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</tr>
</thead>
<tbody>
<tr>
<td>Ahlering</td>
<td>L. Huynh</td>
<td>UCI 17-86: Phase 1 Trial of Efficacy and Feasibility of Robot Assisted Salvage Pelvic Lymph Node Dissection (RS-PLND) or Robot Assisted Salvage Pelvic Mass Resection (RS-PMR) Post-Robot Assisted Radical Prostatectomy</td>
<td>Salvage Pelvic Lymph Node Dissection or Pelvic Mass Resection</td>
<td>• Clinically determined lymph node metastases/pelvic mass metastases.</td>
<td>Open to accrual</td>
</tr>
<tr>
<td>Ahlering</td>
<td>L. Huynh</td>
<td>UCI 19-11: SIMCAP (Surgery in Metastatic Carcinoma of Prostate): Phase 2 Multi-Institution Randomized Prospective Clinical Trial Evaluating the Impact of Cytoreductive Radical Prostatectomy Combined With Best Systemic Therapy on Oncologic and Quality of Life Outcomes in Men with Newly Diagnosed Metastatic Prostate Cancer</td>
<td>Cytoreductive Prostatectomy</td>
<td>• Metastases of prostate cancer &gt; 1cm.</td>
<td>Pending activation</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 19-13: A Randomized Phase III, Open-Label Trial of Sipuleucel-T Administered to Patients on Active Surveillance for Newly Diagnosed Prostate Cancer</td>
<td>Anti-PAP via APCs</td>
<td>• Treatment naive.</td>
<td>Open to accrual</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 17-41: A Multi-Center, Randomized, Assessor-Blind, Controlled Trial Comparing the Occurrence of Major Adverse Cardiovascular Events (MACES) in Patients with Prostate Cancer and Cardiovascular Disease Receiving Degarelix (GnRH Receptor Antagonist) or Leuprolide: GnRH Receptor Antagonist</td>
<td>Degarelix: GnRH Receptor Antagonist; Leuprolide: GnRH Receptor Antagonist</td>
<td>• ADT-naïve (exception: neoadjuvant/adjuvant ADT for which the last injection ≥ 12 months prior to randomization).</td>
<td>Pending activation</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 18-118: A Randomized, Double-Blind, Placebo-Controlled, Phase III Study of Apalutamide in Subjects with High-risk, Localized or Locally Advanced Prostate Cancer Who Are Candidates for Radical Prostatectomy (PROTEUS)</td>
<td>AR Inhibitor</td>
<td>• DNA repair gene defect that may sensitize to PARP inhibition as assessed by a gene mutation biomarker panel.</td>
<td>Pending activation</td>
</tr>
<tr>
<td>Ahlering</td>
<td>TBD</td>
<td>UCI 19-39: Using Virtual Reality (VR) Models for Preoperative Planning</td>
<td>N/A</td>
<td></td>
<td>Pending activation</td>
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</tbody>
</table>

**PROSTATE CANCER: Hormone-Sensitive, Non-Metastatic, Asymptomatic**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Mar</td>
<td>Dorothy Chang</td>
<td>UCI 16-76: Phase II/III Trial of Pembrolizumab (MK-3475) Combination Therapies in Metastatic Castration-Resistant Prostate Cancer (mCRPC) (KEYNOTE-365)</td>
<td>Anti PD-1/PD-L1/PD-L2</td>
<td>• Confirmed prostate adenocarcinoma without small cell histology.</td>
<td>D: Open to accrual; A/B/C: Closed to accrual</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 17-25: A Phase 2, Open-Label, 2-Arm, Response Rate Study of Talazoparib in Men With DNA Repair Defects and Metastatic Castration-Resistant Prostate Cancer Who Previously Received Taxane-Based Chemotherapy and Progressed on at Least 1 Novel Hormonal Ag</td>
<td>PARP Inhibitor</td>
<td>• DNA repair gene defect that may sensitize to PARP inhibition as assessed by a gene mutation biomarker panel.</td>
<td>Open to accrual</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 18-47: A Phase III, Randomized, Double-Blind, Placebo-Controlled Study of Talazoparib with Background Enzalutamide in Metastatic Castration-Resistant Prostate Cancer with DNA Damage Repair Deficiencies (TALAPRO-2)</td>
<td>PARP Inhibitor</td>
<td>• Asymptomatic or mildly symptomatic mCRPC.</td>
<td>Pending activation</td>
</tr>
</tbody>
</table>

**PROSTATE CANCER: Castration-Resistant, Metastatic, Symptomatic**
<table>
<thead>
<tr>
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<tr>
<td>Ahlering</td>
<td>TBD</td>
<td>UCI 19-11: SIMCAP (Surgery in Metastatic Carcinoma of Prostate): Phase 2.5 Multi-Institution Randomized Prospective Clinical Trial Evaluating the Impact of Cytoreductive Radical Prostatectomy Combined With Best Systemic Therapy on Oncologic and Quality of CRP + BST</td>
<td>Pending activation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 19-63: A Phase I/II Dose-Escalation and Efficacy Study of LAE001/Prednisione Plus Afuresertib in Patients with Metastatic Castration-Resistant Prostate Cancer Following Standard of Care Treatment CYP17A1 Dual Inhibitor</td>
<td>Pending activation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 17-40: Precision Medicine for Early Prostate Cancer: Integrating Biological and Patient Complexity Variables to Predict Treatment Response</td>
<td>N/A</td>
<td>• All men with early prostate cancer without extracapsular extension or regional/distant metastasis. • PSA ≤50ng/mL • Patient has had a prostate bx within 3 months</td>
<td>Open to accrual</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 18-36: Long-Term Prospective Registry to Evaluate Treatment Decisions and Clinical Outcomes in Patients with Favorable Intermediate-Risk Localized Prostate Cancer Following Cell Cycle Progression (CCP) Testing (Prolaris® Test)</td>
<td>N/A</td>
<td>• Favorable intermediate-risk disease per NCCN: -Predominant Gleason grade 3; AND -Percentage of positive cores ≤50%; AND -No more than 1 of the NCCN intermediate-risk factors: -Gleason grade 7 -T2b-T2c -PSA 10-20 ng/mL</td>
<td>Open to accrual</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 19-48: Study of Prostate Ablation Related Energy Devices (SPARED) Registry</td>
<td>N/A</td>
<td></td>
<td>Pending activation</td>
</tr>
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</table>

### PROSTATE CANCER: Observational

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<tbody>
<tr>
<td>Ahlering</td>
<td>L. Huynh</td>
<td>UCI 98-41 Outcomes and Assessment of Prostate Cancer at UCIMC</td>
<td>Radical Prostatectomy</td>
<td>N/A</td>
<td>Open to accrual</td>
</tr>
<tr>
<td>Ahlering</td>
<td>L. Huynh</td>
<td>UCI 17-07: Patient Reported Outcomes via Online Questionnaire (PROVOQ): Post-Radical Prostatectomy Outcome Assessment</td>
<td>Online questionnaire</td>
<td>N/A</td>
<td>Open to accrual</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 00-55: Retrospective Evaluation of Prostate Cancer Clinical and Pathological Outcomes Radical Prostatectomy</td>
<td>N/A</td>
<td></td>
<td>Open to accrual</td>
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</tbody>
</table>

### RENAL CANCER: Adjuvant

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<tr>
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<tbody>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 18-131: A Phase III Randomized Open Label Study to Compare NKTR-214 Combined with Nivolumab to the Investigator’s Choice of Sunitinib or Cabozantinib in Patients with Previously Untreated Advanced Renal Cell Carcinoma Prodrug of conjugated immunotherapy cytokine that binds to the IL-2 receptor</td>
<td>Pending activation</td>
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### RENAL CANCER: Non-Treatment

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Landman</td>
<td>R. Yoon</td>
<td>UCI 11-19: Evaluation of Peritumoral Renal Adipose Tissue to Renal Cancer Aggressiveness Analysis of renal fat and renal tissue samples</td>
<td>Cannot be pregnant.</td>
<td>• Adult undergoing a radical/simple/partial nephrectomy.</td>
<td>Open to accrual</td>
</tr>
<tr>
<td>Landman</td>
<td>R. Yoon</td>
<td>UCI 13-03: Office-Based Percutaneous Ultrasound-Guided Renal Biopsy</td>
<td>Prospective database of renal biopsy patients</td>
<td>• No coagulopathy or other bleeding disorder. • No active urinary tract infections. • No requirement to take, Aspirin or Coumadin.</td>
<td>Open to accrual</td>
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</tbody>
</table>

### UROTHELIAL CANCER: Non-Metastatic

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<tbody>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy</td>
<td>UCI 15-77: A Phase II Clinical Trial to study the efficacy and safety of Pembrolizumab (MK-3475) in subjects with high-risk non-muscle invasive bladder cancer (NMIBC) unresponsive to Bacillus Calmette-Guérin (BCG) therapy Anti PD-1/PD-L1/PD-L2</td>
<td>• BCG refractory. • Confirmed diagnosis of high risk non-muscle-invasive (T1, High Grade Ta and/or CIS) bladder TCC. • No muscle invasive (T2-T4), locally advanced non-resectable, or metastatic urothelial carcinoma. • ≥9 Doses of BCG within the last 9 months.</td>
<td>Open to accrual</td>
<td></td>
</tr>
</tbody>
</table>
| Uchio | S. Bereta, P. Duffy | UCI 18-53: A Phase III, Randomized, Comparator-Controlled Clinical Trial to Study the Efficacy of Pembrolizumab (MK-3475) in Combination with Bacillus Calmette-Guerin (BCG) in Participants with Intermediate or High Risk Non-Muscle Invasive Bladder Cancer | Anti PD-1/PD-L1/PD-L2 | • BCG refractory.  
• Failed one prior course of BCG.  
• Confirmed diagnosis of high risk non-muscle-invasive (T1, High Grade Ta and/or CIS) bladder TCC.  
• No muscle invasive (T2-T4), locally advanced non-resectable, or metastatic urothelial carcinoma.  
• ≥9 Doses of BCG within the last 9 months. | Open to accrual |
| Hugen | D. Chang | S.W.O.G S1602: A Phase III Randomized Trial to Evaluate the Influence of BCG Strain Differences and T Cell Priming with Intradermal BCG Before Intravesical Therapy for BCG-Naïve High-Grade Non-Muscle Invasive Bladder Cancer | Granulomatous reaction inducer | • Histologically proven Ta, CIS or T1 stage high-grade bladder urothelial cell carcinoma (per 2004 WHO/ISUP classification) ≤90 days prior to registration.  
• Removal of grossly visible papillary tumors or cystoscopy confirming no grossly visible papillary tumors ≥30 days prior to registration.  
• If has T1 disease, have resection confirming ≤T1 disease ≤90 days prior to registration.  
• No prior intravesical BCG or intradermal BCG therapy.  
• PPD negative ≤90 days prior to registration. | Suspended |
| Uchio | S. Bereta, P. Duffy | UCI 19-76: Toca 8: A Multicenter, Open-Label, Phase I Study to Evaluate the Safety and Tolerability of Toca 511, a Retroviral Replicating Vector, Combined With Toca FC in Patients With Recurrent High-Grade Non-Muscle Invasive Bladder Cancer | Gammaretroviral replicating vector | • Confirmed urothelial carcinoma (squamous differentiation or mixed cell types).  
• Prior CPI treatment in locally advanced or metastatic setting.  
• Cohort 2: Platinum-naive (includes platinum treatment in the adjuvant/neoadjuvant setting without progression ≥12 months of completion) and cisplatin ineligible [impaired renal function (CrCl 30 to <60 mL/min) or a hearing loss of 25 dB at two contiguous frequencies].  
• PD or recurrence during/following most recent therapy.  
• Measureable disease per RECIST v1.1.  
• No prior CPI or agents directed to another stimulatory/co-inhibitory T-cell receptor (except cohort F). | Pending activation |
| Mar | B. Adlou | UCI 17-18: A Single-Arm, Open-Label, Multicenter Study of Enfortumab Vedotin (ASG-22CE) for Treatment of Patients with Locally Advanced or Metastatic Urothelial Cancer who Previously Received Immune Checkpoint Inhibitor (CPI) Therapy | Nectin-4 targeted mAb linked to MMAE | • PD-1 | Cohort 2: Open to accrual |
| Uchio | S. Bereta, P. Duffy | UCI 18-102: A Phase III, Randomized, Study of Neoadjuvant Chemotherapy Alone vs Neoadjuvant Chemotherapy Plus Nivolumab or Nivolumab and BMS-986205, Followed by Continued Post-Surgery Therapy with Nivolumab and BMS-986205 in Participants with Muscle I PD-1 | • T2 or T3 TCC/bladder.  
• Surgical candidate for cystectomy. | Pending activation |
| Uchio | S. Bereta, P. Duffy | UCI 18-130: A Phase II Open-Label Study of NKTR-214 in Combination with Nivolumab in Cisplatin Ineligible, Locally Advanced or Metastatic Urothelial Cancer | Pending activation |
| Mar | D. Chang | UCI 18-138: A Dose-Escalation and Dose-Expansion Study of Enfortumab Vedotin (ASG-22CE) in Combination with Pembrolizumab and/or Chemotherapy for Treatment of Patients with Locally Advanced or Metastatic Urothelial Cancer | Nectin-4 targeted mAb linked to MMAE | • Confirmed locally advanced (unresectable with curative intent)/metastatic urothelial carcinoma (squamous differentiation or mixed cell types).  
• Dose escalation (EV+Pembro 1L/2L): Ineligible for 1st line cisplatin chemotherapy and no prior systemic treatment, or have PD during/following treatment with ≥1 platinum regimen.  
• Cohort G (EV+Cis/Carbo+Pembro 1L): Eligible for platinum chemotherapy and no prior systemic treatment; no previous adjuvant/neoadjuvant platinum therapy within 12 month.  
• PD or recurrence during/following most recent therapy.  
• Measureable disease per RECIST v1.1.  
• No prior CPI or agents directed to another stimulatory/co-inhibitory T-cell receptor (except cohort F). | Cohorts D/E: Suspended; Cohort G: Open to accrual |
## UCI 19-09: A Phase III, Randomized, Double-blind Study to Compare the Efficacy and Safety of Pembrolizumab (MK-3475) in Combination with Lenvatinib (E7080/MK-7902) Versus Pembrolizumab and Matching Placebo as First Line Treatment for Locally Advanced or Metastatic Urothelial Carcinoma in Cisplatin-Ineligible Participants Whose Tumors Express PD-L1, and in Participants Ineligible for Any Platinum-containing Chemotherapy Regardless of PD-L1 Expression (LEAP-011)

- **PI:** S. Bereta, P. Duffy
- **Mechanism:** Pembrolizumab and Lenvatinib
- **Primary In/Ex Criteria:**
  - Measurable lesions per RECIST 1.1 criteria.
  - Advanced (locally recurrent and/or metastatic) UC.
  - ECOG 0-1.
  - 1-2 prior regimens.
  - Cohort 5 (Ibrutinib monotherapy): Prior CPI.
  - Cohort 6 (Ibrutinib + Pembro):
    - (Untreated setting-Pembro Eligible) Cisplatin ineligible with PDL-1 (CPS) score ≥ 10 without prior treatment.
    - (Relapsed setting-CPI naïve) Progression on platinum chemotherapy, or ≤ 12 months of neo adjuvant therapy with a platinum chemotherapy.
  - No prior CPI.
  - Lack of recovery from previous therapeutic radiation (persistence of Grade ≥2 radiation-related toxicity) or planned radiation therapy during the study period.
- **Status:** Pending activation

## UCI 19-23: A Phase Ib/II Study of Ibrutinib Combination Therapy in Selected Advanced Gastrointestinal and Genitourinary Tumors

- **PI:** D. Chang
- **Mechanism:** Ibrutinib with pembrolizumab
- **Primary In/Ex Criteria:**
  - Measurable lesions per RECIST 1.1 criteria.
  - Advanced (locally recurrent and/or metastatic) UC.
  - ECOG 0-1.
  - 1-2 prior regimens.
  - Cohort 5 (Ibrutinib monotherapy): Prior CPI.
  - Cohort 6 (Ibrutinib + Pembro):
    - (Untreated setting-Pembro Eligible) Cisplatin ineligible with PDL-1 (CPS) score ≥ 10 without prior treatment.
    - (Relapsed setting-CPI naïve) Progression on platinum chemotherapy, or ≤ 12 months of neo adjuvant therapy with a platinum chemotherapy.
  - No prior CPI.
  - Lack of recovery from previous therapeutic radiation (persistence of Grade ≥2 radiation-related toxicity) or planned radiation therapy during the study period.
- **Status:** Open to accrual

## UCI 15-22: Electro-Phage and Colorimetric Aptamer Sensors for Clinical Staging and Monitoring of Bladder Cancer

- **PI:** M. Wu, R. Yoon
- **Mechanism:** Analysis of patient urine samples
- **Primary In/Ex Criteria:**
  - Newly diagnosed or under surveillance (within 2 years) for recurrent bladder cancer or have microscopic and macroscopic hematuria.
  - No recent chromosomal or endoscopic procedures for upper tract diseases.
  - No ureteral stents placed for upper urinary tract obstruction.
  - No recent trauma in kidney, bladder or perineal area.
- **Status:** Open to accrual

## UCI 18-64: An Open-Label, Multicenter, Phase 1/2 Study of RP1 as a Single Agent and in Combination with PD1 Blockade in Patients with Solid Tumors

- **PI:** S. Bereta, P. Duffy
- **Mechanism:** RP1 with PD-L1 inhibitor
- **Primary In/Ex Criteria:**
  - History of advanced or metastatic non-neurological solid tumors, who have progressed on/cannot tolerate standard therapy, or for which there is no standard therapy.
  - At least one measureable and injectable (including use of image-guided injection) tumor of ≥ 1 cm in longest diameter (or shortest diameter for lymph nodes).
  - Phase 2 only:
    - Diagnosis of stage IIIb-IV unresectable melanoma, metastatic MSI-H or metastatic dMMR, locally advanced or metastatic UBC or NSMC (not considered treatable with surgical excision), for whom PD-1 directed therapy is indicated according to a current approved label or who have previously received PD1/L1 directed therapy.
    - Must be eligible to receive nivolumab according to product label, or have exhausted/become intolerant to/refuse/currently available therapies for melanoma.
  - Cannot have previous oncolytic therapy.
  - No brain metastases, interstitial lung disease, of severe hypersensitivity to another monoclonal antibody.
  - Cannot require intermittent or chronic use of systemic (oral/IV) anti-virals with known anti-herpetic activity (e.g. acyclovir).
- **Status:** Pending activation

## UCI 18-103: Blood Sample Collection to Evaluate Biomarkers in Subjects with Untreated Solid Tumors

- **PI:** M. Dandekar
- **Mechanism:** N/A
- **Primary In/Ex Criteria:**
  - Untreated solid tumors.
- **Status:** Open to accrual

## BASKET TRIALS

- **PI:** S. Bereta, P. Duffy
- **Mechanism:** Oncolytic immunotherapy with PD-L1 inhibitor
- **Primary In/Ex Criteria:**
  - History of advanced or metastatic non-neurological solid tumors, who have progressed on/cannot tolerate standard therapy, or for which there is no standard therapy.
  - At least one measureable and injectable (including use of image-guided injection) tumor of ≥ 1 cm in longest diameter (or shortest diameter for lymph nodes).
  - Phase 2 only:
    - Diagnosis of stage IIIb-IV unresectable melanoma, metastatic MSI-H or metastatic dMMR, locally advanced or metastatic UBC or NSMC (not considered treatable with surgical excision), for whom PD-1 directed therapy is indicated according to a current approved label or who have previously received PD1/L1 directed therapy.
    - Must be eligible to receive nivolumab according to product label, or have exhausted/become intolerant to/refuse/currently available therapies for melanoma.
  - Cannot have previous oncolytic therapy.
  - No brain metastases, interstitial lung disease, of severe hypersensitivity to another monoclonal antibody.
  - Cannot require intermittent or chronic use of systemic (oral/IV) anti-virals with known anti-herpetic activity (e.g. acyclovir).
- **Status:** Pending activation

- **PI:** S. Bereta, P. Duffy
- **Mechanism:** N/A
- **Primary In/Ex Criteria:**
  - Untreated solid tumors.
- **Status:** Open to accrual

- **PI:** M. Dandekar
- **Mechanism:** Varies per mutation
- **Primary In/Ex Criteria:**
  - Positive for specific mutations.
- **Status:** Open to accrual
| Bota | M. Tharani | 17: Suspended; 18/19/50/53: Open to accrual 17: Epithelial tumors of penis - squamous adenocarcinoma cell carcinoma with variants of penis 18: Squamous cell carcinoma variants of the genitourinary (GU) system 19: Spindle cell carcinoma of kidney, pelvis, ureter 50: PD-L1 amplified tumors (NEW) 53: Treatment-emergent small-cell neuroendocrine prostate cancer (t-SCNC) (NEW) | • Histologically confirmed rare cancer identified in §18.1, NOS rare tumors, or tumor of unknown primary cohorts. • PD following ≥1 line of standard therapy and there must not be other approved/standard therapy available that has been shown to prolong OS. Includes patients who cannot receive standard therapy due to medical issues. • ≥24 Week washout of prior anti-CTLA-4 or anti-PD-1/anti-PD-L1 therapy prior to registration. |
| Parajuli D. Richard/J. Spolarich | UCI 18-87: Treatment Resistance Following Anti-Cancer Therapies (Translate) | N/A 18: Squamous cell carcinoma variants of the genitourinary (GU) system | • Histological diagnosis of: - Cohort 3 (RCC with clear cell component): PD on 2nd-line monotherapy anti-PD-1/L1 or PD on 1st-line combination of doublet anti- PD-1/L1 with anti-CTLA-4. - Cohort 5 (mCRPC): PD on enzalutamide monotherapy. - Cohort 6 (mCRPC): PD on abiraterone in combination with prednisone. • Tumor lesion for the de novo biopsy. • Initiation of new anti-cancer therapy after PD prior to planned biopsy. |
| Bristow TBD | UCI 19-25: Baseline Assessment of Cancer Health Disparities in Underserved Populations in California | N/A 18: Squamous cell carcinoma variants of the genitourinary (GU) system | • Adults diagnosed with prostate cancer ≥18 and over. |
| Lee C. Duong | UCI 18-110: A Phase II, Open-Label, Single-Arm, Multicenter Study to Evaluate the Efficacy and Safety of Pemigatinib in Participants with Previously Treated Locally Advanced/Metastatic or Surgically Unresectable Solid Tumor Malignancy Harboring Activating FGFR 1-3 inhibitor | FGFR 1-3 inhibitor 18: Squamous cell carcinoma variants of the genitourinary (GU) system | • Histologically or cytologically confirmed solid tumor malignancy that is advanced or metastatic (Stage IIIB or IV) or is surgically unresectable. • Measurable disease (RECIST v1.1 or RANO for primary brain tumors). • Documentation of FGFR1-3 gene mutation or translocation. • Must have objective progression of at least 1 prior therapy. • Baseline archival tumor specimen (less than 12 mo. s from screen date) or willing to undergo pre-tx tumor biopsy. • Exclusions: previous FGFR inhibitor, anti-cancer mx 28 days before first dose of pem. |
| Ou D. Quines | UCI 19-28: A Phase Ib/II, Open-Label, Multicenter Dose Escalation and Expansion Study of the Combination of RMC-4630 and Cobimetinib in Adult Participants with Relapsed/Refractory Solid Tumors with Specific Genomic Aberrations | Combo RMC-4630+Cobimetinib in Pts w/ Rel/Ref Solid Tumors w/ Specific Genomic Aberrations. Participants who have advanced solid tumors. | Open to accrual 18: Squamous cell carcinoma variants of the genitourinary (GU) system |
| Ejadi J. Nguyen (Stem Cell Center) | UCI 19-74: A Phase I Pilot Study of PRN1371, a FGFR1-4 Kinase Inhibitor, in Adult Patients with Advanced Solid Tumors, followed by an Expansion Cohort in Patients with FGFR1,2,3 or 4 Genetic Alterations | FGFR 1-4 inhibitor 18: Squamous cell carcinoma variants of the genitourinary (GU) system | • 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. |
| Uchio S. Bereta, P. Duffy | 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 18: Squamous cell carcinoma variants of the genitourinary (GU) system | Pending activation 18: Squamous cell carcinoma variants of the genitourinary (GU) system |