### Genitourinary

#### BLADDER CANCER: Non-Metastatic

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</tr>
</thead>
</table>
| Uchio  | S. Bereta, P. Duffy, K. Corey | 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-Guerin (BCG) therapy | Anti PD-1/PD-L1/PD-L2 | • BCG refractory.  
• Confirmed diagnosis of high risk non-muscle-invasive (T1, High Grade Ta and/or CIS) bladder TCC. | Open to accrual |
• Confirmed diagnosis of high risk non-muscle-invasive (T1, High Grade Ta and/or CIS) bladder TCC. | Pending activation |
• Confirmed diagnosis of high risk non-muscle-invasive (T1, High Grade Ta and/or CIS) bladder TCC. | Pending activation |

#### BLADDER CANCER: Locally Advanced or Metastatic

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</table>
| Uchio  | S. Bereta, P. Duffy, K. Corey | UCI 18-35: A Phase II, Open-label Study of Rucaparib in Patients with Locally Advanced or Metastatic Urothelial Carcinoma (ATLAS) | PARP Inhibitor | • Metastatic TCC.  
• Failed immunotherapy. | Open to accrual |
| Mar  | D. Chang | 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 | • 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]. | Open to accrual |
| Mar  | D. Chang | UCI 18-54: An Open-Label, Randomized Phase III Study to Evaluate Enfortumab Vedotin vs Chemotherapy in Subjects with Previously Treated Locally Advanced or Metastatic Urothelial Cancer (EV-301) | Nectin-4 targeted mAb linked to MMAE | • Confirmed urothelial carcinoma (squamous differentiation or mixed cell types).  
• PD or recurrence during/following most recent therapy.  
• Measureable disease per RECIST v1.1. | Pending activation |
| S. Bereta, P. Duffy, K. Corey | UCI 18-102: A Phase III, Randomized, Study of Neoadjuvant Chemotherapy Alone versus 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 RCC/bladder.  
• Surgical candidate for cystectomy. | Pending activation |

#### BLADDER CANCER: Non-Treatment

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</table>
| M. Wu, R. Yoon | UCI 15-22: Electro-Phage and Colorimetric Aptamer Sensors for Clinical Staging and Monitoring of Bladder Cancer | Analysis of patient urine samples | • Newly diagnosed or under surveillance (within 2 years) for recurrent bladder cancer or have microscopic and macroscopic hematuria.  
• No urinary diversions.  
• No recent percutaneous 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. | Suspended |
### PROSTATE CANCER: Hormone-Sensitive, Non-Metastatic, Asymptomatic

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<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>HSIR 2018-4305: Phase 2 Multistitution 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 Metastat</td>
<td>Cytoreductive Prostatectomy</td>
<td>• Metastases of prostate cancer &gt; 1 cm.</td>
<td>Pending activation</td>
</tr>
<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy, K. Corey</td>
<td>UCI 18-13: 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>Pending activation</td>
</tr>
</tbody>
</table>
| Uchio      | S. Bereta, P. Duffy, K. Corey | 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 L. Uhio | Degarelix: GnRH Receptor Antagonist; Leuprolide: GnRH Receptor Agonist    | • ADT-naive (exception: neoadjuvant/adjuvant ADT for which the last injection ≥ 12 months prior to randomization).  
-Pre-existing CVD with at least one of the following:  
-Mycocardial infarction.  
-Coronary artery stent placement; coronary artery balloon angioplasty; CABG; stent placement or balloon angioplasty to a carotid, iliac, femoral, or popliteal artery; CEA; vascular bypass surgery of the iliac, femoral, or popliteal arteries.  
-Results from an angiogram or CT angiogram that documented at least one vascular stenosis ≥ 50%.  
-Carotid US results that documented a vascular stenosis ≥ 50%.  
-ABI < 0.9 at any time point before randomization. |
| Uchio      | S. Bereta, P. Duffy, K. Corey | UCI 17-48: HERO: A Multinational Phase 3 Randomized, Open-label, Parallel Group Study to Evaluate the Safety and Efficacy of Relugolix in Men with Advanced Prostate Cancer | GnRH Receptor Agonist                                                     | • No previous GnRH analog or other ADT for > 18 months.                                                      | Pending activation   |

### PROSTATE CANCER: Castration-Resistant, Metastatic, Symptomatic

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</table>
-Progression within 6 months prior to screening.  
-Ongoing androgen deprivation.  
-No prior radium/radiopharmaceutical treatment.  
-Olaparib: Prior docetaxel for mCRPC; no prior treatment with a PARP inhibitor, platinum, cyclophosphamide, or mitoxantrone.  
-Docetaxel: Prior abiraterone OR enzalutamide for ≥ 4 weeks; no prior chemotherapy for metastatic prostate cancer/HSPC.  
-Enzalutamide: Prior abiraterone for ≥ 4 weeks; no prior chemotherapy for mCRPC.  
-Abiraterone: Either previous mCRPC enzalutamide OR no prior 2nd generation mCRPC hormonal manipulation; no prior chemotherapy for mCRPC; mHSPC abiraterone treatment is allowed if not discontinued due to PD or toxicity. |
| Uchio      | S. Bereta, P. Duffy, K. Corey | 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 | PARP Inhibitor                                                          | • DNA repair gene defect that may sensitize to PARP inhibition as assessed by a gene mutation biomarker panel.  
-Metastatic disease with measurable soft tissue disease by CT or MRI per RECIST 1.1.  
-Previous treatment with 1-2 chemotherapy regimens including at least 1 taxane-based regimen.  
-Disease progression during previous treatment for mCRPC with at least 1 novel hormonal therapy (enzalutamide and/or abiraterone). |
| Uchio      | S. Bereta, P. Duffy, K. Corey | 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) | PARP Inhibitor                                                          | • Asymptomatic or mildly symptomatic mCRPC.  
-No previous novel agents or androgen blockade. |

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**Notes:**
- **CRC:** California Institute for Medical Research.
- **PI:** Principal Investigator.
- **ADT:** Androgen Deprivation Therapy.
- **HSPC:** Hormone-Sensitive Prostate Cancer.
- **mCRPC:** Metastatic Castration-Resistant Prostate Cancer.
- **mHSPC:** Metastatic Hormone-Sensitive Prostate Cancer.
- **CABG:** Coronary Artery Bypass Grafting.
- **CTA:** Carotid Ultrasound.
- **CT:** Computed Tomography.
- **MRI:** Magnetic Resonance Imaging.
- **ABPI:** Ankle Brachial Index.

**Contact Information:**
- Phillip Duffy: 456-6801 (Ph)
- Dorothy Chang: 506-1215 (pager)
- Linda Huynh: 456-7354 (Ph)
- Steven Bereta: 506-7887 (pager)
- Katelyn Corey: 456-2170 (Ph)
### PROSTATE CANCER: Observational

<table>
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<tbody>
<tr>
<td>Ahlering</td>
<td>L. Huynh</td>
<td>UCI 98-41 Outcomes and Assessment of Prostate Cancer at UCI/UCMC</td>
<td>Radical</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>
</tbody>
</table>
| Uchio       | S. Bereta, P. Duffy, K. Corey | UCI 17-40: Precision Medicine for Early Prostate Cancer: Integrating Biological and Patient Complexity Variables to Predict Treatment Response | N/A            | • 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 | Open to accrual |
| Uchio       | S. Bereta, P. Duffy, K. Corey | 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) | N/A            | • 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 | Pending activation |

### PROSTATE CANCER: Retrospective Review

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<tr>
<td>Ahlering</td>
<td>L. Huynh</td>
<td>UCI 00-55: Retrospective Evaluation of Prostate Cancer Clinical and Pathological Outcomes</td>
<td>Radical</td>
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### RENAL CANCER: Adjuvant

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</table>
| Uchio       | S. Bereta, P. Duffy, K. Corey | UCI 16-84: A Phase III, Multicenter, Randomized, Placebo-Controlled, Double-Blind Study Of Atezolizumab (Anti-PD-L1 Antibody) As Adjuvant Therapy In Patients With Renal Cell Carcinoma At High Risk Of Developing Metastasis Following Nephrectomy | Anti-PD-L1     | • pT3a+ RCC s/p nephrectomy.  
• Negative surgical margin.  
• Absence of residual disease and absence of metastasis. | Open to accrual |

### RENAL CANCER: Non-Treatment

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

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<td>L. Huynh</td>
<td>HS# 2018-4305: 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 Life Outcomes in Men with Newly Diagnosed Metastatic Prostate Cancer</td>
<td>Cytoreductive Prostatectomy</td>
<td>• Metastases of prostate cancer &gt; 1cm.</td>
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<td>Anti-PAP via APCs</td>
<td>• Treatment naive.</td>
<td>Pending activation</td>
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<tr>
<td>Uchio</td>
<td>S. Bereta, P. Duffy, K. Corey</td>
<td>UCI 17-42: 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 LeuproSIDE (GnRH Receptor Agonist)</td>
<td>Degarelix: GnRH Receptor Antagonist; LeuproSIDE: GnRH Receptor Agonist</td>
<td>• ADT-naive (exception: neoadjuvant/adjuvant ADT for which the last injection ≥12 months prior to randomization).</td>
<td>Pending activation</td>
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<td>UCI 17-48: HERO: A Multinational Phase 3 Randomized, Open-label, Parallel Group Study to Evaluate the Safety and Efficacy of Relugolix in Men with Advanced Prostate Cancer</td>
<td>GnRH Receptor Antagonist</td>
<td>• No previous GnRH analog or other ADT for &gt; 18 months.</td>
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# PROSTATE CANCER: Castration-Resistant, Metastatic, Symptomatic

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<tbody>
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<td>Mar</td>
<td>D. Chang</td>
<td>UCI 16-76: Phase Ib/II 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>Open to accrual</td>
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• PSA <50ng/mL  
• Patient has had a prostate bx within 3 months | Open to accrual |
| Uchio        | S. Bereta, P. Duffy, K. Corey | 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) | N/A | • 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 | Pending activation |
| Ahlering     | L. Huynh           | UCI 00-55: Retrospective Evaluation of Prostate Cancer Clinical and Pathological Outcomes | Radical Prostatectomy | N/A                                                                                  | Open to accrual |
| Uchio        | S. Bereta, P. Duffy, K. Corey | 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 | Oncolytic immunotherapy with PD-L1 inhibitor | • 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). | Pending activation |
| Uchio        | S. Bereta, P. Duffy, K. Corey | UCI 18-101: A Phase I Dose Escalation Study Evaluating Safety, Tolerability and Pharmacokinetics of PF-06952229 in Adult Patients with Advanced Solid Tumors | TGFβR1- Inhibitor | • History of advanced/metastatic solid tumor that is either intolerant to standard treatment or for which no standard therapy is available.  
• Part 2 only :  
  -Arm A: HR+HER2- breast cancer with e/o locally advanced disease not amenable to resection or radiation therapy with curative intent or metastatic disease not amenable to curative therapy.  
  -Arm B: CRPC who have received abiraterone and/or enzalutamide with e/o progression.  
• No known active uncontrolled or symptomatic CNS metastases, carcinomatous meningitis, or leptomeningeal disease. | Pending activation |
<table>
<thead>
<tr>
<th>S. Bereta, P. Duffy, K. Corey</th>
<th>Uchio</th>
<th>UCI 18-103: Blood Sample Collection to Evaluate Biomarkers in Subjects with Untreated Solid Tumors</th>
<th>N/A</th>
<th>• Untreated solid tumors.</th>
<th>Pending activation</th>
</tr>
</thead>
</table>

**UCI Health**

**BASKET TRIALS (cont.)**

<table>
<thead>
<tr>
<th>Bota</th>
<th>M. Dandekar</th>
<th>ECOG EAY131: Molecular Analysis for Therapy Choice (MATCH)</th>
<th>Varies per mutation</th>
<th>• Positive for specific mutations.</th>
<th>Open to accrual</th>
</tr>
</thead>
</table>

| Bota | M. Tharani | SWOG S1609 DART: Dual Anti-CTLA-4 and Anti-PD-1 Blockade in Rare Tumors (Bota) | Ipilimumab: Anti-CTLA-4 mAb; Nivolumab: Anti-PD-1 mAb | • 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. • ≥4 Week washout of prior anti-CTLA-4 or anti-PD-1/anti-PD-L1 therapy prior to registration. | Open to accrual |

16: Cell tumor of the testes and extragonadal germ tumors
   - A. Seminoma and testicular sex cord cancer
   - B. Non seminomatous tumor
   - C. Teratoma with malignant transformation
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

BASKET TRIALS (cont.)

| Bota | M. Tharani | Ipilimumab: Anti-CTLA-4 mAb; Nivolumab: Anti-PD-1 mAb | ≥4 Week washout of prior anti-CTLA-4 or anti-PD-1/anti-PD-L1 therapy prior to registration. | Open to accrual |

| Bota | M. Tharani | Ipilimumab: Anti-CTLA-4 mAb; Nivolumab: Anti-PD-1 mAb | ≥4 Week washout of prior anti-CTLA-4 or anti-PD-1/anti-PD-L1 therapy prior to registration. | Open to accrual |
# Genitourinary

## RENAL CANCER: Adjuvant

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| S. Bereta, P. Duffy, K. Corey | Uchio | UCI 16-84: A Phase III, Multicenter, Randomized, Placebo-Controlled, Double-Blind Study Of Atezolizumab (Anti−PD-L1 Antibody) As Adjuvant Therapy In Patients With Renal Cell Carcinoma At High Risk Of Developing Metastasis Following Nephrectomy | Anti-PD-L1 | - pT3a+ RCC s/p nephrectomy.  
- Negative surgical margin.  
- Absence of residual disease and absence of metastasis. | Open to accrual |

## RENAL CANCER: Non-Treatment

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

## BASKET TRIALS

<table>
<thead>
<tr>
<th>PI</th>
<th>CRC</th>
<th>Protocol #/Title</th>
<th>Mechanism</th>
<th>Primary In/Ex Criteria</th>
<th>Status</th>
</tr>
</thead>
</table>
| S. Bereta, P. Duffy, K. Corey | Uchio | 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 | Oncolytic immunotherapy with PD-L1 inhibitor | - 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 measurable 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 PD1/1 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). | Pending activation |
| S. Bereta, P. Duffy, K. Corey | Uchio | UCI 18-101: A Phase I Dose Escalation Study Evaluating Safety, Tolerability and Pharmacokinetics of PF-06952229 in Adult Patients with Advanced Solid Tumors | TGFβR1- Inhibitor | - History of advanced/metastatic solid tumor that is either intolerant to standard treatment or for which no standard therapy is available.  
- Part 2 only:  
  - Arm A: HR+HER2- breast cancer with e/o locally advanced disease not amenable to resection or radiation therapy with curative intent or metastatic disease not amenable to curative therapy.  
  - Arm B: CRPC who have received abiraterone and/or enzalutamide with e/o progression.  
- No known active uncontrolled or symptomatic CNS metastases, carcinomatous meningitis, or leptomeningeal disease. | Pending activation |
| S. Bereta, P. Duffy, K. Corey | Uchio | UCI 18-103: Blood Sample Collection to Evaluate Biomarkers in Subjects with Untreated Solid Tumors | N/A | - Untreated solid tumors. | Pending activation |
| M. Dandekar | Bota | ECOG EAY131: Molecular Analysis for Therapy Choice (MATCH) | Varies per mutation | - Positive for specific mutations. | Open to accrual |