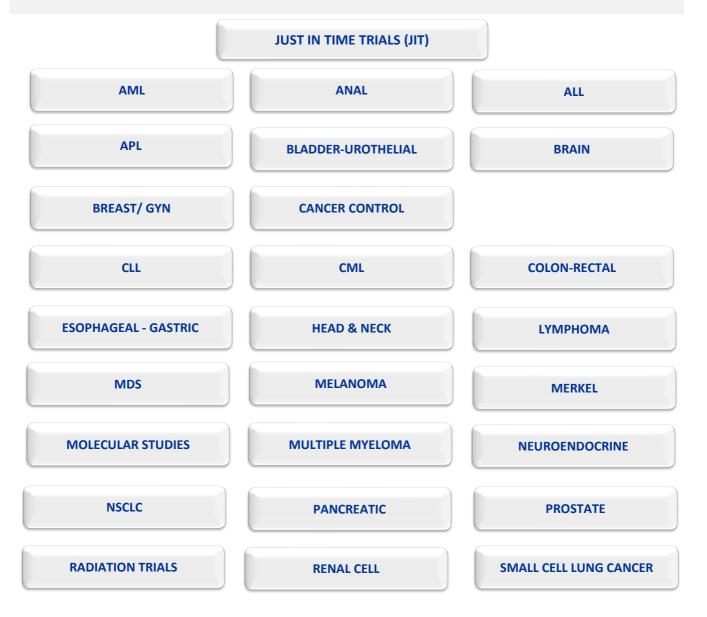


JUNE 2022

NEW & REOPENED TRIALS HIGHLIGHTED IN GREEN!



Updated 6.7.22

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
M	ulti-Disease Site: Advanced/Metastatic So	olid Tumors
<u>RAIN-3202</u>	A Phase 2 Basket Study of Milademetan Tumors	in Advanced/Metastatic Solid
	Brain	
<u>A071702</u>	A Phase II Study of Checkpoint Blockade Somatically Hypermutated Recurrent Gli	• •
	Carcinoid	
<u>S2104</u>	Randomized Phase II Trial of Postoperati Temozolomide Versus Observation in Hig Tumors	
	Endometrial	
<u>GY014</u>	(Temp. suspended) Phase II Study of Taz 138671) in Recurrent or Persistent Endo the Ovary, and Recurrent or Persistent E Adenocarcinoma	metrioid or Clear Cell Carcinoma of
	Gastrointestinal	
<u>EA2187</u>	Temporarily closed Phase II study of Per Carbo and paclitaxel in advanced intrahe	
	Genitourinary - Rare	
<u>A031702</u>	Phase II Study of Cabozantinib in Combin Ipilimumab in Rare Genitourinary Tumor carcinoma/neuroendorine & adenocarcin GU tract variants, renal medullary carcin	rs (temp closed cohorts - small cell noma of bladder, penile, and misc
	Head & Neck	
<u>EA3191</u>	Temporarily Closed (RT at Route-91) A PAdjuvant Therapy With PembrolizumabRecurrent/Second Primary Head and NewHigh Risk Features	After Resection of
	Lung	

<u>S1934</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)
	Multi-Disease
<u>S1614</u>	(temp closed) A Phase III Randomized Trial of Prophylactic Antiviral Therapy in Patients with Current or past hepatitis B Virus Infection Receiving Anti-Cancer Therapy for Solid Tumors
	Ovarian
<u>GY014</u>	(temp closed) Phase II Study of Tazemetostat (EPZ-6438) (IND # 138671) in Recurrent or Persistent Endometrioid or Clear Cell Carcinoma of the Ovary, and Recurrent or Persistent Endometrioid Endometrial Adenocarcinoma
	Pancreas
<u>S2001</u>	Randomized Phase II Clinical Trial of Olaparib + Pembrolizumab vs. Olaparib Alone as Maintenance Therapy in Metastatic Pancreatic Cancer Patients with Germline BRCA1 or BRCA2 Mutations
<u>52104</u>	Randomized Phase II Trial of Postoperative Adjuvant Capecitabine and Temozolomide Versus Observation in High-Risk Pancreatic Neuroendocrine Tumors
	Rectal
<u>EA2201</u>	(RT at Glen Oak, UPHM, Galesburg) A Phase II Study of Neoadjuvant Nivolumab Plus Ipilimumab and Short-Course Radiation in MSI-H/dMMR Locally Advanced Rectal Adenocarcinoma
	Sarcoma
<u>A091902</u>	A Multicenter Phase II Trial of Paclitaxel With and Without Nivolumab in Taxane Naive, and Nivolumab and Cabozantinib in Taxane Pretreated Subjects With Angiosarcoma (closed to taxane pre-treated pts only)
	Skin
<u>A091802</u>	Phase II randomized Trial of Avelumab plus cetuximab versus avelumab alone in advanced cutaneous Squamous cell carcinoma of skin
	Thymoma
<u>51701</u>	A Randomized Phase II Trial of Carboplatin-Paclitaxel with or without Ramucirumab in Patients with Unresectable Locally Advanced, Recurrent, or Metastatic Thymic Carcinoma



JUNE 2022

AML

Navigator - Heather x3661

MENU



MENU

JUNE 2022

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)

ANAL



JUNE 2022

APL

Navigator - Heather x3661

MENU

There are no trials available at this time



MENU

JUNE 2022

ACUTE LYMPHOBLASTIC LEUKEMIA

Navigator - Heather x3661

<u>EA9152</u>	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
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MENU

JUNE 2022

BLADDER / UROTHELIAL

	ADJUVANT / NEOADJUVANT
<u>BMS CA017-078</u>	(Peoria, Bloomington, Galesburg, and Peru) -A Phase 3, Randomized, Study of Neoadjuvant Chemotherapy 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 Muscle-Invasive Bladder Cancer (<i>BMS-986205/placebo tablets discontinued</i>)
<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>S1806</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>S2011</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

<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)
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MENU

JUNE 2022

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



MENU

JUNE 2022

	BREAST	Navigator - Angie x3613	
	DCIS		
<u>AFT-25</u>	Comparing an Operation to Monitoring, With or Without DCIS: A Phase III Prospective Randomized Trial (COMET		
	NEO/ADJUVANT TREATMENT		
Neo/Adjuvant - HE	R2 Positive		
<u>EA1181</u>	Preoperative THP and Postoperative HP in Patients Who Achieve a Pathologic Complete Response (CompassHER2-pCR)		
Neo/Adjuvant - Ho	rmone 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	e Sensitive, HER-2 Negative, Oncotype	
Neo/Adjuvant - Tri	ple Negative		
	METASTATIC TREATMENT		
Metastatic - HER2	Positive		
Metastatic - Horme	one Receptor Positive / HER2 Negative		
Metastatic - Triple	Negative		
	SURGERY / RADIATION ONLY		
<u>A011202</u>	Temporarily Closed- A Randomized Phase III Trial Ev Node Dissection in breast Cancer Patients (cT1-3 N1) Disease After Neoadjuvant Chemotherapy. <i>(RT: Glen</i>)) Who Have Positive Lymph Node	
<u>MA.39</u>	Tailor RT: A Randomized Trial of Regional Radiothera Positive Breast Cancer (RT: Glen Oak and UPHM)	apy in Biomarker Low Risk Node	
	CANCER CONTROL (Breast only)		
<u>A191901</u>	(Peoria, Bloomington, Galesburg, Ottawa, Pekin, ar Therapy Through Motivational Interviewing and Text American women)		

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>52013</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
<u>WF-1901</u>	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





JUNE 2022

Navigators - Courtney x3660 Hannah x3603 Kelsey x 3618

	CANCER CONTROL	Kelsey x 3618
	MULTI-DISEASE SITES	
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	
EAQ202	Improving Adolescent and Young Adult Self-Reported Data in ECOG-ACRIN Trials	
<u>S1912CD</u>	A Randomized Trial Addressing Cancer-Related Financial Hardship Thr Financial Navigation Intervention (CREDIT)	ough Delivery of a Proactive
<u>52013</u>	(Peoria, Bloomington, Galesburg, Pekin, Washington) Immune Check Prospective Observational Study (I-CHECKIT)	point Inhibitor Toxicity: A
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 Treatmen	nt Survivors (IMPACTS)
	BREAST	
<u>A191901</u>	(Peoria, Bloomington, Galesburg, Ottawa, Pekin, and Peru) Optic Through Motivational Interviewing and Text Interventions (only of American women)	
<u>URCC 16070</u>	Treatment of Refractory Nausea- for breast cancer patients.	
URCC-18007	Randomized Placebo Controlled Trial of Bupropion For Cancer Re 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 Per Randomized, Double-Blind, Placebo-Controlled Phase II to Phase III St	
<u>WF-1806</u>	(M&M Study) Myopenia and Mechanisms of Chemotherapy Tox Colorectal Cancer	icity in older Adults with
	BRAIN	
<u>WF-1801</u>	A Single Arm, Pilot Study of Ramipril for Preventing Radiation-Inc Glioblastoma (GBM) Patients Receiving Brain Radiotherapy	luced Cognitive Decline in
	REGISTRY Contact Dise	ase Specific Navigator

NILL		N /		•	
NH	LDI	-171	\mathbf{D}^{2}	•	



MENU

JUNE 2022

CARCINOID

Navigator - Ashton x3611 Carrie x3621

No trials at this time



MENU

JUNE 2022

	CLL	Navigator - Heather x3661
	1st Line	
A041702Temporarily closing on 6/14/22 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



ILLINOIS CANCERC Specializing in Cancer and	ARE, P.C.	MAS	TER TRIAL LIST		MENU
		COLON / REC	TAL	Navigate	or - Carrie x3621
		Adjuvant			
<u>A021502</u>	A021502 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>GI005</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				
		Metastati	c		
<u>MK 7339-003</u>	(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 (Co	lorectal only)		
A211901	Reaching Rural	Cancer Survivors Who S	Smoke Using Text-Based Ce	ssation Interve	ntions
<u>A221805</u>			ced Chemotherapy-Induced ontrolled Phase II to Phase I		uropathy: A
<u>A222004</u>	A Randomized F Anorexia	Phase III Trial of Olanza	pine Versus Megestrol Acet	ate for Cancer-	Associated
EAQ202	Improving Adole	escent and Young Adult	t Self-Reported Data in ECO	G-ACRIN Trials	
<u>S1912CD</u>		Trial Addressing Cancer ation Intervention (CRE	-Related Financial Hardship DIT)	Through Delive	ery of a Proactive
<u>52013</u>		ngton, Galesburg, Peki servational Study (I-CHI	i n, Washington) Immune Cł E CKIT)	neckpoint Inhib	itor Toxicity: A
URCC 21038		nort Study of Cancer Su	mmuneCheckpoint Inhibito rvivors Treated With anti-Pl		

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

ILLINOIS CANCERCARE, P.C. Specializing in Cancer and Blood Disorders		MASTER TRIAL LIST JUNE 2022	MENU
		ESOPHAGEAL- GASTRIC	Navigator - Carrie x3621
<u>EA2174</u>		RT-91, UPHM, Galesburg) A Phase II/III Study of Peri-O tients With Locoregional Esophageal and Gastroesopha	



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)



JUNE 2022



Navigator - Heather x3661

	LYMPHOMA	
	HL	
(RT at Glen Oak, Rt-91, UPHM) A Phase III, Randomized Study of Nivolumab (Opdivo) Plus AVD orS1826Brentuximab Vedotin (Adcetris) Plus AVD in Patients (Age >/= 12 Years) With Newly Diagnosed Advanced Stage Classical Hodgkin Lymphoma		
NHL		
EA4181A 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 Myelodysplast	tic Syndromes (MDS) Study
M15-954(Peoria, Bloomington, Galesburg, Pekin) A Randomized, Double-Blind, Phase 3 Study Eva Safety and Efficacy of Venetoclax in Combination With Azacitidine in Patients Newly Diag Higher-Risk Myelodysplastic Syndrome (Higher-Risk MDS)		, .	



MENU

JUNE 2022

MELANOMA

<u>CA224098</u>	A Randomized, Double-Blind Phase 2/3 Study of Relatlimab Combined With Nivolumab Versus Nivolumab in Participants With Previously Untreated Metastatic or Unresectable Melanoma
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MENU

JUNE 2022

MERKEL

<u>EA6174</u>	(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
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MENU

JUNE 2022

MOLECULAR STUDIES

*Contact Disease Specifc Navigator

<u>64091742PCR0002 /</u> <u>Prevalence</u>	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
<u>NSABP 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>\$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

<u>\$1803</u>	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)
	Using Minimal Residual Disease to Direct Therapy Duration (DRAMMATIC Study)



MENU

JUNE 2022

NEUROENDOCRINE

A021804	A Prospective, Multi-Institutional Phase II Trial Evaluating Temozolomide vs. Temozolomide and
<u>A021004</u>	Olaparib for Advanced Pheochromocytoma and Paraganglioma



MENU

JUNE 2022

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>51914</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)
<u>MK 7684A-003</u>	(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
<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 (<i>non smokers</i>)

METASTATIC - 2nd/3rd Line

<u>LUNGMAP</u>	A Master Protocol To Evaluate Biomarker-Driven Therapies and Immunotherapies in Previously-Treated NSCLC. (SUB-STUDIES: <u>S1800D</u> - 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; <u>S1900E</u> - 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)
<u>MK 7684A-002</u>	(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)
<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
<u>WF-1901</u>	Internet-delivered Management of Pain Among Cancer Treatment Survivors (IMPACTS)



MENU

JUNE 2022

PANCREATIC



JUNE 2022

	PROSTATE	Navigator - Carrie x3621
	ADJUVANT	
<u>GU008</u>	(RT at Glen Oak, UPHM) Randomized Phase III Trial Incorporating Imaging Into Treatment for Patients With Node-Positive Prostate (INNOVATE): Intensifying Treatment for Node Positive Prostate Co Therapy	Cancer After Radical Prostatectomy
<u>GU009</u>	(RT at Glen Oak, Galesburg, UPHM) Parallel Phase III Randomized Evaluating De-Intensification for Lower Genomic Risk and Intensi Higher Genomic Risk With Radiation (PREDICT-RT*)	-
<u>GU010</u>	(RT at UPHM) Parallel Phase III Randomized Trials of Genomic-Ris Intermediate Risk Prostate Cancer: De-Intensification and Intensi (GUIDANCE)	
	METASTATIC	
<u>64091742PCR0002 /</u> <u>Prevalence</u>	Biomarker Study to Determine Frequency of DNA-repair Defects Cancer	in Men with Metastatic Prostate
<u>C2321001</u>	(Peoria only) A Phase I Dose Escalation and Expanded Cohort Stu of Adult Patients with Relapsed/Refractory Small Cell Lung Cance Prostate Cancer (CRPC) and Follicular Lymphoma (FL)	
<u>A031902 / CASPAR</u>	A Phase III Trial of Enzalutamide and Rucaparib as a Novel Therap Resistant Prostate Cancer	by in First-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>S1802</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



JUNE 2022

RENAL CELL

<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)
<u>MK 6482-011</u>	(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



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	
<u>EA2182</u>	(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)
<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>	(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 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>N0577</u>	(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
BRAIN METS	
<u>A071801</u>	(UPHM & Glen Oak) Phase III Trial of Post-Surgical Single Fraction Stereotactic Radiosurgery (SRS) Compared With Fractionated SRS for Resected Metastatic Brain Disease

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>	<i>Temporarily Closed</i> (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	
<u>EA2174</u>	(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>S1826</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>51802</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
<u>NRG CC009</u>	(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

JUNE 2022

SMALL CELL LUNG CANCER

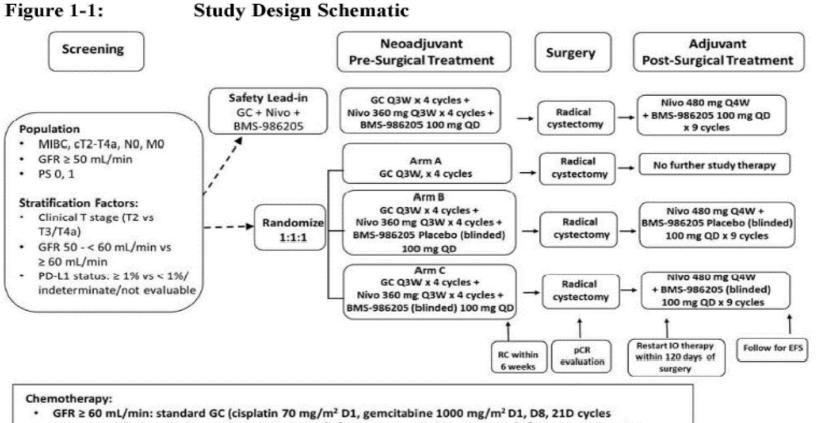
Navigator - Ashton x3611

<u>NRG CC003</u>	(RT at Glen Oak only) Randomized Phase II/III Trial of Prophylactic Cranial Irradiation with or without Hippocampal Avoidance for Small Cell Lung Cancer
<u>NRG CC009</u>	(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>S1827</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>S1929</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) <i>Tissue screening allowed during induction chemotherapy</i>

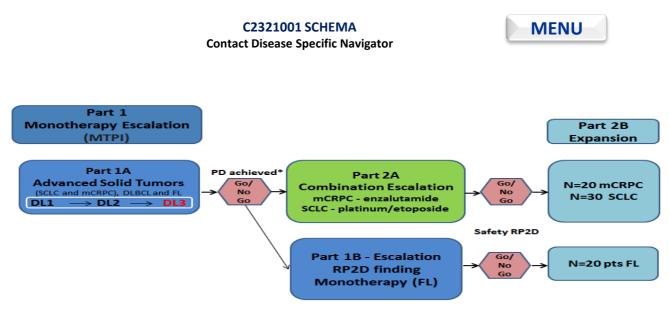


Clinical Protocol	CA017078
BMS-986205	IDO1 inhibitor

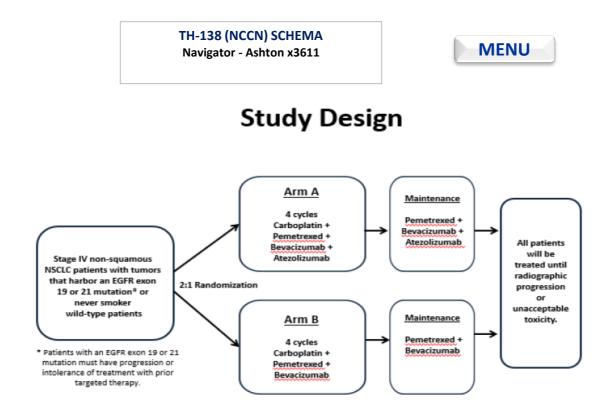
MENU

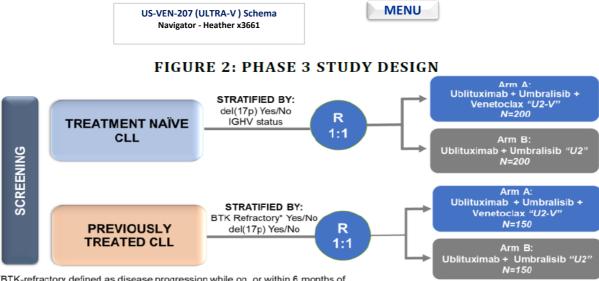


GFR < 60 mL/min: split-dose GC (cisplatin 35 mg/m² D1, D8, gemcitabine 1000 mg/m² D1, D8, 21D cycles



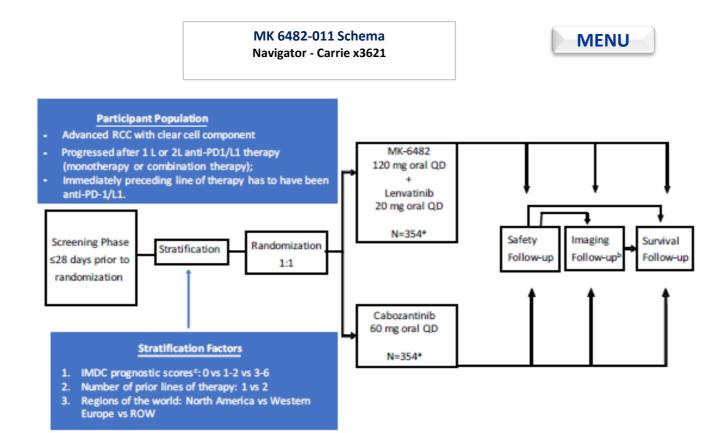
*50-70% down modulation of H3K27me3





7

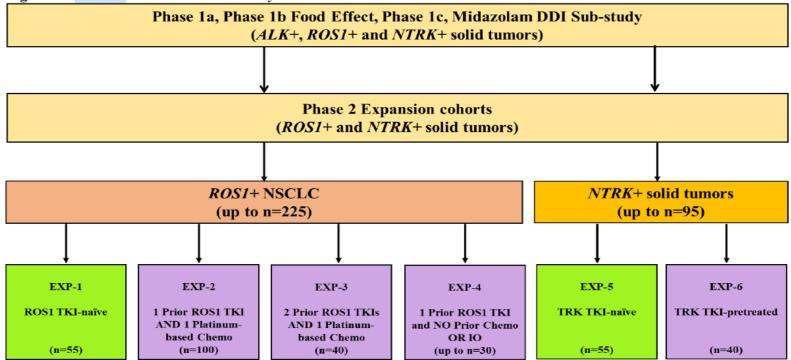
*BTK-refractory defined as disease progression while on, or within 6 months of the last dose of a BTK inhibitor (e.g., ibrutinib, acalabrutinib, etc)



TPX-0005-01 Schema Contact Disease Site Specific Navigator



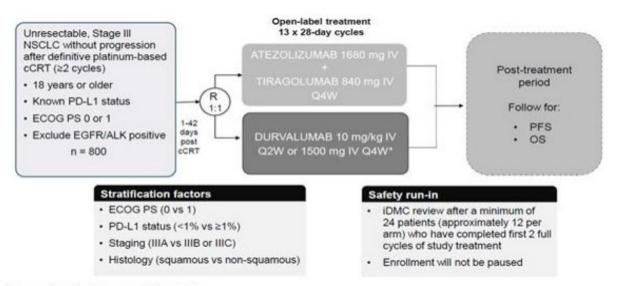
Figure 2. Schema of TPX-0005-01 Study



GO41854 Schema

Navigator - Ashton x3611

MENU

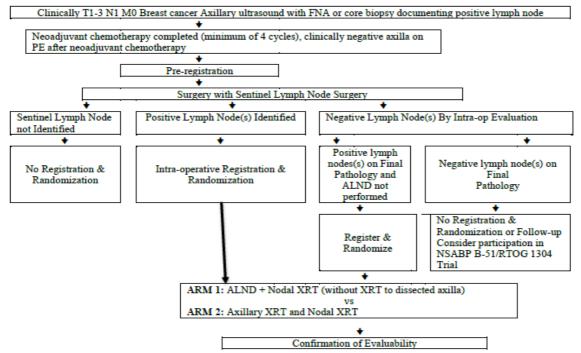


*For patients whose weight ≥30 kg

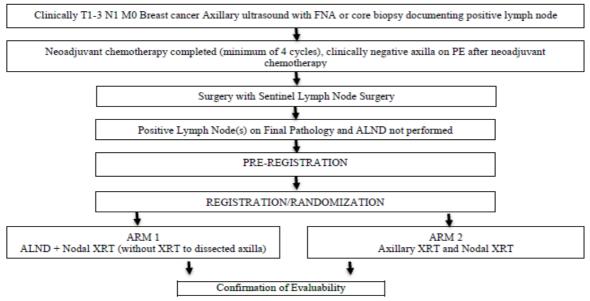


A011202 SCHEMA Navigator Angie x3613

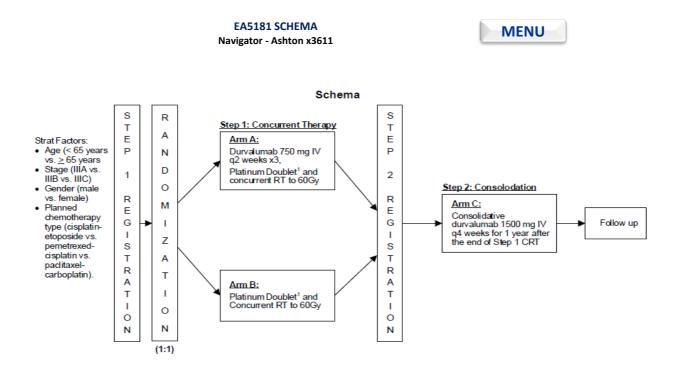
Schema for patients who pre-register prior to SLN surgery:

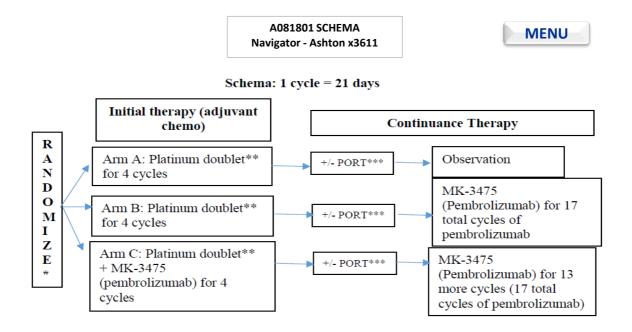


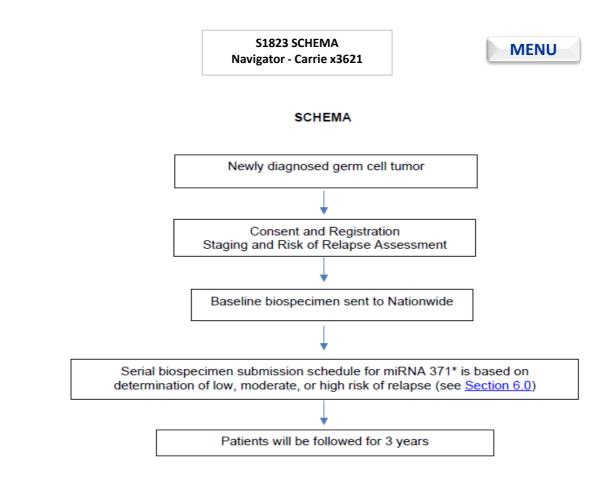
Schema for patients who pre-register AFTER surgery* (where SLN surgery was performed but ALND was NOT performed):



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







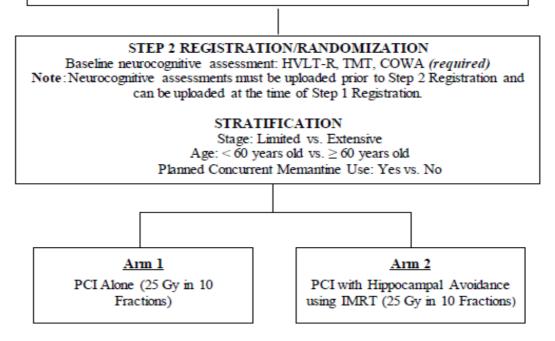
* Patients and providers will not have knowledge of the results of the miRNA 371 analysis.

NRG CC003 SCHEMA Navigator - Jessica x3615



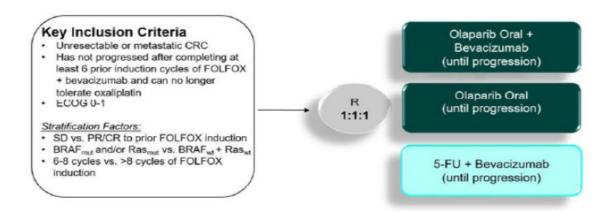
Histologic proof or unequivocal cytologic proof of SCLC

STEP 1 REGISTRATION



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)

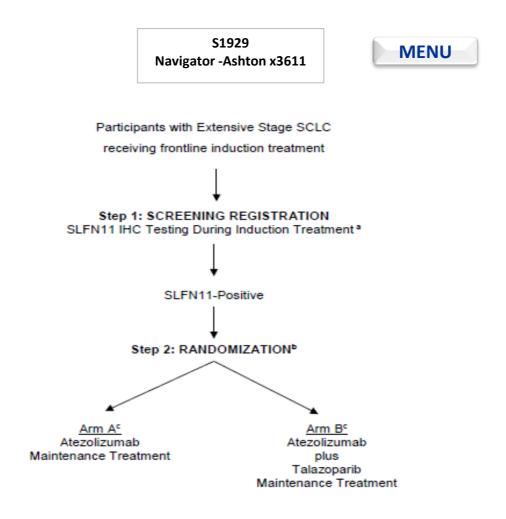
RANDOMIZE (1:1)

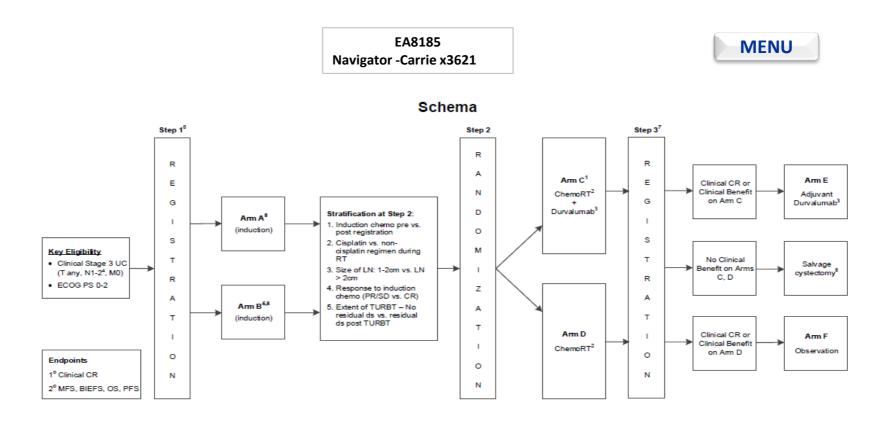
<u>Arm 1</u> Radiation Therapy plus Concomitant temozolomide plus Adjuvant temozolomide

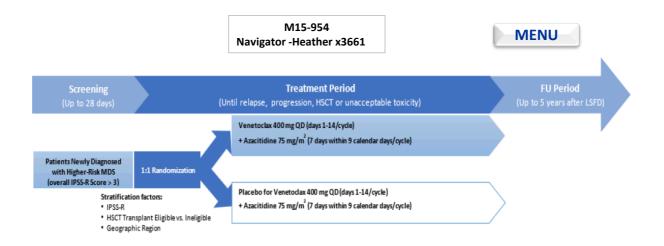
(Optune allowed)

<u>Arm 2</u> Radiation Therapy plus Concomitant ipilimumab and nivolumab plus Adjuvant ipilimumab and nivolumab

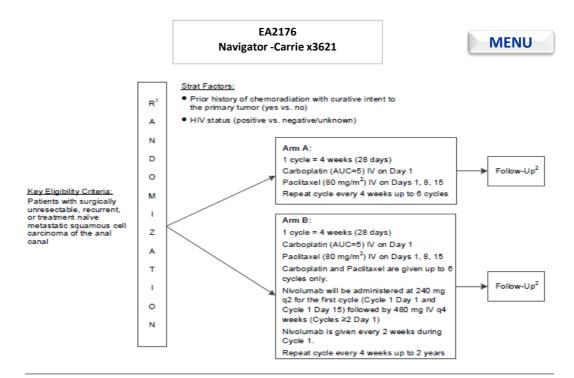
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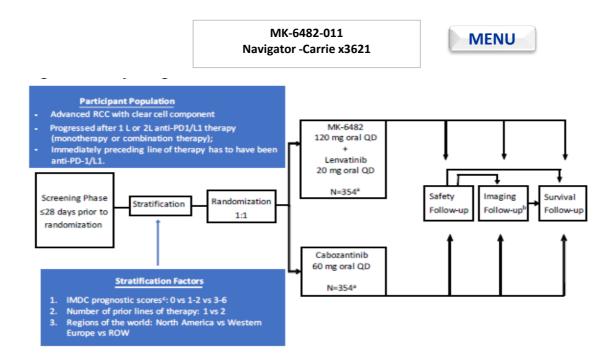


FU = follow up; HSCT = hematopoietic stem cell transplant; IPSS-R = Revised International Prognostic Scoring System; LSFD = last subject first dose; MDS = myelodysplastic syndrome; QD = once daily

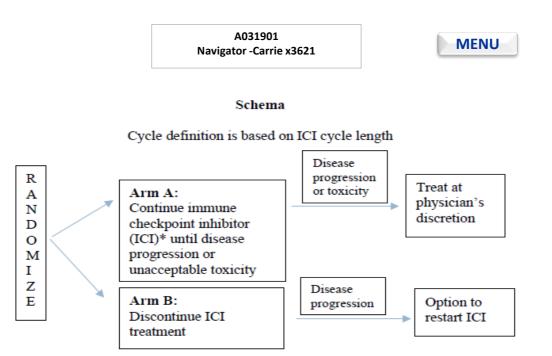


1. Randomization is 1:2 (A:B).

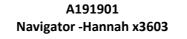
2. For this protocol, all patients, including those who discontinue protocol therapy early, will be followed for response until disease progression, even if non-protocol therapy is initiated, and for survival every 3 months for two years from the date of randomization. All patients must also be followed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



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.

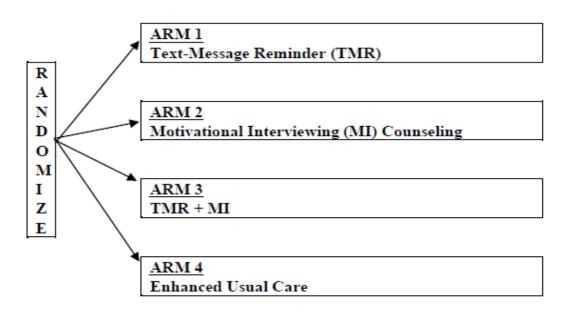


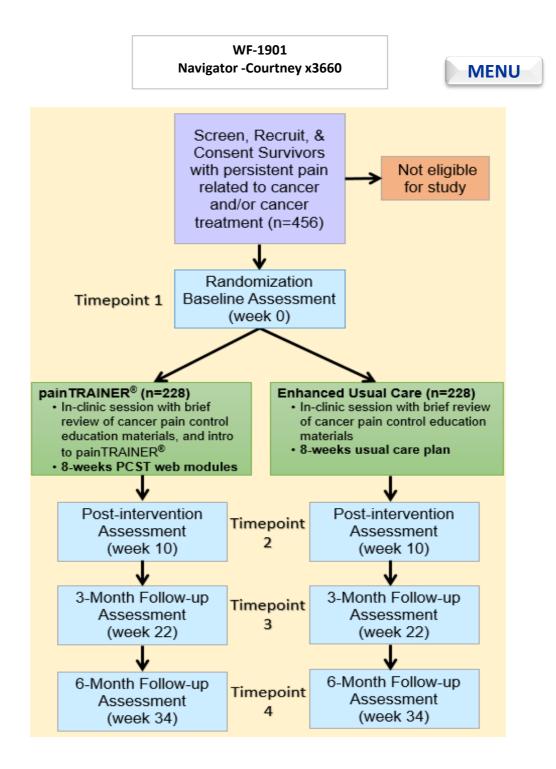
* ICI agents include pembrolizumab, nivolumab, atezolizumab, durvalumab and avelumab Patients will be followed for 5 years or until death or withdrawal of consent, whichever occurs first.

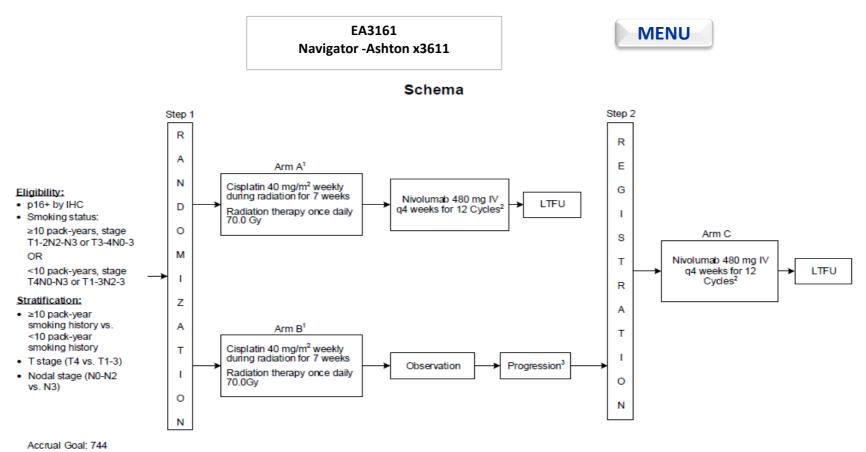




Schema



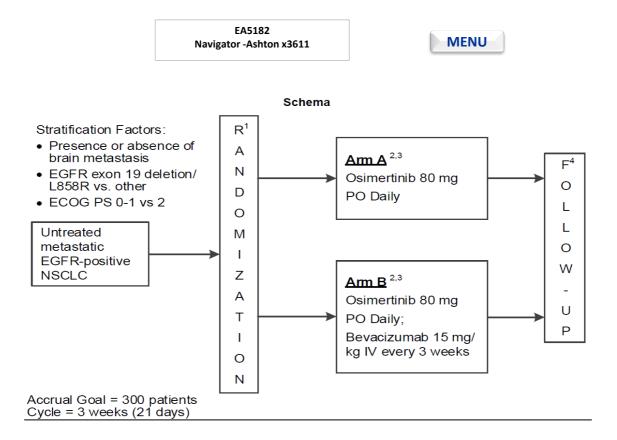


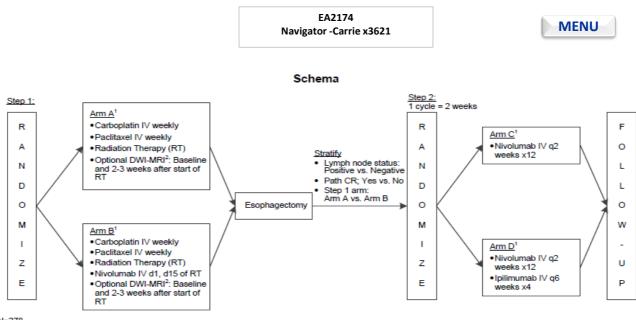


1. Submit tissue for PD-L1 testing.

2. Cycle length = 28 days

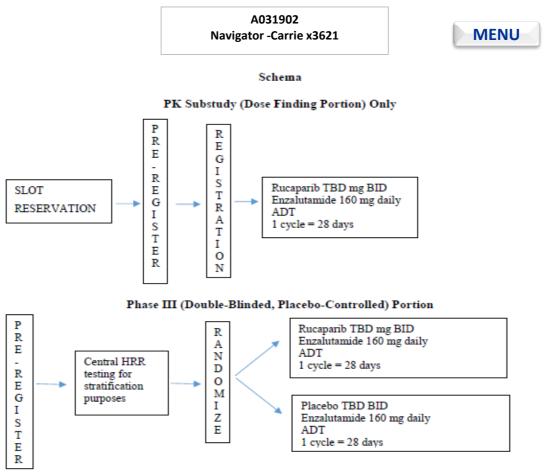
3. Patients who were randomized to observation will be offered the option to cross over if they have clearly documented progression by the RECIST criteria and tissue-proven progression within 12 months from the end of cisplatin/radiation therapy.





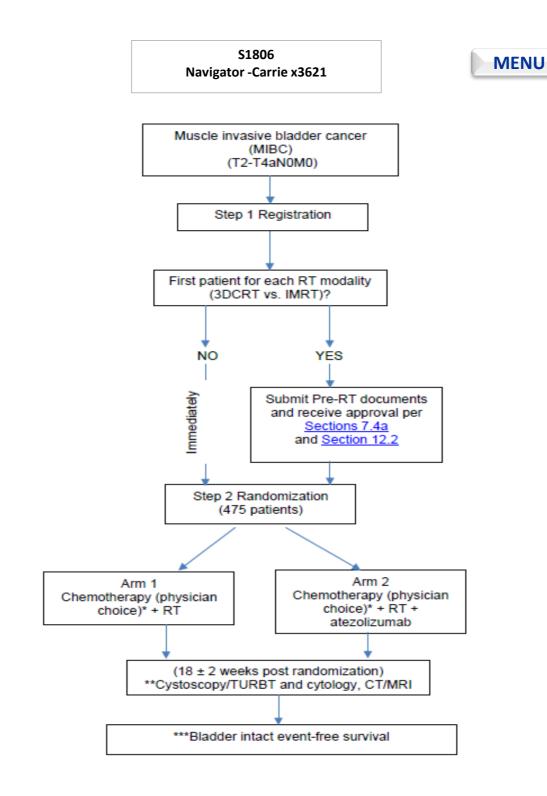
N=278

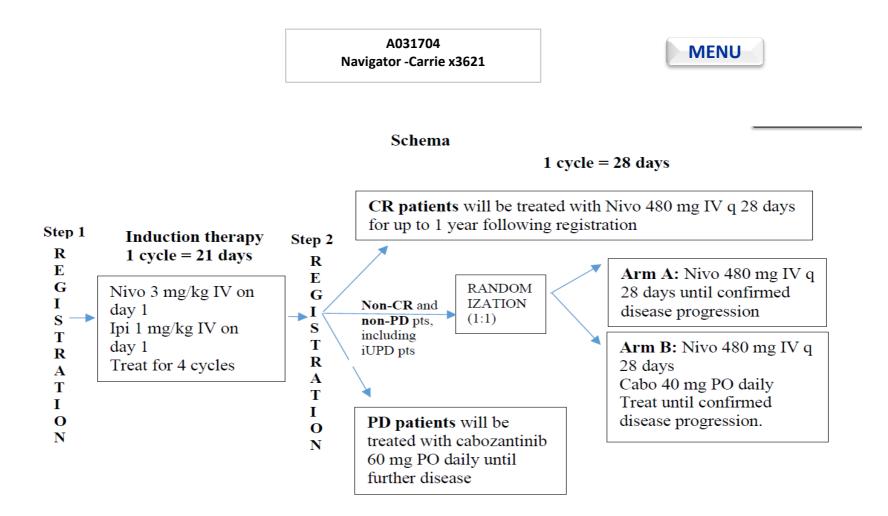
Please reference Section 5.1 for treatment dosing specifics.
 Optional Diffusion weighted imaging-MRI (DWI-MRI) should be obtained at step 1 baseline and 2-3 weeks after initiation of protocol treatment.

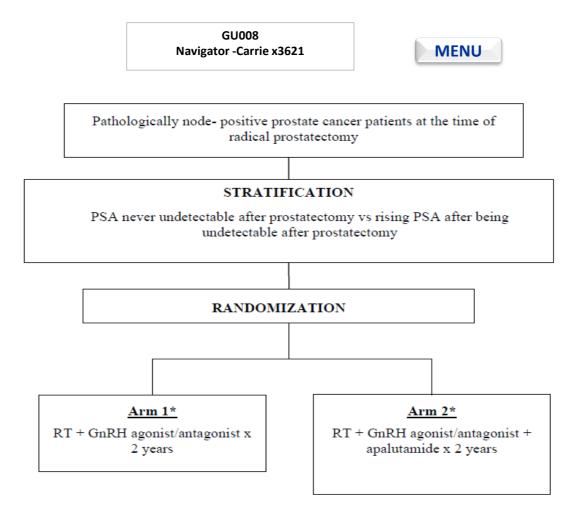


For all patients, treatment is to continue until disease progression or unacceptable adverse event. Patients will be followed for 5 years or until death, whichever comes first.

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







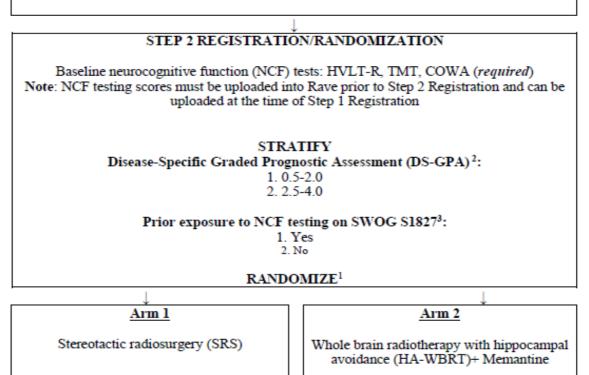
NRG-CC009

Navigator -Jessica x3615



NRG-CC009 SCHEMA

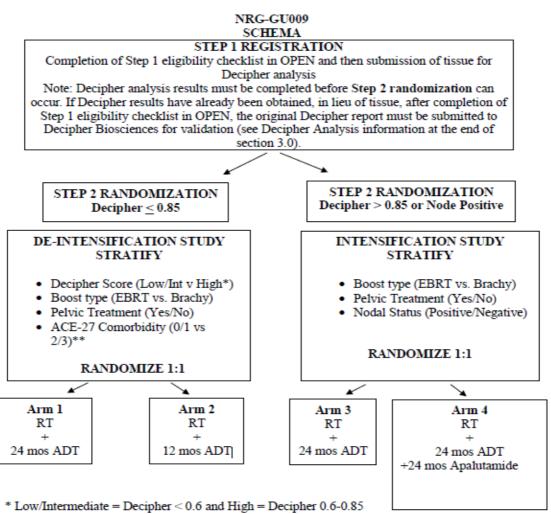
STEP 1 REGISTRATION



¹Randomization is 1:1

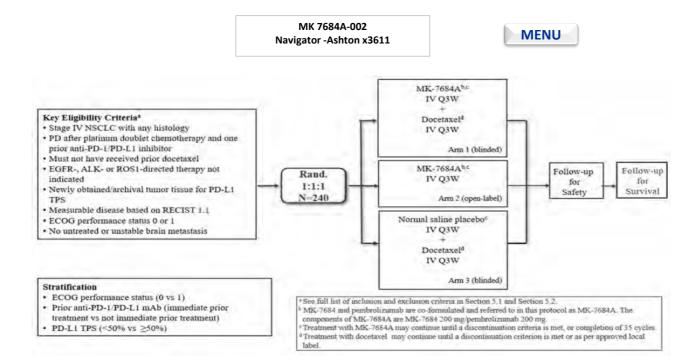
GU009 Navigator -Carrie x3621

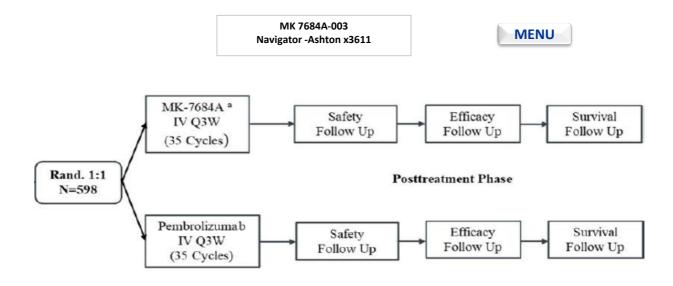
MENU



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

<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



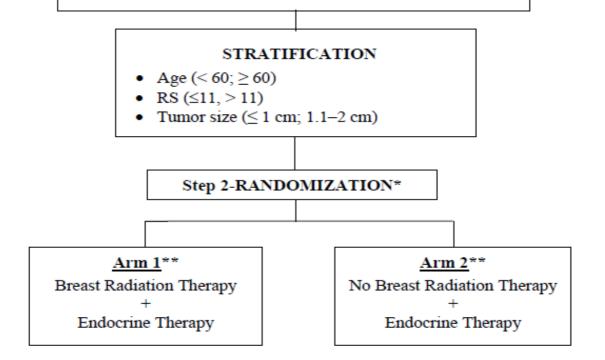


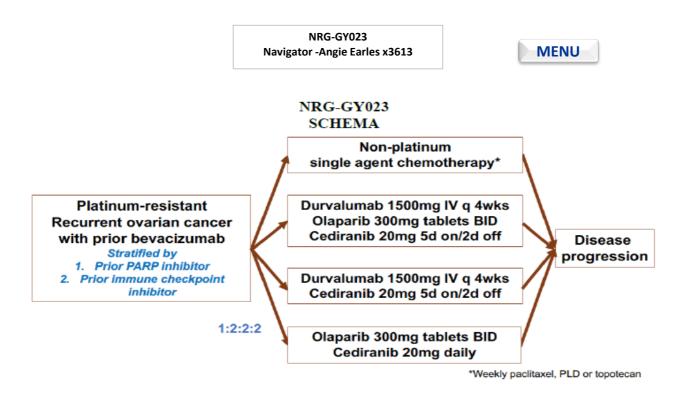


Patients with resected pT1N0M0, HER2-Negative, ER and/or PgR-Positive Breast Cancer and Oncotype-DX Recurrence Score ≤ 18

Step 1 - Pre-entry registration

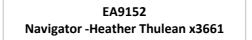
If patients with a *T1a tumor* ($\leq 0.5 \text{ cm in size}$) do <u>not</u> have an Oncotype DX Recurrence Score, a tissue sample must be sent to the Genomic Health centralized laboratory





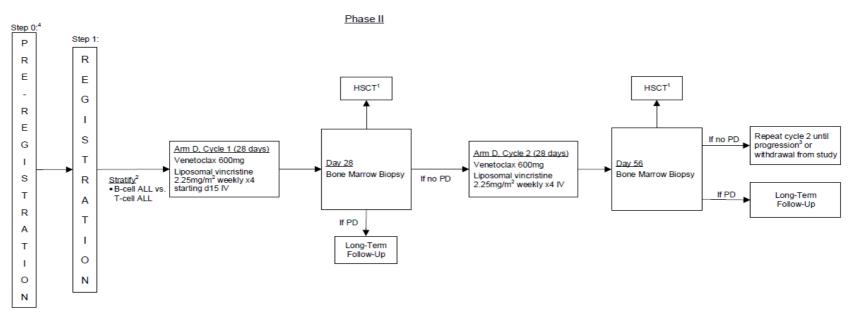
*Non-platinum single agent chemotherapy includes weekly paclitaxel, topotecan or pegylated liposomal doxorubicin (PLD). There can be no deviance from the prescribed regimens, e.g. addition of bevacizumab or other agents.

Randomization is 1:2:2:2





Schema

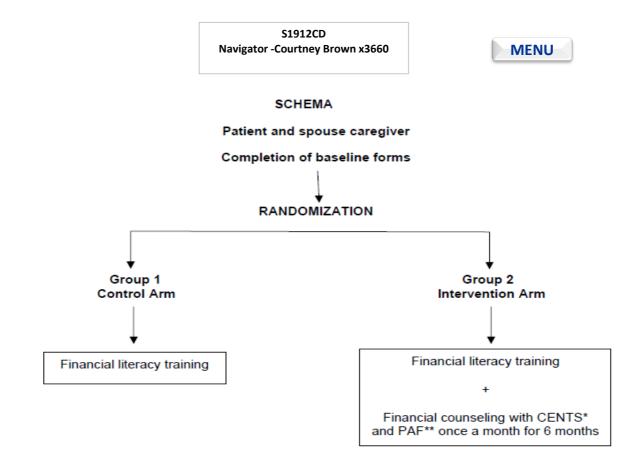


Phase II Accrual Goal: 56 patients (including the patients from the Phase I arm with the MTD dose)

1. 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".

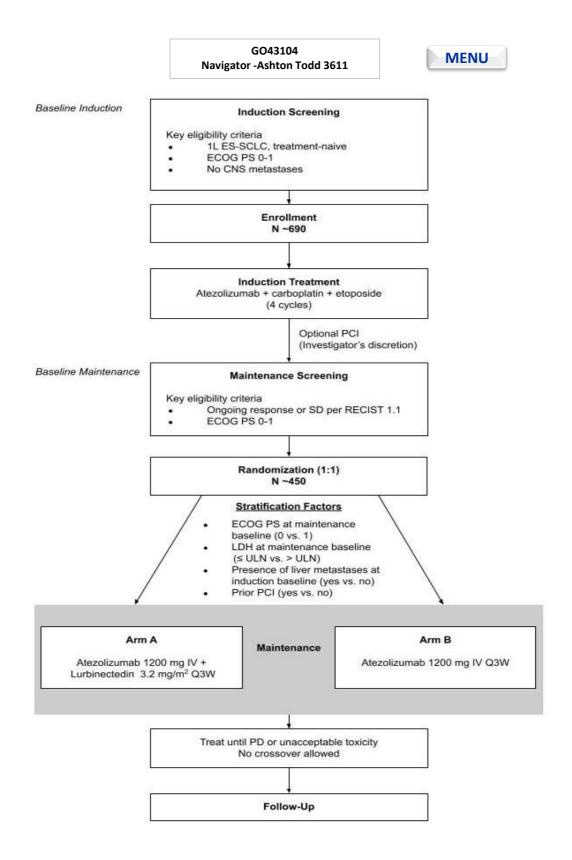
2

3. 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.



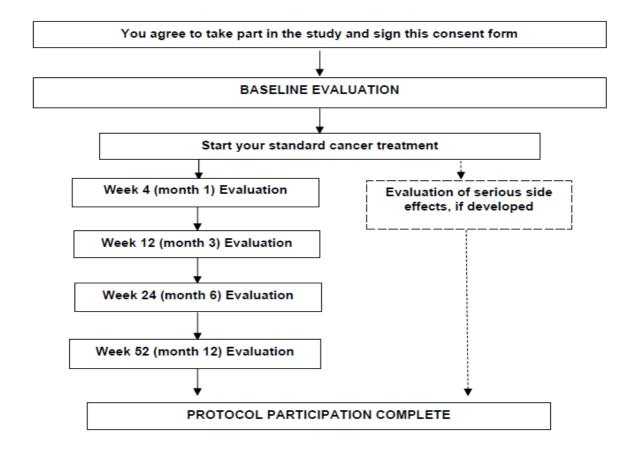
In order to participate, CCD Research sites must complete the <u>\$1912CD</u> Site Implementation Survey and upload the completion certificate to the CTSU Regulatory Portal as described in <u>Section 13.4</u>.

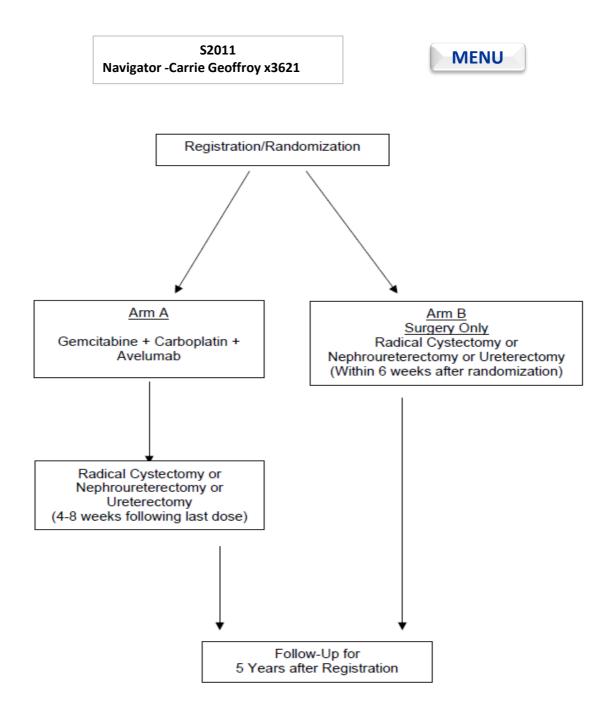
- * Consumer Education and Training Services (CENTS)
- ** Patient Advocate Foundation (PAF)

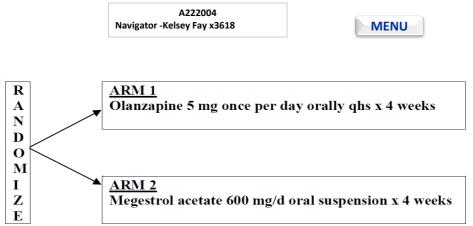




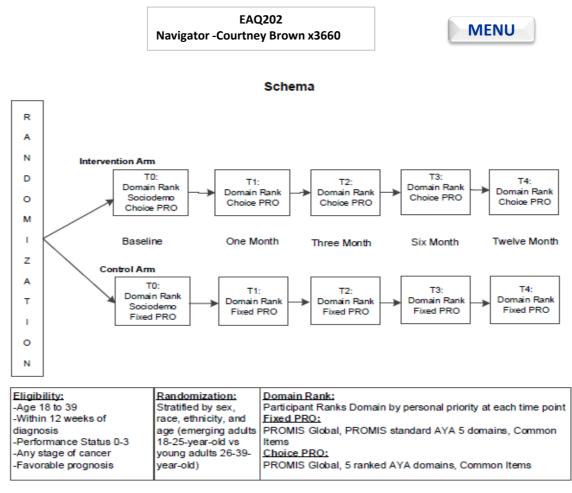
SCHEMA







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



Accrual Goal = 400

Navigator -Jessica Jones x3615



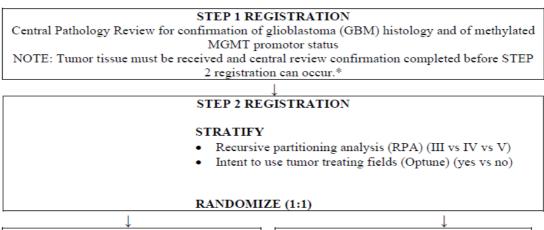
SCHEMA STEP 1 REGISTRATION Completion of Step 1 eligibility checklist in OPEN and then submission of tissue for Decipher analysis Note: Decipher analysis results must be completed before Step 2 randomization can occur. If Decipher results have already been obtained, in lieu of tissue, after completion 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). STEP 2 RANDOMIZATION STEP 2 RANDOMIZATION Decipher < 0.40 Decipher ≥ 0.40 DE-INTENSIFICATION STUDY INTENSIFICATION STUDY STRATIFY STRATIFY Escalated RT boost* (None vs. Decipher Score (0.40-0.60 vs. > 0.60) Brachytherapy vs. Simultaneous • Escalated RT boost* (None vs. integrated micro-boost) Brachytherapy vs. Simultaneous ACE-27 Comorbidity (0/1 vs 2/3) integrated micro-boost) ACE-27 Comorbidity (0/1 vs 2/3) RANDOMIZE** RANDOMIZE** Arm 1 Arm 2 Arm 3 Arm 4 RT RT alone RT RT + 6 mos ADT 6 mos ADT 6 mos ADT +6 mos Darolutamide

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

RT = radiation therapy; SBRT=stereotactic body radiotherapy; ADT = and rogen deprivation therapy

BN011 Navigator -Carrie Geoffroy x3621 MENU

NRG-BN011 SCHEMA



 Arm 1
 Arm 2

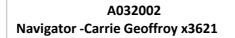
 Radiation Therapy
 Radiation Therapy

 with Concomitant and
 with Concomitant and Adjuvant

 Adjuvant Temozolomide
 Lomustine and Temozolomide

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

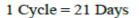
*Patients with unmethylated MGMT may be considered for enrollment on NRG-BN007. Please see <u>Section 10.2</u> for additional information.

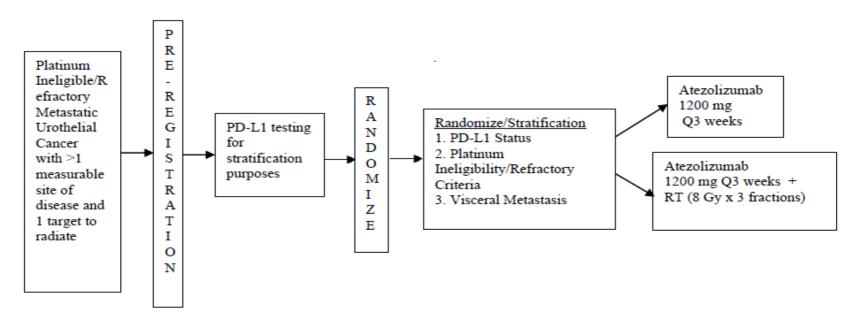


MENU

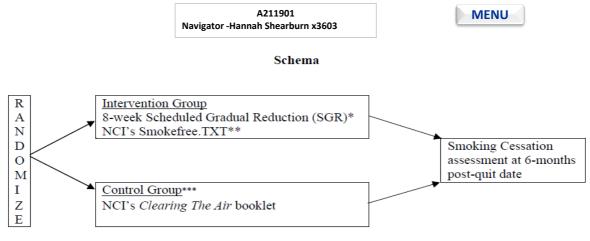
Alliance A032002

Schema



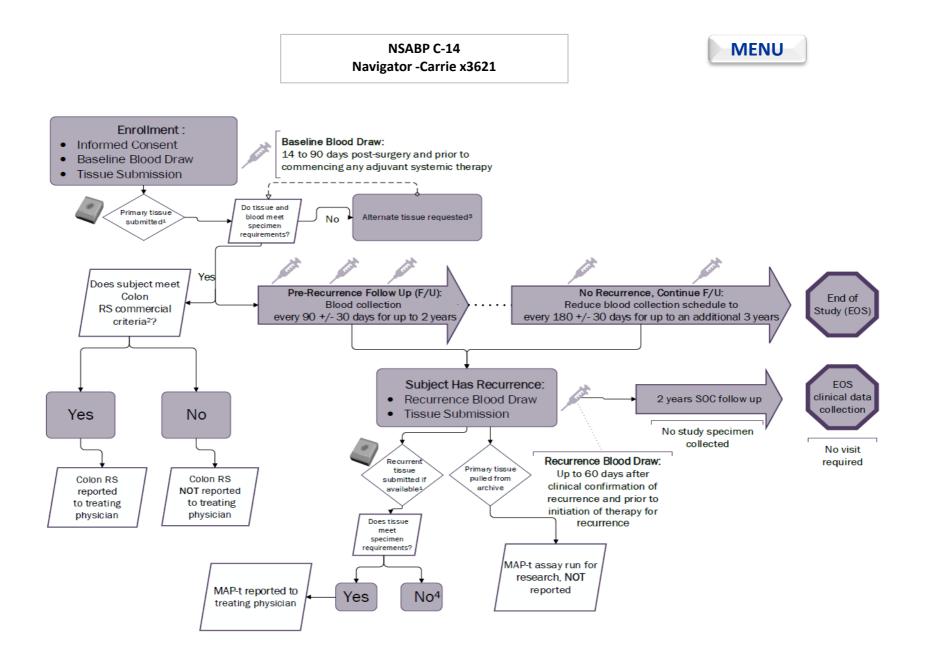


Treatment is to continue until disease progression or unacceptable adverse event. Patients will be followed for 3 years or until death, whichever comes first.



- * 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

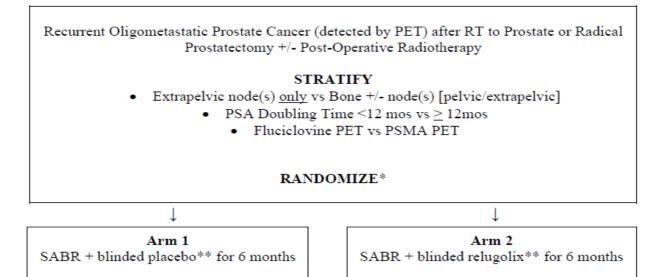
Please refer to the full protocol text for a complete description of the eligibility criteria and intervention plan.



GU011 Navigator -Carrie x3621

MENU

NRG-GU011 SCHEMA



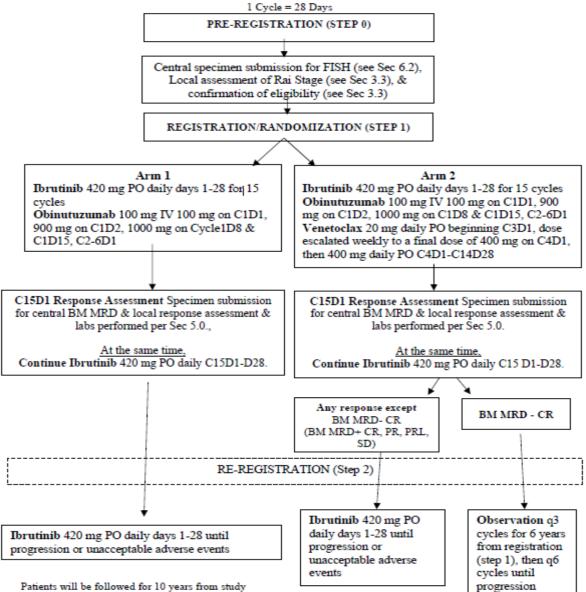
*Randomization is 1:1

** 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



A041702

SCHEMA



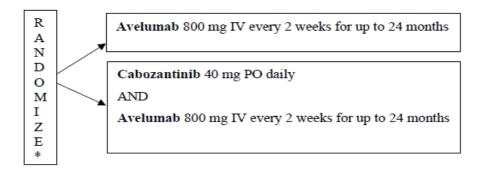
registration (Step 1) or until death, whichever comes first. Please refer to the full protocol

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



Schema

1 Cycle = 28 Days



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

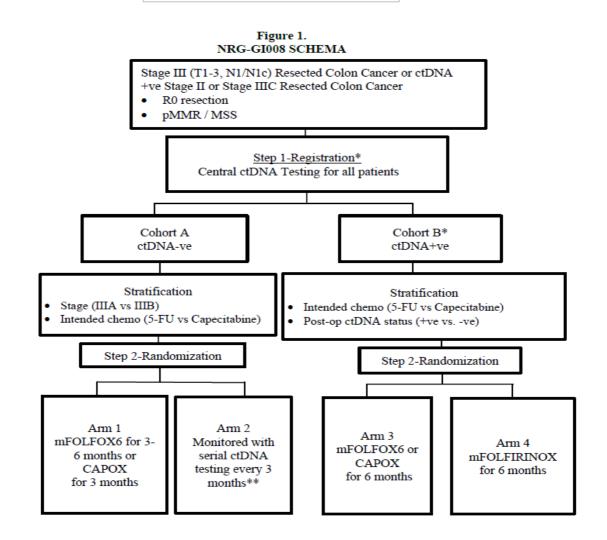
Stratification:

- 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



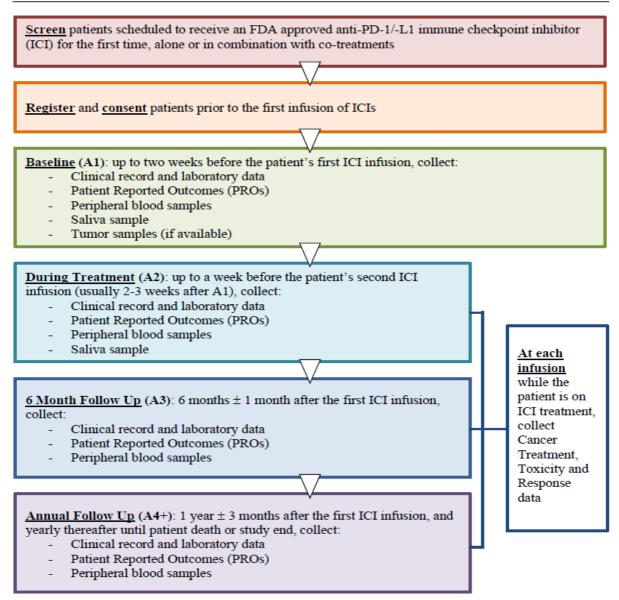


- *Patients with completely resected stages II or IIIC colon cancer who are ctDNA +ve as determined by a Signatera[™] ctDNA test performed outside of the trial through routine clinical care and who otherwise meet all eligibility criteria for Step 1-Registration are eligible for enrollment into Cohort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



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

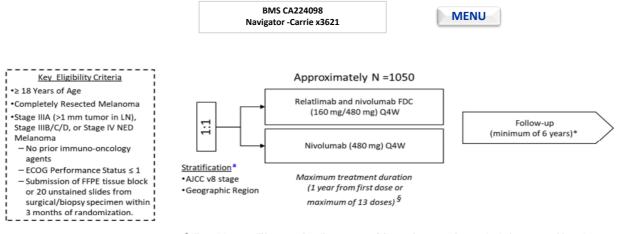
Arm 1: IMRT/IMPT + High-dose cisplatin Q 3 weeks

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

p16-positive OPC/CUP Cohort

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

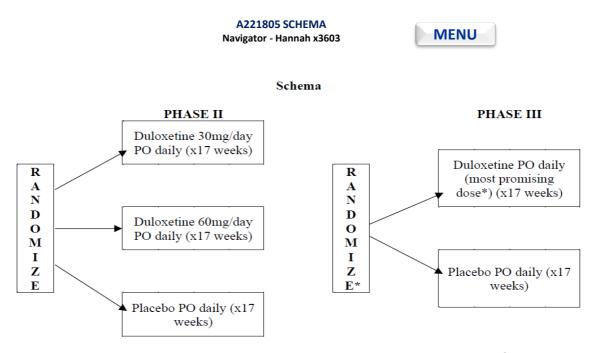
Arm 4: IMRT/IMPT + Low-dose cisplatin weekly



 ${}^{\$}$ 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.

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

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.



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.