UCI Chao Family Comprehensive Cancer Center

Lung Clinical Trials

Single Mutation-Driven Trials					
PI	**CRC**	**Protocol # / Title**	**Mutation**	**Primary Inclusion/Exclusion Criteria**	**Status**
Ou	Jenny Choe	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 rearrangement or mutation	PART 2: Any patient with RET altered solid tumor (including RET-fusion positive NSCLC or RET-mutant MTC) eligible for Cohort 6. Patients who otherwise are eligible for Cohorts 1-5 who discontinued another RET inhibitor due to intolerance may be eligible with prior Sponsor approval. Cohorts 1 and 3: failed or intolerant to standard of care; Cohorts 2 and 4: without prior standard-first line therapy.	Phase 2: Cohorts 1,2,5 Open (Slot assignment required prior to screening)
Nagasaka	Richard Chang	UCI 21-234: An Open-label, Randomized, Multicenter, Phase 3 Study to Assess the Efficacy and Safety of Trastuzumab Deruxtecan as First-line Treatment of Unresectable, Locally Advanced, or Metastatic NSCLC Harboring HER2 Exon 19 or 20 Mutations (DESTINY-Lung04)	HER2	INCLUSION: Treatment-naïve for palliative intent systemic therapy in locally advanced or metastatic disease and medically fit to receive first-line treatment. Prior treatment for early-stage disease permitted. Systemic treatment (neo-adjuvant, adjuvant, or chemoradiotherapy) w/ platinum-based regimens early-stage disease is permitted if last dose of platinum chemo was given at least 6 months before the date of first study intervention. EXCLUSION: Mixed small-cell lung cancer, squamous histology NSCLC, and sarcomatoid histology variant NSCLC. Tumors that harbor targetable alterations to EGFR (or other targetable mutations including but not limited to ALK, if routinely tested as a targetable alteration with approved available therapy).	Open to Accrual
Nagasaka	Jenny Choe	UCI 22-59: Phase III, Double-Blind, Randomized, Placebo-Controlled, International Study to Assess the Efficacy and Safety of Adjuvant Osimertinib Versus Placebo in Patients with EGFR Mutation-Positive Stage IA2-IA3 Non-Small Cell Lung Cancer, Following Complete Tumour Resection (ADAURA2)	EGFR	INCLUSION: tumour which harbours one of the 2 common EGFR mutations known to be associated with EGFR-TKI sensitivity (Ex19del, L858R), either alone or in combination with other EGFR mutations (eg, T790M, G719X, Exon20 insertions, S7681 and L861Q). EXCLUSION: Prior (neoadjuvant or adjuvant) treatment with any anticancer therapy for NSCLC (including chemotherapy, radiotherapy, immunotherapy, and EGFR-TKIs). Participants with incomplete (R1/R2) resection, or who have undergone pneumonectomy, bilobectomy or only wedge resection.	Open to Accrual
Nagasaka	Richard Chang	UCI 22-121: A Phase I/II, Open-Label, Multi-Center Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Anti-Tumor Activity of JIN-A02 in Patients with EGFR Mutant Advanced Non-Small Cell Lung Cancer	EGFR	INCLUSION: Subjects with disease progression after receiving standard anticancer therapy, including approved EGFR-TKI therapeutics and/or up to 1 time platinum-based anticancer chemotherapy. For Part C dose expansion phase, approved EGFR-TKI with activity against T790M mutant such as Osimertinib must be included. EXCLUSION: NSCLC with mixed squamous cell histology and tumor with histological transformation (presence of transition from NSCLC to SCLC and epithelial mesenchymal transition). For Part C: all Cohorts except for Cohort 4- Subjects without CNS metastasis.	New waiting for RRI signoff
Ou	Richard Chang	UCI 22-88: Phase I/IB, Multicenter, Open-Label, Dose Escalation and Dose Expansion Study of RMC-6291 Monotherapy in Subjects with Advanced KRASG12C Mutant Solid Tumors	KRAS G12-C	INCLUSION: For Part 1 - Dose Escalation, subjects with any KRASG12C solid tumor histology will be enrolled; For backfill cohorts of Part 1 - Dose Escalation, only subjects with a KRASG12C-mutant tumor who have not been previously exposed to a KRASG12C inhibitor (KRASG12Ci-naïve) will be enrolled; For Part 2 - Dose Expansion, subjects with KRASG12C NSCLC and CRC who are KRASG12Ci-naïve will be enrolled. EXCLUSION: Please review I/E Criteria for further.	Open to Accrual

Oliver Quines - 714-456-6244
Keagan Buttigieg - 714-456-7429
Celest Ramirez - 714-509-2738
Jenny Choe - 714-509-2522
Richard Chang - 714-456-8279
Cynthia Gonzalez - 714-509-2431

UCI Chao Family Comprehensive Cancer Center

Lung Clinical Trials

Single Mutation-Driven Trials					
Ou	Celest Ramirez	UCI 18-78: A Phase I/II Multiple Expansion Cohort Trial of MRTX849 in Patients with Advanced Solid Tumors with KRAS G12C Mutation	KRAS G12C	Solid tumor malignancy; unresectable or metastatic disease; no available treatment or patient declines therapy EXCEPT phase 2, patients must have received at least platinum chemotherapy and checkpoint inhibitor therapy	Certain Phase 1b cohorts and Phase 2 Cohort D/E/F. Open to Accrual (Slot assignment required prior to screening)
Ou	Richard Chang	UCI 19-132: Single-Arm Study of Lorlatinib in Participants with Anaplastic Lymphoma Kinase (ALK)-Positive Non-Small Cell Lung Cancer (NSCLC) Whose Disease Progressed After One Prior Second-Generation ALK Tyrosine Kinase Inhibitor (TKI)	ALK rearrangement	Metastatic NSCLC with disease progression after first-line alectinib or certinib. Prior chemotherapy allowed if done prior to alectinib/certinib. Measurable disease per RECIST 1.1. Asymptomatic CNS metastases OK, including patients on stable or decreasing steroid use.	Open to Accrual (slot request prior to screening)
Ou	Richard Chang	UCI 20-141: Phase I Dose-Escalation and Dose-Expansion Study Evaluating the Safety, Pharmacokinetics, and Activity of GDC-6036 in Patients with Advanced Solid Tumors with a KRAS G12C Mutation	KRAS G12C	KRAS G12C Patients including but not limited to NSCLC/CRC. Measurable or evaluable disease per RECIST 1.1. Fresh or archival tissue required at screening. NSCLC and CRC patients must not have known concomitant second oncogenic drivers. CNS metastases OK if asymptomatic, previously treated, and doesn't require corticosteroid treatment.	Open to Accrual (slot request prior to screening)
Ou	Cynthia Gonzalez	UCI 20-133: Phase I/II Study of the Selective RET Inhibitor TAS0953/HM06 in Patients with Advanced Solid Tumors with RET Gene	RET Gene Abnormalities	INC: RET gene abormalities determined by Tissue biopsy or liquid biopsy. Documentation of progression of disease following existing therapies. EXC: Presence of known EGFR, KRAS, ALK, HER2, ROS1, BRAF and METex14 activating mutations.	Open to Accrual
Ou	Keagan Buttigieg	UCI 21-47: A Phase I/II Study of the Highly Selective ROS1 Inhibitor NUV=520 in Patients with Advanced NSCLC and Other Solid Tumors	ROS1	Inc: Histologically or cytologically confirmed locally advanced or metastatic solid tumor with documented ROS1 rearrangement. PT with ROS1 fusion received at least 1 prior ROS1 TKI other ROS1-positive solid tumors must have progressed on any prior therapy (includes, but is not limited to, patients who have progressed on prior ROS1 TKIs). Any number of prior platinum-based chemotherapies with or without immunotherapy is allowed. Cohort 2a: naive to TKI therapy and up to one prior platinum based chemo w/wo immuno. Cohort 2b: received 1 prior ROS1 TKI therapy (crizotinib or entrectinib) no prior platinum based chemo or mmunotherapy. Cohort 2C: 1 prior ROS1 TKI therapy and 1 prior platinum based chemo or immuno. Cohort 2D: 2prior ROS1 TKI and up to 1 prior platinum based chemo w/wo immuno. Cohort 2E: progressed on any prior therapies	Open to accrual
Ou	Jenny Choe	UCI 21-53: A Phase Ia/Ib Study of LY3537982 in Patients with KRAS G12C-Mutant Advanced Solid Tumors	KRAS G12-C	Inc: Evidence of KRAS G12C mutation in tissue or circulating tumor DNA. Phase 1B dose expansion must not have known targetable oncoenic such as EGFR, ALK, BRAF(V600e), MET(Exon14), ROS1, RET, or NTRK1,2,3. EXC: PT has disease suitable or local therapy administered with curative intent.	Open to Accrual
Nagasaka	Richard Chang	UCI 21-13: Phase I/II Study of the Safety, Pharmacokinetics, and Preliminary Clinical Activity of BT5528 in Patients with Advanced Malignancies Associated with EphA2 Expression	EphA2	Inc: All patients must have tumor tissue fresh or archived available of EphA2 tumor expression. If without tissue to test mutations, patients must get a fresh tissue biopsy for central confirmation. Exc: Chemo treatments within 14 days prior to first dose of study treatment. Other anticancer therapies treatments within 28 days or 5 half lives whichever is shorter. For Immunotherapy including check point inhibitor treatments within 28days prior to first dose. EXC: Experimental treatments within 4 weeks of first dose of BT5528 study treatment	Open to Accrual
Nagasaka	Cynthia Gonzalez	UCI 21-151: A Phase III, Open-Label, Randomized Study of Amivantamab and Lazertinib in Combination with Platinum-Based Chemotherapy Compared with Platinum-Based Chemotherapy in Patients with EGFR-Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer After Osimertinib Failure	EGFR	INC: Participants must have histologically or cytologically confirmed locally advanced or metastatic non squamous NSCLC by either EGFR exon 19del or exon 21 L858R mutation. Participants must have progressed on or after monotherapy as the most recent line of treatment. Osimertinib must have been administered as either first line treatment for locally advanced or metastatic disease or in the second-line setting after prior treatment with first- or second-generation EGFR TKI monotherapy. Participants who received either neoadjuvant and/or adjuvant treatment of any type are eligible if progression to locally advanced or metastatic disease occurred at least 12 months after the last dose of such therapy.	Open to Accrual
Ou	Keagan Buttigieg	UCI 21-241: A Phase I/II Study of the Selective Anaplastic Lymphoma Kinase (ALK) Inhibitor NVL-655 in Patients with Advanced NSCLC and Other Solid Tumors (ALKOVE-1)	ALK	INC: Histologically or cytologically confirmed locally advanced or metastatic solid tumor with a documented ALK rearrangement or activating ALK mutation detected by certified assay (i.e. CLIA in the US). ***Please refer to Inclusion criteria to determin criteria for each cohorts open	Open to Accrual

Oliver Quines - 714-456-6244
Keagan Buttigieg - 714-456-7429
Celest Ramirez - 714-509-2738
Jenny Choe - 714-509-2522
Richard Chang - 714-456-8279
Cynthia Gonzalez - 714-509-2431

Lung Clinical Trials

Multiple Mutation-Driven Trials					
PI	**CRC**	**Protocol # / Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Ou	Jenny Choe	UCI 20-42: A Phase I, Open-Label, Multi-Center, Dose-Finding, Pharmacokinetic, Safety and Tolerability Study of PF-07265807 in Participants with Selected Advanced or Metastatic Solid Tumor Malignancies	Solid tumor malignancies	Patients wil cervical cancer, gastric cancer, esophageal cancer, endometrial cancer, HCC, melanoma, Merkal cell carcinoma, MSI-H tumors, NSCLC, HNSCC, SCLC, RCC, or urothelial carcinoma for whom no standard therapy is available or patient refused standard therapy. Known symptomatic brain metastases excluded.	Open to Accrual (slot assignment required): Cohort 1, 7, 8
Nagasaka	stephanie Fernandez	UCI 16-79: 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)	ROS1, NTRK1, NTRK2, NTRK3 rearrangement	**INCLUSION:** Histologically or cytologically confirmed diagnosis of locally advanced or metastatic solid tumor (including non-Hodgkin Lymphoma and primary CNS tumors) that harbor an ALK, ROS1, NTRK1, NTRK2, or NTRK3 gene rearrangement as by any nucleic acid based diagnostic testing, FISH and Immunohistochemistry (IHC). All subjects must have archival tissue sample or de novo sample available and collected prior to enrollment. At least 7 days or 5 half-lives (whichever is shorter) must have elapsed since completion of treatment with the last ALKi, ROS1i, or TRKi prior to starting treatment with TPX-0005 for subjects enrolling into the TKI-refractory expansion cohorts. All side effects from prior treatments with ALKi, ROS1i, and TRKi must have resolved to grade ≤ 1 prior to starting treatment with TPX 0005; however, the most immediate treatment prior to enrollment does not have to be a TKI.Prior ALKi allowed include crizotinib, ceritinib, alectinib, brigatinib, lorlatinib, ensartinib, ASP3026, TSR- 011. Prior ROS1i allowed include crizotinib, ceritinib, lorlatinib, brigatinib, entrectinib, ensartinib, DS6051b, ASP3026, cabozantinib. Prior TRKi allowed include entrectinib, larotrectinib, LOXO-195, DS6051b. Crizotinib is not considered a TRKi for the purpose of this trial. Other prior ALKi, ROS1i, and TRKi not listed above may be allowed after discussion with TP Therapeutics **EXCLUSION:** Symptomatic brain metastases or leptomeningeal involvement.	Phase 2 Open to Accrual
Ou	Keagan Buttigieg	UCI 19-03: Ph I Study of JNJ-61186372 in Subjects with Non-Small Cell Lung Cancer	EGFR, CMET amplification	Part 1 Chemotherapy Combination Cohort: Subjects must have histologically or cytologically confirmed NSCLC that is metastatic or unresectable and be eligible for treatment with combination carboplatin and pemetrexed, in accordance with standard of care, and be willing to receive additional investigational therapy with JNJ-61186372. for patients who are 800 kg and over. Part 2 Cohort MET-2: Subjects with NSCLC abd documented primary MET exon 14 skipping mutation.	Suspended
Ou	Keagan Buttigieg	UCI 19-64: A Phase I/II Study of MCLA-128, a Full Length IgG1 Bispecific Antibody Targeting HER2 and HER3, in Patients with Solid Tumors	HER2, HER3, NRG1	Inc: Patients received prior standard therapy or opinion of the Investigator, unlikely tolerate or derive clinically meaningful benefit from standard of care therapy. Locally-advanced unresectable or metastatic solid tumor malignancy documented NRG1 gene fusion, identified through PCR, next generation sequencing-based assays [DNA or RNA], or FISH performed at CLIA or other similarly-certified laboratories.	Open to Accrual
Ou	Jenny Choe	UCI 19-65: A Phase I/II, Open-Label, Multicenter Study to Assess the Safety, Tolerability, Pharmacokinetics and Anti-tumor Efficacy of DZD9008 in Patients with Advanced Non-Small Cell Lung Cancer (NSCLC) with EGFR or HER2 Mutation	EGFR or HER2	Part A: Patients confirmed locally advanced or metastatic NSCLC with EGFR or HER2 mutations; must have relapsed from, refractory to, or are intolerant to prior standard therapy. Sufficient archival/fresh tumor tissue required at screening. Measurable disease per RECIST 1.1. Brain metastasis OK if stable, asymptomatic, and doesn't require corticosteroid treatment.	Part A expansion and Part B open for accrual (Slot assignment required prior to screening)

Oliver Quines - 714-456-6244
Keagan Buttigieg - 714-456-7429
Celest Ramirez - 714-509-2738
Jenny Choe - 714-509-2522
Richard Chang - 714-456-8279
Cynthia Gonzalez - 714-509-2431

Lung Clinical Trials

Multiple Mutation-Driven Trials					
Ou	Oliver Quines	UCI 20-119: An Open-Label Phase I/Ib Study to Evaluate the Safety and Pharmacokinetics of JNJ-73841937 (Lazertinib), a Third Generation EGFR-TKI, as Monotherapy or in Combinations with JNJ-61186372, a Human Bispecific EGFR and cMet Antibody in Participant	EGFR, EGFR exon 19del or L858R, rare EGFR mutations	Patients must have metastatic/unresectable EGFR-mutated NSCLC. Phase 1/1b combination: EGFR mutated, must have progressed after SOC therapy, exhausted all available options with targeted therapy, or refused all currently available therapies. Lazertinib + Amivantamab + chemo cohort: Must have progressed on or after an EGFR TKI as most recent line of treatment. Maximum 3 prior lines of tx in metastatic setting allowed. Expansion cohort A: EGFR exon 19 del or L858R mutated, progressed on prior treatment with osimertinib and platinum-doublet chemotherapy for metastatic disease. Expansion Cohort B: documented primary EGFR Exon 20ins activating mutation Expansion Cohort C: uncommon non-Exon 20ins activating mutation. May be treatment naive or treated with 1 prior line of tx (must be 1st/2nd gen TKI). Expansion Cohort D: EGFR Exon19 deletion or L858R) that has progressed on prior treatment with osimertinib in 1L/2L as immediate prior line of therapy. Measurable or evaluable disease required (cohort-dependent). Brain mets OK if asymptomatic or doesn't require treatment.	Open to Accrual LACP Cohort closed. Cohorts C open only
Ou	Keagan Buttigieg	UCI 20-195: Phase I/II Dose Escalation and Expansion Study Evaluating MCLA-129, a Human Anti-EGFR and Anti-C-MET Bispecific Antibody, in Patients with Advanced NSCLC and Other Solid Tumors	Activating EGFR mutations/amplifications, activating cMET mutation/amplification	Patients who have progressed on SOC treatment or are ineligible for, or have refused all other available therapeutic options. Measurable disease per RECIST. Untreated or symptomatic CNS metastases is excluded.	Open to Accrual (Slot assignment required prior to screening)
Ou	Jenny Choe	UCI 21-27: APh I/II Study Targeting Acquired Resistance Mechanisms in Patients with EGFR Mutant NSCLC	EGFR	Inc:previously received at least 1 prior EGFR-targeted TKI with activity against the T790M mutation, such as osimertinib. Phase 1, Part 1B, and Phase 2 group 4: Patients must have experienced progressive disease while on osimertinib. EXC: EGFR-targeted TKI within 7 days prior to the first dose of study drug. Note: patients in Phase 1 Part 1B and Phase 2 Group 4 do not require a wash-out period for osimertinib. EXC: Immunotherapy or antibody within 28 days prior to first dose. Any other systemic anticancer therapy within 14 days or 5 half-lives prior to the first dose of study drug, whichever is the shortest, but with a minimum of 7 days in all circumstances	Open to Accrual (Slot assignment required prior to screening)
Ou	Richard Chang	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	PIK3CA/TSC 1 / 2 / STK11 / MTOR / MYC Amplificaiton	INCLUSION: Dose Expansion Phase at RP2D, subjects must have one of the following molecular aberrations, •Cancers w/ hotspot PIK3CA mutations or phosphatase and tensin homolog (PTEN) loss of function.•Cancers w/ tuberous sclerosis complex subunit 1/2 (TSC1/2) or serine/threonine kinase 11 (STK11) loss of function or MTOR mutations.•Cancers w/ amplification of MYC (MYC proto-oncogene, bHLH transcription factor).•No oncogenic driver co-mutation of mitogen-activated protein kinase (MAPK) pathway. Exclusion: Treatment w/ chemo or TKI within 14 days or 5 half-lives (for nitrosourea and mitomycin C within 6weeks of C1D1 whichever is longer.	Open to Accrual (Slot assignment required prior to screening)
Ou	Stephanie Fernandez	UCI 22-145: Lorlatinib (PF-06463922) Continuation Protocol: An Open-Label, Single-Arm Continuation Study for Participants with ALK-Positive or ROS1-Positive Non-Small Cell Lung Cancer (NSCLC) Continuing From Pfizer Sponsored Lorlatinib Clinical Studies	ALK-Positive/ROS1-Positive	INCLUSION: Any participant receiving study treatment and deriving clinical benefit (as determined by the Principal Investigator) in a Pfizer-sponsored Lorlatinib Parent Study. EXCLUSION: Any medical reason that, in the opinion of the Investigator or Sponsor, precludes the participant from inclusion in the study.	Open to Accrual

Oliver Quines - 714-456-6244
Keagan Buttigieg - 714-456-7429
Celest Ramirez - 714-509-2738
Jenny Choe - 714-509-2522
Richard Chang - 714-456-8279
Cynthia Gonzalez - 714-509-2431

UCI Chao Family Comprehensive Cancer Center

Lung Clinical Trials

Non-Treatment Trials					
PI	**CRC**	**Protocol # / Title**	**Mechanism**	**Primary Inclusion/Exclusion Criteria**	**Status**
Non-mutation driven Trials / Correlative					
Ou	Cynthia Gonzalez	UCI 20-158: A Phase II Study of Nivolumab Plus Relatlimab in Combination with Chemotherapy vs. Nivolumab in Combination with Chemotherapy as First Line Treatment for Subjects with Stage IV or Recurrent Non-Small Cell Lung Cancer		INCLUSION: Histologically confirmed metastatic NSCLC of squamous (SQ) or non-squamous (NSQ) histology with Stage IV or recurrent disease following multi-modal therapy for locally advanced disease. Tissue Block to cut 20 unstained slides of tumor tissue from core biopsy, punch biopsy, exicisional biopsy or surgical specimen during screening prior to enrollment. EXCLUSION: Participants with EGFR, ALK, or ROS-1 mutations which are sensitive to available targeted inhibitor therapy. All participants with NSQ histology must have been tested for EGFR, ALK, or ROS-1 mutation status. Participants with NSQ histology and unknown EGFR, ALK, or ROS-1 status are excluded.	Part 1 closed to Accrual. Part 2 pending re-opening
Ou	Celest Ramirez	UCI 21-38: An Open Label, First in Human (FIH), Phase I Trial of LVGN6051 as Single Agent and in Combination with Keytruda (Pembrolizumab) in Advanced or Metastatic Malignancy		INCLUSION: Patients in the Phase 1b portion of the trial must have a histologically or cytologically confirmed melanoma, NSCLC, GI malignancy, or lymphoma that is metastatic or unresectable. GI malignancies may include colorectal, biliary tract, gastric/GE junction, pancreatic, small intestine, or esophageal cancers	Open to Accrual
Nagasaka	Cynthia Gonzalez	UCI 21-218: A Phase IB Study Evaluating the Safety, Tolerability, Pharmacokinetics, and Efficacy of Bemarituzumab Monotherapy and Combination with Docetaxel in Subjects with Squamous-Cell Non-Small-Cell Lung Cancer (FORTITUDE-201)		INC: Pathologically confirmed squamous cell lung carcinoma. Patients with mixed histology (eg, adenosquamous) are allowed if there is a squamous component in the specimen.Part 2, 3, and 4 only: FGFR2b overexpression as determined by centrally performed IHC testing. Subject may or may not have received prior therapy for locally advanced and unresectable or metastatic disease depending on the study Part.	Open to Accrual
Nagasaka	Jenny Choe	UCI 21-62: Phase I/II Study Investigating Safety, Tolerability, Pharmacokinetics and Preliminary Antitumor Activity of Anti-TIM-3 Monoclonal Antibody BGB-A425 in Combination with Anti-PD-1 Monoclonal Antibody Tislelizumab in Patients with Advanced Solid Tumors		INC: Phase 1 and Phase 2 safety lead-in: Patients with histologically or cytologically confirmed advanced, metastatic, unresectable solid tumors who have previously received standard systemic therapy. Patient has not received prior therapy targeting TIM-3 and/or LAG-3. EXC: For Exclusion criteria please reach out to Clinical Research Coordinator to confirm which cohort is open and which disease is accepted into trial.	Open to Approval
Nagasaka	Celest Ramirez	UCI 21-161: A Phase I/II Dose Escalation and Dose Expansion Study of BA3021 Alone and in Combination with Nivolumab in Patients with Advanced Solid Tumors		INC: Patients must have histologically or cytologically confirmed metastatic cancer of any histology. There must be a lung tumor present, although the lung tumor does not specifically need to have been biopsied. Patients must have advanced disease (stage IV) or previously treated disease that has become progressive, recurrent, or metastatic. Patients may have received any number of prior systemic or local therapies. There will be no prespecified washout period prior to IRE. However, systemic therapy will be halted while receiving IRE and radiation, and can be restarted following completion of radiation therapy. EXC: Patients may not be receiving any other investigational agents 2 weeks prior to enrollment and until end of all therapeutic interventions.	Open to Accrual
Harris	Richard Chang	NRG-LU007: Randomized Phase II/III Trial of Consolidation Radiation + Immunotherapy for ES-SCLC: RAPTOR Trial		INC: Any confirmation (cytologic, histologic, or pathologic) of extensive stage small cell lung cancer at any site, either primary or metastases. Patients must have at least 3 cycles of E/P plus atezolizumab. They can have one cycle of induction E/P without concurrent atezolizumab if unable to receive concurrent E/P combined with atezolizumab for all cycles of induction therapy. EXC: Metastatic disease invading the liver (>3 metastases), heart or >10 metastatic sites detectable after induction systemic therapy. (See Section 4/Definition of Disease Assessments for details on measuring disease response and progression.) Each visible bone metastasis on radiographic scan counts as one site.	Open to Accural

Oliver Quines - 714-456-6244
Keagan Buttigieg - 714-456-7429
Celest Ramirez - 714-509-2738
Jenny Choe - 714-509-2522
Richard Chang - 714-456-8279
Cynthia Gonzalez - 714-509-2431

Harris	Cynthia Gonzalez	UCI 21-222 A Novel Method for Treating Lung Metastases with the Combination of Electrical Fields and Radiation Therapy: A Single-Arm Pilot Study		INC: Patients must have histologically or cytologically confirmed metastatic cancer of any histology. There must be a lung tumor present, although the lung tumor does not specifically need to have been biopsied. Patients must have advanced disease (stage IV) or previously treated disease that has become progressive, recurrent, or metastatic. Patients may have received any number of prior systemic or local therapies. There will be no prespecified washout period prior to IRE. However, systemic therapy will be halted while receiving IRE and radiation, and can be restarted following completion of radiation therapy. EXC: Patients may not be receiving any other investigational agents 2 weeks prior to enrollment and until end of all therapeutic interventions.	Open to Accrual

Oliver Quines - 714-456-6244
Keagan Buttigieg - 714-456-7429
Celest Ramirez - 714-509-2738
Jenny Choe - 714-509-2522
Richard Chang - 714-456-8279
Cynthia Gonzalez - 714-509-2431