UCI 趙 Chao Family Comprehensive Cancer Center

Neuro-Oncology Disease-Oriented Team

Clinical Research Treatment Trial Flowchart

Open to Accrual | Low Accruing | Pending Activation/Suspended

Glioblastoma

Newly Diagnosed

* Only consent in Irvine
** Consent and Tx in Irvine

UCI 26-34
Phase II, part 2 only- investigational treatment given during adjuvant treatment not concomitant treatment

Randomized open label; unmethylated GBM Harboring EGFRvIII mutation; 1:1 randomized Arm A: Silveretinib+TMZ Arm B TMZ monotherapy

PI: Dr. Bota

DOT approved on 02/06/26

UCI 25-151
Phase II

ENDURANCE Trial: GammaTile: Elderly and Frail Patients with ND GBM/rGBM or recurrent glioma.

ArmA: Newly diagnosed Elderly or Frail GBM

ArmB: Recurrent Elderly or Frail Glioblastoma,

Arm C: Newly Diagnosed Frail (non-GBM) Malignant Glioma

Arm D: Recurrent Frail (non-GBM) Malignant Glioma

PI: Dr. Yuen; Co-I: Dr. Hsu

PRMC approved.

Glioblastoma

Recurrent

Open to Accrual | Low Accruing | Pending Activation/Suspended

2nd line

UCI 24-39
Phase 1B
Open label: require surgical resection; IDH WT; multifocal disease not allowed; 1st recurrence only.

Mechanism: Dual Gene Therapy/immunotherapy

PI: Dr. Bota
Initial IRB approval, pending activation

A072201 (suspended for data analysis and modification)**

Phase II, randomized study, 1st recurrence
Arm 1: Relatlimab + Nivo; Arm 2: CCNU

PI: Dr. Choi
Coord: Katia Talamantez
1/5

UCI 25-151 Phase II ENDURANCE Trial: GammaTile:
ArmA: Newly diagnosed Elderly or Frail GBM

ArmB: Recurrent Elderly or Frail Glioblastoma,

Arm C: Newly Diagnosed Frail (non-GBM) Malignant Glioma

Arm D: Recurrent Frail (non-GBM) Malignant Glioma

PI: Dr. Yuen; Co-I: Dr. Hsu

PRMC approved.

2+ lines

ETCTN 10713
Activation timeline- July-August 2026

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

PI: Dr. Lomax

ETCTN 10699(no slots available)**

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

PI: Dr. Lomax
Coord: Sabrina Beltran
2/5

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** Consent and Tx in Irvine

Low Grade Glioma/IDH mutant

Open to Accrual | Low Accruing | Pending Activation/Suspended

Newly Diagnosed

Recurrent

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

IDH1m+ malignancies (e.g. AML, gastrointestinal [GI] cancers, glioma)

PI: Dr. Yuen

Coord: Katia Talamantez

6/10

UCI 25-151
Phase II

ENDURANCE Trial: GammaTile: Elderly and Frail Patients with ND GBM/rGBM or recurrent glioma.

PI: Dr. Yuen; Co-I: Dr. Hsu

PRMC approved

* Only consent in Irvine
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Open to Accrual | Low Accruing | Pending Activation/Suspended

Diffuse Glioma

Newly Diagnosed

Recurrent

ETCTN 10699(no slots available)**

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

PI: Dr. Lomax
Coord: Sabrina Beltran
2/5

* Only consent in Irvine
** Consent and Tx in Irvine

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

PI: Dr. Bota

Coord: Katia Talamantez
Accrual: 5/8

RTOG 3523 (open on 05/12/26)

Phase II; randomized, open label study of [^{177}Lu]Lu-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-targetted therapy.

Mechanism: Somatostatin receptor type 2 (SSTR2)

PI: Dr. Bota

Coord: Sabrina Beltran

0/3

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Open to Accrual | Low Accruing | Pending Activation/Suspended

Recurrent/Refractive

UCI 25-143

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)

PI: Dr. Bota

Coord: Raufu Onayemi

0/4

Initial IRB approval

Open to Accrual | Low Accruing | Pending Activation/Suspended

1st line

NRG BN013 **

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

Eligible histologies within 5 years of registration:
- NSCLC
- 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.

PI: Dr. Simon

Coord: Sabrina Beltran
Accrual: 1/5 (open in Dec 2024)

2nd line

* Only consent in Irvine
** Consent and Tx in Irvine

Advanced Solid Tumor (basket trials)

Open to Accrual | Low Accruing | Pending Activation/Suspended

UCI 24-197 (slot reservation req)*

(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

Requires Patients to have MTAP Mutation

Patient must have had progression or an inadequate response to or is intolerant of the approved standard of care therapy, no standard of care therapy exists, or the investigator has determined that treatment with the standard of care therapy is not appropriate

PI: Dr. Park

Main CRC: Cassie Smith

Neuro CRC: Sabrina Beltran

Accrual: 1/5

UCI 25-16 (slots reservation required)
Currently enrolling Part 2 only

Part 2: Any solid tumour type harbouring a Hippo pathway alteration and other tumour

Requires patients to have hippo pathway alteration

A fresh or recent (taken up to 1 year ago), representative tumour tissue sample (from primary tumour or from metastasis) must be available. Tissue must be a core needle biopsy, excisional or incisional biopsy. Biopsies of bone lesions that do not have a soft tissue component or decalcified bone tumour samples are also not acceptable. Exemptions possible by the sponsor's decision

PI: Dr. Dayyani

Main CRC: Peter Yang
Neuro CRC: Sabrina Beltran

Accrual 8/10

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** Consent and Tx in Irvine

Open to Accrual | Low Accruing | Pending Activation/Suspended

Non- treatment studies

UCI 25-93
Lumbar puncture

Prospective, Single arm study of modified LP

PI: Dr. Kong
DOT approved on 02/06/26

UCI 25-197
Pilot study

Surveillance approach to local therapy in patients with Brain mets undergoing CNS-penetrating systemic therapy

PI: Dr. Simon
PRMC approved

UCI 24-05**
Riluzole PO vs. Placebo PO
Perceived worsening of *cognitive function*
BREAST COHORT FULL

- Cohort A (no prior cranial radiation) excludes brain mets and primary CNS tumors
- Cohort B (prior cranial radiation) excludes high-grade glioma

PI: Dr. Chan

Primary CRC: Randy Kang
Accrual: 26/59

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** Consent and Tx in Irvine, Laguna Hills, Yorba Linda