

Neuro-Oncology Disease-Oriented Team

Clinical Research Treatment Trial Flowchart



Newly Diagnosed

NRG-BN011**

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

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

Mechanism: Alkylating Chemotherapy

Coord: Daniel Na
Accrual: 6/8

* Only consent in Irvine

** Consent and Tx in Irvine

Recurrent

2nd line

UCI 24-27 (opened 12/03/24)**

Upcoming amendment will add a randomized arm, new protocol around Oct 2025

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
Coord: Daniel Na

UCI 24-39

Phase 1B

Open label: require surgical resection; IDH WT; multifocal disease not allowed.

Mechanism: Dual Gene Therapy/immunotherapy

Initial IRB approval, pending activation

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Open to Accrual

Low Accruing

Pending Activation/Suspended

2+ lines

UCI 23-67 (no slots currently)

Phase 1 Open label monotherapy

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; histologies: astrocytoma, oligodendroglioma and GBM

Coord: Daniel Na
Accrual: 2/5

ETCTN 10713

Early stage in ETCTN pipeline, protocol not available, DOT approved on 01/03/2025

Immunotherapy; Phase 1; Must be surgical candidates; ECOG0-2, 1st or 2nd relapse; measurable disease required; last RT ≥182 days; ≤2mg dexa within 2 weeks of start

ETCTN 10699** (no slots currently)

Phase 1 open label combining Triapine and RT

Ribonucleotide reductase regulatory subunit 2 (RRM2) inhibitor; candidates for re-irradiation; GBM and variants IDH WT grade 2-4, Astrocytoma IDH mut grade 2-4, Diffuse midline glioma including pediatric-type H3K G34 or E3 K27

Coord: Sabrina Beltran
2/5



Newly Diagnosed

Recurrent

UCI 23-67 (no slots currently)

Phase 1 Open label monotherapy

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;
 histologies: astrocytoma, oligodendroglioma and GBM
 Coord: Daniel Na
 Accrual: 2/5

UCI 25-69

Phase 1, IDH inhibitor, DDI sub-study for cycle 1; patients will then get IP (Olutasidenib) via compassionate use after DDI substudy completion
 DOT approved on 5/3/25 pending activation

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Newly Diagnosed

Recurrent

ETCTN 10699** (no slots currently)

Phase 1 open label combining Triapine and RT

Ribonucleotide reductase regulatory subunit 2 (RRM2) inhibitor;
candidates for re-irradiation; GBM and variants IDH WT grade 2-4, Astrocytoma IDH mut grade 2-4, Diffuse midline glioma
including pediatric-type H3K G34 or E3 K27

Coord: Sabrina Beltran
2/5

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Newly Diagnosed

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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: 5/6

RTOG 3523

(DOT approved on 06/11/25), pending regulatory/finance submissions due to upcoming amendment in Oct 2025

Phase II; randomized, open label study of [¹⁷⁷Lu]-DOTATATE; progressive intracranial grade 1-3 meningioma

Randomization (2:1): Arm A (IP) and Arm B SOC therapy

Measurable disease per RANO meningioma criteria; central confirmation of PD required; [68Ga]Ga-DOTATATE uptake on PET-CT required; option to cross over to IP arm; Excln: radiation associated meningioma; clinical dx or molecular dx of NF2-related schwannomatosis; prior SSTR2-targeted therapy.

Mechanism: Somatostatin receptor type 2 (SSTR2)

Coord: TBN

Recurrent/Refractive

UCI 25-143

(DOT approved on 08/01/25)

Open label, 2:1 randomized Tirabrutinib (480 mg) daily : R-TMZ combination

Inclusion: R/R B-Cell PCNSL with at least 1 prior HD-MTX based Tx, bidimensional measurable disease

Exclusion: Prior BTK inhibitor tx, Intraocular PCNSL w/o brain lesions, systemic lymphoma, refractory to TMZ w/wo rituximab containing regimen (ex mth-tmz-ritux)

Coord: TBN

1st line2nd lineNRG BN013 **

Phase III: Single fraction Stereotactic Radiosurgery (SRS) vs Fractionated Stereotactic Radiosurgery (FSRS)

Eligible histologies within 5 years of registration:

- NSCLC m
- Melanoma
- Breast cancer
- RCC
- Gastrointestinal cancer

At least 1 and upto 8 intact brain mets; needs measurable disease: ≥ 1.0 cm and ≤ 3.0 cm; all mets must be located outside of brainstem and ≥ 5 mm from the optic nerves or optic chiasm and ≤ 3.0 cm in maximum dimension; no known leptomeningeal disease; no prior radiotherapy to the brain.

Coord: Daniel Na
Accrual: 0/5 (open in Dec 2024)

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UCI 24-197

(Initial IRB approval; PRMC approved--pending activation)

Phase I/II; MTAP-loss; GBM patients in dose expansion cohort only

TNG456 monotherapy and TNG456+abemecicli arms

Accrual: 0/5

UCI 25-16 (slots reservation required)

Indication: Meningioma

Currently enrolling Part 1 only

PI: Dr. Dayyani
Main CRC: Peter Yang
Neuro CRC: Sabrina Beltran

Accrual 0/10

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** Consent and Tx in Irvine