Begin Clear

Breast Oncology					
Dr. Parajuli	TBD	UCI 22-09: A Phase Ib, First-In-Human, Dose Escalation and Expansion, Multicenter Study of XMT-1660 in Participants with Solid Tumors Likely to Express B7-H4	Antibody drug conjugate	Metastatic TNBC, HR+/HER2- breast cancer, or endometrial cancer, or ovarian, fallopian tube, or primary peritoneal cancer. For HR+/HER2- patients must have received at least one line of systemic therapy which must have included CDK 4/6 inhibitor + endocrine therapy (ET), in an advanced or metastatic setting For TNBC must have received at least 2 lines of systemic therapy in locally advanced or metastatic BC setting. Must have disease progression after treatment with available anti-cancer therapies known to confer benefit or is intolerant to treatment	Open to Accrual
Dr. Parajuli	Nidhisha Patel	ETCTN 10287: A Randomized Phase I/II Trial of Fulvestrant and Abemaciclib in Combination with Copanlisib (FAC) versus Fulvestrant and Abemaciclib Alone (FA) for Endocrine-Resistant, Hormone Receptor Positive, HER2 Negative Metastatic Breast Cancer (FAC vs FA)	Pan-class I PI3K inhibitor	HR+/HER2- metastatic breast cancer No more than one chemotherapy line in metastatic setting For patients enrolling on Phase 2 portion of the study: - must have resistance to endocrine therapy in metastatic setting -no prior treatment w/ CDK 4/6 inhibitor, Fulvestrant, or PI3K inhibitor in metastatic setting -no brain metastasis	Open to Accrual
Dr. Parajuli	TBD	UCI 21-82: A Phase I/II, Open Label, Dose-Escalation Study of Oral ORIN1001 With and Without Chemotherapy in the Treatment of Subjects with Solid Tumors	XBP1-splicing inhibitor	Phase I: Males or females with advanced solid tumors for which no effective standard of care treatments are available. Cohort 5: 500 mg Single Agent	Suspended
GI Oncology					
Dr. Valerin	Baoan Huynh	UCI 21-40/ 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 DF6002 as a Monotherapy and in Combination with Nivolumab in Patients with Locally Advanced or Metastatic Solid Tumors, and Expansion in Selected Indications	DF6002 is a monovalent human interleukin-12 (IL12)-constant fragment (Fc) fusion protein that binds to the IL12 receptor to stimulate interferon gamma (IFN secretion, proliferation of lymphocytes, and cytotoxicity of activated T cells and natural killer cells	**Inclusion:** • Previously tx melanoma, NSCLC, small cell lung, head and neck squamous cell, urothelial, gastric, esophageal, cervical, hepatocellular, Merkel cell, cutaneous squamous cell carcinoma, renal cell, endometrial, triple negative breast cancer (TNBC), ovarian, and prostate cancers • **Exclusion:** • Prior treatment with rhIL2 or with any drug containing an IL2 or IL12 moiety	Open to Accrual: 3/6 Slot request required prior to consenting
Dr. Dayyani	Krissy Ghio	UCI 20-43: Proof of Concept Study of ctDNA Guided Change in Treatment for Refractory Minimal Residual Disease in Colon Adenocarcinomas	ctDNA-guided change in adjuvant treatment	• Stage II, III, or IV colorectal cancer after curative resection and eligible for adjuvant doublet chemotherapy for at least 3 additional months • Must be ctDNA+ (Signatera) after at least 3 months of periop chemotherapy • Prior treatment with irinotecan or TAS-102 is excluded	Open to accrual
Dr. Cho	TBD	UCI 21-67: Phase I study of epacadostat (INCB024360) added to preoperative chemoradiation in patients with locally advanced rectal cancer	IDO1 inhibitor	• Plans to proceed with neoadjuvant short course radiation and chemotherapy • No prior anti-cancer therapy for rectal cancer	Pending activation
Dr. Dayyani	Krissy Ghio	UCI 21-110: Phase Ib/II Study of Agents Targeting the Mitogen-Activated Protein Kinase Pathway in Patients with Advanced Gastrointestinal Malignancies (HERKULES-3)	anti-ERK1/2 + Cetuximab + Encorafenib	• Histologically or cytologically confirmed metastatic CRC • Dose Escalation cohorts: must have disease progression after at least 1 systemic regimen. Prior regimens must contain the following (prior regorafenib or TAS-102 prohibited): - All patients: 5-FU or capecitabine, oxaliplatin and/or irinotecan, bevacizumab - Patients with MSI-H or dMMR CRC: pembrolizumab or nivolumab • Please contact clinical research coordinator for latest cohort status and updates	Open to accrual
Dr. Lee	Amber Luna	UCI 22-07: A Phase Ib/II Placebo Controlled, Double Blinded Study on the Efficacy and Safety of BXQ-350 in Combination with mFOLFOX7 and Bevacizumab in Newly Diagnosed Metastatic Colorectal Carcinoma	SAPc-DOPS/placebo + mFOLFOX + bev	• Must have measurable disease • Cannot have confirmed dMMR or MSI-H • Cannot have Type 1 or 2 diabetes mellitus	Open to accrual
Dr. 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 targeting pentameric Igm antibody IGM-8444	Inclusion: 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 Exclusion: • Prior DR5 agonist therapy • Prior DR5 agonist therapy	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	Antibody drug conjugate	Stage III or IV locally advanced or metastatic NSCLC, breast cancer, or ovarian cancer, or any stage recurrent disease Must be receiving cancer treatment with carboplatinum-based combination chemotherapy regimens Must have a platelet count < 75 x 109/L	Open to Accrual
Dr. Ou	Keagan Buttigieg	UCI 22-87: Phase I/IB Multicenter Open-Label Study of RMC-6236 in Subjects with Advanced Solid Tumors Harboring Specific Mutations in KRAS	KRAS Inhibitor	• Pathologically documented, locally advanced or metastatic malignancy with KRASG12A, KRASG12D, KRASG12R, KRASG12S, or KRASG12V mutations • Must have disease progresion after treatment with fluoroprimidine, oxalipatin, and irinotecan. If MSI-H or MMRd, must have received nivolumab or pembrolizumab • Subjects who have had prior therapy with any direct RAS inhibitor	Pending activation
Dr. Dayyani	TBD	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. 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
Dr. Carmichael	My Ha Nguyen	UCI 20-163: Efficacy and Safety of the CG-100 Intraluminal Bypass Device in Colorectal and Coloanal Anastomoses: Prospective, Open Label, Randomized Trial	CG-100 Intraluminal Bypass Device	• Patients diagnosed with colorectal cancer who are 22-65 years of age at screening • Scheduled for elective surgery (open, laparoscopic or robotic with mesorectal excision, either abdominal or transanal approach) which requires the creation of an anastomosis, max. 10 cm from anal verge	Suspended

Dr. Valerin	My Ha Nguyen	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	Anti-PD-1 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 • Pembrolizumab Expansion Cohort: must be eligible to receive pembrolizumab per its label for a malignancy of epithelial origin (participants with prior pembrolizumab are excluded)	Open to accrual
Dr. Dayyani	TBD	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. Chow	Baoan Huynh	UCI 21-247/ A First-in-Human, Multicenter, Open-Label, Phase I 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	TAB004 involves inhibiting BTLA/HVEM induced negative signal and enhanced downstream T-cell receptor (TCR) signaling.	**Inclusion:** • Histologically or cytologically confirmed advanced unresectable or metastatic solid tumors or lymphoma that have progressed following prior treatment **Exclusion:** • Prior exposure to anti-BTLA or anti-HVEM antibodies for Part A or B • Discontinued prior immune therapy due to immune mediated adverse reactions • HIV, HBV, HCV • Untreated or actively progressing CNS lesions	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
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 Metatstatic Solid Tumors	inhibitor of KDM4 histone demethylase	• Phase 1a: Patient must have advanced or metastatic solid tumor that has progressed or was nonresponsive or intolerant to available therapies and for which no standard or available curative therapy exists • Phase 1b: Patient must have advanced or metastatic gastrointestinal tumors or MSI-H CRC that has progressed or was non-responsive or intolerant to standard therapy (e.g., fluoropyrimidine and oxaliplatin with or without bevacizumab) • No prior gastrectomy or upper bowel removal or any other gastrointestinal disorder that would interfere with the absorption or excretion of TACH101	Pending Activation
Dr. Dayyani	Amber Luna	UCI 21-191: Response Adopted Neoadjuvant Therapy in Gastroesophageal Cancers (RANT-GC Trial)	SOC therapy with ctDNA testing	• Histologically or cytologically confirmed adenocarcinoma of the stomach or gastroesophageal junction. Other GE histologies which are treated per NCCN guidelines for neoadjuvant treatment are eligible. • Stage IB, II, or III disease eligible for (neo)adjuvant doublet or triplet chemotherapy for up to 6 months • Baseline ctDNA assay must be positive (tested by Signatera) prior to initiation of neoadjuvant chemotherapy	Pending activation
Dr. Dayyani	My Ha Nguyen	UCI 21-193: A Phase IB/III Study of Bemarituzumab Plus Chemotherapy and Nivolumab Versus Chemotherapy and Nivolumab Alone in Subjects with Previously Untreated Advanced Gastric and Gastroesophageal Cancer with FGFR2b Overexpression	FGF inhibitor + mFOLFOX6 + anti-PD-L1 (nivolumab)	• Histologically documented gastric or gasteoesophageal junction adenocarcinoma • Unpreviously treated disease that is unresectable, locally advanced, or metastatic • Measurable disease or non-measurable, but evaluable disease, per RECIST v1.1 • FGFR2b overexpression as determined by central testing	Open to accrual
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 FGR2b Overexpression (FORTITUDE-301)	Bemarituzumab (AMG 552)-FGFR2b inhibitor	Inclusion: • Histologically or cytologically confirmed cancer refractory to or relapsed after at least 1 prior standard therapeutic regimen in the advanced/metastatic setting, as specified: colorectal adenocarcinoma: > or = 2 lines of therapy • Tumor overexpresses FGFR2b as determined by centrally performed immunohistochemistry (IHC) testing Exclusion: • Prior treatment with any investigational selective inhibitor of the FGF-FGFR pathway (unless approved standard of care for tumor indication) •Untreated or symptomatic central nervous system (CNS) metastases or leptomeningeal disease	Open to accrual
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
GU Oncology					
Dr. Mar	Madina Popal	UCI 22-17: An Open-Label, Escalating Multiple-Dose Study to Evaluate the Safety, Toxicity, Pharmacokinetics, and Preliminary Activity of BTX-1188 in Subjects with Advanced Malignancies	CRBN Binder	Patients must have metastatic solid tumor that has failed all standard therapies. Excluding any active CNS disease involvement (stable CNS Mets permitted)	Suspended
Dr. Rezazadeh	Madina Popal	UCI 20-138: A Phase I/II, Open-Label, Dose Escalation, and Cohort Expansion Clinical Trial to Evaluate the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of ARV-110 in Patients with Metastatic Castration Resistant Prostate Cancer	ARV-110: AR protein degrader	Part B - Phase 2 Cohort Expansion • Testosterone <50 ng/dL • 1-2 prior second generation anti-androgen agents for CRPC. • Subgroup 1: Tumors harboring AR T878 and/or H875 mutations. -At most 1 chemotherapy regimen in CSPC and CRPC settings. • Subgroup 4: Less pre-treated group. -Received only 1 prior AR second generation therapy either as treatment for CSPC or CRPC and no more than 1 regimen in CRPC setting. -No prior chemotherapy. • Results of tumor DNA sequence analysis, including AR gene, known prior to initiation of treatment within 3 months of enrollment.	Suspended

Dr. Mar	Samantha Boggs	ETCTN-10301: A Phase I and Randomized Phase II Trial of Radium-223 Dichloride, M3814, & Avelumab in Advanced Metastatic Castrate-Resistant Prostate Cancer (mCRPC)	Radium-233: Alpha particle radiation; M3814: DNA-PK inhibitor; Avelumab: Anti-PD-L1	• Testosterone <20 ng/dL • Progressive CRPC with ≥2 skeletal metastases identified by bone scan. ≥1 LN metastases allowed (LN must measure <3 cm in the longest dimension). Visible visceral organ metastases are not allowed. • Progression after abiraterone, enzalutamide, docetaxel, or other secondary hormonal therapy. There is no maximum number of prior therapies. • No prior therapy with radionuclides, hemibody external radiation, or systemic radiotherapy with radioisotopes. • Able to discontinue medications that are potent inhibitors, inducers or sensitive substrates of CYP3A4/5 or CYP2C19. • Able to discontinue concomitant H2 blockers or PPIs.	Open to accrual
Dr. Uchio	P. Duffy	UCI 22-69: A Phase I/II Study of EG-70 as an Intravesical Administration to Patients with BCG-Unresponsive NMIBC and High-Risk NMIBC Patients Who Are BCG Naïve or Received Incomplete BCG Treatment	EG-70	Inc: * BCG-Unresponsive Patients: persistent high-grade disease after receiving intravesical BCG induction, T1 high-grade disease residual at the first evaluation following induction BCG * BCG-Naïve or BCG-Incompletely Treated Patients (Phase 2 Only): persistent or recurrent high-grade disease after incomplete BCG (at least 1 dose) treatment and/or who have not yet received any treatment with BCG due to unavailability, but who have previously been treated with at least 1 dose of intravesical chemotherapy following transurethral resection of bladder tumor	Pending activation
Dr. Rezazadeh	Samantha Boggs	UCI 22-128: A Phase I/II Open-Label Rolling-Arm Umbrella Platform Study of Investigational Agents With or Without Pembrolizumab in Participants with PD-1/L1 Refractory Locally Advanced or Metastatic Urothelial Carcinoma (KEYMAKER-U04): Substudy 04A		In: * Has PD-1/L1 refractory locally advanced or mUC * Has resolution of toxic effect(s) of the most recent prior therapy to Grade 1 or less (except alopecia) Ex: * Has had prior treatment with an anti-ROR1 therapy * Neuropathy grade >1	Suspended
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	BBP-398: SHP2 inhibitor	Dose Expansion Phase: • Advanced or metastatic solid tumor with other MAPK-pathway alterations (excl. BRAF V600X) with no available standard of care or curative therapies. • Cohort A: Advanced or metastatic KRAS G12C of NSCLC with no available standard of care or curative therapies. • Cohort B: Advanced or metastatic KRAS G12C of non-NSCLC with no available standard of care or curative therapies. • Cohort A: Advanced or metastatic NF1 LOF solid tumor with no available standard of care or curative therapies. • Cohort D: Advanced of metastatic EGFR-mutant NSCLC that progressed on standard of care EGFR TKI therapies, with no available standard of care or curative therapies.	Open to accrual
Gyn Oncology					
Dr. Tewari	Nirali Patel	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	TransCon Toll like receptor (TLR) 7/8 agonist	• Participants must have histologically confirmed locally advanced, recurrent or metastatic solid tumor malignancies that cannot be treated with curative intent (surgery or radiotherapy). - Patients in neoadjuvant cohorts are exempt. • At least 2 lesions of measurable disease per RECIST 1.1, unless specified otherwise in the selection criteria – at least 1 lesion that is safely accessible for intratumoral injection and 1 lesion that is not injected (at least initially). • Lesion(s) to be injected must be measurable and greater than or equal to 15 mm in the longest diameter at initial selection.	Pending activation
Dr. Tewari	Nirali Patel	UCI 22-77: Phase I First-in-Human Study to Explore the Safety, Tolerability and Pharmacokinetics of AMG 794 in Subjects with Claudin 6-Positive Advanced/Metastatic Non-Squamous Non-Small Cell Lung Cancer or Epithelial Ovarian Cancerand Other Malignant Solid Tumor Indications	AMG794 half-life extended (HLE) BiTE molecule targeting CLDN6	Inclusion: • Subjects with histologically or cytologically documented malignant solid tumor diseases expressing CLDN6 including but not limited to NSCLC, EOC, testicular germ cell cancer, uterine endometrial cancer, or triple negative breast cancer, that is metastatic or unresectable at screening time point. Subjects should have exhausted available SOC systemic therapy or should not be candidates for such available therapy. • For dose expansion cohorts: Subjects with at least 1 measurable lesion ≥ 10 mm which has not undergone biopsy within 3 months of screening scan. This lesion cannot be biopsied at any time during the study. Exclusion: • History of other malignancy within the past 2 years, with the following exceptions: - Malignancy treated with curative intent and with no known active disease present for ≥ 2 years before enrollment and understood to be at low risk for recurrence by the treating physician. - Adequately treated cervical carcinoma in situ without evidence of disease. - Adequately treated breast ductal carcinoma in situ without evidence of disease.	ENROLLMENT HOLD
Dr. Tewari	Nirali Patel	UCI 22-78: A Phase I Study of KSQ-4279 Alone and in Combination in Patients with Advanced Solid Tumors		In: - Measurable disease or non-measurable disease per RECIST v1.1 - Recovered to ≤ Grade 1 or baseline toxicity (except alopecia) from prior therapy Ex: - Prolongation of QT/QTc interval (QTc interval > 480 msec) using the Frederica method of QTc analysis - Primary malignant brain tumor - Previous solid organ or hematopoietic cell transplant - Uncontrolled hypertension	Open to accrual
Dr. Parajuli	TBD	UCI 21-82: A Phase I/II, Open Label, Dose-Escalation Study of Oral ORIN1001 With and Without Chemotherapy in the Treatment of Subjects with Solid Tumors	XBP1-splicing inhibitor	Phase I: Males or females with advanced solid tumors for which no effective standard of care treatments are available. Cohort 5: 500 mg Single Agent	Suspended
Dr. Tewari	Nirali Patel	UCI 20-110: A Phase Ib/II Study of TAK-981 Plus Pembrolizumab to Evaluate the Safety, Tolerability, and Antitumor Activity of the Combination in Patients with Select Advanced or Metastatic Solid Tumors	TAK-981 (small molecule inhibitor of SUMOylation) + Pembrolizumab	• Have histologically or cytologically documented, advanced (metastatic and/or unresectable) cancer • CPI-naive cervical cancer (squamous cell carcinoma, adenosquamous or adenocarcinoma of cervix) patients for whom prior standard first line treatment has failed and who has received no more than 1 prior systemic line of therapy for recurrent or Stage IVB cervical cancer • Measurable disease per RECIST, (non-nodal lesions >10 mm and lymph nodes >15mm) • ECOG 0 to 1	Open to Accrual - COHORT B WAITLIST ONLY
Hepatobiliary and Pancreas Oncology					

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
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
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. Valerin	TBD	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 targeted Vaccine	• Histologically/cytologically confirmed solid tumor, centrally tested for RAS mutation • Following chemotherapy and surgical resection, subject must have RO or R1 margins and radiographic NED • Phase I: high risk of relapse evidenced by positive ctDNA or high/rising tumor markers	Pending activation
Lung Oncology					
Dr. 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
Dr. 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)
Dr. 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	Phase I/II Study of the Selective RET Inhibitor TAS0953/HM06 in Patients with Advanced Solid Tumors with RET Gene Abnormalities (eligibility criteria pending).	Open to Accrual
Dr. 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		Inc: * Subject must have pathologically documented, locally advanced or metastatic KRASG12C-mutated solid tumor malignancy previously treated with BOTH immunotherapy and chemotherapy Ex: * Subjects has primary central nervous system (CNS) tumors * Subject has known or suspected leptomeningeal or brain metastases or spinal cord compression * Subject has a prior history of interstitial lung disease * Known active severe acute respiratory syndrome coronavirus 2 * Subject has a history of cerebrovascular accident or transient ischemic attack within previous 6 months of signing the ICF * Pulmonary embolism that resolved within 28-days of C1D1 * Subjects previously treated with a KRASG12C(ON) inhibitor	Open to accrual
Dr. Nagasaka	Jenny Choe	UCI 21-27: APh I/II Study Targeting Acquired Resistance Mechanisms in Patients with EGFR Mutant NSCLC	EGFR	A Phase I/II Study Targeting Acquired Resistance Mechanisms in Patients with EGFR Mutant Non-Small Cell Lung Cancer	Open to Accrual (Slot assignment required prior to screening)
Dr. Nagasaka	Richard Chang	UCI-21-13: Phase I/II Study of BT5528 in Patients with Advanced Malignancies Associated with EphA2 Expression	BT5528: bicycle toxin conjugate targeting EphA2	Part A • Histologically confirmed metastatic recurrent melignany solid tumor who must have exhausted all appropriate treatment options per local guidelines and must have failed at least one prior line of therapy with evidence of radiographic progression on the most recent line. • Cohort A1-4 for Part A-1 monotherapy or Cohort A2-3 for Part A-2 combination therapy must have tumor tissue with confirmation of positive EphA2 tumor expression. • Patients with ovarian or urothelial cancer in Cohort 1-4 for Part A-1 monotherapy or Cohort A2-3 for Part A-2 conbination therapy must have tumor tissue available but may be enrolled without prior confirmation of EphA2 tumor expression. Part B • Histologically confirmed metastatic recurrent disease that is non-small cell lung cancer, ovarian cancer, triple-negative breast cancer, gastric/upper gastrointestinalcancer, head and neck cancer, or urothelial cancer. • Must have failed or are ineligible for all appropriate treatment options per local guidelines and have evidenace of radiographic progression on the most recent line of therapy.	Open to accrual
Dr. 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 (ARROS-1)		• Histologically or cytologically confirmed metastatic solid tumors with documented ROS1 rearrangement. • No primary driver alteration other than ROS1. For example, NSCLC with a targetable mutation in EGFR, ALK, MET, RET, or BRAF.	Open to accrual
Dr. 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)
Dr. Nagasaka	Jenny Choe	UCI 21-53: A Phase Ia/Ib Study of LY3537982 in Patients with KRAS G12C-Mutant Advanced Solid Tumors	KRAS G12-C	A Phase Ia/Ib Study of LY3537982 in Patients with KRAS G12C-Mutant Advanced Solid Tumors	Open to Accrual
Dr. 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	Ph I/II Study of NVL-655 Patients with Advanced NSCLC and Other Solid Tumors	Open to Accrual

Dr. Ou	Keagan Buttigieg	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
Dr. Nagasaka	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)
Dr. 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 D open only
Dr. 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)		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)	Open to Accrual
Dr. 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		PhI/II BGB-A425 in Combo w/ Tislelizumab in Pts w/ Adv Solid Tumors	Open to Approval
Dr. 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)
Dr. Nagasaka	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	• Must have received prior standard therapy appropriate for their tumor type and stage of disease, or in the opinion of the Investigator, would be unlikely to tolerate or derive clinically meaningful benefit from appropriate standard of care therapy. • Locally-advanced unresectable or metastatic solid tumor malignancy with documented NRG1 gene fusion, identified through molecular assays such as PCR, next generation sequencing-based assays [DNA or RNA], or FISH as routinely performed at CLIA or other similarly-certified laboratories.	Open to accrual
Dr. Ou	Richard Chang	UCI 21-105 A PHASE 1/2 STUDY OF REGN5093-M114 (METXMET ANTIBODY-DRUG CONJUGATE) IN PATIENTS WITH MET OVEREXPRESSING ADVANCED CANCER		NSCLC patients are not required to have exhausted all approved therapies, including but not limited to platinum-based chemotherapy and anti PD-(L)1 antibody therapies either concurrently or sequentially, if not expected by the investigator to confer clinical benefit	Open to Accrual
Dr. Nagasaka	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. 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)
Dr. 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
Dr. 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
Dr. 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
Malignant Heme Oncology					

Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. Jeyakumar	Kelsey Shannon McAbee	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
Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. 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
Dr. Jeyakumar	Stephanie Osorio	UCI 22-81: A Phase I/II, Open-Label, Multicenter, Dose Escalatin and Expansion Study of the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of HM43239 in Patients with Relapsed or Refractory Acute Myeloid Leukemia	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
Dr. 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
Dr. 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

Dr. 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
Skin Oncology					
Dr. Chow	Baoan Huynh	UCI 21-229 Phase I, Open-Label Study to Evaluate Safety, Tolerability and Preliminary Efficacy of Modified Salmonella Typhimurium SGN1 in Patients with Advanced Solid Tumor	Salmonella enterica, serotype typhimurium (VNP20009-M) that expresses L-Methioninase	Inclusion: • At least one measurable lesion • SCLC/NCSLC, non/Hodgkin's Lymphoma, Sarcoma, Cervical, melanoma, head and neck, breast, ovarian, pseudomyxoma peritoneum, HCC Exclusion: • Tumors in hollow organs (Stomach, esophagus, intestine, etc) • Documented salmonella infections within 6 months	Open to Accrual Accrual: 0/6 Slot request required prior to consenting
Dr. Chow	Erin Torrison	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	LVGN6151: CD137 antagonist; Pembro: PD-1 antibody	• Histologically or cytologically confirmed advanced metastatis or unresectable malignancy, forewhich they have received all standard therapy or have been unable to tolerate standard therapy.	Open to accrual
Dr. Fruehauf	Nicole Ferrand	UCI 20-169/ A Phase IB, Open-Label, Multicenter Study to Evaluate the Safety, Pharmacokinetics, and Activity of Belvarafenib as a Single Agent and in Combination with Either Cobimetinib or Cobimetinib Plus Atezolizumab in Patients with NRAS-Mutant Advanced Melanoma Who Have Received Anti-PD-1/PD-L1 Therapy	Belvarafenib alone: RAF dimer (type II) inhibitor targeting mutant BRAF V600, WT BRAF, and RAF-1 (CRAF), or in combination with Cobimetinib and Atezolizumab.	**Inclusion:** • Metastatic or unresectable stage III, previously treated w up to 2 lines of systemic therapy that included anti-PD-1 or anti-PD-L1 therapy (previous tx in adjuvant setting is also permitted) • NRAS mutation positive **Exclusion:** • HIV, HCV, HBV • Prior allogeneic stem cell or solid organ transplantation • Untreated or actively progressing CNS lesions	Open to Accrual Accrual: 0/5
Solid Tumors/ Basket Trials					
Dr. Parajuli	TBD	UCI 22-09: A Phase Ib, First-In-Human, Dose Escalation and Expansion, Multicenter Study of XMT-1660 in Participants with Solid Tumors Likely to Express B7-H4	Antibody drug conjugate	Metastatic TNBC, HR+/HER2- breast cancer, or endometrial cancer, or ovarian, fallopian tube, or primary peritoneal cancer. For HR+/HER2- patients must have received at least one line of systemic therapy which must have included CDK 4/6 inhibitor + endocrine therapy (ET), in an advanced or metastatic setting For TNBC must have received at least 2 lines of systemic therapy in locally advanced or metastatic BC setting. Must have disease progression after treatment with available anti-cancer therapies known to confer benefit or is intolerant to treatment	Open to Accrual
Dr. Parajuli	TBD	UCI 21-82: A Phase I/II, Open Label, Dose-Escalation Study of Oral ORIN1001 With and Without Chemotherapy in the Treatment of Subjects with Solid Tumors	XBP1-splicing inhibitor	Phase I: Relapsed refractory metastatic breast cancer (TNBC or ER+/HER2-) w/ advanced solid tumors. Must have progressed on at least 2 lines of therapy. Cohort C2A: 300 mg + Abraxane combo Phase II: no more than three lines of systemic therapy in the metastatic setting. Cohort A-TNBC, Cohort B-MYC+, Cohort C-ER+/HER2-, Cohort D-TNBC	Suspended
Dr. Ou	Cynthia A Gonzalez	UCI 20-133: Phase I/II Study of the Selective RET Inhibitor TAS0953/HM06 in Patients with Advanced Solid Tumors with RET Gene Abnormalities	Selective RET Inhibitor	Advanced solid tumors w/ RET gene abnormalities and has failed all available therapeutic options	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	Antibody drug conjugate	Stage III or IV locally advanced or metastatic NSCLC, breast cancer, or ovarian cancer, or any stage recurrent disease Must be receiving cancer treatment with carboplatinum-based combination chemotherapy regimens Must have a platelet count < 75 x 109/L	Open to Accrual
Dr. 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 targeting pentameric Igm antibody IGM-8444	Inclusion: 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 Exclusion: • Prior DR5 agonist therapy • Prior DR5 agonist therapy	Open to accrual
Dr. Dayyani	TBD	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. Valerin	My Ha Nguyen	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	Anti-PD-1 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 • Pembrolizumab Expansion Cohort: must be eligible to receive pembrolizumab per its label for a malignancy of epithelial origin (participants with prior pembrolizumab are excluded)	Open to accrual
Dr. 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	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. 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
Dr. Nagasaka	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	• Must have received prior standard therapy appropriate for their tumor type and stage of disease, or in the opinion of the Investigator, would be unlikely to tolerate or derive clinically meaningful benefit from appropriate standard of care therapy. • Locally-advanced unresectable or metastatic solid tumor malignancy with documented NRG1 gene fusion, identified through molecular assays such as PCR, next generation sequencing-based assays [DNA or RNA], or FISH as routinely performed at CLIA or other similarly-certified laboratories.	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	BBP-398: SHP2 inhibitor	Dose Expansion Phase: • Advanced or metastatic solid tumor with other MAPK-pathway alterations (excl. BRAF V600X) with no available standard of care or curative therapies. • Cohort A: Advanced or metastatic KRAS G12C of NSCLC with no available standard of care or curative therapies. • Cohort B: Advanced or metastatic KRAS G12C of non-NSCLC with no available standard of care or curative therapies. • Cohort A: Advanced or metastatic NF1 LOF solid tumor with no available standard of care or curative therapies. • Cohort D: Advanced of metastatic EGFR-mutant NSCLC that progressed on standard of care EGFR TKI therapies, with no available standard of care or curative therapies.	Open to accrual
Dr. Chow	Erin Torrison	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	LVGN6151: CD137 antagonist; Pembro: PD-1 antibody	• Histologically or cytologically confirmed advanced metastatis or unresectable malignancy, forewhich they have received all standard therapy or have been unable to tolerate standard therapy.	Open to accrual
Dr. Valerin	Baoan Huynh	UCI 21-40/ 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 DF6002 as a Monotherapy and in Combination with Nivolumab in Patients with Locally Advanced or Metastatic Solid Tumors, and Expansion in Selected Indications	DF6002 is a monovalent human interleukin-12 (IL12)-constant fragment (Fc) fusion protein that binds to the IL12 receptor to stimulate interferon gamma (IFN□□ secretion, proliferation of lymphocytes, and cytotoxicity of activated T cells and natural killer cells	**Inclusion:** • Previously tx melanoma, NSCLC, small cell lung, head and neck squamous cell, urothelial, gastric, esophageal, cervical, hepatocellular, Merkel cell, cutaneous squamous cell carcinoma, renal cell, endometrial, triple negative breast cancer (TNBC), ovarian, and prostate cancers • **Exclusion:** • Prior treatment with rhIL2 or with any drug containing an IL2 or IL12 moiety	Open to Accrual: 3/6 Slot request required prior to consenting
Dr. 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	BGC-A425: anti-TIM-3: Tislelizumab: anti-PD-1	- Patient has not received prior therapy targeting TIM-3 - must meet the Child-Pugh A classification for liver function w/in 7 days before first dose - ECOG ≤ 1 Exclusion - Active untreated brain mets - history of interstitial lung disease - undergone any major surgical procedure within 28 days before 1st treatment - hypersensitivity to monoclonal antibodies - received any herbal medicine or Chinese patent medicines used to control cancer within 14 days of 1st dose - Was administered a live vaccine ≤ 28 days prior to study - Underlying medical conditions or alcohol or drug abuse or dependence	Open to accrual
Dr. 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 (ARROS-1)		• Histologically or cytologically confirmed metastatic solid tumors with documented ROS1 rearrangement. • No primary driver alteration other than ROS1. For example, NSCLC with a targetable mutation in EGFR, ALK, MET, RET, or BRAF.	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
Dr. Tewari	Kenya Gomez	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	TransCon Toll like receptor (TLR) 7/8 agonist	• Participants must have histologically confirmed locally advanced, recurrent or metastatic solid tumor malignancies that cannot be treated with curative intent (surgery or radiotherapy). - Patients in neoadjuvant cohorts are exempt. • At least 2 lesions of measurable disease per RECIST 1.1, unless specified otherwise in the selection criteria – at least 1 lesion that is safely accessible for intratumoral injection and 1 lesion that is not injected (at least initially). • Lesion(s) to be injected must be measurable and greater than or equal to 15 mm in the longest diameter at initial selection.	Pending activation
Dr. Tewari	Nirali Patel	UCI 22-78: A Phase I Study of KSQ-4279 Alone and in Combination in Patients with Advanced Solid Tumors		In: - Measurable disease or non-measurable disease per RECIST v1.1 - Recovered to ≤ Grade 1 or baseline toxicity (except alopecia) from prior therapy Ex: - Prolongation of QT/QTc interval (QTc interval > 480 msec) using the Frederica method of QTc analysis - Primary malignant brain tumor - Previous solid organ or hematopoietic cell transplant - Uncontrolled hypertension	Open to accrual

Dr. 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		Inc: * Subject must have pathologically documented, locally advanced or metastatic KRASG12C-mutated solid tumor malignancy previously treated with BOTH immunotherapy and chemotherapy Ex: * Subjects has primary central nervous system (CNS) tumors * Subject has known or suspected leptomeningeal or brain metastases or spinal cord compression * Subject has a prior history of interstitial lung disease * Known active severe acute respiratory syndrome coronavirus 2 * Subject has a history of cerebrovascular accident or transient ischemic attack within previous 6 months of signing the ICF * Pulmonary embolism that resolved within 28-days of C1D1 * Subjects previously treated with a KRASG12C(ON) inhibitor	Open to accrual
Dr. Tewari	Nabeel Qureshi	UCI 22-77: Phase I First-in-Human Study to Explore the Safety, Tolerability and Pharmacokinetics of AMG 794 in Subjects with Claudin 6-Positive Advanced/Metastatic Non-Squamous Non-Small Cell Lung Cancer or Epithelial Ovarian Cancerand Other Malignant Solid Tumor Indications	AMG794 half-life extended (HLE) BiTE molecule targeting CLDN6	Inclusion: • Subjects with histologically or cytologically documented malignant solid tumor diseases expressing CLDN6 including but not limited to NSCLC, EOC, testicular germ cell cancer, uterine endometrial cancer, or triple negative breast cancer, that is metastatic or unresectable at screening time point. Subjects should have exhausted available SOC systemic therapy or should not be candidates for such available therapy. • For dose expansion cohorts: Subjects with at least 1 measurable lesion ≥ 10 mm which has not undergone biopsy within 3 months of screening scan. This lesion cannot be biopsied at any time during the study. Exclusion: • History of other malignancy within the past 2 years, with the following exceptions: - Malignancy treated with curative intent and with no known active disease present for ≥ 2 years before enrollment and understood to be at low risk for recurrence by the treating physician. - Adequately treated cervical carcinoma in situ without evidence of disease. - Adequately treated breast ductal carcinoma in situ without evidence of disease.	Suspended
Dr. Dayyani	TBD	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. 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)
Dr. Nagasaka	Jenny Choe	UCI 21-27: APh I/II Study Targeting Acquired Resistance Mechanisms in Patients with EGFR Mutant NSCLC	EGFR	A Phase I/II Study Targeting Acquired Resistance Mechanisms in Patients with EGFR Mutant Non-Small Cell Lung Cancer	Open to Accrual (Slot assignment required prior to screening)
Dr. Nagasaka	Richard Chang	UCI-21-13: Phase I/II Study of BT5528 in Patients with Advanced Malignancies Associated with EphA2 Expression	BT5528: bicycle toxin conjugate targeting EphA2	Part A • Histologically confirmed metastatic recurrent melignany solid tumor who must have exhausted all appropriate treatment options per local guidelines and must have failed at least one prior line of therapy with evidence of radiographic progression on the most recent line. • Cohort A1-4 for Part A-1 monotherapy or Cohort A2-3 for Part A-2 combination therapy must have tumor tissue with confirmation of positive EphA2 tumor expression. • Patients with ovarian or urothelial cancer in Cohort 1-4 for Part A-1 monotherapy or Cohort A2-3 for Part A-2 combination therapy must have tumor tissue available but may be enrolled without prior confirmation of EphA2 tumor expression. Part B • Histologically confirmed metastatic recurrent disease that is non-small cell lung cancer, ovarian cancer, triple-negative breast cancer, gastric/upper gastrointestinalcancer, head and neck cancer, or urothelial cancer. • Must have failed or are ineligible for all appropriate treatment options per local guidelines and have evidenace of radiographic progression on the most recent line of therapy.	Open to accrual
Dr. Nagasaka	Jenny Choe	UCI 21-53: A Phase Ia/Ib Study of LY3537982 in Patients with KRAS G12C-Mutant Advanced Solid Tumors	KRAS G12-C	A Phase Ia/Ib Study of LY3537982 in Patients with KRAS G12C-Mutant Advanced Solid Tumors	Open to Accrual
Dr. 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	Ph I/II Study of NVL-655 Patients with Advanced NSCLC and Other Solid Tumors	Open to Accrual
Dr. Ou	Keagan Buttigieg	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
Dr. 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)
Dr. Chow	Baoan Huynh	UCI 21-247/ A First-in-Human, Multicenter, Open-Label, Phase I 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	TAB004 involves inhibiting BTLA/HVEM induced negative signal and enhanced downstream T-cell receptor (TCR) signaling.	**Inclusion:** • Histologically or cytologically confirmed advanced unresectable or metastatic solid tumors or lymphoma that have progressed following prior treatment **Exclusion:** • Prior exposure to anti-BTLA or anti-HVEM antibodies for Part A or B • Discontinued prior immune therapy due to immune mediated adverse reactions • HIV, HBV, HCV • Untreated or actively progressing CNS lesions	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

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 Metatstatic Solid Tumors	inhibitor of KDM4 histone demethylase	• Phase 1a: Patient must have advanced or metastatic solid tumor that has progressed or was nonresponsive or intolerant to available therapies and for which no standard or available curative therapy exists • Phase 1b: Patient must have advanced or metastatic gastrointestinal tumors or MSI-H CRC that has progressed or was non-responsive or intolerant to standard therapy (e.g., fluoropyrimidine and oxaliplatin with or without bevacizumab) • No prior gastrectomy or upper bowel removal or any other gastrointestinal disorder that would interfere with the absorption or excretion of TACH101	Pending Activation
Dr. Chow	Baoan Huynh	UCI 21-229 Phase I, Open-Label Study to Evaluate Safety, Tolerability and Preliminary Efficacy of Modified Salmonella Typhimurium SGN1 in Patients with Advanced Solid Tumor	Salmonella enterica, serotype typhimurium (VNP20009-M) that expresses L-Methioninase	Inclusion: • At least one measurable lesion • SCLC/NCSLC, non/Hodgkin's Lymphoma, Sarcoma, Cervical, melanoma, head and neck, breast, ovarian, pseudomyxoma peritoneum, HCC Exclusion: • Tumors in hollow organs (Stomach, esophagus, intestine, etc) • Documented salmonella infections within 6 months	Open to Accrual Accrual: 0/6 Slot request required prior to consenting
Dr. Mar	Madina Popal	UCI 22-17: An Open-Label, Escalating Multiple-Dose Study to Evaluate the Safety, Toxicity, Pharmacokinetics, and Preliminary Activity of BTX-1188 in Subjects with Advanced Malignancies	CRBN Binder	Patients must have metastatic solid tumor that has failed all standard therapies. Excluding any active CNS disease involvement (stable CNS Mets permitted)	Suspended
Dr. Ou	Keagan Buttigieg	UCI 22-87: Phase I/IB Multicenter Open-Label Study of RMC-6236 in Subjects with Advanced Solid Tumors Harboring Specific Mutations in KRAS	KRAS Inhibitor	• Pathologically documented, locally advanced or metastatic malignancy with KRASG12A, KRASG12D, KRASG12R, KRASG12S, or KRASG12V mutations • Must have disease progresion after treatment with fluoroprimidine, oxalipatin, and irinotecan. If MSI-H or MMRd, must have received nivolumab or pembrolizumab • Subjects who have had prior therapy with any direct RAS inhibitor	Pending activation
Dr. Nagasaka	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. 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 FGR2b Overexpression (FORTITUDE-301)	Bemarituzumab (AMG 552)-FGFR2b inhibitor	Inclusion: • Histologically or cytologically confirmed cancer refractory to or relapsed after at least 1 prior standard therapeutic regimen in the advanced/metastatic setting, as specified: colorectal adenocarcinoma: > or = 2 lines of therapy • Tumor overexpresses FGFR2b as determined by centrally performed immunohistochemistry (IHC) testing Exclusion: • Prior treatment with any investigational selective inhibitor of the FGF-FGFR pathway (unless approved standard of care for tumor indication) •Untreated or symptomatic central nervous system (CNS) metastases or leptomeningeal disease	Open to accrual
Dr. Tewari	Nirali Patel	UCI 20-110: A Phase Ib/II Study of TAK-981 Plus Pembrolizumab to Evaluate the Safety, Tolerability, and Antitumor Activity of the Combination in Patients with Select Advanced or Metastatic Solid Tumors	TAK-981 (small molecule inhibitor of SUMOylation) + Pembrolizumab	• Have histologically or cytologically documented, advanced (metastatic and/or unresectable) cancer • CPI-naive cervical cancer (squamous cell carcinoma, adenosquamous or adenocarcinoma of cervix) patients for whom prior standard first line treatment has failed and who has received no more than 1 prior systemic line of therapy for recurrent or Stage IVB cervical cancer • Measurable disease per RECIST, (non-nodal lesions >10 mm and lymph nodes >15mm) • ECOG 0 to 1	Open to Accrual - COHORT B WAITLIST ONLY
Dr. Pinter-Brown	Kristen Mueller	UCI 21-224: A Phase I, Multicenter, Open-Label, Dose-Escalation and Expansion Study to Evaluate the Safety, Tolerability, Pharmacokinetics, 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
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. Valerin	TBD	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 targeted Vaccine	• Histologically/cytologically confirmed solid tumor, centrally tested for RAS mutation • Following chemotherapy and surgical resection, subject must have RO or R1 margins and radiographic NED • Phase I: high risk of relapse evidenced by positive ctDNA or high/rising tumor markers	Pending activation
Dr. 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)