Stereotactic Radiosurgery Compared with Whole Brain Radiotherapy (WBRT) for 5-15 Brain Metastases	
BREAST		
<u>A011202</u>	Temporarily Closed (Glen Oak, Rt 91, UPHM, Galesburg) A Randomized Phase III Trial Evaluating the Role of Axillary Lymph Node Dissection in breast Cancer Patients (cT1-3 N1) Who Have Positive Lymph Node Disease After Neoadjuvant Chemotherapy.	
<u>BR007</u>	(Galesburg, Glen Oak, Rt 91, UPHM) Phase III Clinical Trial Evaluating De-Escalation of Breast Radiation for Conservative Treatment of Stage I, Hormone Sensitive, HER-2 Negative, Oncotype Recurrence Score Less Than or Equal to 18 Breast Cancer	
<u>MA.39</u>	(Glen Oak and UPHM) Tailor RT: A Randomized Trial of Regional Radiotherapy in Biomarker Low Risk Node Positive Breast Cancer	
ESOPHAGEAL/GASTRIC		
EA2174	(Glen Oak, Rt 91, UPHM, Galesburg) A Phase II/III Study of Peri-Operative Nivolumab and Ipilimumab in Patients With Locoregional Esophageal and Gastroesophageal Junction Adenocarcinoma	
HEAD & NECK		
<u>EA3161</u>	(Glen Oak, UPH, Galeburg) A Phase II/III Randomized Study of Maintenance Nivolumab Versus Observation in Patients With Locally Advanced, Intermediate Risk HPV Positive OPSCC	
<u>HN005</u>	(UPHM, Galesburg, Glen Oak) A Randomized Phase II/III Trial of De-Intensified Radiation Therapy for Patients With Early-Stage, P16-Positive, Non-Smoking Associated Oropharyngeal Cancer	
<u>HN009</u>	(RT at UPHM) Randomized Phase II/III Trial of Radiation With High-Dose Cisplatin (100 mg/m2) Every Three Weeks Versus Radiation With Low-Dose Weekly Cisplatin (40 mg/m2) for Patients With Locoregionally Advanced Squamous Cell Carcinoma of the Head and Neck (SCCHN)	
HODGKIN'S LYMPHOMA		
<u>\$1826</u>	(Glen Oak, Rt-91, UPHM) A Phase III, Randomized Study of Nivolumab (Opdivo) Plus AVD or Brentuximab Vedotin (Adcetris) Plus AVD in Patients (Age >/= 12 Years) With Newly Diagnosed Advanced Stage Classical Hodgkin Lymphoma	
MERKEL CELL		
<u>EA6174</u>	(Glen Oak, UPHM and Galesburg) A Phase III Randomized Trial Comparing Adjuvant MK3475 (Pembrolizumab) to Standard of Care Observation in Completely Resected Merkel Cell Carcinoma	

NSCLC	
<u>EA5181</u>	(UPHM and Galesburg) Randomized Phase III Trial of MEDI4736 (Durvalumab) as Concurrent and Consolidative Therapy or Consolidative Therapy Alone for Unresectable Stage 3 NSCLC (credentialing pending at Glen Oak)
<u>\$1914</u>	(Glen Oak, UPHM, Galesburg) Randomized Phase III Trial of Induction/Consolidation Atezolizumab (NSC #783608) + SBRT Versus SBRT Alone in High Risk, Early Stage NSCLC
PROSTATE	
<u>GU008</u>	(RT at Glen Oak, UPHM) Randomized Phase III Trial Incorporating Apalutamide and Advanced Imaging Into Treatment for Patients With Node-Positive Prostate Cancer After Radical Prostatectomy (INNOVATE): Intensifying Treatment for Node Positive Prostate Cancer by Varying the Hormonal Therapy
<u>GU009</u>	(RT at Glen Oak, Galesburg, UPHM) Parallel Phase III Randomized Trials for High Risk Prostate Cancer Evaluating De-Intensification for Lower Genomic Risk and Intensification of Concurrent Therapy for Higher Genomic Risk With Radiation (PREDICT-RT*)
<u>GU010</u>	(RT at UPHM) Parallel Phase III Randomized Trials of Genomic-Risk Stratified Unfavorable Intermediate Risk Prostate Cancer: De-Intensification and Intensification Clinical Trial Evaluation (GUIDANCE)
<u>GU011</u>	(RT at Glen Oak & UPHM) A Phase II Double-Blinded, Placebo-Controlled Trial of PROstate OligoMETastatic RadiotHErapy With or Without ANdrogen Deprivation Therapy in Oligometastatic Prostate Cancer (NRG Promethean)
<u>\$1802</u>	(Glen Oak & UPHM) Phase III Randomized Trial of Standard Systemic Therapy (SST) versus Standard Systemic Therapy Plus Definitive Treatment (Surgery or Radiation) of the Primary Tumor in Metastatic Prostate Cancer
<u>WF-1802</u>	(Glen Oak, Rt-91, UPHM, Galesburg) Influence of Primary Treatment for Prostate Cancer on Work Experience (PCW)
SCLC	

NRG CC003	(Glen Oak only) Randomized Phase II/III Trial of Prophylactic Cranial Irradiation with or without Hippocampal Avoidance for Small Cell Lung Cancer
NRG CC009	(Glen Oak, UPHM) - Phase III Trial of Stereotactic Radiosurgery (SRS) versus Hippocampal-Avoidant Whole Brain Radiotherapy (HA-WBRT) for 10 or fewer Brain Metastases from Small Cell Lung Cancer
<u>LU005</u>	(Glen Oak, UPHM and Galesburg) Limited Stage Small Cell Lung Cancer (LS-SCLC): A Phase II/III Randomized Study of Chemoradiation Versus Chemoradiation Plus Atezolizumab
<u>\$1827</u>	(Glen Oak, UPHM, Galesburg) A Randomized Phase III Trial of MRI Surveillance With or Without Prophylactic Cranial Irradiation (PCI) in Small-Cell Lung Cancer



MASTER TRIAL LIST

MENU

JUNE 2022

SMALL CELL LUNG CANCER

Navigator - Ashton x3611

NRG CC003	(RT at Glen Oak only) Randomized Phase II/III Trial of Prophylactic Cranial Irradiation with or without Hippocampal Avoidance for Small Cell Lung Cancer
NRG CC009	(RT at Glen Oak, UPHM) - Phase III Trial of Stereotactic Radiosurgery (SRS) versus Hippocampal- Avoidant Whole Brain Radiotherapy (HA-WBRT) for 10 or fewer Brain Metastases from Small Cell Lung Cancer
<u>GO43104</u>	(Peoria, Bloomington, Galesburg, Ottawa, Pekin, Peru, Washington) A Phase III, Randomized, Open- Label, Multicenter Study of Lurbinectedin In Combination With Atezolizumab Compared With Atezolizumab As Maintenance Therapy In Participants With Extensive-Stage Small-Cell Lung Cancer (ES-SCLC) Followiing First-Line Induction Therapy With Carboplatin, Etoposide and Atezolizumab
<u>LU005</u>	(RT at Glen Oak, UPHM and Galesburg) Limited Stage Small Cell Lung Cancer (LS-SCLC): A Phase II/III Randomized Study of Chemoradiation Versus Chemoradiation Plus Atezolizumab
<u>\$1827</u>	(RT at Glen Oak, UPHM, Galesburg) A Randomized Phase III Trial of MRI Surveillance With or Without Prophylactic Cranial Irradiation (PCI) in Small-Cell Lung Cancer
<u>\$1929</u>	Phase II Randomized Study of Maintenance Atezolizumab Versus Atezolizumab in Combination With Talazoparib in Patients With SLFN11 Positive Extensive Stage Small Cell Lung Cancer (ES-SCLC) Tissue screening allowed during induction chemotherapy

BMS-CA017-078 SCHEMA

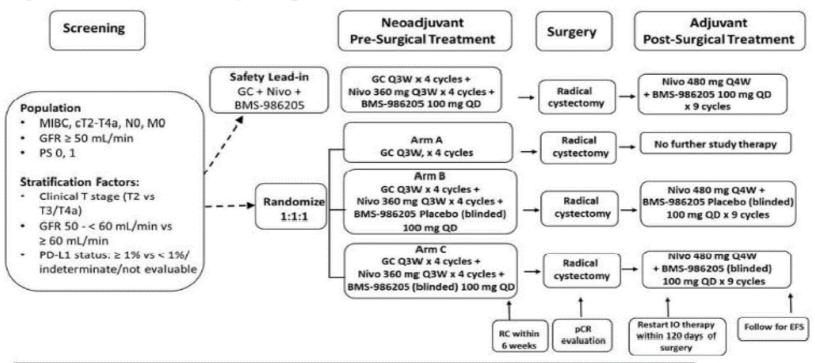
Navigator - Carrie x3621



*BMS-986205/placebo tablets have been discontinued.

Clinical Protocol BMS-986205 CA017078 IDO1 inhibitor

Figure 1-1: Study Design Schematic



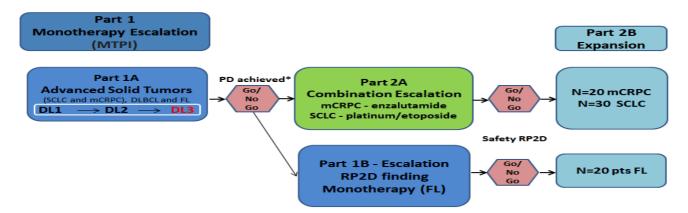
Chemotherapy:

- GFR ≥ 60 mL/min: standard GC (cisplatin 70 mg/m² D1, gemcitabine 1000 mg/m² D1, D8, 21D cycles
- GFR < 60 mL/min: split-dose GC (cisplatin 35 mg/m² D1, D8, gemcitabine 1000 mg/m² D1, D8, 21D cycles

C2321001 SCHEMA

Contact Disease Specific Navigator





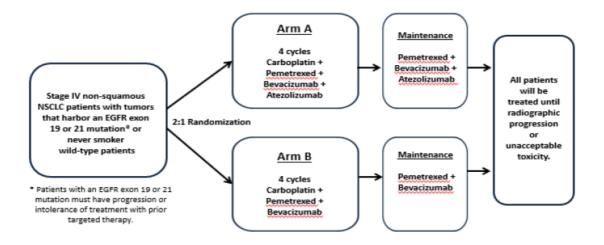
*50-70% down modulation of H3K27me3

TH-138 (NCCN) SCHEMA

Navigator - Ashton x3611

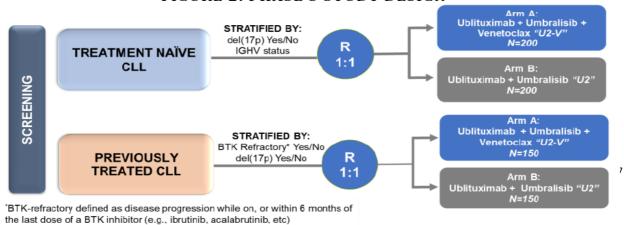


Study Design



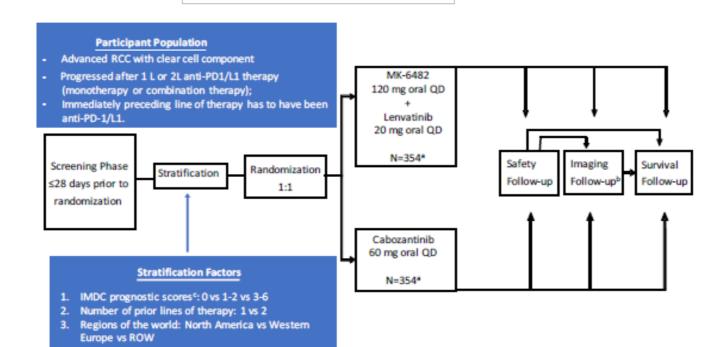
US-VEN-207 (ULTRA-V) Schema Navigator - Heather x3661 MENU

FIGURE 2: PHASE 3 STUDY DESIGN



MK 6482-011 Schema Navigator - Carrie x3621

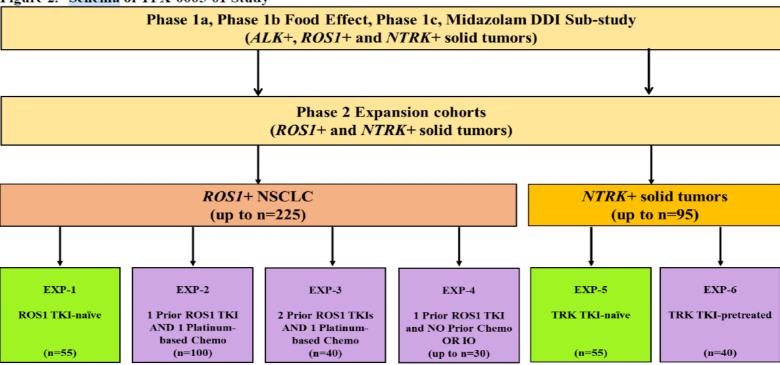




TPX-0005-01 Schema Contact Disease Site Specific Navigator



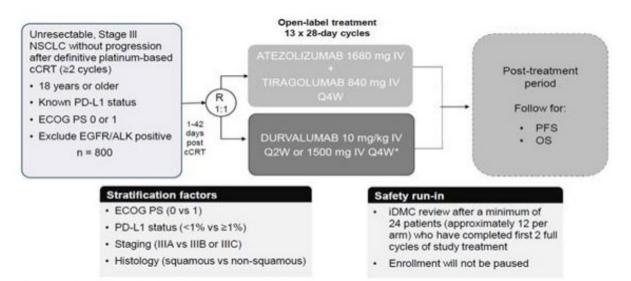
Figure 2. Schema of TPX-0005-01 Study



MENU

GO41854 Schema

Navigator - Ashton x3611

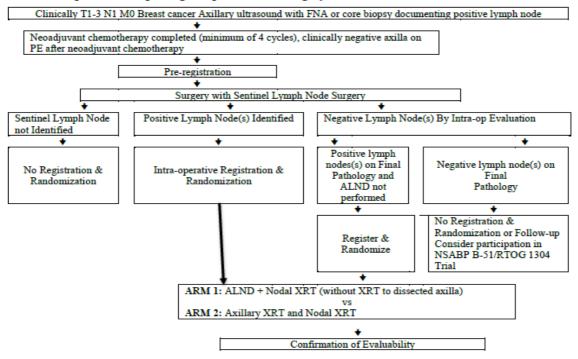


^{*}For patients whose weight ≥30 kg

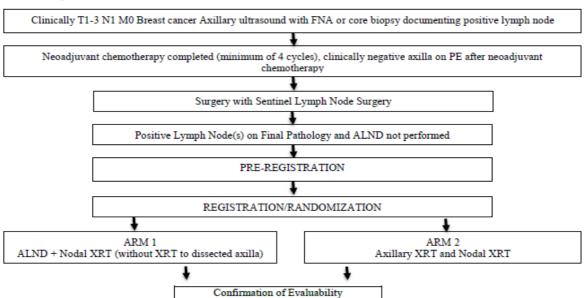
MENU

A011202 SCHEMA Navigator Angie x3613

Schema for patients who pre-register prior to SLN surgery:



Schema for patients who pre-register AFTER surgery \star (where SLN surgery was performed but ALND was NOT performed):

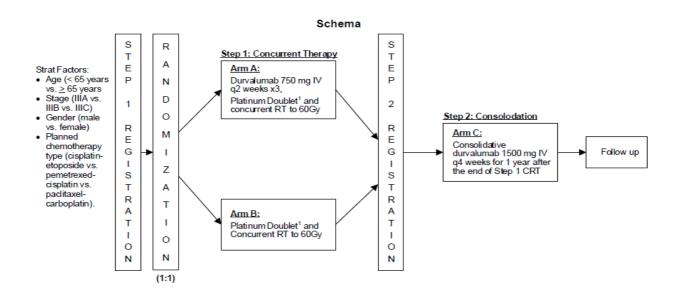


^{*} Patients who are pre-registered after SLN surgery are NOT eligible to enroll onto the Arm Lymphedema Companion Study (A011201-SII)

EA5181 SCHEMA

Navigator - Ashton x3611

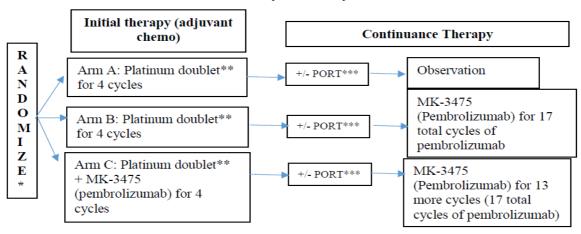




A081801 SCHEMA Navigator - Ashton x3611

MENU

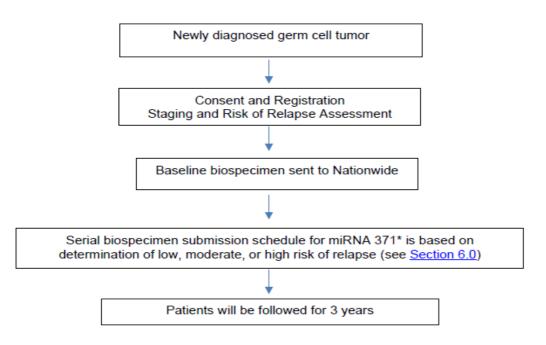
Schema: 1 cycle = 21 days



S1823 SCHEMA Navigator - Carrie x3621



SCHEMA



Patients and providers will not have knowledge of the results of the miRNA 371 analysis.

NRG CC003 SCHEMA Navigator - Jessica x3615



Histologic proof or unequivocal cytologic proof of SCLC

STEP 1 REGISTRATION

STEP 2 REGISTRATION/RANDOMIZATION

Baseline neurocognitive assessment: HVLT-R, TMT, COWA (required)

Note: Neurocognitive assessments must be uploaded prior to Step 2 Registration and
can be uploaded at the time of Step 1 Registration.

STRATIFICATION

Stage: Limited vs. Extensive Age: < 60 years old vs. ≥ 60 years old Planned Concurrent Memantine Use: Yes vs. No

Arm 1

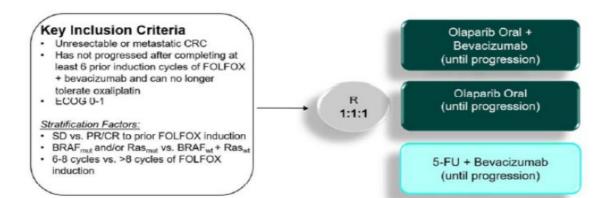
PCI Alone (25 Gy in 10 Fractions)

Arm 2

PCI with Hippocampal Avoidance using IMRT (25 Gy in 10 Fractions)

Merck 7339-003 / LYNK-003 SCHEMA Navigator - Carrie x3621





NRG BN007 Navigator -Carrie x3621



STEP 1 REGISTRATION

Central Pathology Review for confirmation of glioblastoma (GBM) histology and of unmethylated MGMT promotor status

NOTE: Tumor tissue must be received and central review confirmation completed before STEP 2 registration can occur.

STEP 2 REGISTRATION

STRATIFY

- · Recursive partioning analysis (RPA) (III vs IV vs V)
- Intent to use Optune (yes vs no)

RANDOMIZE (1:1)

Arm 1

Radiation Therapy
plus
Concomitant temozolomide
plus
Adjuvant temozolomide

(Optune allowed)

Arm 2

Radiation Therapy plus Concomitant ipilimumab and nivolumab

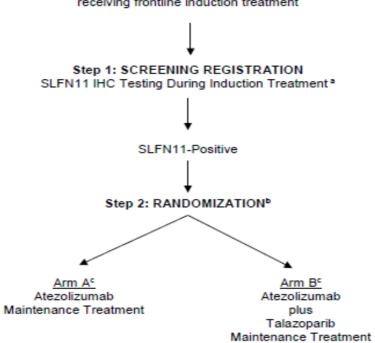
plus Adjuvant ipilimumab and nivolumab

(Optune not allowed)

S1929 Navigator -Ashton x3611

MENU

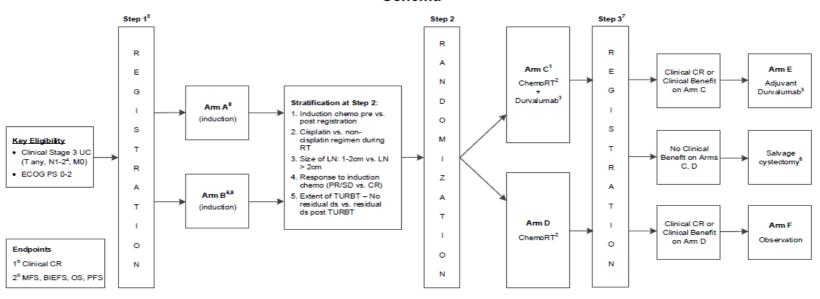
Participants with Extensive Stage SCLC receiving frontline induction treatment

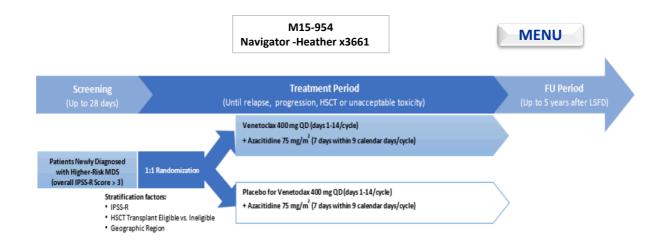


EA8185 Navigator -Carrie x3621



Schema

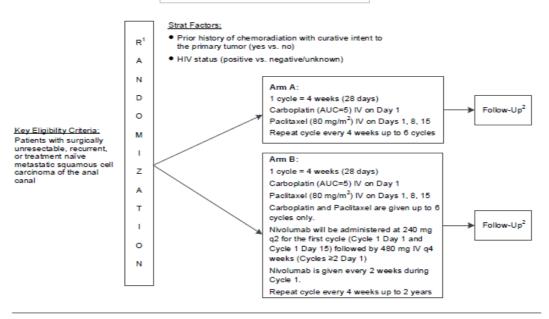




FU = follow up; HSCT = hematopoietic stem cell transplant; IPSS-R = Revised International Prognostic Scoring System; LSFD = last subject first dose; MDS = myelodysplastic syndrome; QD = once daily

EA2176 Navigator -Carrie x3621





^{1.} Randomization is 1:2 (A:B).

^{2.} For this protocol, all patients, including those who discontinue protocol therapy early, will be followed for response until disease progression, even if non-protocol therapy is initiated, and for survival every 3 months for two years from the date of randomization. All patients must also be followed through completion of all protocol therapy.

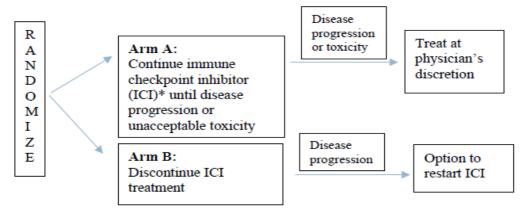
MK-6482-011 **MENU** Navigator - Carrie x3621 **Participant Population** Advanced RCC with clear cell component Progressed after 1 L or 2L anti-PD1/L1 therapy (monotherapy or combination therapy); MK-6482 120 mg oral QD Immediately preceding line of therapy has to have been anti-PD-1/L1. Lenvatinib 20 mg oral QD N=354^a Safety Imaging Survival Screening Phase Randomization Stratification Follow-up Follow-up Follow-up ≤28 days prior to 1:1 randomization Cabozantinib 60 mg oral QD Stratification Factors N=354a 1. IMDC prognostic scorese: 0 vs 1-2 vs 3-6 Number of prior lines of therapy: 1 vs 2 Regions of the world: North America vs Western Europe vs ROW

BICR=blinded independent central review; DMC=Data Monitoring Committee; IMDC=International Metastatic Renal Cell Carcinoma Database Consortium; QD=once daily; RCC=renal cell carcinoma; ROW=rest of world; TKI=tyrosine kinase inhibitor; US=United States; VEGF=vascular endothelial growth factor.

A031901 Navigator -Carrie x3621

Schema

Cycle definition is based on ICI cycle length



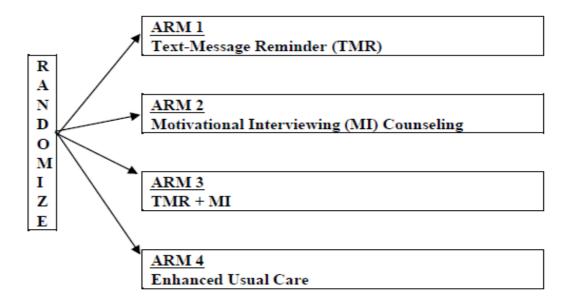
* ICI agents include pembrolizumab, nivolumab, atezolizumab, durvalumab and avelumab

Patients will be followed for 5 years or until death or withdrawal of consent, whichever occurs first.

A191901 Navigator -Hannah x3603

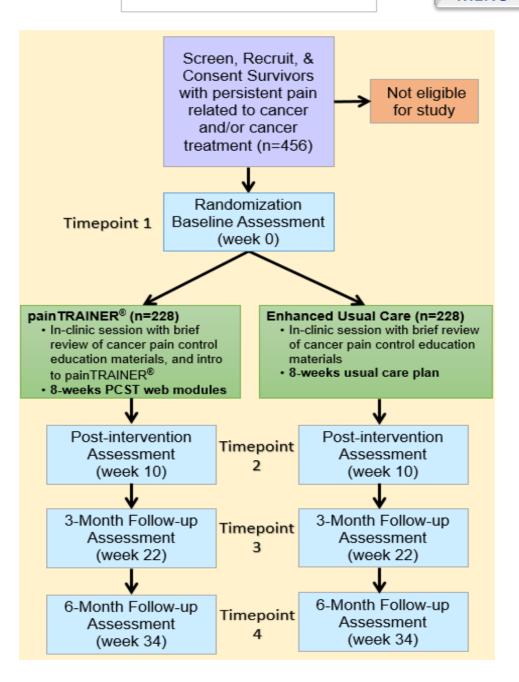


Schema



WF-1901 Navigator -Courtney x3660

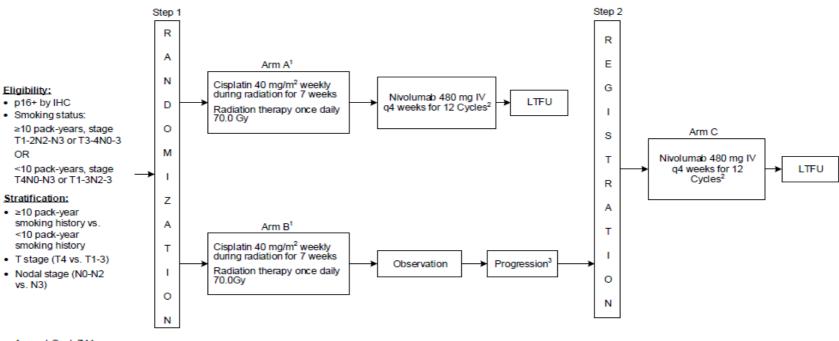
MENU



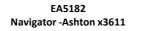
EA3161 Navigator -Ashton x3611



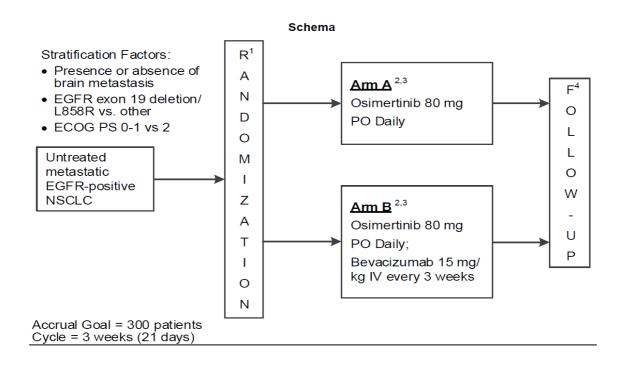
Schema



- Accrual Goal: 744
- 1. Submit tissue for PD-L1 testing.
- 2. Cycle length = 28 days
- 3. Patients who were randomized to observation will be offered the option to cross over if they have clearly documented progression by the RECIST criteria and tissue-proven progression within 12 months from the end of cisplatin/radiation therapy.



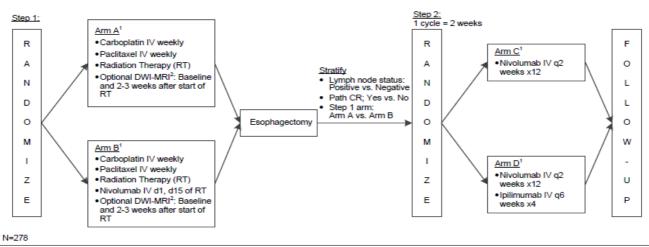
MENU



EA2174 Navigator - Carrie x3621



Schema



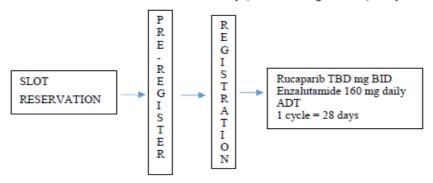
- Please reference Section 5.1 for treatment dosing specifics.
 Optional Diffusion weighted imaging-MRI (DWI-MRI) should be obtained at step 1 baseline and 2-3 weeks after initiation of protocol treatment.

A031902 Navigator -Carrie x3621

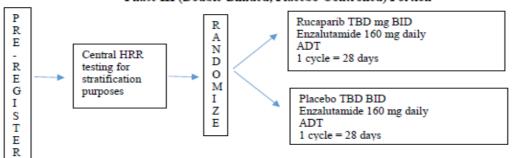
MENU

Schema

PK Substudy (Dose Finding Portion) Only



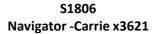
Phase III (Double-Blinded, Placebo-Controlled) Portion



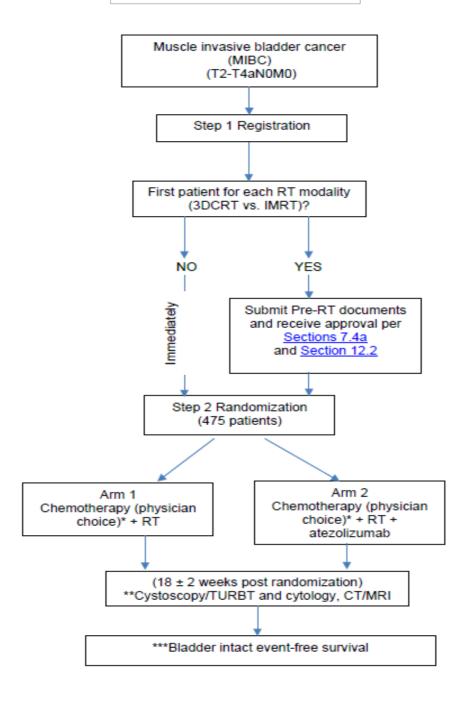
For all patients, treatment is to continue until disease progression or unacceptable adverse event.

Patients will be followed for 5 years or until death, whichever comes first.

Please refer to the full protocol text for a complete description of the eligibility criteria and treatment plan.



MENU

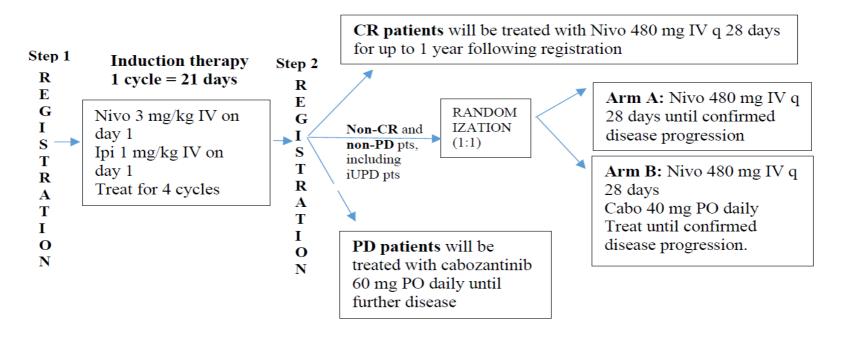


A031704 Navigator -Carrie x3621



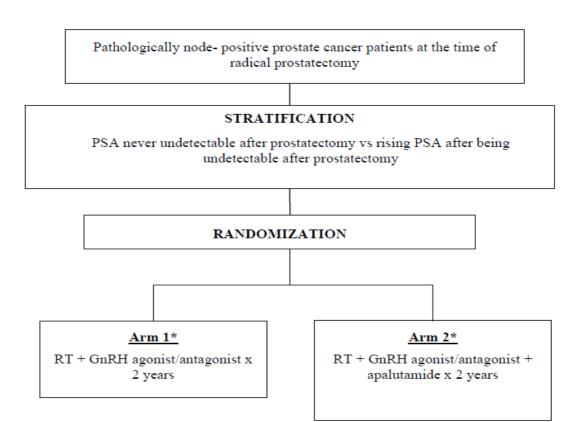
Schema

1 cycle = 28 days



GU008 Navigator -Carrie x3621





NRG-CC009 Navigator -Jessica x3615

MENU

NRG-CC009 SCHEMA

STEP 1 REGISTRATION

STEP 2 REGISTRATION/RANDOMIZATION

Baseline neurocognitive function (NCF) tests: HVLT-R, TMT, COWA (required)

Note: NCF testing scores must be uploaded into Rave prior to Step 2 Registration and can be uploaded at the time of Step 1 Registration

STRATIFY

Disease-Specific Graded Prognostic Assessment (DS-GPA)2:

1. 0.5-2.0 2. 2.5-4.0

Prior exposure to NCF testing on SWOG S18273:

1. Yes 2. No

RANDOMIZE1

Arm 1

Stereotactic radiosurgery (SRS)

Arm 2

Whole brain radiotherapy with hippocampal avoidance (HA-WBRT)+ Memantine

¹Randomization is 1:1

GU009 Navigator -Carrie x3621

MENU

NRG-GU009 SCHEMA

STEP 1 REGISTRATION

Completion of Step 1 eligibility checklist in OPEN and then submission of tissue for Decipher analysis

Note: Decipher analysis results must be completed before Step 2 randomization can occur. If Decipher results have already been obtained, in lieu of tissue, after completion of Step 1 eligibility checklist in OPEN, the original Decipher report must be submitted to Decipher Biosciences for validation (see Decipher Analysis information at the end of section 3.0).

STEP 2 RANDOMIZATION Decipher ≤ 0.85

STEP 2 RANDOMIZATION Decipher > 0.85 or Node Positive

DE-INTENSIFICATION STUDY STRATIFY

- Decipher Score (Low/Int v High*)
- · Boost type (EBRT vs. Brachy)
- · Pelvic Treatment (Yes/No)
- ACE-27 Comorbidity (0/1 vs 2/3)**

RANDOMIZE 1:1

Arm 1 RT + 24 mos ADT



INTENSIFICATION STUDY STRATIFY

- Boost type (EBRT vs. Brachy)
- Pelvic Treatment (Yes/No)
- Nodal Status (Positive/Negative)

RANDOMIZE 1:1



Arm 4
RT
+
24 mos ADT
+24 mos Apalutamide

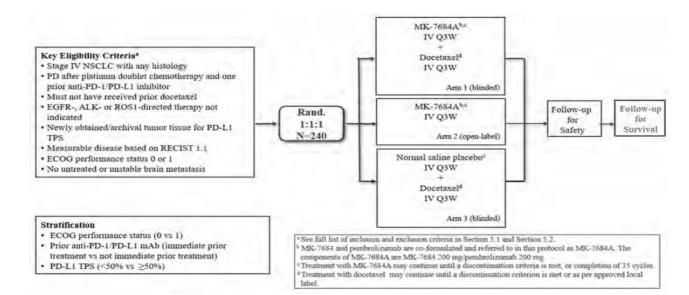
<u>Note:</u> A radiation treatment approach change post registration involving the pelvic lymph node treatment or prostate boost type stratification factors will result in a protocol deviation. RT = radiation therapy; ADT = androgen deprivation therapy

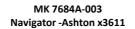
^{*} Low/Intermediate = Decipher < 0.6 and High = Decipher 0.6-0.85

^{**} http://comogram.org/assets/files/ace-27_ctr_ver_rtog_web.pdf

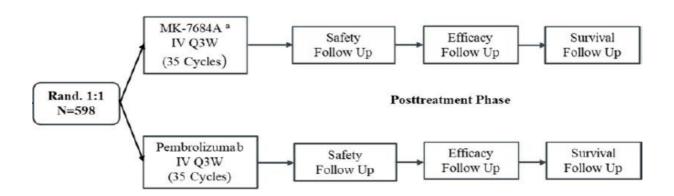
MK 7684A-002 Navigator -Ashton x3611







MENU



BR007 Navigator -Angie Earles x3613



Patients with resected pT1N0M0, HER2-Negative, ER and/or PgR-Positive Breast Cancer and Oncotype-DX Recurrence Score ≤ 18

Step 1 - Pre-entry registration

If patients with a T1a tumor (≤ 0.5 cm in size) do <u>not</u> have an Oncotype DX Recurrence Score, a tissue sample must be sent to the Genomic Health centralized laboratory

STRATIFICATION

- Age (< 60; ≥ 60)
- RS (≤11, >11)
- Tumor size (≤ 1 cm; 1.1–2 cm)

Step 2-RANDOMIZATION*

Arm 1**

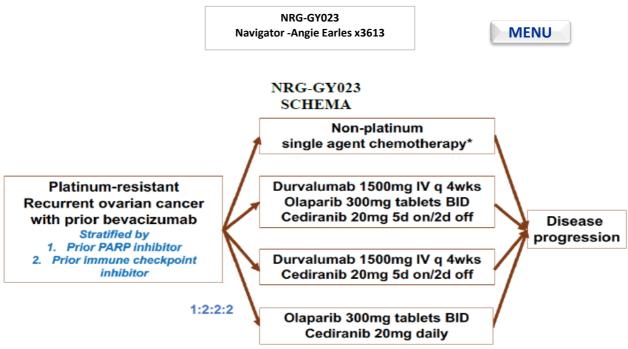
Breast Radiation Therapy

Endocrine Therapy

<u>Arm 2**</u>

No Breast Radiation Therapy

Endocrine Therapy



*Weekly paclitaxel, PLD or topotecan

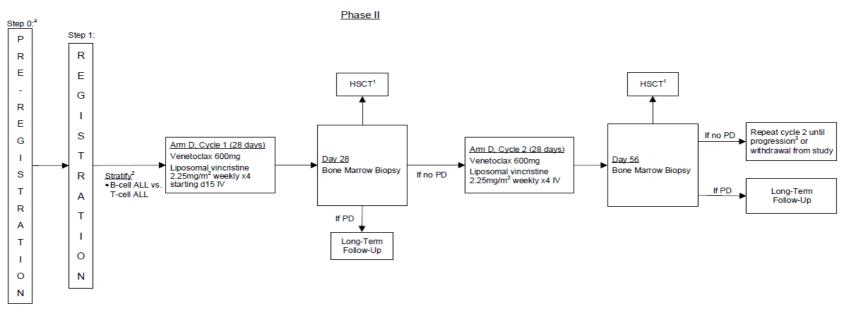
Randomization is 1:2:2:2

^{*}Non-platinum single agent chemotherapy includes weekly paclitaxel, topotecan or pegylated liposomal doxorubicin (PLD). There can be no deviance from the prescribed regimens, e.g. addition of bevacizumab or other agents.

EA9152 Navigator - Heather Thulean x3661



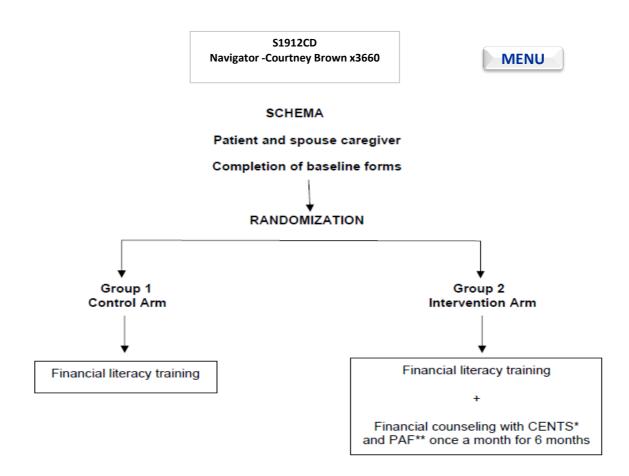
Schema



Phase II Accrual Goal: 56 patients (including the patients from the Phase I arm with the MTD dose)

- If patient demonstrates CR or Cri at day 28 or day 56 bone marrow biopsies, they may continue on combination therapy or proceed to HSCT if deemed fit for transplant and advised by treating physician. Patient may proceed to HSCT at any point at treating physician's discretion (if not day 28 or 56). Patients will be stratified by immunophenotype: "B-cell ALL" vs. "T-cell ALL".
- If patient does not demonstrate any signs of progression, they may continue on combination therapy as long as they are receiving benefit per treating physician. Patients, if in CR/Cri by the end of cycle 2 may continue on combination or single agent venetoclax at the discretion of the treating physician.

 4. Bone marrow and peripheral blood specimens must be submitted for mandatory central review.



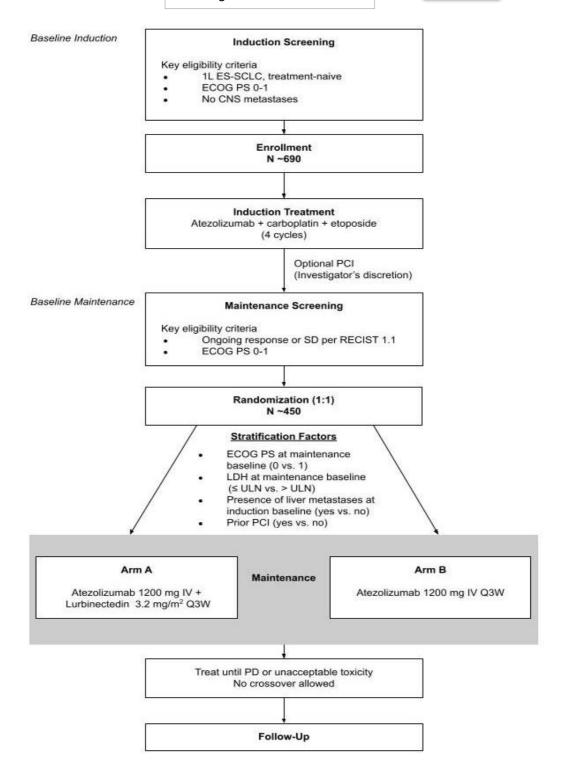
In order to participate, CCD Research sites must complete the **<u>\$1912CD</u>** Site Implementation Survey and upload the completion certificate to the CTSU Regulatory Portal as described in <u>Section 13.4</u>.

^{*} Consumer Education and Training Services (CENTS)

^{**} Patient Advocate Foundation (PAF)

GO43104 Navigator -Ashton Todd 3611

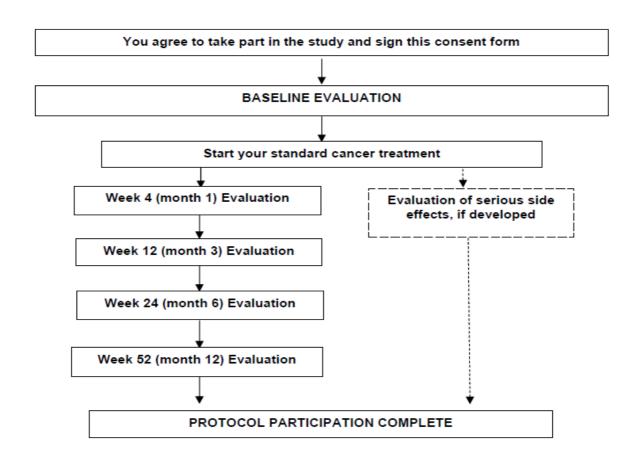
MENU



S2013 Navigator - Kelsey Fay x3618

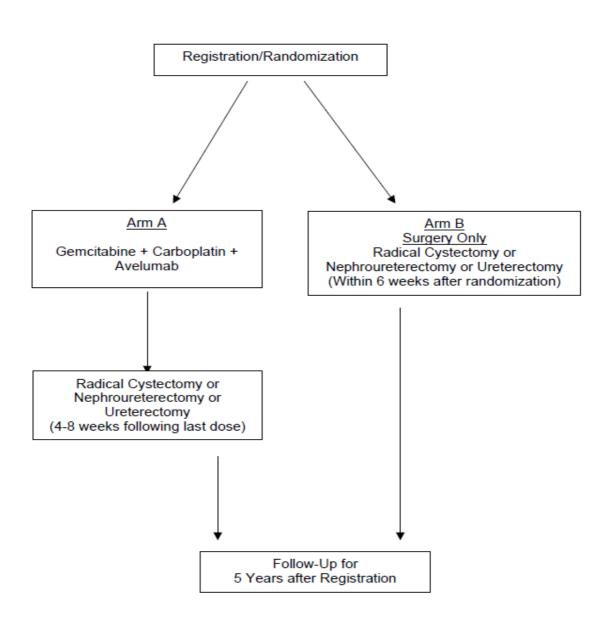
MENU

SCHEMA

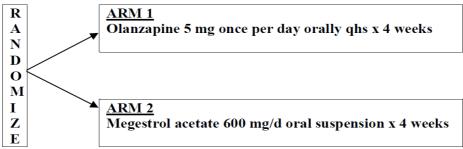


S2011 Navigator -Carrie Geoffroy x3621







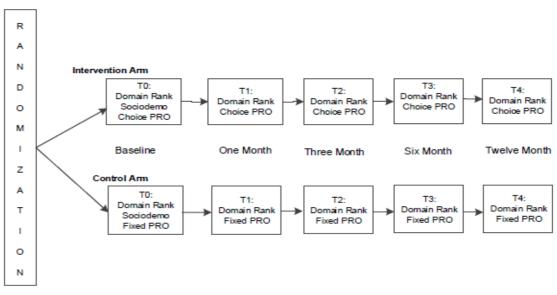


Treatment will continue for up to 4 weeks, unless the patient declines therapy or has unacceptable adverse events.

EAQ202 Navigator -Courtney Brown x3660



Schema



Eligibility: -Age 18 to 39 -Within 12 weeks of diagnosis -Performance Status 0-3 -Any stage of cancer -Favorable prognosis

Randomization: Stratified by sex, race, ethnicity, and age (emerging adults 18-25-year-old vs young adults 26-39year-old)

Domain Rank: Participant Ranks Domain by personal priority at each time point Fixed PRO:

PROMIS Global, PROMIS standard AYA 5 domains, Common Items

Choice PRO:

PROMIS Global, 5 ranked AYA domains, Common Items

Accrual Goal = 400

GU010 Navigator -Jessica Jones x3615

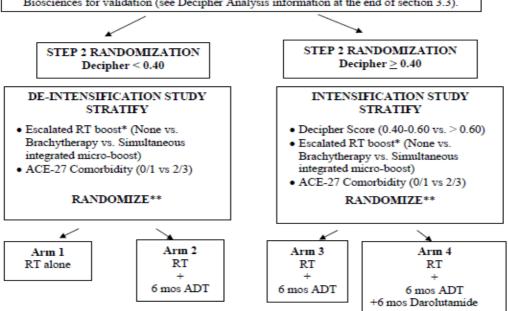
MENU

SCHEMA

STEP 1 REGISTRATION

Completion of Step 1 eligibility checklist in OPEN and then submission of tissue for Decipher analysis

Note: Decipher analysis results must be completed before Step 2 randomization can occur. If Decipher results have already been obtained, in lieu of tissue, after completion of Step 1 eligibility checklist in OPEN, the original Decipher report must be submitted to Decipher Biosciences for validation (see Decipher Analysis information at the end of section 3.3).



^{*}For Escalated RT boost definition see Section 5.2 Establishing Treatment Approaches **Randomization is 1:1

 $RT = radiation \ the rapy; \ SBRT = stereotactic \ body \ radio the rapy; \ ADT = and rogen \ deprivation \ the rapy$

BN011
Navigator -Carrie Geoffroy x3621

MENU

NRG-BN011 SCHEMA

STEP 1 REGISTRATION

Central Pathology Review for confirmation of glioblastoma (GBM) histology and of methylated MGMT promotor status

NOTE: Tumor tissue must be received and central review confirmation completed before STEP 2 registration can occur.*

STEP 2 REGISTRATION

STRATIFY

- Recursive partitioning analysis (RPA) (III vs IV vs V)
- Intent to use tumor treating fields (Optune) (yes vs no)

RANDOMIZE (1:1)

Arm 1

Radiation Therapy with Concomitant and Adjuvant Temozolomide

Arm 2

Radiation Therapy with Concomitant and Adjuvant Lomustine and Temozolomide

See Section 5.1 for agent treatment details and Section 5.2 for radiation therapy details.

*Patients with unmethylated MGMT may be considered for enrollment on NRG-BN007. Please see Section 10.2 for additional information.

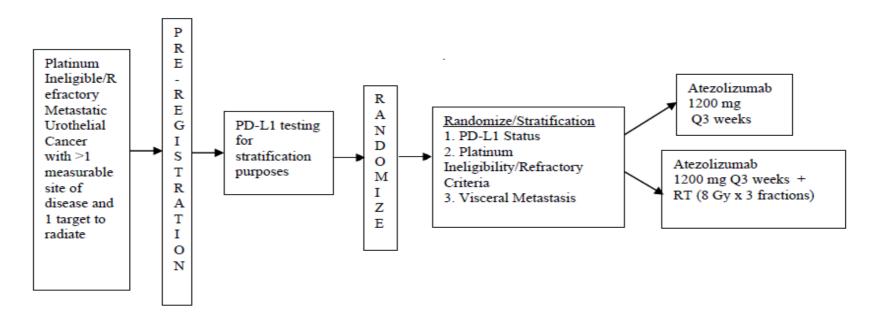
A032002 Navigator -Carrie Geoffroy x3621

MENU

Alliance A032002

Schema

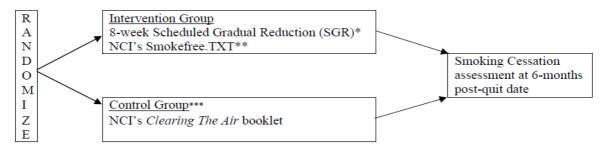
1 Cycle = 21 Days



Treatment is to continue until disease progression or unacceptable adverse event. Patients will be followed for 3 years or until death, whichever comes first.

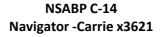


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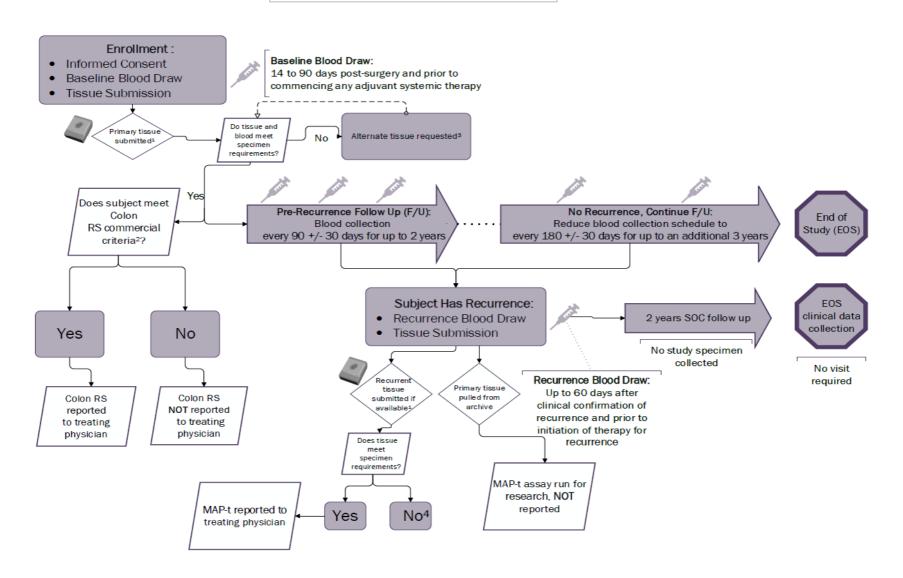


- * Target quit date will be 8 weeks following enrollment.
- ** NCI's Smokefree.TXT messages will start 2 weeks before quit date and extend for 4 weeks after quit date.
- *** Quit date must be within 8 weeks of receiving the Clearing The Air cessation booklet

Please refer to the full protocol text for a complete description of the eligibility criteria and intervention plan.



MENU



GU011 Navigator -Carrie x3621

MENU

NRG-GU011 SCHEMA

Recurrent Oligometastatic Prostate Cancer (detected by PET) after RT to Prostate or Radical Prostatectomy +/- Post-Operative Radiotherapy

STRATIFY

- Extrapelvic node(s) only vs Bone +/- node(s) [pelvic/extrapelvic]
 - PSA Doubling Time <12 mos vs ≥ 12mos
 - · Fluciclovine PET vs PSMA PET

RANDOMIZE*

Arm 1
SABR + blinded placebo** for 6 months

Arm 2

SABR + blinded relugolix** for 6 months

^{*}Randomization is 1:1

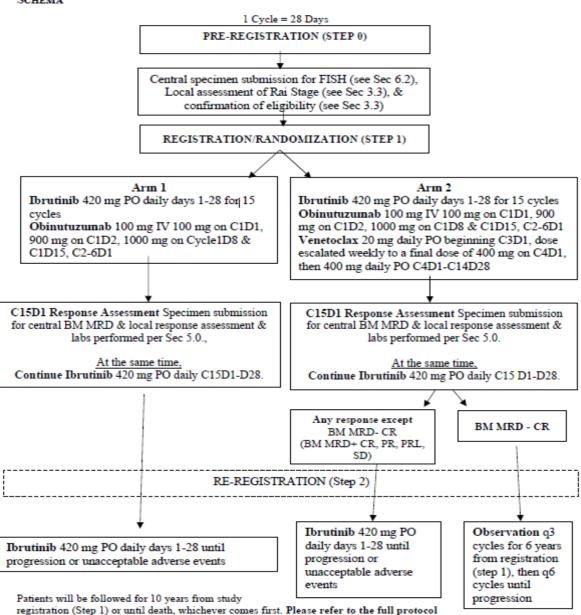
^{**} Monitor according to Test Schedule; see Sections 4.2, 4.3, and 5.3.1 for progression. Salvage ADT should be delayed until metastatic progression by conventional imaging.

A041702 Navigator -Heather x3661

MENU

A041702

SCHEMA



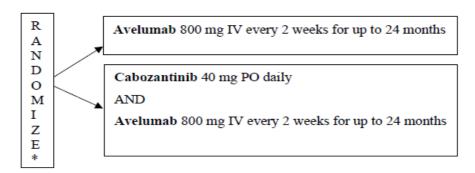
text for a complete description of the eligibility criteria and treatment plan

A032001 Navigator -Carrie x3621

MENU

Schema

1 Cycle = 28 Days



*Randomization is to occur 3-10 weeks after last dose of 1st-line treatment

Stratification:

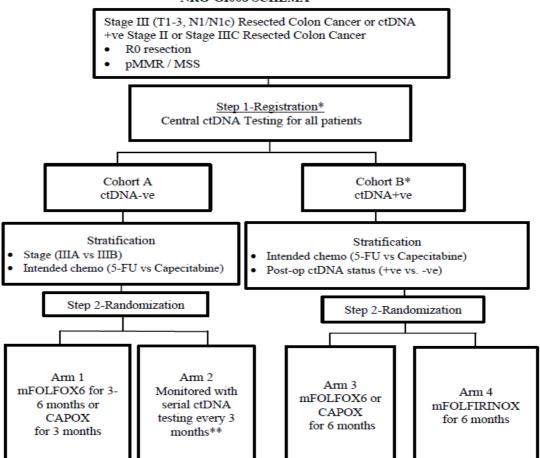
- Best response to 1st-line chemo (SD vs PR vs CR)
- Visceral metastases: present versus absent

Please refer to the full protocol text for a complete description of the eligibility criteria and treatment plan.

NRG GI008 Navigator -Carrie x3621

MENU





^{*}Patients with completely resected stages II or IIIC colon cancer who are ctDNA +ve as determined by a Signatera™ ctDNA test performed outside of the trial through routine clinical care and who otherwise meet all eligibility criteria for Step 1-Registration are eligible for enrollment into Cohort B.

^{**}Patients in Cohort A (Arm 2) who develop a ctDNA +ve assay during serial monitoring may transition to the ctDNA+ve cohort (Cohort B) and undergo a second randomization.

URCC 21038 Navigator -Hannah x3628



STUDY SCHEMA

<u>Screen</u> patients scheduled to receive an FDA approved anti-PD-1/-L1 immune checkpoint inhibitor (ICI) for the first time, alone or in combination with co-treatments

Register and consent patients prior to the first infusion of ICIs

Baseline (A1): up to two weeks before the patient's first ICI infusion, collect:

- Clinical record and laboratory data
- Patient Reported Outcomes (PROs)
- Peripheral blood samples
- Saliva sample
- Tumor samples (if available)

<u>During Treatment</u> (A2): up to a week before the patient's second ICI infusion (usually 2-3 weeks after A1), collect:

- Clinical record and laboratory data
- Patient Reported Outcomes (PROs)
- Peripheral blood samples
- Saliva sample

<u>6 Month Follow Up</u> (A3): 6 months \pm 1 month after the first ICI infusion, collect:

- Clinical record and laboratory data
- Patient Reported Outcomes (PROs)
- Peripheral blood samples

<u>Annual Follow Up</u> (A4+): 1 year \pm 3 months after the first ICI infusion, and yearly thereafter until patient death or study end, collect:

- Clinical record and laboratory data
- Patient Reported Outcomes (PROs)
- Peripheral blood samples

At each infusion while the patient is on ICI treatment, collect Cancer Treatment, Toxicity and Response data

NRG- HN009 Navigator -Ashton x3611

MENU

For patients with oropharyngeal cancer (OPC) or cancer of unknown primary (CUP): Local p16 determination by immunohistochemistry is required.

> For patients with laryngeal and hypopharyngeal primaries: Analysis of p16 status is **not required.**

STRATIFY

- Zubrod (ECOG) performance status: 0 vs. 1
- Smoking status: ≤ 10 pack-year vs. > 10 pack-year history
 - T stage: T0-3 vs. T4
 - Age: ≤ 50 vs. > 50 years

RANDOMIZE (1:1 in each cohort)

Non-OPC/p16-negative OPC Cohort

Arm 1: IMRT/IMPT + High-dose cisplatin Q 3 weeks

Arm 2: IMRT/IMPT + Low-dose cisplatin weekly

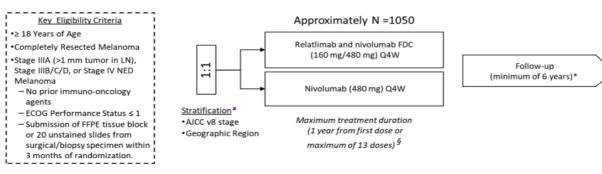
p16-positive OPC/CUP Cohort

Arm 3: IMRT/IMPT + High-dose cisplatin Q 3 weeks

Arm 4: IMRT/IMPT + Low-dose cisplatin weekly

BMS CA224098 Navigator - Carrie x3621





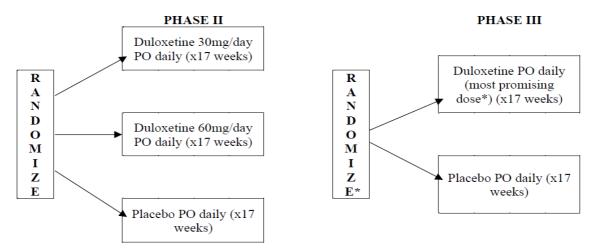
 § All participants will be treated until recurrence of disease (except melanoma in situ), unacceptable toxicity, participant withdrawal of consent, or a maximum duration of 1 year from first-dose (maximum of 13 doses), whichever occurs first.

Abbreviations: AJCC v8, American Joint Committee on Cancer, version 8; ECOG, Eastern Cooperative Oncology Group; FDC, fixed dose combination; FFPE, formalin-fixed paraffin-embedded; LN, lymph node; NED, no evidence of disease; ROW, rest of the world; Q4W, every 4 weeks.

^{*} Participants will be followed until death, lost to follow-up, withdrawal of consent, conclusion of the study, or a minimum of 6 years.

A221805 SCHEMA Navigator - Hannah x3603

Schema



All patients will receive oxaliplatin on both phases of the trial. Further, for all patients the 17th week of study drug will be a tapering period.

* Additional patients will be recruited to the Phase III trial. The most promising dose of duloxetine will be determined after initial Phase II, and this dose will be used for Phase III for patients randomized to the duloxetine arm.