UCI 趙 Chao Family Comprehensive Cancer Center

Neuro-Oncology Disease-Oriented Team

Clinical Research Treatment Trial Flowchart

Glioblastoma

Newly Diagnosed

NRG-BN011

MGMT methylated only, IDH WT, surgery required, no biopsy, tissue to NRG ≤ 30 days from DOS; age 18-70

Randomized 1:1: RT+TMZ vs RT+TMZ+CCNU

Mechanism: Alkylating Chemotherapy
Coord: Hanh Ngo
Accrual: 5/8

UCI 23-198

Methylated and unmethylated; IDH WT; Biopsy ok; Leptomeningeal disease ok***; IV medication

Randomized: $NaNO_2$ vs Placebo

Mechanism: A High-Capacity Oxygen Carrier/radiosensitizer
Coord: Tatsuya Tojima
Accrual: 1/6

Open to Accrual | Low Accruing | Pending Activation/Suspended

Glioblastoma

Recurrent

2nd line

UCI 22-58
Only Part C open
Randomized: Vaccine vs CCNU

1st recurrence only, measurable disease not required after surgery; IDH WT; multifocal disease not ok, prior bevacizumab washout 28 days.

Mechanism: Body to produce antibodies to kill Glioblastoma cells with CMV.
Coord: Daniel Na
Accrual: 2/6

NRG BN010 (opened on 2/1/24)
Randomized: Monotherapy + FSRT vs Combination therapy + FSRT; participating in non-surgical cohort only**

1st recurrence only; IDH WT; multifocal disease ok; patients need to be candidates for re-radiation; requires measurable disease; steroids < 2.5 mg/day

Mechanism: Anti-PD-L1 monoclonal antibody + anti-IL-6 receptor monoclonal antibody
Coord: Hanh Ngo
Accrual: 1/6

2nd line

UCI 24-27
Enrolling in Phase II
Randomized: NMS-03305293(IP)+ TMZ 7/28 day vs 28/28 day

1st recurrence only, measurable disease required even after surgery; IDH WT; multifocal disease allowed.

Mechanism: PARP-1 inhibitor

PRMC approved; pending activation

2+ lines

23-67 (opened on 2/1/24)
Open label monotherapy
Eligible histologies include:
- astrocytoma IDH mutant Grade 2-4
- oligodendroglioma IDH mutant, 1p19q co-deleted Grade 2-3
- GBM

Phase 1 (intermittently closed for analysis); DLL3 > 50% expressed; multifocal disease allowed; any number of recurrence ok, prior bevacizumab washout 6 months.
Mechanism: humanized IgG-like T cell engager, targets DLL3 cells
Coord: Hanh Ngo
Accrual: 0/5

Open to Accrual | Low Accruing | Pending Activation/Suspended

Newly Diagnosed

UCI 22-83

H3K K27M mutant midline glioma; IP starts in adjuvant phase (2-6 weeks post RT); oral
Randomized 1:1:1: ONC201 vs Placebo

Mechanism: DRD2 dopamine receptor antagonist

Coord: Hanh Ngo
Accrual: 2/4

Open to Accrual | Low Accruing | Pending Activation/Suspended

Meningioma

Newly Diagnosed

NRG-BN003
Randomized 1:1: Observation vs RT

Unifocal, Gross Totally Resected Grade 2 Meningioma

Mechanism: Radiation Therapy
Coord: Hanh Ngo
Accrual: 5/6

Recurrent

A071401
Only AKT1/PIK3CA/PTEN arm open

Mechanism: blocking signaling through the AKT cellular survival pathway, leading to inhibition of cell proliferation and increased apoptosis
Coord: Daniel Na
Accrual: 2/3

ETCTN 10186 (opened on 1/31/24)
Phase II: Nivo + Ipi + Radiosurgery

Meningioma grade II and III

Mechanism: PD-1 Inhibitor + CTLA-4 inhibitor

Coord: Tatsuya Tojima

Accrual: 0/4

Open to Accrual | Low Accruing | Pending Activation/Suspended

Low Grade Glioma

Newly Diagnosed

Recurrent

23-67 (opened on 2/1/24)

Open label monotherapy

Eligible histologies include:

- astrocytoma IDH mutant Grade 2-4
- oligodendroglioma IDH mutant, 1p19q co-deleted Grade 2-3
- GBM

Phase 1 (intermittently closed for analysis); DLL3 > 50% expressed; multifocal disease allowed; any number of recurrence ok, prior bevacizumab washout 6 months.

Mechanism: humanized IgG-like T cell engager, targets DLL3 cells

Coord: Hanh Ngo

Accrual: 0/5

Open to Accrual | Low Accruing | Pending Activation/Suspended

NRG BN012

Phase III: Pre-operative Stereotactic RT vs Post-operative Stereotactic RT

1-4 lesions allowed with 1 requiring resection

Mechanism: stereotactic radiosurgery

Coord: Daniel Na

Accrual: 3/6

PCNS Lymphoma

Newly Diagnosed

UCI 21-77
Part A: MTR + Tirabrutinib

Mechanism: highly potent, covalent, irreversible, oral inhibitor of BTK kinase activity

Coord: Daniel Na

Accrual: 1/6