

Neoadjuvant					
PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Yamamoto	TBD	UCI 21-106: A Phase II Open-Label, Dose-Finding Study to Determine the Optimal Dose for Lymph Node Visualization Using ASP5354 in Participants with Breast Cancer or Melanoma Undergoing Sentinel Lymph Node Biopsy	Optical imaging agent	Female patients with localized breast cancer (Stage I/II, NOMO) No prior neoadjuvant chemotherapy No prior surgery/radiation to area of LN detection No definitive LN metastasis	Pending Activation
Adjuvant					
PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Parajuli	Jacqueline Nguyen	A011801: The COMPASSHER2 Trials (Comprehensive Use of Pathologic Response Assessment to Optimize Therapy in HER2-Positive Breast Cancer): COMPASSHER2 Residual Disease (RD), A Double-Blinded, Phase III Randomized Trial of T-DM1 and Placebo Compared with T-DM1 and Tucatinib	Antibody drug conjugate + kinase inhibitor	Patients must have HER2+ breast cancer with residual disease after NACT No prior treatment w/ TDM-1	Open to Accrual
Parajuli	Jacqueline Nguyen	UCI 18-79: A Phase II Clinical Trial on Neo-Adjuvant Abemaciclib with Fulvestrant in Patients with ER/PR + HER-2 Negative Breast Cancer who Developed Localized Recurrence While on Adjuvant Endocrine Therapy with Molecular Evidence of Endocrine Resistance	CKD Inhibitor + Neoadjuvant Endocrine Therapy	Post-menopausal female patients Histologically confirmed ER+ Breast Cancer Patients must have localized recurrence while on adjuvant endocrine therapy Patients must not have inflammatory breast cancer No prior treatment with any CDK 4/6 inhibitor and/or Fulvestrant	Open to Accrual
Metastatic					
PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Parajuli	Ashley Chanthapadith	UCI 20-60 A Phase Ia/Ib Study of LY3484356 Administered as Monotherapy and in Combination with Abemaciclib to Patients with ER+, HER2- Locally Advanced or Metastatic Breast Cancer and Other Select Non-Breast Cancers	non-covalent oral SERD	Locally advanced unresectable or metastatic ER+, HER2- breast cancer or endometrial cancer. Up to 3 lines of treatment in advanced/metastatic setting and progression while on endocrine therapy.	Open to Accrual
Parajuli	Ashley Chanthapadith	UCI 19-66: Randomized, Double-Blind, Phase III Study of Tucatinib or Placebo in Combination with Ado-Trastuzumab Emtansine (T-DM1) for Subjects with Unresectable Locally-Advanced or Metastatic HER2+ Breast Cancer	resistance to antibody-mediated inhibition using tyrosine kinase inhibitor and antibody-based therapy	Patients must have history of prior treatment with a taxane and trastuzumab in any setting, separately or in combination. Prior pertuzumab therapy is allowed, but not required. No prior treatment with tucatinib, lapatinib, neratinib, afatinib, trastuzumab deruxtecan (DS-8201a), or any other investigational anti-HER2, anti-EGFR, or HER2 TKI agent or T-DM1.	Open to Accrual
Parajuli	Ashley Chanthapadith	NRG-BR004: A Randomized, Double-Blind, Phase III Trial of Paclitaxel/Trastuzumab/Pertuzumab with Atezolizumab or Placebo in First-Line HER2-Positive Metastatic Breast Cancer	PD-L1 antibody + HER2 monoclonal antibody	Histologically confirmed adenocarcinoma of the breast with locally recurrent, unresectable disease or metastatic disease including: de novo metastatic disease without prior history of HER2-positive BC or locally recurrent or metastatic disease following prior therapy for early BC	Open to Accrual
Coluzzi	Ashley Chanthapadith	UCI 19-88: A Phase III Double-Blind Randomised Study Assessing the Efficacy and Safety of Capiasertib + Fulvestrant versus Placebo + Fulvestrant as Treatment for Locally Advanced (Inoperable) or Metastatic Hormone Receptor Positive, Human Epidermal Growth	AKT inhibitor + selective estrogen down-regulator	HR+/HER2- breast cancer with progression on an AI No more than 1 line of chemotherapy or more than 2 lines of endocrine therapy in the metastatic setting No prior treatment with Fulvestrant or AKT/PI3K/mTOR inhibitors	Open to Accrual
Bota	Mehir Tharani	Alliance A071701: Genetic Testing in Guiding Treatment for Patients with Brain Metastases	CDK inhibitor + PI3K inhibitor + NTRK/ROS1 inhibitor	Histologically confirmed metastatic disease to the brain from any solid tumor. If progression occurred for the following tx in the metastatic setting: for HER2-positive breast cancer received prior HER-2 directed therapy; for TNBC, at least one chemotherapy in metastatic setting	Open to Accrual
Parajuli	Ashley Chanthapadith	ETCTN 10302: Phase II Trial of Radium-223 Dichloride in Combination with Paclitaxel in Patients with Bone Metastatic Breast Cancer	Bone-targeted alpha particle emitting radiopharmaceutical	HER2-, metastatic breast cancer If HR+, disease should have progressed on at least one line of hormone therapy and a CDK 4/6 inhibitor in metastatic setting No prior therapy w/ radionuclides	Open to Accrual

Metastatic					
Parajuli	Ashley Chanthapadith	ETCTN 10287: A Randomized Phase I/II Trial of Fulvestrant and Abemaciclib in Combination with Copanlisib (FAC) versus Fulvestrant and Abemaciclib Alone (FA) for Endocrine-Resistant, Hormone Receptor Positive, HER2 Negative Metastatic Breast Cancer (FAC vs FA)	Pan-class I PI3K inhibitor	HR+/HER2- metastatic breast cancer No more than one chemotherapy line in metastatic setting For patients enrolling on Phase 2 portion of the study: - must have resistance to endocrine therapy in metastatic setting -no prior treatment w/ CDK 4/6 inhibitor, Fulvestrant, or PI3K inhibitor in metastatic setting -no brain metastasis	Suspended
Parajuli	Ashley Chanthapadith	ETCTN 10146: Randomized Phase II Clinical Trial of Nab-Paclitaxel + MEDI4736 (Durvalumab) + Tremelimumab + Neoantigen Vaccine vs. Nab-Paclitaxel + MEDI4736 (Durvalumab) + Tremelimumab in Patients with Metastatic Triple Negative Breast Cancer	IgG monoclonal antibody + IgG2 monoclonal antibody + synthetic neoantigen targeting vaccine	Metastatic triple negative breast cancer Must be PD-L1 negative and have not received any prior therapies for metastatic TNBC Must be considered a candidate for first line carboplatin + gemcitabine	Open to Accrual
Parajuli	Ashley Chanthapadith	UCI 18-43: A Phase 1 First in Human Study Evaluating Safety and Efficacy of ABBV-155 Monotherapy and Combined with Docetaxel in Adult Patients with Relapsed and Refractory Solid Tumors	Antibody drug conjugate	Histologic or cytologic diagnosis of a malignant solid tumor Subjects enrolled in Part 2a (monotherapy, dose expansion) must have SCLC with tumors that express B7H3 above a given threshold per central laboratory testing; Subjects enrolled to Part 2b (combination therapy, dose expansion) must have either NSCLC or HR+/HER2- breast cancer with tumors that express B7H3 above a given threshold per central laboratory testing and must have failed CDK 4/6 therapy	Open to Accrual
Parajuli	Ashley Chanthapadith	SWOG S2007: A Phase II Trial of Sacituzumab Govitecan for Patients with HER2-Negative Breast Cancer and Brain Metastases	Antibody drug conjugate	HER2- invasive breast cancer with brain metastasis CNS progression after previous CNS-directed therapy	Open to Accrual
Parajuli	Ashley Chanthapadith	UCI 21-57: A Phase Ib/II, 2-Part, Open-Label Study to Assess the Safety and Antitumor Activity of Zanidatamab in Combination with ALX148 in Advanced HER2-Expressing Cancer	IgG1-like antibody + CD47 inhibitor	Locally advanced or metastatic HER2-positive or HER2-low (IHC1+/IHC2+, HER2-negative) breast cancer Must have progression during or after the most recent treatment for advanced/metastatic cancer No prior treatment with anti-CD47 or SIRP-alpha agent If brain metastasis is present, disease must be stable For HER2-low subjects, no prior HER2-targeted therapy is allowed	Pending Activation
Solid Tumors/Basket Trials					
PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Kalebasty	TBD	UCI 20-179: A Phase I/IB First-in-Human Study of the SHP2 Inhibitor BBP-398 (Formerly Known as IACS-15509) in Patients with Advanced Solid Tumors	SHP2 inhibitor	Patients must have a metastatic solid tumor with MAPK-pathway alterations (excluding BRAF V600x) and no available SOC therapies Patients with tumors harboring known activating mutations in BRAF V600X or SHP2 will be excluded Patients must not have previously received a SHP2 inhibitor	Pending Activation
Ou	Oliver Quines	UCI 21-55: A Phase Ib/II, Open-Label, Multi-Center Study of ERAS-007 ERK Inhibitor in Patients with Advanced or Metastatic Solid Tumors	ERK inhibitor	Have a solid tumor, pancreatic cancer, NSCLC with any activating mutation(s) in the MAPK pathway, and have not previously received a MAPK inhibitor Have melanoma or NSCLC with a BRAF V600 mutation and have not previously received a BRAF inhibitor Have NSCLC with a KRAS G12C alteration, and not previously received a KRAS G12C inhibitor For all cohorts, there must be no available standard systemic therapy available and no prior treatment with an ERK inhibitor	Pending Activation
Ou	Colin Pichon	UCI 21-12: A Phase I/IB, Open-Label, Multicenter, Dose-Escalation Study of RMC-5552 Monotherapy in Adult Subjects with Relapsed/Refractory Solid Tumors	mTOR inhibitor	Advanced solid tumors that have failed, are intolerant to, or are considered ineligible for SOC anticancer treatments No prior mTOR and/or PI3K inhibitors	Open to Accrual
Ou	Keagan Buttigieg	UCI 20-211: A Phase I, Open-Label, Multi-Center, Dose Escalation and Dose Expansion Study to Evaluate the Safety Tolerability, Pharmacokinetics, and Preliminary Evidence of Anti-Tumor Activity of PF-07284892 (Arry-558) as a Single Agent and in Combination Therapy in Participants with Advanced Solid Tumors	Small molecule inhibitor of SHP2 + kinase inhibitor	Histological or cytological diagnosis of ALK-positive advanced NSCLC, CRC with BRAF V600E mutation, or RAS- mutant, NF1- mutant or BRAF class 3-mutant solid tumor Must have had at least 1 prior line of therapy	Open to Accrual
Pakbaz	Emiri Matsuda	UCI 20-128: A Phase III Randomized Placebo-Controlled Double-Blind Study of Romiplostim for the Treatment of Chemotherapy-Induced Thrombocytopenia in Patients Receiving Chemotherapy for Treatment of Non-small Cell Lung Cancer (NSCLC), Ovarian Cancer, or Breast Cancer	Thrombopoietin (TPO) receptor agonist	Stage III or IV locally advanced or metastatic NSCLC, breast cancer, or ovarian cancer, or any stage recurrent disease Must be receiving cancer treatment with carboplatinum-based combination chemotherapy regimens Must have a platelet count < 75 x 109/L on day 1 of the study No prior use of any TPO agonist	Open to Accrual

Solid Tumors/Basket Trials					
Ou	Keagan Buttigieg	UCI 20-185: A Phase I/IB, Open-Label, Dose Escalation and Expansion Study of SBT6050 Alone and in Combination with Pembrolizumab in Subjects with Advanced Solid Tumors Expressing HER2	Anti-HER2 monoclonal antibody conjugated to TLR8 agonist + monoclonal IgG4 antibody	HER2 expressing cancers, including breast, gastroesophageal, colorectal, endometrial, biliary tract, NSCLC, head and neck squamous cell carcinoma, and urothelial cohorts For HER2+ breast cancer, ≥2 prior lines required and must have received taxane, trastuzumab, pertuzumab, trastuzumab emtansine, and tucatinib in early stage or advanced setting For HER2 low expressing breast cancer, must have received either CDK4/6 inhibitor with endocrine therapy or taxane in the <u>metastatic setting</u>	Pending Activation
Bota	Celine Colmenares	UCI 19-38: A Phase IA/IB, Open-Label First-in-Human Study of the Safety, Tolerability and Feasibility of Gene-Edited Autologous NeoTCR-T Cells (NeoTCR-P1) Administered as a Single Agent or in Combination with Anti-PD-1 to Patients with Locally Advanced or Metastatic Solid Tumors	Autologous adoptive T-cell therapy + Anti-PD-1	Patients willing to undergo a leukapheresis procedure Patients with histologically or cytologically documented incurable metastatic ER+/Her2(-) breast cancer Patients who have ≥2 endocrine therapies for treatment of advanced/MBC (one of which was in combination with a CDK 4/6 inhibitor) Patients who have recieved ≥1 chemotherapy regimen for the treatment of advanced/MBC	Open to Accrual
Bota	Esterliza Khorram	ECOG EAY131: Molecular Analysis for Therapy Choice (MATCH)	Mutation based treatment	Positive for Specific Mutations	Open to Accrual
Ou	Anabel Serwanska	UCI 18-21: A Phase I/II Study of Oral LOXO-292 in Patients with Advanced Solid Tumors, Including RET Fusion-Positive Solid Tumors, Medullary Thyroid Cancer, and Other Tumors with RET Activation (LIBRETTO-001)	RET Receptor Tyrosine Kinase inhibitor that harbors RET alterations	Patient with RET fusion-positive solid tumor or an advanced solid tumor that harbors a RET gene alteration (excluding synonymous, frameshift, or nonsense mutation)	Open to Accrual
Valerin	Jasmine Balangue	UCI 20-67: A Phase I/II, First-In-Human, Multi-Part, Open-Label, Multiple-Ascending Dose Study to Investigate the Safety, Tolerability, Pharmacokinetics, Biological, and Clinical Activity of DF1001 in Patients with Locally Advanced or Metastatic Solid Tumors	Immunotherapy agent targeting NK cells.	Locally advanced or metastatic solid tumors w/ HER2 expression by immunohistochemistry and/or erbb2 amplification and/or erbb2 activating mutations must be documented on either archival tissue or fresh tumor biopsy.	Open to Accrual
Ou	Oliver Quines	UCI 20-133: Phase I/II Study of the Selective RET Inhibitor TAS0953/HM06 in Patients with Advanced Solid Tumors with RET Gene Abnormalities	Selective RET Inhibitor	Advanced solid tumors w/ RET gene abnormalities and has failed all available therapeutic options	Pending Activation
Dayyani	Jasmine Balangue	UCI 20-213: Phase I First-in-Human (FIH) Study of Leukocyte Immunoglobulin-Like Receptor B2 (LILRB2) Inhibitor Monoclonal Antibody (mAb) JTX-8064, as Monotherapy and in Combination with a Programmed Cell Death Receptor-1 (PD-1) Inhibitor, in Adult Subjects with Advanced Refractory Solid Tumor Malignancies	JTX-8064 Monotherapy with anti-PD-1 (immunotherapy)	Patients with triple negative breast cancer who have progressed, must have progressed on or after prior PD-(L)1 therapy. No prior infusion of JTX-8064, LILRB2, or Immunoglobulin-like Transcript 4 (ILT4)-directed therapy	Open to Accrual
Dayyani	TBD	UCI 21-11: A Phase IB/II, Multicenter, Open-Label Study of TT-00420 Tablet, as Monotherapy or in Combination Regimens, in Patients with Advanced Solid Tumors	TT-00420 Monotherapy (Spectrum-selective multi-target kinase small molecule inhibitor)	HER2-negative metastatic breast cancer Histopathological or cytologically documented locally advanced or metastatic solid tumors with no available standard therapeutic treatment options	Pending Activation
Non-Treatment Trials (Diagnostic/Screening/Basic Science)					
PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Chan	TBD	UCI 21-33: Electroacupuncture for the Management of Complex Symptoms in Cancer Patients and Survivors: A Feasibility Study	Electroacupuncture	Patients with Stage I-III solid tumors, except CNS tumors Patients with metastasis, psychiatric or mental disorders, needle phobia, bleeding disorders, or have already received acupuncture treatment in the past 3 months will be excluded.	Pending Activation
Chan	Kayleen Ports	UCI 20-205: Evaluating the Use of Patient-Reported Outcomes Measurement Information System (PROMIS) Tool to Monitor Symptom Burden in Cancer Patients Receiving Chemotherapy Education	PROMIS Tool	Newly diagnosed cancer patients receiving anti-cancer treatment	Open to Accrual
Anton-Culver	Andrea Alvarez	UCI 16-23: Enabling a Paradigm Shift: A Preference-Tolerant RCT of Personalized vs. Annual Screening for Breast Cancer [The WISDOM study (Women Informed to Screen Depending on Measures of Risk)]	Risk based screening strategy	Patients must be between the ages of 40 to 74 years old. Patients must agree to receive breast screening at an Athena site (UCSF, UCSD, UCLA, UCI, or Stanford).	Open to Accrual
Kuo	Bianca Del Vecchio	UCI 13-19: Registry Study of Patients Treated with Neoadjuvant Chemotherapy Followed by Mastectomy in Stage I, II, III Breast Cancer	Data Collection	Patients treated with chemotherapy followed by Mastectomy	Open to Accrual
Uchio	Nyles Oune	UCI 18-103: Blood Sample Collection to Evaluate Biomarkers in Subjects with Untreated Solid Tumors	Blood Collection	Patient has an untreated primary malignancy of breast	Open to Accrual
Parajuli	Ashley Chanthapadith	UCI 18-136: Blood Collection Protocol for the Analysis of Exosomes in Patients with Breast Cancer	Blood Collection	Patient with Stage I, Stage II, Stage III and Stage IV Breast cancer (HR+, HER2+, triple positive or triple negative)	Pending Activation
Bristow	TBD	UCI 19-25: Baseline Assessment of Cancer Health Disparities in Underserved Populations in California	N/A	Patients must be at least 18 years of age and diagnosed with breast cancer	Pending Activation
Parajuli	Ashley Chanthapadith	UCI 17-43: Blood Collection Protocol for Circulating Tumor Cells and Circulating Cancer Associated Fibroblasts in Breast Cancer Patients	Blood Collection	Patients must be female, at least 21 years of age or older, with histologically confirmed breast cancer and be diagnosed as Stage III or IV. Must not have other active cancers.	Open to Accrual

Non-Treatment Trials (Diagnostic/Screening/Basic Science)					
Tanjasiri	TBD	UCI 19-101: Cancer Navigation for Vietnamese Americans (CANVAS)	Data Collection	Patients must be female, Vietnamese or Vietnamese American, at least 21 years of age or older, and in the early phases of their breast cancer experiences (ideally before or immediately after surgery) of invasive breast cancer stages I-III	Pending Activation
Nam	Carmen Lam	NCICOVID: NCI COVID-19 in Cancer Patients Study (NCCAPS): A Longitudinal Natural History Study	Data Collection; Blood and Imaging	Positive SARS CoV-2 test within the 14 days Currently undergoing treatment for cancer (including chemotherapy, immunotherapy, monoclonal antibody therapy, target therapy, endocrine therapy, radiation therapy) or has received a transplant as cancer treatment	Open to Accrual
Lin	Ashley Chanthapadith	S1904: Cluster Randomized Controlled Trial of Patient and Provider Decision Support to Increase Chemoprevention Informed Choice Among Women with Atypical Hyperplasia or Lobular Carcinoma In Situ- Making Informed Choices on Incorporating Chemoprevention into Care (MiCHOICE)	Standard Educational Materials about Breast Cancer Risk/Chemoprevention + Web Based Decision Support Tools	Patients must have atypical hyperplasia (AH) or lobular carcinoma in situ (LCIS) with no history of invasive breast carcinoma or ductal carcinoma in situ (DCIS) No prior selective estrogen receptor modulators or aromatase inhibitor usage	Open to Accrual