Adjuvant Merkel Cell Carcinoma Trials

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Gao	Natalie Arechiga	**EA6174**/A Phase III Randomized Trial Comparing Adjuvant MK-3475 (Pembrolizumab) To Standard of Care Observation in Completely **Resected Merkel Cell Carcinoma**	Pembrolizumab: Anti PD-1 Immunotherapy versus SOC	Inclusion: • Must have a histological confirmation of diagnosis of Merkel cell carcinoma (MCC), pathologic stages (AJCC version 8) I-IIIb • Primary tumor must have negative margins • Must treat within 112 days of surgical resection • RT is allowed if completed 28 days prior to systemic tx or begins within 14 days of systemic tx Exclusion: • Patients with distant metastatic disease (stage IV)	Suspended Accrual: 8/13
Gao	Natalie Arechiga	**UCI 18-84**/A Multicenter, Randomized, Double-Blinded, Placebo-Controlled, Phase III Trial of Adjuvant Avelumab (anti-PDL-1 Antibody) in Merkel Cell Carcinoma Patients with Clinically Detected Lymph Node Metastases [Orange]	PD-L1 Inhibitor	**Inclusion:** • Histologically confirmed MCC metastases in clinically detected lymph node(s) • Must have completed definitive treatment that included surgical removal of the clinically detected MCC metastases (with/without adjuvant radiation therapy as determined by the treating investigator). **• Must start the study treatment no more than 60 days from the last dose of RT (if administered) and no more than 120 days from the date of surgical removal of nodal metastases.** **Exclusion:** • Clinical or radiologic suspicion of residual MCC at the time of enrollment. • Suspicion or known history of distant metastatic MCC, which is not classifiable as local recurrence or regional metastasis. • Any prior systemic therapy (e.g. adjuvant, neo-adjuvant or concurrent use of chemotherapy, immunotherapy or an investigational agent) for MCC at any time • Any prior intra-lesional MCC therapy within 180 days from Day 1 of study treatment	Open to Accrual Accrual: 9/12

Merkel Cell Carcinoma Trials

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Yamamoto	Baoan Huynh	**ETCTN 10057**/ A Phase II Study of Talimogene Laherparepvec Followed by Talimogene Laherparepvec + Nivolumab in Refractory T Cell and NK Cell Lymphomas, Cutaneous Squamous Cell Carcinoma, Merkel Cell Carcinoma, and Other Rare Skin Tumors *Only enrolling to phase ll (MCC)*	Tvec: replication in tumor tissue; normal cells are able to protect against talimogene laherparepvec infection as they contain intact anti-viral defense mechanisms. Deletion of ICP47 prevents down-regulation of antigen presentation molecules and increases the expression of HSV US11 gene, which enhances viral replication in tumor cells. GM-CSF recruits and activates antigen presenting cells which can process and present tumor-derived antigens to promote an effector T-cell response.	Inclusion: • PD while on or within 6 months of completing prior PD1/ PD-L1 therapy • at least 1 cutaneous, subcutaneous, or nodal lesion that is suitable for intralesional injection, with or without the use of ultrasound • able and willing to undergo serial biopsies of injected lesion Exclusion: • Untreated central nervous system (CNS) involvement • Previous treatment with talimogene laherparepvec or other herpes virus based therapy	Open to Accrual Accrual: 1/3 Slot reservation required

Squamous Cell Carcinoma Trials					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Cutaneous Melanoma: Metastatic Unresectable Not Previously Treated					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Chow	Baoan Huynh	**EA6141**/ Randomized Phase II/III Study of Nivolumab Plus Ipilimumab Plus Sargramostim Versus Nivolumab Plus Ipilimumab in Patients With Unresectable Stage III or Stage IV Melanoma	**Ipi:** Blocks the interaction of CTLA4 with the B7 ligand, resulting in a blockade of the inhibitory effect of T-cell activation. **Nivo**: Inhibits the binding of PD-1 to PD-L1 and PD-L2 promoting immune & antigen-specific T-cell responses to both foreign antigens & self-antigens. **GM-CSF:** Affects the proliferation, differentiation, & activation of granulocytes and macrophages by inducing partially committed progenitor cells. Is also capable of activating mature granulocytes & macrophages.	**Inclusion:** • Must have a known BRAF mutational status (WT or mutated) **Exclusion:** • Prior tx w/ PD1 or PD-L1 in the adjuvant or metastatic setting • Prior tx w/ ipilimumab in the metastatic setting • Active CNS mets • HIV + • Concurrent anti-coagulant therapy	Open to Accrual Accrual: 3/5

Cutaneous Melanoma: Metastatic Unresectable Previously Treated

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
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
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
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 Accrual: 0/3

Cutaneous Melanoma: Metastatic Unresectable Previously Treated					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Chow	My Nguyen x509-2740	UCI 21-208: An Open-Label, Multicenter, Phase I Study of IGM-8444 as a Single Agent and in Combination in Subjects with Relapsed and/or Refractory Solid Cancers	IGM-8444 is an engineered, humanized, specific anti-DR5 targeting pentameric IgM antibody that has 10 binding sites for DR5 derived from affinity matured IgG targeting DR5 and an engineered J-chain to reduce receptor mediated clearance of IGM-8444	Inclusion: -Patients who are either refractory to or intolerant of existing standard therapy or forwhom no effective further standard of care therapy exists -No more than three prior therapeutic regimens ("therapeutic" is defined as any cytotoxic, biologic, or targeted therapy [approved or investigational] with intent to treat the cancer) administered for the treatment of cancer in the advanced/metastatic setting Exclusion: - See protocol for cohort specific details	Open to Accrual: 1/8

Cutaneous Melanoma: Metastatic Unresectable Previously Treated					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
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.	LVGN6051 is a humanized recombinant IgG1κ that binds to CD137.	**Inclusion:** - Patients in the Phase 1b portion of the trial must have a histologically or cytologically confirmed melanoma, NSCLC, GI malignancy, or lymphoma that is metastatic or unresectable. GI malignancies may include colorectal, biliary tract, gastric/GE junction, pancreatic, small intestine, or esophageal cancers. One prior therapy for unresectable/metastatic disease, other than patients with melanoma who will receive LVGN6051 with the approved dose of pembrolizumab, is required. For patients with melanoma, this will have included either ipilimumab/nivolumab, an anti-PD-1 antibody, or agents targeting BRAF V600-activating mutations. No prior therapy for unresectable/metastatic disease is required in patients with melanoma who are assigned to LVGN6051 + pembrolizumab. **Exclusion:** - Prior exposure to immune-therapeutics with experience of ≥ Grade 3 drug-related toxicity or a toxicity requiring drug discontinuation. -Known active CNS metastasis and/or carcinomatous meningitis. Exception: Patients with previously treated brain metastases may be eligible for participation provided they are stable, have no evidence of new or enlarging brain metastases or cerebral edema, and are not using steroids for treatment of brain metastases at least 7 days before start of study treatment.	Open to Accrual: 4/5
Fruehauf	Nicole Ferrand	UCI 18-64/An Open-Label, Multicenter, Phase I/II Study of RP1 as a Single Agent and in Combination with PD1 Blockade in Patients with Solid Tumors	RP1 is a selectively replication competent HSV-1 Nivolumab	**Inclusion:** • Diagnosis of Stage IIIb-IV melanoma (ocular and mucosal allowed but no more than 10 patients each) **Exclusion:** • Prior treatment with an oncolytic therapy	Open to Acrrual Accrual: 1/5

Resectable Melanoma - Neoadjuvant + Surgery + Adjuvant Treatment					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
Chow	Natalie Arechiga	UCI 21-226/ An Open-Label, Randomized, Controlled Multi-Center Study of The Efficacy of Daromun (L19IL2 + L19TNF) Neoadjuvant Intratumoral Treatment Followed by Surgery and Adjuvant Therapy Versus Surgery and Adjuvant Therapy in Clinical Stage IIIB/C Melanoma Patients	L19IL2 and L19TNF are clinical-stage immunocytokines,	**Inclusion:** -Diagnosis of clinical stage IIIB and IIIC (AJCC v7) metastatic melanoma, eligible for complete surgical resection of all metastases -Measurable disease and must be candidate for intralesional therapy with at least one injectable cutaneous, subcutaneous, or nodal melanoma lesion (≥ 10 mm in longest diameter) or with multiple injectable lesions that in aggregate have a longest diameter of ≥ 10 mm. **Exclusion:** -Uveal melanoma or mucosal melanoma -Previous or concurrent cancer that is distinct in primary site or histology from the cancer being evaluated in this study except: cervical carcinoma in situ, treated basal cell carcinoma, superficial bladder tumors (Ta, Tis & T1), second primary melanoma in situ or any cancer curatively treated ≥ 5 years prior to study entry	Open to Acrrual Accrual: 1/6
Adjuvant Melanoma					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**

Miscellaneous & Phase 1 Clinical Trials					
PI	**CRC**	**Protocol #/Title**	**Mechanism**	**Primary In/Ex Criteria**	**Status**
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
Nagasaka	Keagan Buttigieg x456-7429	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	MCLA-128 inhibits phosphorylation of HER3 and the downstream serine/threonine kinase Akt, inhibits HER2:HER3 dimerization, shows ADCC activity independent of FcγR receptor phenotype, and lacks CDC activity.	**Inclusion:** • At least one measurable lesion • Able to provide baseline mandatory tumor biopsy • Must have received prior standard therapy approprite for their tumor type and stage of disease, or would be unlikely to tolerate or derive clinically meaningful benefit from appropriate SOC therapy • Locally-advanced unresectable or metastatic solid tumor malignancy with documented NRG1 gene fusion, identified through molecular assays **Exclusion:** Symptomatic or unstable brain mets leptomeningeal mets NYHA Class III or IV congestive heart failure or LVEF <50% or history of significant cardiac disease, unstable angina, congestive heart failure, myocardial infarction, or ventricular arrhythmia requiring medication.	Open to Accrual Accrual: 4/7
Tewari	Nabeel Qureshi	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 is a first-in-class small molecule inhibitor of SUMOylation. Biochemical and cell-based assays demonstrated that TAK-981 is a potent and selective mechanism-based inhibitor of SUMO-activating enzyme that inhibits SUMOylation by forming a covalent adduct with SUMO when it is bound to SUMO-activating enzyme.	Inclusion: • Unresectable Stage III or Stage IV cutaneous melanoma that has not received prior therapy with a CPI in the metastatic setting • Have at least 1 radiologically measurablelesion based on RECIST, version 1.1. • Mandatory pre-treatment tumor biopsy for Phase 2 Exclusion: • History of uncontrolled brain metastasis • Receiving or requires continued used of medications to be strong or moderate inhibitors or inducers of CYP3A4/5 and strong P-glycoprotein (Pgp) inhibitors.	Open to Accrual Accrual: 2/5

Miscellaneous & Phase 1 Clinical Trials

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
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

Skin Cancers: Epidemiologic/Correlative

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Atwood	TBD	UCI 09-17/Biology of Human Melanocytes and Keratinocytes [UCIMC]	N/A	• Male babies • Foreskin available	Open to Accrual Accrual: 720/800
Yamamoto	Erin Torrison	UCI 15-40/Prospective and Retrospective Study of Outcomes for Patients with Malignant Melanoma [UCIMC]	N/A	• Suspected or biopsy proven cutaneous melanoma • Exclusion: Patients whose final pathologic diagnosis does not reveal melanoma	Open to Accrual Accrual: 448/5000

Skin Cancers: Screening/Diagnostic

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Kelly	Ata Sharif	UCI 11-30/Skin Imaging with Technologies in Development [Irvine]	N/A	**Inclusion:** • Age > 7 • Pt able to carry out study instructions	Open to Accrual Accrual: 608/750
Kelly	Ata Sharif & Jennifer Ehren	UCI 13-13/Pilot study on in-vivo non-invasive skin imaging using multiphoton microscopy and multispectral imaging [Irvine]	N/A	**Inclusion:** • Age > 45 • Female • Skin type scale I to III **Exclusion:** • History of skin cancer, including squamous or basal cell carcinoma at the treatment site or history of malignant melanoma • Large amount of dark, coarse hair on the arms	Open to Accrual Accrual: 202/250
Yamamoto	Natalie Arechiga	SWOG S2015: Melanoma Margins Trial (MelMarT): A Phase III, Multi-Centre, Multi-National Randomised Control Trial Investigating 1cm v 2cm Wide Excision Margins for Primary Cutaneous Melanoma	The primary objective of the trial is to assess whether there is no difference in disease-free survival for patients treated with a 1cm excision margin when compared to a 2cm margin for stage II primary melanomas	Inclusion: • Patients must have a stage II primary invasive cutaneous melanoma with Breslow thickness >2mm without ulceration), or >1mm (with ulceration only). • Must have a primary melanoma that is cutaneous (including head, neck, trunk, extremity, scalp, palm or sole). Exclusion: • Uncertain diagnosis of melanoma i.e. so-called 'melanocytic lesion of unknown malignant potential • Melanoma located distal to the metacarpophalangeal joint; on the tip of the nose; the eyelids or on the ear; genitalia, perineum or anus; mucous membranes or internal viscera.	Open to Accrual Accrual: 0/30

Skin Cancers: Screening/Diagnostic

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Yamamoto	Erin Torrison	UCI 19-135/DecisionDx-Melanoma Impact on Sentinel Lymph Node Biopsy Decisions and Clinical Outcomes (DECIDE) [UCIMC and Irvine]	Patients who have newly diagnosed invasive cutaneous melanoma, are being considered for sentinel lymph node biopsy, and are undergoing DecisionDx-Melanoma GEP testing to inform this decision.	**Inclusion:** • Invasive cutaneous melanoma diagnosed within past 2 months • Being tested with the DecisionDx-Melanoma 31-GEP test as part of their clinical care • Pts being considered for sentinel lymph node biopsy **Exclusion:** • Stage lll or IV disease • Exclusion: Patients with a melanoma diagnosed in the same anatomical region in the last 5 years	Open to Accrual Accrual: 44/50
Linden	Erin Torrison	**UCI 14-05/** (mAID) Multicenter Diagnostic Imaging Study for the Melanoma Advanced Imaging Dermatoscope [UCIMC and Irvine]	The Melanoma Advanced Imaging Dermatoscope (mAID) manufactured RGB hyperspectral imaging of the lesion in 21 different colors	**Inclusion:** • Age > 18 • Normal appearing skin and a suspicious pigmented lesion **Exclusion:** • Self-reported history of photosensitivity • Self-reported history of vitiligo and/or other sun sensitive disease • Inaccessibility to lesion related to device: ears, toes, fingers, nailbeds, ankles, elbows, genitals	Suspended Accrual: 106/120
Yamamoto	Baoan Huynh	UCI 21-106/ A Phase II Open-Label, Dose-Finding Study to Determine the Optimal Dose for Lymph Node Visualization Using ASP5354 in Participants with Breast Cancer or Melanoma Undergoing Sentinel Lymph Node Biopsy	Main objective: to determine the optimal dose of locally administered ASP5354 for LN visualization in participants undergoing SLN biopsy	Inclusion: • Diagnosed with localized breast cancer (female only, stage 1 or 2, N0 and M0) or melanoma (stage 1 to 2, N0 and M0) planning to undergo SLN detection and removal with Tc-99mSC or Lymphoseek as a part of SoC. • Contraception agreements required for both males and females (including donation of ova or sperm) • Cannot participate in another interventional study while on this study. Exclusion: • Prior LN surgery or radiation in the area where LN detection is needed. • Prior neo-adjuvant chemotherapy • Definitive LN metastases or metastatic cancer • Received investigational therapy within 28 days (or 5 half-lives, whichever is longer) prior to screening • Hypersensitivity to ASP5354, ICG or any component of the formulation used • Previous exposure to ASP5354 • Received ICG, other NIR-F imaging agents, Blue dye (e.g., methylene blue or isoulfan blue) or Magtrace within 2 weeks prior to IP administration. • Drug and alcohol abuse it not allowed and should not be consumed within 24 hours of surgery.	Suspended Accrual: 1/20

Other

PI	CRC	Protocol #/Title	Mechanism	Primary In/Ex Criteria	Status
Jakowatz	Erin Torrison	UCI 21-35/Outcomes of Cutaneous Melanoma Patients Clinically Tested DecisionDx - Melanoma (CONNECTION)	Objective: to determine outcomes for patients who were clinically tested with DecisionDx®-Melanoma from January 1, 2013 through December 31, 2017	Inclusion: • Patients clinically tested with DecisionDx®-Melanoma between January 1, 2013 and December 31, 2017	Open to Accrual Accrual: 10/56