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

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<tr>
<th>PI</th>
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</table>
| Ahlering | L. Huynh | 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 | Salvage Pelvic Lymph Node Dissection or Pelvic Mass Resection | - Clinically determined lymph node metastases/pelvic mass metastases.  
- Underwent radical prostatectomy for the treatment of prostate cancer. | Open to accrual |
| Ahlering | L. Huynh | HS1 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 Metastas | Cytoreductive Prostatectomy                     | - Metastases of prostate cancer > 1cm.  
- Eligible to undergo radical prostatectomy.  
- Willing to be randomized. | Pending activation |
- NCCN low to intermediate risk prostate cancer. | Open to accrual |
| 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. | Degarelix: GnRH Receptor Antagonist; Leuprolide: GnRH Receptor Agonist | - ADT-naïve (exception: neoadjuvant/adjuvant ADT for which the last injection ≥12 months prior to randomization).  
- Pre-existing CVD with at least one of the following:  
  - Myocardial 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. | Pending activation |
| 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 Antagonist                        | - No previous GnRH analog or other ADT for > 18 months.  
- - 3 month washout from previous ADT if therapy was received for ≤ 18 months.  
- No brain metastases per prior clinical evaluation. | Open to accrual |

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

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- Progression within 6 months prior to screening.  
- Ongoing androgen deprivation.  
- No prior radiotherapy/chemotherapy treatment.  
- Olaparib: Prior docetaxel for mCRPC; no prior treatment with a PARP inhibitor, platinum, cyclophosphamide, or mitoxantrone.  
- Docetaxel: Prior abiraterone or enzalutamide for ≥8 weeks; no prior chemotherapy for metastatic prostate cancer/HSPC.  
- Enzalutamide: Prior abiraterone for ≥8 weeks; no prior chemotherapy for mCRPC.  
- Abiraterone: Either previous mCRPC enzalutamide OR no prior 2nd generation mCRPC hormonal manipulation; no prior chemotherapy for mCRPC; prior HSPC abiraterone treatment is allowed if not discontinued due to PD or toxicity. | Open to accrual |
| 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). | Open to accrual |
| 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. | Pending activation |

### PROSTATE CANCER: Observational
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<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>
</tbody>
</table>
| 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 |
| 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 | Open to accrual |
| Ahlering     | L. Huynh     | UCI 00-55: Retrospective Evaluation of Prostate Cancer Clinical and Pathological Outcomes | Radical Prostatectomy | N/A                                                                                   | Open to accrual |

**PROSTATE CANCER: Retrospective Review**

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