PI	CRC	Protocol No. and Title	Mechanism	Primary Inclusion/Exclusion Criteria	Status
Dr. Dayyani	Nicole Ferrand	UCI 19-49: Phase II Study of Cabozantinib Combined with Ipilimumab/Nivolumab and Transarterial Chemoembolization (TACE) in Patients with Hepatocellular Carcinoma (HCC) Who are not Candidates for Curative Intent Treatment	Cabozantinib (TKI) + Ipi/nivo (IO) + TACE	• Histologic or radiographic HCC diagnosis, not a candidate for resection or transplantation • Child-Pugh A-B7 (B7 based on albumin allowed) • Must have at least one measurable lesion (untreated or progressed after previous local treatment)	Open to accrual
Dr. Abi-Jaoudeh	Miranda Duron	UCI 20-84: Randomized Multi-Center, Subject and Evaluator Blinded, Parallel-Group Study to Evaluate the Safety and Effectiveness of the Instylla Hydrogel Embolic System (HES) Compared with Standard of Care Transcatheter Arterial Embolization (TAE) / Transcatheter Arterial Chemoembolization (cTACE) for Vascular Occlusion of Hypervascular Tumors; A Pivotal Study (INY-P-20-001)	Hydrogel embolic system vs SOC TAE/cTACE	• Subjects must be > 22 years old • CT/MRI-confirmed hypervascular tumor where TAE/cTACE is medically indicated, including but not limited to subjects with: 1) unresectable primary or metastatic hepatic cancer, 2) primary, metastatic, or benign renal tumors, 3) bone metastases, 4) adrenal tumors, 5) other hypervascular tumors • Must have at least one target lesion that is well-delineated, suitable for remeasurement, and demonstrates definitive arterial enhancement	Open to accrual
Advanced HCC - Locoregional					
Dr. Abi-Jaoudeh	Miranda Duron	UCI 21-206: A Prospective, Multicenter, Open-Label Single Arm Study Evaluating the Safety and Efficacy of Selective Internal Radiation Therapy (SIRT) Using SIR-Spheres Y-90 Resin Microspheres on Duration of Response (DoR) and Objective Response Rate (ORR) in Unresectable Hepatocellular Carcinoma (HCC) Patients (DOORwaY90 Study)	Y90 SIR-Spheres	• Treatment-naïve patients or patients who have developed a new lesion following one of these prior locoregional treatments: A) liver resection with negative margins, no microvascular invasion, and no recurrence at margins for at least 6 months post-treatment, no new lesins within 6 months of resection, B) ablation of single < 3 cm lesion with no recurrence of the treated lesion for at least 6 months • BCLC stage A, B1, B2, and C with maximal single tumor size of < 8 cm; sum of maximal tumor dimensions < 12 cm with the entire tumor burden amenable to treatment • No prior systemic treatment	Open to accrual

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Advanced/Metastatic HCC - Newly Diagnosed					
PI	**CRC**	**Protocol No. and Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Dr. Dayyani	Miranda Duron	UCI 20-79: A Phase Ib/II, Open-Label, Multicenter, Randomized Umbrella Study Evaluating the Efficacy and Safety of Multiple Immunotherapy-Based Treatment Combinations in Patients with Advanced Liver Cancers (Morpheus Liver)	anti-PD-L1 + anti-VEGF	• 1st line systemic treatment • Histology/cytology confirmed locally advanced or metastatic and/or unresectable HCC • Child-Pugh A • Prior local therapy allowed (required: untreated measurable lesion or locally treated lesion must have progressed per RECIST)	Open to accrual
Advanced/Metastatic HCC - Recurrent					
PI	**CRC**	**Protocol No. and Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Dr. Abi-Jaoudeh	Miranda Duron	UCI 16-94: Phase IIA Single-Arm Study of Treatment of Patients with Advanced Liver Cancer with a Combination of TATE (Transarterial Tirapazamine Embolization) Followed by an Anti- PD-1 Monoclonal Antibody	TATE in combination with checkpoint inhibitors nivolumab or pembrolizumab	• Metastatic colorectal cancer in liver or advanced HCC (BCLC C) • Prior therapy must be at least 4 weeks prior to enrollment and free from treatment-related toxicity	Suspended
Dr. Dayyani	Jasmine Balangue	UCI 22-106: A Phase 1b/2 Multicenter, Open-label Study to Evaluate the Safety and Efficacy of TTI-101 as Monotherapy and in Combination in Participants with Locally Advanced or Metastatic, and Unresectable Hepatocellular Carcinoma	STAT3 inhibitor ± pembo or atezo + bev	• Locally advanced, metastatic, and unresectable HCC • Cohort A, monotherapy: must have progressed on up to 3 prior lines of systemic therapy • Cohort B, pembro: no more than 1L of therapy and must have progressed after at least 3 months of anti-PD(L)1 therapy • Cohort C, atezo + bev: must be treatment naive to systemic therapy for advanced, mets, or unresectable disease • Cohorts A + B: biopsy required	Pending activation
Dr. Dayyani	Kristian Ghio	UCI 22-213: An Open-Label, Multicenter, Phase 1b/2 Study of E7386 in Combination With Pembrolizumab in Previously Treated Subjects With Selected Solid Tumors	Wnt/β-catenin ± pembro ± lenvatinib	• Phase 1: Melanoma, HCC, and CRC for which prior standard therapy has failed • Phase 2: • Melanoma: progressed after 1L of therapy containing one anti PD(L)1 (2L allowable if BRAF positive) • CRC: progressed after 2L - 4L of therapy containing a fluoropyrimidine, irinotecan, and EGFR or BRAF if RAS wt or BRAF mutated • HCC: progressed on only 1L of therapy in local/metastatic setting containing PD(L)1	Pending activation

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Biliary					
Adjuvant Cholangiocarcinoma					
PI	**CRC**	**Protocol No. and Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Dr. Jutric	Nicole Ferrand	ECOG-EA2197: Optimal Perioperative Therapy for Incidental Gallbladder Cancer (OPT-IN): A Randomized Phase II/III Trial	Adjuvant gem/cis vs neoadjuvant + adjuvant gem/cis	• Histologically confirmed T2 or T3 gall bladder cancer, discovered incidentally at time of or following routine cholecystectomy for presumed benign disease • Must have undergone initial cholecystectomy within 12 weeks prior to randomization • No evidence of metastatic or inoperable locoregional disease, confirmed via imaging, within 6 weeks prior to randomization	Open to accrual
Metastatic Cholangiocarcinoma					
Dr. Dayyani	Jasmine Balangue	ETCTN-10476: A Randomized Phase II Study of Combination Atezolizumab and CDX-1127 (Varlilumab) With or Without Addition of Cobimetinib in Previously Treated Unresectable Biliary Tract Cancers	Anti-PD-L1 + CD27 antagonist +/- MEK inhibitor	• Pathologically confirmed biliary tract cancer • Received at least 1 prior line of systemic therapy and received no more than 2 prior lines in the metastatic setting (disease recurrence < 6 months from last dose of adjuvant therapy in resected patients will be considered the first line of therapy) • Previous anti-CTLA-4, anti-PD-(L)1, or other checkpoint inhibitor therapy is exclusionary • Ampulla of Vater cancer is exclusionary	Suspended

Pancreas					
Borderline Resectable or Locally Advanced Pancreatic					
PI	**CRC**	**Protocol No. and Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Dr. Dayyani	Kristian Ghio	ETCTN-10366: A Phase I/II Study of M3814 (Peposertib) in Combination with Hypofractionated Radiotherapy for the Treatment of Locally Advanced Pancreatic Adenocarcinoma	M3815 (peposertib) and radiation therapy	• Locally advanced pancreatic adenocarcinoma • Received 4-6 months of induction chemotherapy with either FOLFIRINOX or gemcitabine/abraxane, as per SOC	Open to accrual
Dr. Imagawa	Nicole Ferrand	UCI 18-10: PACER (Pancreatic AdenoCarcinoma with Electron Intraoperative Radiation Therapy): A Phase II Study of Electron Beam Intraoperative Radiation Therapy Following Chemoradiation in Patients with Pancreatic Cancer with Vascular Involvement	Intraoperative radiation therapy	• Borderline/potentially resectable or locally advanced pancreatic adenocarcinoma • Previous completion of gemcitabine + nabpaclitaxel or FOLFIRINOX • Previous completion of SBRT or chemoradiation	Suspended

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Metastatic Pancreatic - Newly Diagnosed					
Dr. Valerin	Jasmine Balangue	ECOG-EA2186: A Randomized Phase II Study of Gemcitabine and NabPaclitaxel Compared with 5-Fluorouracil, Leucovorin, and Liposomal Irinotecan in Older Patients with Treatment Naïve Metastatic Pancreatic Cancer (GIANT)	Irinotecan liposome + leucovorin + 5-FU vs Gem + Abraxane	• 1st line systemic treatment for metastatic pancreatic adenocarcinoma • ≥ 70 years old	Open to accrual
Dr. Dayyani	Jasmine Balangue	UCI 21-156: A Phase II Study to Evaluate the Safety, Pharmacokinetics, and Clinical Activity of AZDO171 in Combination with Durvalumab and Chemotherapy in Participants with Locally Advanced or Metastatic Solid Tumors	Anti-LIF + anti-PD-L1 + chemotherapy	• 1st line treatment for locally advanced or metastatic pancreatic adenocarcinoma • Must provide archival tissue for CD8+ T-cell testing (must have >25% presence of CD8+ T-cells, tested via central lab) • Must not have received systemic treatment in the metastatic setting. Prior neoadjuvant or adjuvant chemotherapy is allowed if patient progressed > 12 months of the last dose	Open to accrual
Metastatic Pancreatic - Recurrent					
Dr. Valerin	Nicole Ferrand	SWOG-S2001: 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	PARP inhibitor ± anti-PD1	• Histologic or cytologic diagnosis of pancreatic adenocarcinoma with one of the following mutations: germline mutation in BRCA 1 or 2 (positive and/or deleterious) • Must have metastatic disease and received 16-24 weeks of 1L platinum-based chemotherapy (i.e. FOLFIRINOX, FOLFOX, or gemcitabine + cisplatin). • Must have CT/MRI showing stable or responding disease on 1L platinum-based chemotherapy within 30 days prior to registration • No prior therapies with anti-PD-(L)1 or anti-PD-L2 agents, or PARP inhibitors	Open to accrual
Dr. Valerin	TBD	UCI 22-171: A Phase I/II, First-In-Human, Multi-Part, Open-Label Study to Investigate the Safety, Tolerability, Pharmacokinetics, Biological and Clinical Activity of DF9001 as a Monotherapy and in Combination with Nivolumab in Patients With Advanced (Unresectable, Recurrent, or Metastatic) Solid Tumors, and Expansion in Selected Indications	EGFR TriNKET ± nivolumab	• Locally advanced or metastatic PDAC during **dose escalatio**n phase only with confirmed EGFR expression that has failed standard therapy • Measurable disease per RECIST 1.1 required • Pre- and on-treatment biopsy required	Pending activation

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Metastatic Pancreatic - Recurrent					
Dr. Dayyani	Miranda Duron	ETCTN-10402: BAY 1895344 Plus Topoisomerase-1 (Top1) Inhibitors in Patients with Advanced Solid Tumors, Phase I Studies with Expansion Cohorts in Small Cell Lung Carcinoma (SCLC), Poorly Differentiated Neuroendocrine Carcinoma (PD-NEC) and Pancreatic Adenocarcinoma (PDA)	BAY1895344+Topoisomerase-1 Inhibitors	• Biopsy proven metastatic or unresectable SCLC, PD-NEC (any extrapulmonary neuroendocrine carcinoma with small cell or large cell histology) or PDA and have progressed on at least one line of standard therapy. • Must have at least one measurable elsion outside of the lesion to be biopsied	Open to accrual
Dr. Dayyani	Nicole Ferrand	ETCTN-10522: A Phase I Clinical Trial of CA-4948 in Combination with Gemcitabine and Nab-Paclitaxel in Metastatic or Unresectable Pancreatic Ductal Carcinoma	CA-4948 in Comb w/ Gemcitabine and Nab-Paclitaxel	• Histologically or cytologically confirmed adenocarcinoma of the pancrease that is metastatic or unresectable and for which standard curative or palliative measures do not exist or are no longer effective • Diease progression on or after 5-FU-based therapy for metastatic or unresectable PDAC. Prior use of gemcitabine/nab-paclitaxel for metastatic or unresectable disease is not allowed	Open to accrual
Neuroendocrine Tumors (NET)					
Adjuvant NET					
PI	**CRC**	**Protocol No. and Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Dr. Valerin	Jasmine Balangue	SWOG-S2104: Randomized Phase II Trial of Postoperative Adjuvant Capecitabine and Temozolomide Versus Observation in High-Risk Pancreatic Neuroendocrine Tumors	Xeloda + Temozolomide vs Observation	• Well differentiated pancreatic neuroendocrine tumor (pNET) that was resected between 14 and 90 days prior to registration • Resection must have been an R0 or R1 per treating investigator's assessment and/or pathology report • Must have received resection/ablation of liver oligo-metastatic disease at the time of well-differentiated pNET resection • Must have Ki-67 testing performed during the surgical specimen collected beween 14 and 90 days prior to registration	Open to accrual

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Other					
Advanced Solid Tumors					
PI	**CRC**	**Protocol No. and Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Dr. Fachyi Lee	Keagan Buttigieg *714-456-7429*	UCI 19-57: Phase I, Open-Label, Multi-Center, First-In-Human Study of the Safety, Tolerability, Pharmacokinetics, and Anti-Tumor Activity of TPX-0022, A Novel Met/CSF1R/SRC Inhibitor, in Patients with Advanced Solid Tumors Harboring Genetic Alterations In Met	MET/CSF1R/SRC Inhibitor	Dose Escalation Phase: • Histological or cytological confirmation of advanced/metastatic solid tumors • MET alteration(s) including exon 14 deletion (METΔex14), amplification, fusion or activating kinase mutation • Resistant or intolerant to standard therapy or for whom curative therapy is not available	Open to accrual
Dr. Valerin	My Nguyen 714-509-2740	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, and Expansion in Selected Indications	DF1001 (monotherapy or combination therapy)	Dose Escalation Phase: Histologically/cytologically-proven locally advanced or metastatic solid tumors for which no standard therapy exists or standard therapy has failed • HER2 expression by IHC and/or erbb2 amplification and/or erbb2-activating mutations Dose Expansion Phase: • UBC Cohort: must have received only 1L platinum-containing regimen for inoperable locally advanced/metastatic urothelial carcinoma with PD/recurrence < 6 months after the last dose • MBC Cohort: no more than 3 prior lines of cytotoxic therapy for metastatic disease • Basket (HER2 3+) Cohort: HER2 3+ from biopsy < 6 months • Gastric and Esophagus Cohort: must have received only 1L in the metastatic setting. Excludes MSI-H. If HER2 low must have progressed under anti PDL1 w/in 6 months • NSCLC Cohort: must have progressed on platiunum doublet, or progressed w/in 6 months after platinum therapy. If HER2 low must have progressed under anti PDL1 w/in 6 months.	Open to accrual
Dr. Pakbaz	Judit Castellanos *714-509-2719*	UCI 20-127: A Phase III Randomized Placebo controlled Double-Blind Study of Romiplostim for the Treatment of Chemotherapy-Induced Thrombocytopenia in Patients Receiving Oxaliplatin-based Chemotherapy for Treatment of Gastrointestinal, Pancreatic, or Colorectal Cancer	Romiplostim/placebo for chemotherapy-induced thrombocytopenia	• Histologically or cytologically confirmed diagnosis of gastrointestinal, pancreatic, or colorectal adenocarcinoma • Subjects must be receiving one of the following regimens: an oxaliplatin-based chemotherapy regime, containing 5-FU or capecitabine plus oxaliplatin on a 14- or 21-day schedule, respectively • Subjects must have a platelet count of <75 x 10^9/L on study day 1 • Must be at least 14 days removed from the start of the chemotherapy cycle immediately prior to study day 1 if they received FOLFOX, FOLFIRINOX, or FOLFOXIRI; 21 days removed if they received CAPEOX	Open to accrual

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Other					
Advanced Solid Tumors					
Dr. Ou	Richard Chang 714-456-9279	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	RMC-5552 (mTORC1 inhibitor)	Dose-Escalation Phase: participants with relapsed or refractory solid tumors who have failed, or are intolerant to, or are considered ineligible for standard-of-care therapies Dose-Expansion Phase: participants with relapsed or refractory solid tumors harboring certain specific mutations/rearrangements that result in hyperactivation of the mTOR pathway (e.g. PIK3CA, PTEN, TSC1/2, STK11, MTOR, MYC, MAPK - please contact CRC for specific aberrations)	Open to accrual
Dr. Rezazadeh	Madina Popal	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	Dose Escalation Phase: • Diagnosis of advanced (primary or recurrent) or metastatic solid tumor with MAPK-pathway alterations (excluding BRAF V600X) Dose Expansion Phase: • Advanced or metastatic KRAS G12C of NSCLC or non-NSCLC with no available standard of care or curative therapies • Advanced or metastatic solid tumor with other MAPK-pathway alterations (excl. BRAF V600X) with no available standard of care or curative therapies	Open to accrual
Dr. Dayyani	Jasmine Balangue	UCI 21-10: A Phase I Dose-Escalation and Dose Expansion Study of TJ033721 in Subjects with Advanced or Metastatic Solid Tumors	Bispecific antibody (anti-CLDN18.2 + anti-4-1BB)	Dose Escalation Phase: • Histologically confirmed advanced or metastatic solid tumor whose disease has progressed despite standard therapy, or who has no further standard therapy, or is unsuitable for available standard treatment options • Subjects with HER2-positive GEJ cancer must have received prior anti-HER2 therapy • At least 1 measurable lesion per RECIST 1.1	Open to accrual

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Other					
Advanced Solid Tumors					
Dr. Ou	Jenny Choe *714-509-2522*	UCI 21-53: A Phase Ia/Ib Study of LY3537982 in Patients with KRAS G12C-Mutant Advanced Solid Tumors	KRAS-G12C inhibitor	• Measurable disease per RECIST v1.1; evidence of KRAS G12C in tumor tissue or ctDNA • Phase 1a Dose Escalation: patients must have progressed through or be intolerant to all therapies known to confer clinical benefit, or have refused therapy	Open to accrual
Dr. Parajuli	Kristen Mueller	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	Bispecific antibody (anti-HER2) + CD47-blocking infusion protein	• Locally advanced and/or metastatic HER2-expressing cancer as follows: Parts 1 and 2: HER2-positive breast cancer, HER2-low breast cancer Part 2 (Cohort 3): HER2-positive gastroesophageal adenocarcinoma; other HER2-overexpressing non-breast cancers • Progression after or during most recent systemic treatment for advanced cancer	Open to accrual
Dr. Dayyani	Miranda Duron	UCI 21-146: An Open-Label, Multi-Center, Phase I/II Dose Escalation and Expansion Study to Assess the Safety, Tolerability, Anti-Tumor Activity and Pharmacokinetics of MRG004A in Patients with Tissue Factor Positive Advanced or Metastatic Solid Tumors	anti-Tissue Factor monoclonal antibody-BCN-vcMMAE conjugate	• Unresectable or metastatic cancer with disease progression during prior therapy, or relapse or progression following approved standard therapy for their tumor types (Part A: solid tumors, Part B: pancreatic, cervical, endometrial, bladder, TNBC) • Measurable disease per RECIST v1.1 • For Part B patients: documented Tissue Factor (TF) presence in tumor biopsy specimens, obtained from archival or re-biopsy specimens by IHC	Open to accrual
Dr. Dayyani	Nicole Ferrand	UCI 22-26: Open-Label, Multicenter, Phase I Study to Evaluate the Maximum Tolerated Dose of Orally Administered CB-03-10 with Dose Expansion Phase, in Subjects with Advanced Solid Tumors	Androgen and glucocorticoid receptor antagonist	• Part 1 (Dose Escalation): histologically or cytologically confirmed relapsed or refractory advanced or metastatic solid tumor of any origin, not amenable to standard of care therapy • Measurable or evaluable disease per RECIST v1.1 criteria • Exclusion: Known brain metastases, spinal cord compression, carcinomatous meningitis or leptomeningeal disease unless appropriately treated and neurologically stable for > 4 weeks	Open to accrual

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Other					
Advanced Solid Tumors					
Dr. Ou	Keagan Buttigieg 714-456-7429	UCI 22-87: Phase 1/1b Multicenter Open-Label Study of RMC-6236 in Subjects with Advanced Solid Tumors Harboring Specific Mutations in KRAS	KRASG12A, G12D, G12R, G12S, or G12 Inhibitor	• Subjects with histologically documented other-cancer specific inclusion (including PDAC) • Pathologically documented, locally advanced or metastatic malignancy with KRASG12A, KRASG12D, KRASG12R, KRASG12S, or KRASG12V mutations • Must have failed at least one prior line of therapy	Pending activation
Dr. Ou	Richard Chang 714-456-9279	UCI 22-88: Phase 1/1b, Multicenter, Open-Label, Dose Escalation and Dose Expansion Study of RMC-6291 Monotherapy in Subjects with Advanced KRASG12C Mutant Solid Tumors	KRAS-G12C inhibitor	Dose Escalation • Subjects with any solid tumor histology with a KRAS G12C mutation, excluding CNS tumors • Measurable or evaluable disease per RECIST v1.1 criteria Dose Expansion - CRC and NSCLC only	Open to accrual
Dr. Chow	My Nguyen 714-509-2740	UCI 21-208: An Open-Label, Multicenter, Phase I Study of IGM-8444 as a Single Agent and in Combination in Subjects with Relapsed and/or Refractory Solid Cancers	anti-DR5 targeting pentameric Igm antibody IGM-8444	Dose Escalation • Histologic or cytologic documentation of incurable, locally advanced, or metastatic cancer who are refractory/intolerant to standard therapy or who have no further standard therapy • No more than three prior therapeutic regimens • No prior DR5 agonist therapy or Bcl-family inhibitor Dose Expansion includes non-Hodgkin's Lymphoma, CRC, NSCLC, Sarcoma and Gastric	Open to accrual
Dr. Moyers	Bao Huynh 714-509-6233	UCI 21-247: First-in-Human, Multicenter, Open-Label, Phase 1 Dose-Escalation and Cohort Expansion Study to Evaluate the Safety, Tolerability, and Pharmacokinetics of TAB004 as Monotherapy and in Combination with Toripalimab in Subjects with Advanced Solid Malignancies including Lymphoma	IgG4K mAb specific to BTLA	• Part A: Advanced solid malignancies + lymphoma • Part B: Recevied at least 1L of treatment. Includes Lymphoma, Melanoma, NSCLC and other tumor types with sponsor approval • Part C: Recevied at least 1L of treatment. • Part D: Recevied at least 1L of treatment. Includes lymphoma, melanoma, NSCLC, RCC, UC	Pending activation
Dr. Dayyani	Jasmine Balangue	UCI 22-38: A Phase 1b/2, Multicenter, Open-label Basket Study Evaluating the Safety and Efficacy of Bemarituzumab Monotherapy in Solid Tumors with FGFR2b Overexpression (FORTITUDE-301)	FGFR2b inhibitor	• Includes the following cancer types and required lines of prior therapy: HNSCC 1L, Esophageal SCC 1L, Triple-negative breast 2L, PDAC 1L, intrahepatic cholangiocarcionma 1L, CRC 2L, platinum resistant ovarian carcinoma 1L, endometrial 1L, cervical 1L, other solid tumors 1L • FGFR2b overexpression by central IHC	Open to accrual

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Other					
Advanced Solid Tumors					
Dr. Valerin	Jasmine Balangue	UCI 22-75: First in Human Phase 1/2 Trial of ELI-002 7P Immunotherapy as Treatment for Subjects with Kirsten Rat Sarcoma (KRAS)/Neuroblastoma RAS viral oncogene homolog (NRAS) Mutated Solid Tumors	KRAS/NRAS vaccine	• Histologically/cytologically confirmed solid tumor, centrally tested for RAS mutation • Following chemotherapy and surgical resection, subject must have R0 or R1 margins and radiographic NED • Phase I: high risk of relapse evidenced by positive ctDNA or high/rising tumor markers	Pending activation
Dr. Dayyani	Krissy Ghio	UCI 22-213: An Open-Label, Multicenter, Phase 1b/2 Study of E7386 in Combination With Pembrolizumab in Previously Treated Subjects With Selected Solid Tumors	Wnt/β-catenin ± pembro ± lenvatinib	• Phase 1: Melanoma, HCC, and CRC for which prior standard therapy has failed • Phase 2: • Melanoma: progressed after 1L of therapy containing one anti PD(L)1 (2L allowable if BRAF positive) • CRC: progressed after 2L - 4L of therapy containing a fluoropyrimidine, irinotecan, and EGFR or BRAF if RAS wt or BRAF mutated • HCC: progressed on only 1L of therapy in local/metastatic setting containing PD(L)1	Pending activation
Dr. Tewari	TBD	UCI 22-42: Phase I/II, Open-label Dose Escalation and Dose Expansion Study of TransCon TLR7/8 Agonist, Alone or in Combination with Pembrolizumab in Participants with Locally Advanced or Metastatic Solid Tumor Malignancies	TLR7/8 Agonsit ± pembrolizumab	• Part 1: Histologically confirmed locally advanced, recurrent or metastatic solid tumor that cannot be treated w/curative intent and have progressed/been intolerant to SOC treatment • Part 2: selected tumor types include melanoma, MCC, HNSCC, anal, vulvar, penile, vaginal, cervial, gastric/GEJ, TNBC, MSI-H or d-MMR, TMB-H, HCC, and NSCLC w/no more than 2 lines of therapy in the LA, unresectable, or metastatic setting • Must have 2 measurable lesions per RECIST 1.1 unless otherwise indicated	Pending activation
Dr. Dayyani	TBD	UCI 22-37: A Phase Ia/Ib Open-Label Study to Assess the Safety, Pharmacokinetics, and Antitumor Activity of Oral TACH101 in Patients with Advanced or Metastatic Solid Tumors	KDM4C inhibitor	• Advanced or metastatic solid tumor that has progressed or was non-responsive or intolerant to available therapies and for which no standard or available curative therapy exists • Measurable according to Response Evaluation Criteria in Solid Tumorts (RECIST) v 1.1	Pending activation

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Other					
Non-Treatment Trials (Correlative, Basic Science, Observational)					
PI	**CRC**	**Protocol No. and Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Dr. Imagawa	Spencer Ninofranco	UCI 03-03: Immunologic Factors Affecting Outcomes in Patients with Liver Cancer	Immunologic response analysis	• Primary or metastatic liver cancer, scheduled for surgery with Dr. Imagawa or Dr. Demirjian	Open to accrual
Dr. Jutric	Spencer Ninofranco	UCI 08-70: Establishment of a multidisciplinary pancreatic tumor biorepository and integrated clinical database	Biobank	• Pancreatic lesion suspicious of cancer	Open to accrual
Dr. Waterman	Spencer Ninofranco	UCI 20-04: University of California Minority Patient-Derived Xenograft (PDX) Development and Trial Center (UCaMP) to Reduce Cancer Health Disparities	Tissue collection	• Patient receiving treatment for the above 4 cancers (bladder cancer, lung cancer, gastric/stomach cancer, and liver cancer)	Open to accrual
Dr. Senthil	Corrinne Matton	UCI 20-101: Prospective Study to Assess the Role of Plasma Exosomal PD-L1 to Predict Response to Immune Checkpoint Inhibition in Melanoma and Solid Organ Malignancies	Biospecimen collection for patients planned to start treatment	• Must have immunotherapy-naïve histologically, radiologically, or cytologically confirmed cancer (e.g. melanoma, HCC, colorectal, appendix or gastric cancer) • Must have measurable disease at time of enrollment	Open to accrual
Dr. Abi-Jaoudeh	Natalie Arechiga	UCI 21-103: Registry to Evaluate Effectiveness and Safety of the NanoKnife System for the Ablation of Stage 3 Pancreatic Adenocarcinoma	Registry study	• Cytologically or pathologically confirmed stage 3 pancreatic carcinoma • Maximum axial and anterior to posterior tumor dimension of <3.5 cm after SOC • Patient has received 3 months of SOC therapy per institution's guidelines; no evidence of disease progression • Patient must be deemed eligible for IRE and receive ablation using the NanoKnife system	Open to accrual

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