UCI Chao Family Comprehensive Cancer Center

Malignant Hematology

Myeloproliferative Neoplasm					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Fleischman		UCI 23-32: Dissecting the mecahnism of Interferon Alpha (IFN) response in Myeloproliferative Neoplasm (MPN)	An oberservational study for dissecting the mechanism of IFN-alpha ni MPN		Open to accrual
Fleischman	Kelsey McAbee	UCI 20-50: Ph II Trial of N-Acetylcysteine in Myeloproliferative Neoplasm to Improve Disease Markers & Symptoms	Mucolytic agent, cysteine and GSH precursor	Confirmed diagnosis of essential thrombocythemia (ET), polycythemia vera (PV), or myelofibrosis (MF) according to the 2016 WHO criteria. Must have peripheral blast count <10% during Screening. Has not taken interferon-alpha or a JAK inhibitor for treatment of MPN, N-Acetylcysteine (N-AC) or preparations containing N-AC in the past 28 days before enrollment. Free of other active or metastatic malignancies other than localized skin cancer.	Open to accrual
Newly Diagnosed Myelodysplastic Syndrome					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Jeyakumar	Kelsey McAbee	UCI 21-17: A Randomized, Double-Blind, Placebo-Controlled Phase III Study of SY-1425 Plus Azacitidine Versus Placebo Plus Azacitidine in Newly Diagnosed, RARA-Positive Adult Patients with Higher-Risk Myelodysplastic Syndrome	RARα agonist	Newly diagnosed Myelodysplastic patients aged ≥18 years. Patients must be RARA-positive based on investigataional assay. Must have bone marrow blasts >5% at screening. Patients must have <20% blasts in peripheral blood or bone marrow. Patients must not have received prior treatment for MDS with any hypomethylating agent, chemotherapy (including lenalidomide), or allogenic HSCT, with the exception of prior treatment with growth factors or hydroxyurea.	Open to accrual
Relapsed/Refractory Myelodysplastic Syndrome					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Jeyakumar	Stephanie Osorio	ETCTN-10264: The PRIME Trial: PARP Inhibition in IDH Mutant Effectiveness Trial. A Phase II Study of Olaparib in Isocitrate Dehydrogenase (IDH) Mutant Relapsed/Refractory Acute Myeloid Leukemia and Myelodysplastic Syndrome	PARP Inhibitor	IDH1/2 mutation with R/R AML	Open to accrual
Kongtim	Stephanie Osorio	UCI 21-239: An Open-label, Phase 1b Study of R289, an IRAK1/4 Inhibitor, in Patients with Lower-risk Myelodysplastic Syndromes (LR MDS) Who are Refractory/Resistant to Prior Therapies	IRAK1/4 inhibitor	Relapsed, refractory/resistant, intolerant, or have inadequate response to all therapies with known clinical benefits for MDS, such as TPOs, EPOs, lupatercept, and HMAs. Must meet at least one of the disease-related criteria for RBC transfusion, platelet count, or absolute neutrophil (ANC) within 8 weeks prior to initial administration of study treatment.	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 21-144: A Phase I, Open-Label, Multicenter Study of HMPL-306 in Advanced Hematological Malignances with Isocitrate Dehydrogenase (IDH) Mutations	IDH1/2 inhibitor	Relapsed/refractory AML, MDS/MPN, AITL, or other mIDH-positive hematological malignancy with IDH mutations. Must have received at lesat 2 prior lines of therapy.	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 22-151: A Phase 1 Open-label, Multi-center Study of the Safety, Pharmacokinetics (PK), and Anti-tumor Activity of LYT- 200 in Patients with Relapsed/Refractory Acute Myeloid Leukemia (AML), or with Relapsed/Refractory, High-risk Myelodysplastic Syndrome (MDS)	Galectin-9 monoclonal antibody	Relapsed/refractory AML, MDS. Must not be diagnosed with APL or has undergone HSCT within the 6-month period prior ro the first study dose.	Open to accrual

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Malignant Hematology

Newly Diagnosed Acute Myeloid Leukemia					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Jeyakumar	Kelsey McAbee	ETCTN-10300: Blockade of PD-1 Added to Standard Therapy to Target Measurable Residual Disease in Acute Myeloid Leukemia 1 (BLAST MRD AML-1): A Randomized Phase II Study of the Anti-PD-1 Antibody Pembrolizumab in Combination with Conventional Intensive Chemotherapy as Frontline Therapy in Patients with Acute Myeloid Leukemia	PDL-1 inhibitor + SOC chemo	Must have untreated AML and be a candidate for intensive chemo therapy	Open to accrual
Brem	Stephanie Osorio	UCI 18-128 A Phase I/IB Study of Pitavastatin in Combination with Venetoclax for Chronic Lymphocytic Leukemia (CLL) and Acute Myeloid Leukemia (AML)	HMA+BCL2 inhibitor+Statin	Newly diagnosed AML not eligible for intensive induction. Must reach stable dose of venetoclax prior to starting Pitavastatin	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 19-138: A Phase Ib/II Study of IMGN632 as Monotherapy or Combination with Venetoclax and/or Azacitidine for Patients with CD123-Positive Acute Myeloid Leukemia	CD123 antibody	Must have CD123+ AML	Open to accrual
Jeyakumar	Kelsey McAbee	UCI 18-105: Phase II study of the combination of CPX-351 and Glasdegib in previously untreated patients with Acute Myelogenous Leukemia with MDS related changes or therapy-related Acute myeloid leukemia	Combination of hedgehog signaling pathway inhibitor and lipsomal formulation of cytotoxic chemotherapy Daunorubicin and Cytarabine	Previously untreated therapy-related AML or AML with myelodysplastic related changes as described by WHO a. AML arising in MDS (including CMML) or MDS/MPN syndrome b. AML with MDS-related cytogenetic abnormalities (metaphase FISH allowable as surrogate for cytogenetics) c. AML with multilineage dysplasia involving the presence of 50% or more dysplastic cells in at least two cell lines and in the absence of mutation in NPM1 or CEBPA (as per WHO 2016)	Open to accrual
Jeyakumar	Kelsey McAbee	UCI 20-167: A Phase III, Randomized, Open-Label Study Evaluating the Safety and Efficacy of Magrolimab in Combination With Azacitidine versus Venetoclax Plus Azacitidine in Previously Untreated Patients with TP53 Mutant Acute Myeloid Leukemia who are Ineligible for Intensive Induction Chemotherapy	Anti-CD47 monoclonal antibody	Patients aged ≤ 8 years with previously untreated AML as defined by WHO criteria. Must have presence of at least 1 TP53 gene mutation that is not benign or likley benign. WBC ≤ 20k. Patients can be treated w/hydroxyurea throughout study and prior to randomization. Hgb must be ≤ 9.5g/dL prior to first dose of study drug for patients w/prior cardiac history. Prior treatment w/CD47, signal regulatory protein alpha targeting agents, or antileukemic therapy for AML, HMA, low dose cytarabine and/or venetoclax are excluded.	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 21-216: A Phase I/II, Multicenter, Open-Label, Randomized Dose Ranging and Expansion Study of the Combination of Gilteritinib, Venetoclax and Azacitidine in Patients with Newly Diagnosed FLT3 Mutated Acute Myeloid Leukemia (AML) Not Eligible for Intensive Induction Chemotherapy	FLT3 inhibitor	Subjects with newly diagnosed and previously untreated AML. Must be postiive for FLT3 mtuation and have not been treated with CAR-T cell therapy. Must not have the following conditions: APL, history of MPN, and active CNS involvement with AML.	Pending activation
Jeyakumar	Kelsey McAbee	UCI 21-180: A Phase III, Randomized, Double-Blind, Placebo-Controlled Study Evaluating the Safety and Efficacy of Magrolimab Versus Placebo in Combination with Venetoclax and Azacitidine in Newly Diagnosed, Previously Untreated Patients with Acute Myeloid Leukemia Who are Ineligible for Intensive Chemotherapy	Anti-CD47 monoclonal antibody	Subjects with newly diagnosed and previously untreated AML who are ineligible for intensive chemotherapy. Must not have prior treatments with CD47 or SIRPα-targeting agents and antileukemic therapy. Subjects with prior MDS who have not received prior HMAs or venetoclax or chemotherapeutic agents for MDS may be enrolled.	Pending activation

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Relapsed/Refractory Acute Myeloid Leukemia					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Jeyakumar	Stephanie Osorio	UCI 20-51: A Phase 1, Multicenter, Open-Label, Dose-Escalation and Expansion, Safety, Pharmacokinetic, Pharmacodynamic, and Clinical Activity Study of Intravenously Administered IO-202 in Relapsed/Refractory Acute Myeloid Leukemia (AML) Patients with Monocytic Differentiation and in Relapsed/Refractory Chronic Myelomonocytic Leukemia (CMML) Patients	LILRB4 antibody	AML with myelomonocytic or monoblastic/monocytic differentiation according to the World Health Organization 2016 criteria	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 19-93: Phase III Randomized Trial of DFP-10917 vs. Non-Intensive Reinduction (LoDAC, Azacitidine, Decitabine) or Intensive Reinduction (High and Intermediate Dose Cytarabine Regimens) for Acute Myelogenous Leukemia Patients in Second or Third Salvage	Nucleoside Analog	R/R AML to at least 2-3 regimens Two week wash out for previous cytotoxic agents Previous HSCT allowed	Open to accrual
Jeyakumar	Stephanie Osorio	ETCTN-10264: The PRIME Trial: PARP Inhibition in IDH Mutant Effectiveness Trial. A Phase II Study of Olaparib in Isocitrate Dehydrogenase (IDH) Mutant Relapsed/Refractory Acute Myeloid Leukemia and Myelodysplastic Syndrome	PARP Inhibitor	IDH1/2 mutation with R/R AML	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 21-144: A Phase I, Open-Label, Multicenter Study of HMPL-306 in Advanced Hematological Malignances with Isocitrate Dehydrogenase (IDH) Mutations	IDH1/2 inhibitor	Relapsed/refractory AML, MDS/MPN, AITL, or other mIDH-positive hematological malignancy with IDH mutations. Must have received at lesat 2 prior lines of therapy.	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 22-24: A Phase I First-in-Human Dose-Escalation and Dose-Escalation and Dose-Expansion Study of BMF-219, an Oral, Covalent, Menin Inhibitor, in Adult Patients with Acute Leukemia (AL), Diffuse Large B-Cell Lymphoma (DLBCL), Multiple Myeloma (MM), and Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL)	Menin inhibitor	Subjects with R/R acute leukemia who has failed any standard of care therapies, R/R DLBCL who has received at least 2 previous systemic regimens, R/R MM who has received at least 3 anti-MM regimens, or R/R CLL/SLL who has received at least 2 prior sytemic treatment regimens. Must not have known central nervous involvement and prior menin inhibitor therapy.	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 22-81: A Phase 1/2, Open-label, Multicenter, Dose Escalation and Expansion Study of the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of HM43239 in Patients with Relapsed or Refractory Acute Myeloid Leukemia (AML)	FLT3 inhibitor	Adult subjects with morphologically documented primary or secondary AML by WHO criteria, refractory to at least one cycle of prior therapy and relapsed after achieving CR with the most recent therapy. Patients must not have known BCR-ABL-postive leukemia and must not have HSCT within 2 month	Pending activation
Jeyakumar	Stephanie Osorio	UCI 22-183: A Randomized, Open-Label Study of the Efficacy and Safety of Galinpepimut-S (GPS) Maintenance Monotherapy Compared to Investigator's Choice of Best Available Therapy in Subjects with Acute Myeloid Leukemia Who Have Achieved Complete Remission After Second-Line Salvage Therapy	WT-1 derived synthetic analog peptides	Adult subjects diagnosed of AML by WHO criteria, in second or later morphological CR for relapsed AML based on the CRp criteria, must not be candidates for allo-SCT	Pending activation
Jeyakumar	Stephanie Osorio	UCI 22-151: A Phase 1 Open-label, Multi-center Study of the Safety, Pharmacokinetics (PK), and Anti-tumor Activity of LYT- 200 in Patients with Relapsed/Refractory Acute Myeloid Leukemia (AML), or with Relapsed/Refractory, High-risk Myelodysplastic Syndrome (MDS)	Galectin-9 monoclonal antibody	Relapsed/refractory AML, MDS. Must not be diagnosed with APL or has undergone HSCT within the 6-month period prior ro the first study dose.	Open to accrual

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Newly Diagnosed Acute Lymphoblastic Leukemia					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Jeyakumar	Judit Castellanos	A041501: A Phase III Trial to Evaluate the Efficacy of the Addition of Inotuzumab Ozogamicin to Frontline Therapy in Young Adults with Newly Diagnosed Precursor B-Cell ALL	Conjugated Anti-CD22 Monoclonal Antibody	Subjects with untreated FLT3 mutated Non M3 AML (FLT3-TKD or FLT3-ITD allowed). Patients may not have hypomethylating agent within 21 days.	Suspended (Unacceptable Toxicity)
Jeyakumar	Judit castellanos	EA9181: A Phase III Randomized Trial of Steroids + Tyrosine Kinase Inhibitor Induction with Chemotherapy or Blinatumomab for Newly Diagnosed BCR-ABL-Positive Acute Lymphoblastic Leukemia in Adults	Bispecific T-cell engager (BiTE) which binds to CD19 expressed on B-cells and CD3 expressed on T-cells and PD-1 inhibitor	Newly diagnosed patients 18-75 years old with B-ALL or suspected to have ALL. Must have BCR-ABL1 positive disease. Must not have received prior chemotherapy for B-ALL. Must not have unstable epilepsy that requires treatment.	Open to accrual
Jeyakumar	Judit Castellanos	UCI 21-98: Phase III Randomized, Controlled Study of Blinatumomab Alternating with Low-Intensity Chemotherapy Versus Standard of Care for Older Adults with Newly Diagnosed Philadelphia-Negative B-Cell Precursor Acute Lymphoblastic Leukemia with Safety Run-In	Bispecific T-cell engager (BiTE) which binds to CD19 expressed on B-cells and CD3 expressed on T-cells and PD-1 inhibitor	Age ≥ 55 years or if age 40<55 years, must have at least one of the following comobidities at time of consent: history of grade 3 or 4 pacreatitis, diabetes mellitus with end-organ damage, severe liver diease, BMI≥40 with relevant comobidities. Must have newly diagnosed Ph- B-cell precursor ALL.	Open to accrual
Jeyakumar	Judit Castellanos	UCI 21-14: Use of Levocarnitine for Asparaginase Hepatoxicity for Acute Lymphoblastic Leukemia Patients	Oxidative stress reducer and inflammatory modulator	Age 5 to <30 years, newly diagnosed with ALL designated as NCI high-risk receiving treatment for ALL according to a COG treatment protocol. Must be willing to adhere to the levocarnitine regimen. Patients may not have Warfarin therapy and known inborn error of metabolism.	Pending activation
Jeyakumar	Judit Castellanos	A041703: Phase II Study of Inotuzumab Ozogamicin Followed by Blinatumomab for Ph-Negative Cd22-Positive B-Lineage Acute Lymphoblastic Leukemia in Newly Diagnosed Older Adults or Adults with Relapsed or Refractory Disease	Antibody-drug conjugate combining a monoclonal antibody targeting CD22 on the B-lymphoblast surface with the cytotoxic agent	Age ≥ 18 years. Ph-negative, CD22-positive precursor B-cell acute lymphoblastic leukemia. Relapsed or refratory disease in salvage 1 or 2. No isolated extramedullary relapse. No prior treatment with CD22- or CD19-directed therapy.	Suspended
Jeyakumar	Emiri Matsuda	UCI 22-125: A Multi-Center, Open-Label, Single-Arm Phase II/III Trial Evaluating the Safety and Pharmacokinetics of Calaspargase Pegol for Treatment of Adults Aged 22 to >65 Years with Newly-Diagnosed Philadelphia-Negative ALL	PEGylated conjugate L-asparaginase	Age >22 y/o, have cytologically confirmed and docmented Philadelphia-negative B-ALL or T-ALL. Patient must not have Philadelphia-positive leukemia.	Pending activation
Relapsed/Refractory Acute Lymphoblastic Leukemia					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Jeyakumar	Judit Castellanos	UCI 20-34: A Phase IV, Multi-Center Open-Label Feasibility Study to Evaluate Outpatient Blinatumomab Administration in Adult Subjects with Minimal Residual Disease (MRD) of B-Precursor Acute Lymphoblastic Leukemia (ALL) in Complete Hematologic Remission	bispecific T-cell engager (BiTE) which binds to CD19 expressed on B-cells and CD3 expressed on T-cells and PD-1 inhibitor	MRD positive disease in a complete remission.	Open to accrual
Jeyakumar	Judit Castellanos	A041703: Phase II Study of Inotuzumab Ozogamicin Followed by Blinatumomab for Ph-Negative Cd22-Positive B-Lineage Acute Lymphoblastic Leukemia in Newly Diagnosed Older Adults or Adults with Relapsed or Refractory Disease	Antibody-drug conjugate combining a monoclonal antibody targeting CD22 on the B-lymphoblast surface with the cytotoxic agent	Age ≥ 18 years. Ph-negative, CD22-positive precursor B-cell acute lymphoblastic leukemia. Relapsed or refractory disease in salvage 1 or 2. No isolated extramedullary relapse. No prior treatment with CD22- or CD19-directed therapy.	Suspended
Jeyakumar	Stephanie Osorio	UCI 22-24: A Phase I First-in-Human Dose-Escalation and Dose-Escalation and Dose-Expansion Study of BMF-219, an Oral, Covalent, Menin Inhibitor, in Adult Patients with Acute Leukemia (AL), Diffuse Large B-Cell Lymphoma (DLBCL), Multiple Myeloma (MM), and Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL)	Menin inhibitor	Subjects with R/R acute leukemia who has failed any standard of care therapies, R/R DLBCL who has received at least 2 previous systemic regimens, R/R MM who has received at least 3 anti-MM regimens, or R/R CLL/SLL who has received at least 2 prior sytemic treatment regimens. Must not have known central nervous involvement and prior menin inhibitor therapy.	Open to accrual

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Malignant Hematology

Newly Diagnosed Chronic Lymphocytic Leukemia					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Brem	Kristen Mueller	UCI 18-128 A Phase I/IB Study of Pitavastatin in Combination with Venetoclax for Chronic Lymphocytic Leukemia (CLL) and Acute Myeloid Leukemia (AML)	HMA+BCL2 inhibitor+Statin(HMG-CoA reductase inhibitor)	Newly diagnosed CLL eligible for venetoclax therapy (combination with obinutuzumab) as per FDA indication. Must reach stable dose of venetoclax prior to starting Pitavastatin.	Open to accrual
Brem	Stephanie Osorio	SWOG-S1925: Randomized, Phase III Study of Early Intervention with Venetoclax and Obinutuzumab Versus Delayed Therpay with Venetoclax and Obinutuzumab in Newly Diagnosed Asymptomatic High-Risk Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL): EVOLVE CLL/SLL Study	BCL2 inhibitor + anti-CD20 monoclonal antibody	Newly diagnosed CLL or SLL within 12 months of registration. Age ≥ 18 years. Participants must have CLL-International Prognostic Index (CLL-IPI) Score ≥ 4 and/or complex cytogenetics (defined as 3+ chromosomal abnormalities). Prior therapy with anti CD20 monoclonal antibodies is not allowed.	Open to accrual
Relapsed/Refractory Chronic Lymphocytic Leukemia					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Brem	Kristen Mueller	UCI 18-128 A Phase I/IB Study of Pitavastatin in Combination with Venetoclax for Chronic Lymphocytic Leukemia (CLL) and Acute Myeloid Leukemia (AML)	HMA+BCL2 inhibitor+Statin(HMG-CoA reductase inhibitor)	Relapsed/refractory CLL eligible for venetoclax therapy (with or without Rituxan) as per FDA indication. Must reach stable dose of venetoclax prior to starting Pitavastatin.	Open to accrual
O'Brien	Kristen Mueller	UCI 20-198: A Phase I, Dose Escalation, Safety and Tolerability Study of NX-2127, a Bruton's Tyrosine Kinase Degrader, in Adults with Relapsed/Refractory B-cell Malignancies	BTK degrader + iMiD	Patients ≥18 years of age who have received at least 2 prior lines of therapy. Patients in Phase 1a(dose escalation) must have histologically confirmed R/R CLL, SLL, WM, MCL, and MZL, FL (grade 1 – 3b), and DLBCL with MYC and BCL2 and/or BCL6 rearrangements and high-grade B-cell lymphoma NOS. Patients in Phase1b(dose expansion) must have histologically documented R/R B-cell malignancy.	Open to accrual
O'Brien	Stephanie Osorio	UCI 21-209: A Phase III Open-Label, Randomized Study of Fixed Duration Pirtobrutinib (LOXO-305) Plus Venetoclax and Rituximab Versus Venetoclax and Rituximab in Previously Treated Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma	BTK inhibitor + BCL2 inhibitor + CD20 Marker	Patients ≥ 18 years of age who have confirmed diagnosis of local laboratory report of CLL/SLL and meet at least one of the requirements consistent with iwCLL 2018 criteria. Must have received at least 1 prior line of therapy that may include a covalent BTK inhibitor.	Open to accrual
O'Brien	Kristen Mueller	UCI 21-19: A Phase I/II, Open-Label, Multicenter Trial to Assess the Safety, Tolerability and Efficacy of MB-106 in Patients with Relapsed or Refractory CD20+ B-Cell NonHodgkin s Lymphoma or Chronic Lymphocytic Leukemia	Anti-CD20 chimeric antigen receptor	Patients ≥18 years of age with relapsed/refractory DLBCL, FL, MCL, MZL, WMG, Burkitt and Burkitt-like lymphoma, HCL, CLL, or SLL after at least 1-2 standard therapies depending on disease subtype. For CLL/SLL, at least 1 prior BTK and/or BCL-2 directed therapy. CLL diagnosis via Hellek diagnostic criteria. Measureable disease not required. Evidence of CD20 expression. ECOG 0-1.	Open to accrual
Pinter-Brown	Kristen Mueller	UCI 20-196: PhI/II AB-101 Monotherapy & AB-101 + Rituximab in Pts w/ Relapse/Refrac NHL of B-Cell Origin	ADCC, anti-CD20 monoclonal antibody	Must have progressed or demonstrated intolerance to at least 2 lines of FDA-approved therapies, one of which included anti-CD20 monoclonal antibody therapy. Must have confirmed diagnosis of relapsed or refractory indolent or aggressive NHL of B-cell origin. Cannot have history of another life-threatening malignancy within the prior 2 years. Cannot have active HIV, hepatitis B or hepatitis C infection.	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 22-24: A Phase I First-in-Human Dose-Escalation and Dose-Escalation and Dose-Expansion Study of BMF-219, an Oral, Covalent, Menin Inhibitor, in Adult Patients with Acute Leukemia (AL), Diffuse Large B-Cell Lymphoma (DLBCL), Multiple Myeloma (MM), and Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL)	Menin inhibitor	Subjects with R/R acute leukemia who has failed any standard of care therapies, R/R DLBCL who has received at least 2 previous systemic regimens, R/R MM who has received at least 3 anti-MM regimens, or R/R CLL/SLL who has received at least 2 prior sytemic treatment regimens. Must not have known central nervous involvement and prior menin inhibitor therapy.	Open to accrual
Chow	My Ha Nguyen	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 antibody	Subjects who are refactory or intolerant of existing standard therapy with histologic/cytologic doumentation of incurable, locally advanced, or metastatic cancer. Must have elpased from the use of anti-tumor therapy and had no more than 3 prior therapies. Must not have prior DR5 agonist and BCL-family inhibitor therapies.	Open to accrual

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Relapsed/Refractory Multiple Myeloma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Lee	Judit Castellanos	SWOG S1803: Phase III Study of Daratumumab/rHuPH20 (NSC-810307) + Lenalidomide or Lenalidomide as Post-Autologous Stem Cell Transplant Maintenance Therapy in Patients with Multiple Myeloma (MM) Using Minimal Residual Disease to Direct Therapy Duration (DRAMMATIC Study)	Anti-CD38 monoclonal antibody	Patients with high-risk multiple myeloma (defined as: 1) plasma cell leukemia; 2) R-ISS Stage III10; or 3) high-risk CA as defined by IMWG consensus) who have completed pre-transplant induction treatment anti-myeloma drug combination (minimum 2 drugs). Following pre-transplant induction regimen, patients must have residual disease.	Suspended
Lee	Emiri Matsuda	UCI 21-78: A Phase Ib, Open-Label Study of the Safety and Efficacy of Allogeneic Anti-CD38 A2 Dimeric Antigen Receptor (DAR)-T Cells in Patients with Relapsed or Refractory Multiple Myeloma	Anti-CD38 DAR-T	Patients with relapsed or refractory MM after having received prior lines of anti-myeloma treatments including at least lenalidomide (Revlimid), pomalidomide (Pomalyst), bortezomib (Velcade), carfilzomib (Kyprolis), and daratumumab (Darzalex). Evidence of cell membrane CD38 expression.	Suspended
Lee	Judit Castellanos	UCI 21-215: A Phase I/II Open-label Study to Investigate the Safety and Tolerability, Efficacy, Pharmacokinetics, and Immunogenicity of Modakafusp Alfa (TAK-573) as a Single Agent in Patients With Relapsed Refractory Multiple Myeloma	CD-38 targeted monoclonal antibody	Patients with relapsed or refractory MM after having received at least three lines of myeloma therapy and is refractory to at least 1 IMiD and refractory to at least 1 anti-CD38 antibody and who have demonstrated disease progression with the last therapy. Patients who are primary refractory are not eligible.	Suspended
Ciurea	Judit Castellanos	UCI 22-02: Phase I/IIA Study of Descartes-25 in Patients with Relapsed Refractory Multiple Myeloma	Mesenchymal stem cells	Patients ≥18 years of age diagnosed with active R/RMM, who have failed (or shown not to tolerate) 2 lines of treatment including a PI, an IMiD, and an anti-CD38 agent, OR patient must have failed at least 3 prior lines of treatment regardless of agent.	Pending activation
Jeyakumar	Stephanie Osorio	UCI 22-24: A Phase I First-in-Human Dose-Escalation and Dose-Escalation and Dose-Expansion Study of BMF-219, an Oral, Covalent, Menin Inhibitor, in Adult Patients with Acute Leukemia (AL), Diffuse Large B-Cell Lymphoma (DLBCL), Multiple Myeloma (MM), and Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL)	Menin inhibitor	Subjects with R/R acute leukemia who has failed any standard of care therapies, R/R DLBCL who has received at least 2 previous systemic regimens, R/R MM who has received at least 3 anti-MM regimens, or R/R CLL/SLL who has received at least 2 prior sytemic treatment regimens. Must not have known central nervous involvement and prior menin inhibitor therapy.	Open to accrual
Lee	Emiri Matsuda	UCI 22-190: Phase 3 Randomized Study Comparing Teclistamab Monotherapy versus Pomalidomide, Bortezomib, Dexamethasone (PVd) or Carfilzomib, Dexamethasone (Kd) in Participants with Relapsed or Refractory Multiple Myeloma who have Received 1 to 3 Prior Lines of Therapy, Including an Anti-CD38 Monoclonal Antibody and Lenalidomide	CD3 x BCMA BITE	Adult subjects with R/R MM confirmed by IMWG diagnostic criteria, received 1 to 3 prior therapies including antiCD-38 monoclonal antibody and Lenalidomide	Pending activation
Relapsed/Refractory Follicular Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
O'Brien	Emiri Matsuda	UCI 20-126: A Phase 1, Multicenter, Open-Label Study of CB-010, a CRISPR-Edited Allogeneic Anti-CD19 CAR-T Cell Therapy in Patients with Relapsed/Refractory B-Cell Non-Hodgkin Lymphoma (ANTLER)	anti-CD19 chimeric antigen receptor	Have histologically confirmed aggressive lymphoma including DLBCL, HGBL, PMBCL, tFL, FL (IIIb only), MZL, MCL. No response to second or more lines of therapy.	Open to accrual
Brem	Kristen Mueller	UCI 20-148: A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Trial to Evaluate the Efficacy and Safety of Tafasitamab plus Lenalidomide in Addition to Rituximab versus Lenalidomide in Addition to Rituximab in Patients with Relapsed/Refractory Follicular Lymphoma Grade 1-3A or R/R Marginal Zone Lymphoma	Fc-enhanced, humanized mAb against the pan B-cell antigen CD19	Patients ≥18 years of age with histologically confirmed Grade 1, 2, or 3a FL or histologically confirmed nodal MZL, splenic MZL, or extranodal MZL of the MALT (CD19+ and CD20+ by flow cytometry or immunohistochemistry) as assessed locally. Patients must have been previously treated with at least 1 prior systemic anti-CD20 immunotherapy or chemo-immunotherapy, followed by documented relapsed, refractory, or PD after treatment.	Open to accrual
O'Brien	Kristen Mueller	UCI 21-19: A Phase I/II, Open-Label, Multicenter Trial to Assess the Safety, Tolerability and Efficacy of MB-106 in Patients with Relapsed or Refractory CD20+ B-Cell NonHodgkin s Lymphoma or Chronic Lymphocytic Leukemia	Anti-CD20 chimeric antigen receptor	Patients ≥18 years of age with relapsed/refractory DLBCL, FL, MCL, MZL, WMG, Burkitt and Burkitt-like lymphoma, HCL, CLL, or SLL after at least 1-2 standard therapies depending on disease subtype. For FL, at least 2 prior lines of therapy. Must have at least 1 measurable lesion per IWG criteria. Evidence of CD20 expression. ECOG 0-1.	Open to accrual
Ciurea	Emiri Matsuda	UCI 21-213: A Phase I Safety and Efficacy Study of ADI-001 Anti-CD20 CAR-Engineered Allogeneic Gamma Delta T Cells in Adults with B Cell Malignancies, in Monotherapy and Combination with IL-2	Anti-CD20 Allogeneic T-Cells	Patients with FL and MZL must have received at least 2 lines of prior systemic therapies, specifically an alkylator and an anti-CD20 monoclonal antibody therapy for FL. Monotherapy with anti-CD20 monoclonal antibody will not be considered as a line of therapy.	Pending activation
Brem	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual

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Brem	Kristen Mueller	UCI 22-01: A Phase III Randomized, Open-Label, Multicenter Study Evaluating the Efficacy of Axicabtagene Ciloleucel Versus Standard of Care Therapy in Subjects with Relapsed/Refractory Follicular Lymphoma	Anti-CD19 CAR T-cells	Patients with relapsed/refractory FI must have received at least 2 prior systemic lines of therapies, specifically an anti-CD20 monoclonal antibody combined with an alkylating agent OR first-line systemic chemoimmunotherapy and high-risk disease, defined as relapse or progression within 24 months of initiation of the initial course of chemoimmunotherapy.	Open to accrual

Malignant Hematology

Relapsed/Refractory Marginal Zone Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
O'Brien	Emiri Matsuda	UCI 20-126: A Phase 1, Multicenter, Open-Label Study of CB-010, a CRISPR-Edited Allogeneic Anti-CD19 CAR-T Cell Therapy in Patients with Relapsed/Refractory B-Cell Non-Hodgkin Lymphoma (ANTLER)	anti-CD19 chimeric antigen receptor	Have histologically confirmed aggressive lymphoma including DLBCL, HGBL, PMBCL, tFL, FL, MZL, MCL. No response to second or more lines of therapy.	Open to accrual
Ciurea	Emiri Matsuda	UCI 21-213: A Phase I Safety and Efficacy Study of ADI-001 Anti-CD20 CAR-Engineered Allogeneic Gamma Delta T Cells in Adults with B Cell Malignancies, in Monotherapy and Combination with IL-2	Anti-CD20 Allogeneic T-Cells	Patients with FL and MZL must have received at least 2 lines of prior systemic therapies, specifically an anti-CD20 monoclonal antibody for MZL. Monotherapy with anti-CD20 monoclonal antibody will not be considered as a line of therapy.	Pending activation
O'Brien	Kristen Mueller	UCI 20-198: A Phase I, Dose Escalation, Safety and Tolerability Study of NX-2127, a Bruton's Tyrosine Kinase Degrader, in Adults with Relapsed/Refractory B-cell Malignancies	BTK degrader + iMiD	Patients ≥18 years of age who have received at least 2 prior lines of therapy. Patients in Phase 1a(dose escalation) must have histologically confirmed R/R CLL, SLL, WM, MCL, and MZL, FL (grade 1 – 3b), and DLBCL with MYC and BCL2 and/or BCL6 rearrangements and high-grade B-cell lymphoma NOS. Patients in Phase1b(dose expansion) must have histologically documented R/R B-cell malignancy.	Open to accrual
Brem	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual
O'Brien	Kristen Mueller	UCI 21-19: A Phase I/II, Open-Label, Multicenter Trial to Assess the Safety, Tolerability and Efficacy of MB-106 in Patients with Relapsed or Refractory CD20+ B-Cell NonHodgkin s Lymphoma or Chronic Lymphocytic Leukemia	Anti-CD20 chimeric antigen receptor	Patients ≥18 years of age with relapsed/refractory DLBCL, FL, MCL, MZL, WMG, Burkitt and Burkitt-like lymphoma, HCL, CLL, or SLL after at least 1-2 standard therapies depending on disease subtype. For MZL, at least 1 prior line of therapy. Must have at least 1 measurable lesion per IWG criteria. Evidence of CD20 expression. ECOG 0-1.	Open to accrual
Newly Diagnosed Mantle Cell Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Relapsed/Refractory Mantle Cell Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
O'Brien	Emiri Matsuda	UCI 20-126: A Phase 1, Multicenter, Open-Label Study of CB-010, a CRISPR-Edited Allogeneic Anti-CD19 CAR-T Cell Therapy in Patients with Relapsed/Refractory B-Cell Non-Hodgkin Lymphoma (ANTLER)	anti-CD19 chimeric antigen receptor	Have histologically confirmed aggressive lymphoma including DLBCL, HGBL, PMBCL, tFL, FL, MZL, MCL. No response to second or more lines of therapy.	Open to accrual
Brem	Kristen Mueller	ECOG-EA4151: A Randomized Phase III Trial of Consolidation with Autologous Hematopoietic Cell Transplantation Followed by Maintenance Rituximab vs. Maintenance Rituximab Alone for Patients with Mantle Cell Lymphoma In Minimal Residual Disease-Negative Fir	anti-CD20 with HSCT	Must have tissue from original diagnositc biopsy available for submission.	Open to accrual
Ciurea	Emiri Matsuda	UCI 21-213: A Phase I Safety and Efficacy Study of ADI-001 Anti-CD20 CAR-Engineered Allogeneic Gamma Delta T Cells in Adults with B Cell Malignancies, in Monotherapy and Combination with IL-2	Anti-CD20 Allogeneic T-Cells	Patients with MCL must have received at least 2 lines of prior systemic therapies, including an anthracycline or alkylator containing chemotherapy regimen and at least one Bruton's tyrosine kinase (BTK) inhibitor and anti-CD20 monoclonal antibody therapy.	Pending activation
Brem	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual
O'Brien	Kristen Mueller	UCI 21-19: A Phase I/II, Open-Label, Multicenter Trial to Assess the Safety, Tolerability and Efficacy of MB-106 in Patients with Relapsed or Refractory CD20+ B-Cell NonHodgkin s Lymphoma or Chronic Lymphocytic Leukemia	Anti-CD20 chimeric antigen receptor	Patients ≥18 years of age with relapsed/refractory DLBCL, FL, MCL, MZL, WMG, Burkitt and Burkitt-like lymphoma, HCL, CLL, or SLL after at least 1-2 standard therapies depending on disease subtype. For MCL, at least 1 prior line of therapy. Must have at least 1 measurable lesion per IWG criteria. Evidence of CD20 expression. ECOG 0-1.	Open to accrual

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Malignant Hematology

Newly Diagnosed Diffuse Large B-Cell Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Brem	Kristen Mueller	UCI 20-31: A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study Comparing the Efficacy and Safety of Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone (R-CHOP) Alone Versus in Combination with Acalabrutinib in Subjects 65 Years or under with Previously Untreated Non-Germinal Center Diffuse Large B-Cell Lymphoma	anti-CD20 + 2nd generation BTK inhibitor	Newly diagnosed non-germinal center diffuse large B-cell lymphoma. <65 years of age.	Open to accrual
Brem	Kristen Mueller	SWOG-S1918: A Phase II/III Randomized Study of R-miniCHOP with or without Oral Azacitidine (CC-486) in Participants Age 75 Years or Older with Newly Diagnosed Diffuse Large B-Cell Lymphoma, Grade IIB, Follicular Lymphoma, Transformed Lymphoma, and High-Grade B-Cell Lymphomas with MYC and BCL2 and/or BCL6 Rearrangements	Oral hypomethylating agent	Patients age ≥ 75 with newly diagnosed DLBCL (Ann Arbor Stage IIX (bulky), III or IV). Patients with HIV, HBV, HCV are eligible given undetectable viral load within 28 days prior to registration.	Open to accrual

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Relapsed/Refractory Diffuse Large B-Cell Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
O'Brien	Kristen Mueller	UCI 15-18: An Open-Label, Multi-Center Phase 1 Study to Investigate the Safety and Tolerability of REGN1979, an Anti-CD20 x Anti-CD3 Bispecific Monoclonal Antibody, in Patients with CD20+ B-Cell Malignancies Previously Treated with CD20-Directed Antibody	anti-CD20 x anti-CD3 bispecific antibody	Have documented CD20+ B-cell malignancy, with active disease not responsive to prior therapy, for whom no standard of care options exists, and for whom treatment with an anti-CD20 antibody may be appropriate Patients with NHL must have had prior treatment with an anti-CD20 antibody therapy Measurable disease. Must have failed CAR-T therapy.	Open to accrual
Pinter-Brown	Kristen Mueller	UCI 20-196: PhI/II AB-101 Monotherapy & AB-101 + Rituximab in Pts w/ Relapse/Refrac NHL of B-Cell Origin	ADCC, anti-CD20 monoclonal antibody	Must have progressed or demonstrated intolerance to at least 2 lines of FDA-approved therapies, one of which included anti-CD20 monoclonal antibody therapy. Must have confirmed diagnosis of relapsed or refractory indolent or aggressive NHL of B-cell origin. Cannot have history of another life-threatening malignancy within the prior 2 years. Cannot have active HIV, hepatitis B or hepatitis C infection.	Open to accrual
O'Brien	Kristen Mueller	UCI 20-198: A Phase I, Dose Escalation, Safety and Tolerability Study of NX-2127, a Bruton's Tyrosine Kinase Degrader, in Adults with Relapsed/Refractory B-cell Malignancies	BTK degrader + iMiD	Patients ≥18 years of age who have received at least 2 prior lines of therapy. Patients in Phase 1a(dose escalation) must have histologically confirmed R/R CLL, SLL, WM, MCL, and MZL, FL (grade 1 – 3b), and DLBCL with MYC and BCL2 and/or BCL6 rearrangements and high-grade B-cell lymphoma NOS. Patients in Phase1b(dose expansion) must have histologically documented R/R B-cell malignancy.	Open to accrual
Brem	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible.	Open to accrual
O'Brien	Kristen Mueller	UCI 21-19: A Phase I/II, Open-Label, Multicenter Trial to Assess the Safety, Tolerability and Efficacy of MB-106 in Patients with Relapsed or Refractory CD20+ B-Cell NonHodgkin s Lymphoma or Chronic Lymphocytic Leukemia	Anti-CD20 chimeric antigen receptor	Patients ≥18 years of age with relapsed/refractory DLBCL, FL, MCL, MZL, WMG, Burkitt and Burkitt-like lymphoma, HCL, CLL, or SLL after at least 1-2 standard therapies depending on disease subtype. For DLBCL, at least 2 prior lines of therapy, and 1 must have been an anthracycline-based regimen with anti-CD20 antibody. Must have at least 1 measurable lesion per IWG criteria. Evidence of CD20 expression. ECOG 0-1.	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 22-24: A Phase I First-in-Human Dose-Escalation and Dose-Escalation and Dose-Expansion Study of BMF-219, an Oral, Covalent, Menin Inhibitor, in Adult Patients with Acute Leukemia (AL), Diffuse Large B-Cell Lymphoma (DLBCL), Multiple Myeloma (MM), and Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL)	Menin inhibitor	Subjects with R/R acute leukemia who has failed any standard of care therapies, R/R DLBCL who has received at least 2 previous systemic regimens, R/R MM who has received at least 3 anti-MM regimens, or R/R CLL/SLL who has received at least 2 prior sytemic treatment regimens. Must not have known central nervous involvement and prior menin inhibitor therapy.	Open to accrual
Ciurea	Emiri Matsuda	UCI 21-213: A Phase I Safety and Efficacy Study of ADI-001 Anti-CD20 CAR-Engineered Allogeneic Gamma Delta T Cells in Adults with B Cell Malignancies, in Monotherapy and Combination with IL-2	Anti-CD20 Allogeneic T-Cells	Patients with DLBCL, HGBCL, tFL, and PMBCL must have receieved at least 2 lines of prior therapies, including an anthracycline containing chemotherapy regiment and anti-CD20 monoclonal antibody therapy.	Pending activation
Chow	My Ha Nguyen	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 antibody	Subjects who are refactory or intolerant of existing standard therapy with histologic/cytologic doumentation of incurable, locally advanced, or metastatic cancer. Must have elpased from the use of anti-tumor therapy and had no more than 3 prior therapies. Must not have prior DR5 agonist and BCL-family inhibitor therapies.	Open to accrual
Pinter-Brown	Kristen Mueller	UCI 21-225: A Phase IB, Open-Label, Multicenter, Single Arm Study Evaluating the Preliminary Efficacy, Safety, and Pharmacokinectics of Glofitamab in Combination with Rituximab Plus Ifosfamide, Carboplatin Etoposide Phosphate in Patients with Relapsed/Refractory Transplant Eligible Diffuse B-Cell Lymphoma	T-cell-bispecific antibody targeting CD20 expressed on B-cells and CD3ε chain present on T-cells	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual

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Malignant Hematology

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Newly Diagnosed Hodgkin's Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Relapsed/Refractory Hodgkin's Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Brem	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual
Newly Diagnosed Primary Mediastinal B-Cell Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Brem	Kristen Mueller	COG ANHL1931: A Randomized Phase III Trial of Nivolumab (NSC# 748726 IND# 125462) in Combination with Chemo-Immunotherapy for the Treatment of Newly Diagnosed Primary Mediastinal B-cell Lymphoma	PD1 inhibitor	Age ≥ 2 years. Patient must have histologically confirmed primary mediastinal B-cell lymphoma (PMBCL) as defined by WHO criteria.	Open to accrual
Relapsed/Refractory Primary Mediastinal B-Cell Lymphoma					
Ciurea	Emiri Matsuda	UCI 21-213: A Phase I Safety and Efficacy Study of ADI-001 Anti-CD20 CAR-Engineered Allogeneic Gamma Delta T Cells in Adults with B Cell Malignancies, in Monotherapy and Combination with IL-2	Anti-CD20 Allogeneic T-Cells	Patients with large B cell lymphomas including DLBCL, HGBCL, tFL, and PMBCL, must have received at least 2 lines of prior therapies, including an anthracycline containing chemotherapy regiment and anti-CD20 monoclonal antibody therapy.	Pending activation
20-	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual
Pinter-Brown	Kristen Mueller	UCI 20-196: PhI/II AB-101 Monotherapy & AB-101 + Rituximab in Pts w/ Relapse/Refrac NHL of B-Cell Origin	ADCC, anti-CD20 monoclonal antibody	Must have progressed or demonstrated intolerance to at least 2 lines of FDA-approved therapies, one of which included anti-CD20 monoclonal antibody therapy. Must have confirmed diagnosis of relapsed or refractory indolent or aggressive NHL of B-cell origin. Cannot have history of another life-threatening malignancy within the prior 2 years. Cannot have active HIV, hepatitis B or hepatitis C infection.	Open to accrual

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Newly Diagnosed Waldenstrom's Macroglobulinemia and other NHL subtypes					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Relapsed/Refractory Waldenstrom's Macroglobulinemia and other NHL subtypes					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Brem	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual
Pinter-Brown	Kristen Mueller	UCI 20-196: PhI/II AB-101 Monotherapy & AB-101 + Rituximab in Pts w/ Relapse/Refrac NHL of B-Cell Origin	ADCC, anti-CD20 monoclonal antibody	Must have progressed or demonstrated intolerance to at least 2 lines of FDA-approved therapies, one of which included anti-CD20 monoclonal antibody therapy. Must have confirmed diagnosis of relapsed or refractory indolent or aggressive NHL of B-cell origin. Cannot have history of another life-threatening malignancy within the prior 2 years. Cannot have active HIV, hepatitis B or hepatitis C infection.	Open to accrual
O'Brien	Kristen Mueller	UCI 21-19: A Phase I/II, Open-Label, Multicenter Trial to Assess the Safety, Tolerability and Efficacy of MB-106 in Patients with Relapsed or Refractory CD20+ B-Cell NonHodgkin s Lymphoma or Chronic Lymphocytic Leukemia	ADCC, anti-CD20 monoclonal antibody	Patients ≥18 years of age with relapsed/refractory DLBCL, FL, MCL, MZL, WMG, Burkitt and Burkitt-like lymphoma, HCL, CLL, or SLL after at least 1-2 standard therapies depending on disease subtype. For WMG, Burkitt and Burkitt-like lymphoma, and other B-cell NHL subtypes, at least 1 prior line of therapy. Must have at least 1 measurable lesion per IWG criteria. Evidence of CD20 expression. ECOG 0-1.	Open to accrual
O'Brien	Kristen Mueller	UCI 20-198: A Phase I, Dose Escalation, Safety and Tolerability Study of NX-2127, a Bruton's Tyrosine Kinase Degrader, in Adults with Relapsed/Refractory B-cell Malignancies	BTK degrader + iMiD	Patients ≥18 years of age who have received at least 2 prior lines of therapy. Patients in Phase 1a(dose escalation) must have histologically confirmed R/R CLL, SLL, WM, MCL, and MZL, FL (grade 1 – 3b), and DLBCL with MYC and BCL2 and/or BCL6 rearrangements and high-grade B-cell lymphoma NOS. Patients in Phase1b(dose expansion) must have histologically documented R/R B-cell malignancy.	Open to accrual

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Relapsed/Refractory Cutaneous T-Cell Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Pinter-Brown	Kristen Mueller	UCI 21-99: An Open-Label, Multi-Center, Non-Randomized Phase I Dose-Escalation Study to Investigate the Safety, Tolerability, Pharmacokinetics and Preliminary Efficacy of ONO-4685 Given as Monotherapy in Patients with Relapsed or Refractory T-Cell Lymphoma	CD3-bispecific antibody targeting PD-1	Histologically or cytologically confirmed diagnosis of one of the following subtypes of T-cell lymphoma: AITL, PTCL-NOS, nodal PTCL with TFH, FTCL, MF, or SS. Must have received at least 2 prior systemic therapies. Patients eligible for CD30-directed therapy (e.g., brentuximab vedotin [BV]) will have BV as one of their systemic therapies. Patients with CNS involvement or ATLL are excluded.	Open to accrual
Brem	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual
Pinter-Brown	Kristen Mueller	UCI 21-205: An Open-Label, Multi-Cohort, Multi-Center Phase II Study Evaluating the Efficacy and Safety of IPH4102 Alone or in Combination with Chemotherapy in Patients with Advanced T-Cell Lymphoma	Monoclonal antibody targeting KIR2DL2	Cohort 1: Relapsed/refreactory Stage IVA, IVB SS who have received at least two prior systemic therapies.Prior treatment with mogamulizumab. Blood stage B2 at screening based on central flow cytometry, feasability of obtaining at least one skin biopsy. Cohort 2 and 3: Relapsed/refractory stage IB, IIA, IIB, III, IV MF, KIR3DL2 expression (Cohort 2) or non-expression (Cohort 3) in at least one skin lesion, two prior systemic therapies, feasibility of obtaining at least one skin biopsy.	Open to accrual

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Relapsed/Refractory Peripheral T-Cell Lymphoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Pinter-Brown	Kristen Mueller	UCI 21-99: An Open-Label, Multi-Center, Non-Randomized Phase I Dose-Escalation Study to Investigate the Safety, Tolerability, Pharmacokinetics and Preliminary Efficacy of ONO-4685 Given as Monotherapy in Patients with Relapsed or Refractory T-Cell Lymphoma	CD3-bispecific antibody targeting PD-1	Histologically or cytologically confirmed diagnosis of one of the following subtypes of T-cell lymphoma: AITL, PTCL-NOS, nodal PTCL with TFH, FTCL, MF, or SS. Must have received at least 2 prior systemic therapies. Patients eligible for CD30-directed therapy (e.g., brentuximab vedotin [BV]) will have BV as one of their systemic therapies. Patients with CNS involvement or ATLL are excluded.	Open to accrual
Jeyakumar	Stephanie Osorio	UCI 21-144: A Phase I, Open-Label, Multicenter Study of HMPL-306 in Advanced Hematological Malignances with Isocitrate Dehydrogenase (IDH) Mutations	IDH1/2 inhibitor	Relapsed/refractory AML, MDS/MPN, AITL, or other mIDH-positive hematological malignancy with IDH mutations. Must have received at lesat 2 prior lines of therapy.	Open to accrual
Brem	Kristen Mueller	UCI 21-04: An Open-Label, Phase II Trial of Nanatinostat in Combination with Valganciclovir in Subjects with Epstein-Barr Virus-Positive (EBV+) Relapsed/Refractory Lymphomas ("NAVAL-1")	A selective HDAC Class I inhibitor	Histologically confirmed by 2016 WHO classification EBV+ lymphoma per local lab by EBER-ISH. Patients with no available standard therapies. For ENKTL: Relapsed/refractory disease following 1 or more prior systemic therapies, and must have failed an asparaginase containing regimen. For non-ENKTL patients: Relapsed/refractory disease following 2 or more prior therapies. Patients with HIV are eligible. Presence or history of CNS involvement by lymphoma are excluded.	Open to accrual
Pinter-Brown	Kristen Mueller	UCI 21-01: A Multi-Center Phase IB Trial Evaluating the Safety and Efficacy of Lacutamab in Patients with Relapse Peripheral T-Cell Lymphoma that Express KIR3DL2	anti-KIR3DL2	Patients ≥18 years of age who have received at least 1 prior line of therapy. Any subtype of PTCL. KIR3DL2 expression (≥ 1%) based on central evaluation by IHC. Presence of at least 1 target lesion on PET/CT scan.	Suspended
Pinter-Brown	Kristen Mueller	UCI 21-224: A Phase I, Multicenter, Open-Label, Dose-Escalation and Expansion Study to Evaluate the Safety, Tolerability, Pharmacokinectics, Pharmacodynamics, and Clinical Activity of Intravenously Administered KT-333 in Adult Patients with Relapsed or Refractory Lymphomas, Large Granular Lymphocytic Leukemia, and Solid Tumors	STAT3 degrader	Patients ≥18 years of age with histologically or pathologically confirmed lymphoma. Phase 1b only. Must have at least 1 prior systemic standard of care treatment or for whom standard therapies are not available. Measurable disease per Lugano for PTCL (Cheson, 2014) and RECIST version 1.1.	Open to accrual
Kalac	Regan Dagenhart	UCI 22-196: A Randomized, Phase IIB, Multicenter, Trial of Oral Azacytidine Plus Romidepsin versus Investigator's Choice in Patients with Relapse or Refractory Peripheral T-cell Lymphoma (PTCL)	HDAC inhibitor	Patients ≥ 18 years of age with relapsed or refractory peripheral T-cell lymphoma and have not had more than 3 lines of prior therapy. Patients with anaplastic large cell lymphoma are required to have received brentuximab vedotin prior to enrollment.	Pending activation
Supportive Care					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Fleischman		UCI 14-03: Role of Inflammation in the Pathogenesis of Myeloproliferative Neoplasm			Open to accrual
Fruman		UCI 15-65: Effect of candidate blood cancer therapies on normal human lymphocytes			Pending activation
Lee	Judit Castellanos	UCI 20-166: Screening to Improve Survival in AL Amyloidosis		Patients 60 years of age and older diagnosed with λ LC MGUS or λ LC SMM with dFLC greater than 23 mg/L and κ::λ free LC ratio below normal.	Open to accrual
Ciurea	Lily Choi	UCI 20-186: Assessment of Chimerism and Relapse Post Bone marrow/Hematopoietic Cell Transplant (HCT) Using AlloHeme Test (ACROBAT)		Patients 18 years of age and older diagnosed with AML, ALL, or MDS who will undergo an Allo-HCT from an HLA matched related or unrelated donor or haploidentical donor. Must not have history of prior All-HCT.	Open to accrual
O'Brien	Billy Sanchez	UCI 21-16: Multicenter Evaluation of SARS-CoV-2 Vaccines in Patients with CLL/SLL		Patients aged >18 years diagnosed with CLL/SLL	Open to accrual
Fleischman		UCI 23-32: Dissecting the mecahnism of Interferon Alpha (IFN) response in Myeloproliferative Neoplasm (MPN)	An oberservational study for dissecting the mechanism of IFN-alpha ni MPN		Open to accrual
O'Brien	Emiri Matsuda	UCI 21-184: A Study to Evaluate Long-Term Safety of CAR-T Cell Therapy in Patients with Hematologic Malignancies		Patients who received CB-010 through a Caribou-sponsored clinical study and have completed that study.	Open to accrual

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Malignant Hematology

Other					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Pakbaz	Judit Castellanos	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	Thrombopoietin receptor agonist	Patients ≥18 years of age diagnosed with gastrointestinal, pancreatic, or colerectal adenocarcinoma, receiving an oxaliplatin-based chemotherapy regimen, containing 5 FU or capecitabine plus oxaliplatin. Must have at least 3 remaining planned cycles of chemo at enrollment. Must have plt count < 75 x 109/L on day 1. Must be 14 days removed from the start of the chemotherapy cycle immediately prior to study day 1.	Open to accrual
Printer-Brown	Kristen Mueller	UCI 21-224: A Phase I, Multicenter, Open-Label, Dose-Escalation and Expansion Study to Evaluate the Safety, Tolerability, Pharmacokinectics, Pharmacodynamics, and Clinical Activity of Intravenously Administered KT-333 in Adult Patients with Relapsed or Refractory Lymphomas, Large Granular Lymphocytic Leukemia, and Solid Tumors	STAT3 degrader	Patients ≥18 years of age with histologically or pathologically confirmed lymphoma. Phase 1b only. Must have at least 1 prior systemic standard of care treatment or for whom standard therapies are not available.	Open to accrual
Fleischman	Kelsey McAbee	UCI 21-204: A Phase IIa, Randomized, Open-Label Study to Evaluate the Efficacy, Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of ISIS 702843 Administered to Patients with Phlebotomy Dependent Polycythemia Vera (PD-PV)	Antisense oligonucleotide specific for human transmembrane protease serine 6	Meet diagnostic criteria for polycythemia vera (PV) at the time of clinical diagnosis. Participant must be phlebotomy dependent. The participant's cytoreductive therapy must either be discontinued at least 3 months prior to screening, OR participant must be on a stable dose for at least 3 months prior to screening.	Open to accrual

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