	A	B	C	D	E	F
1	UCI 趙 Chao Family Comprehensive Cancer Center					
2	**Breast Oncology**					
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
4	Dr. Parajuli	Alexis Chavez	ETCTN 10546 Phase I TNBC Targeting DNA Methyltransferases in Metastatic Triple-Negative Breast Cancer	Cytidine deaminase (CDA) inhibitor + nucleoside hypomethylating agent (HMA)	Inclusion: Patients must have histologically confirmed TNBC Patients with treated brain metastases are eligible if there is evidence of measurable extracranial disease, and if follow-up brain imaging 4 weeks after central nervous system (CNS)-direct therapy shows no evidence of progression. Any number of prior lines in the metastatic setting. Exclusion: Has a diagnosis of immunodeficiency or is receiving systemic steroid therapy Has a known additional malignancy that is progressing or requires active treatment.	Open to Accrual
5	Dr. Parajuli	Alexis Chavez	UCI 22-09 A Phase Ib, First-In-Human, Dose Escalation and Expansion, Multicenter Study of XMT-1660 in Participants with Solid Tumors	Antibody drug conjugate	<u>Inclusion:</u> Proven recurrent or advanced solid tumor and has disease progression after treatment with available anti-cancer therapies TNBC inclusion: DES and Backfill Cohorts: Participant has received at least 2 lines of systemic therapy in a locally advanced or metastatic BC setting. EXP: Participant has received 1 to 3 prior lines of chemotherapy in a locally advanced or metastatic BC setting. HR+, HER2- inclusion: DES and Backfill Cohorts: Participant has received at least 1 line of systemic therapy, which must have included a CDK4/6 inhibitor(s) and ET in an advanced or metastatic BC setting. EXP: Participant must have received prior therapy with a CDK4/6 inhibitor(s) combined with ET in any setting <u>Exclusion:</u> Participant has received prior treatment with another ADC containing an auristatin or maytansinoid payload Participant has had major surgery within 28 days of starting study treatment; systemic anti-cancer therapy within the time period of 28 days or 5 half-lives of the prior therapy before starting study treatment (14 days or 5 half-lives for small molecule targeted therapy), whichever is less; or palliative radiation therapy within 14 days of starting study treatment.	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
6	Dr. Parajuli	Alexis Chavez	UCI 21-57 A Phase Ib/II, Two-Part, Open-Label Study to Assess the Safety and Antitumor Activity of Zanidatamab in Combination with ALX148 in Advanced HER2-Expressing Cancer	IgG1-like antibody + CD47 inhibitor	Inclusion: HER2-positive breast cancer, HER2-low breast cancer Progression after or during the most recent systemic regimen of treatment for advanced cancer Exclusion: Subjects with HER2-positive breast cancer who did not receive trastuzumab or pertuzumab due to medical contraindications will not be eligible for this study. Subjects with HER2-low breast cancer who have received prior HER2-targeted therapy (other than T-DXd, which is allowed but not required) will not be eligible for this study. Prior treatment with any anti-CD47 or anti-signal regulatory protein alpha (SIRPα) agent.	Open to Accrual
7	Dr. Parajuli	Alexis Chavez	UCI 21-82 A Phase I/II, Open Label, Dose-Escalation Study of Oral ORIN1001 With and Without Chemotherapy in the Treatment of Subjects with Solid Tumors	XBP1-splicing inhibitor	<u>Inclusion:</u> For Phase 1 dose escalation with ORIN1001 in combination with Abraxane®: Males or females with relapsed refractory metastatic breast cancer (TNBC, or ER+ HER2-) must have progressed through at least 2 lines of therapy For Phase 2: Males or females with relapsed refractory metastatic breast cancer including; 1. TNBC (i.e., estrogen receptor [ER]-, progesterone receptor-, and human epidermal growth factor receptor 2 [HER2]-) 2. ER+ HER2- breast cancer 3. MYC+ breast cancer. Patients must have received no more than three prior lines of therapy in the metastatic setting	Suspended

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
8	Dr. Parajuli	Alexis Chavez	UCI 22-156 A Phase Ib Study of TBio-4101 (Autologous Selected and Expanded Tumor-Infiltrating Lymphocytes [TIL]) and Pembrolizumab in Patients with Advanced Solid Tumor Malignancies (STARLING)	Tumor infiltrating lymphocyte therapy	Inclusion: Patients with breast cancer must have relapsed on at least one and no more than three prior treatments for metastatic disease (adjuvant/neoadjuvant therapy will not count toward the three prior therapies limit.) Patients with HER2-positive disease must have received a HER2-containing regimen. Patients with BRCA mutations must have previously been treated with a targeted therapy. Exclusion: Patients with known active central nervous system (CNS) metastases (Patients with previously treated brain metastases may participate provided they are radiologically stable) Patients with a known additional malignancy that is progressing or has required active treatment within the past 3 years.	Open to Accrual
9	**Gastrointestinal Oncology**					
10	Dr. Lee	Amber Luna	UCI 22-07 A Phase Ib/II Placebo Controlled, Double Blinded Study on the Efficacy and Safety of BXQ-350 in Combination with mFOLFOX7 and Bevacizumab in Newly Diagnosed Metastatic Colorectal Carcinoma	BXQ-350 + mFOLFOX7 and bevacizumab	Inclusion: • Must have measurable disease Exclusion: • Cannot have confirmed dMMR or MSI-H • Cannot have Type 1 or 2 diabetes mellitus	Open to Accrual
11	Dr. Valerin	My Ha Nguyen	UCI 20-67 A Phase I/II, First-In-Human, Multi-Part, Open-Label, Multiple-Ascending Dose Study to Investigate the Safety, Tolerability, Pharmacokinetics, Biological, and Clinical Activity of DF1001 in Patients with Locally Advanced or Metastatic Solid Tumors, and Expansion in Selected Indications	Anti-PD-1 DF1001 (monotherapy or combination therapy))	• Dose Escalation Phase: Histologically/cytologically-proven locally advanced or metastatic solid tumors for which no standard therapy exists or standard therapy has failed • HER2 expression by IHC and/or erbb2 amplification and/or erbb2-activating mutations Dose Expansion Phase: • UBC Cohort: must have received only 1L platinum-containing regimen for inoperable locally advanced/metastatic urothelial carcinoma with PD/recurrence < 6 months after the last dose • MBC Cohort: no more than 3 prior lines of cytotoxic therapy for metastatic disease	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
12	Dr. Dayyani	My Ha Nguyen	UCI 21-193 A Phase IB/III Study of Bemarituzumab Plus Chemotherapy and Nivolumab Versus Chemotherapy and Nivolumab Alone in Subjects with Previously Untreated Advanced Gastric and Gastroesophageal Cancer with FGFR2b Overexpression	FGFR inhibitor + mFOLFOX6 + antiPD-L1 (nivolumab)	• Histologically documented gastric or gastroesophageal junction adenocarcinoma • Previously treated disease that is unresectable, locally advanced, or metastatic; perioperative therapy is allowed if < 6 months • Measurable disease or non-measurable, but evaluable disease, per RECIST v1.1 • FGFR2b overexpression as determined by central testing	Open to Accrual
13	Dr. Dayyani	Peter Yang	UCI 21-110 Phase Ib/II Study of Agents Targeting the Mitogen-Activated Protein Kinase Pathway in Patients with Advanced Gastrointestinal Malignancies (HERKULES-3)	Encorafenib + cetuximab + ERAS-007 (only EC naïve patients with BRAFV600E CRC)	• Histologically or cytologically confirmed metastatic CRC • Dose Escalation cohorts: must have disease progression after at least 1 systemic regimen. Prior regimens must contain the following (prior regorafenib or TAS-102 prohibited): All patients: 5-FU or capecitabine, oxaliplatin and/or irinotecan, bevacizumab Patients with MSI-H or dMMR CRC: pembrolizumab or nivolumab	Open to Accrual
14	Dr. Dayyani	Peter Yang	UCI 22-221 A First-in-human Phase I, Non-randomized, Open-label, Multi-center Dose Escalation Trial of Bi 765049 and Bi 765049 + Ezabenlimab Administered by Repeated Intravenous Infusions in Patients with Malignant Solid Tumors Expressing B7 H6	(Central B7-H6 testing) HCC and Pancreatic (also NSCLC, HNSCC, CRC, and gastric)	CRC patients do not require prescreening consent	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
15	Dr. Dayyani	My Ha Nguyen	ETCTN 10495 Phase I Trial of DS-8201a (Trastuzumab Deruxtecan) in Combination with Neratinib in Solid Tumors with HER2 Alterations	DS-8201a + Neratinib	Inclusion: • Patients must have HER2-positive as determined by any one or more of the following: ▯ HER2-overexpressing defined by IHC 3+ ▯ ERBB2 amplification by ISH or next generation sequencing as determined by any CLIA certified lab ▯ A known HER2 activation mutation • Patients must have received at least 1 prior line of therapy in the advanced/metastatic setting. No limitation on number of prior therapies Exclusion: • Prior treatment with neratinib or DS-8201a	Open to Accrual
16	Dr. Dayyani	My Ha Nguyen	ETCTN 10358 Phase I/IB Study of DS-8201a in Combination with ATR Inhibition (AZD6738) in Advanced Solid Tumors with HER2 Expression (DASH Trial)	DS8201a + AZD6738	• Patients must have HER2-positive or HER2-expressing tumors determined by a CLIA-certified laboratory ▯ HER2 expression (1-3+) by IHC locally and confirmed centrally OR ▯ HER2 expression (1-3+) by IHC tested centrally OR ▯ HER2 amplification based on FISH or Next Generation Sequencing • Must have received at least one line of systemic chemotherapy for either locally advanced or metastatic disease and should have either progressed on this therapy or been intolerant to this therapy • For tumors where anti-HER2 therapy is standard of care, patients must have progressed on at least 1 line of anti-HER2 therapy if eligible. For patients where DS8201a is approved as standard of care, prior treatment with DS8201a is not allowed • Dose-escalation phase: Must have histologically confirmed advanced solid tumor including but not restricted to breast cancer, gastric or gastroesophageal cancer, colon cancer, endometrial cancer, salivary gland tumors, and hepatobiliary tumors • Dose-expansion phase: Must have histologically confirmed advanced/metastatic gastroesophageal cancer (cohort A) or colorectal cancer (cohort B)	Open to Accrual
17	Dr. Lee	Peter Yang	ETCTN 10579 Phase I Trial of ZEN003694 (ZEN-3694) in Combination with Capecitabine in Patients with Solid Tumors	ZEN003694 (ZEN-3694) + capecitabine	<u>Dose Escalation additional criteria:</u> ▯atients must have histologically confirmed cancer that is metastatic or unresectable and must have progressed on standard therapies whichwould ▯ave included 5-FU or capecitabine <u>Dose Expansion additional criteria:</u> ▯atients must have histologically confirmed CRC that is metastatic or unresectable and must have progressed on standard therapies which would have ▯ncluded 5-FU or capecitabine *pre and post treatment biopsies are required for specific cohorts	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
18	Dr. Dayyani	Peter Yang	UCI 23-101 A Phase I/II First-in-Human Study of BMS-986288 Alone and in Combination with Nivolumab in Advanced Malignant Tumors	Nivo + BMS-986288 vs regorafenib	Inclusion: • KRAS and NRAS (extended RAS) and BRAF mutation status should be verified based on available local testing results as part of medical history. Regardless of whether or not RAS mutation status is known, all participants will be tested during screening for extended RAS (NRAS and KRAS) and BRAF mutation status. Results from this testing at screening is not required prior to receiving treatment on study (except BRAF V600E). The proportion of participants with RAS mutations will be monitored on an ongoing basis. The sponsor may limit the number of RAS wild type participants after discussion with the investigators. • Participants with 3L/4L mCRC must have progressed or been intolerant to 2 prior lines of chemotherapy in the metastatic disease setting, which must include at least oxaliplatin- and irinotecan-containing regimens. (a) Participants who received FOLFOXIRI (or equivalent) in the 1L setting may be considered for enrollment in the second line setting. (b) Prior therapies containing anti-VEGF agents and/or anti-EGFR agents are permitted. (c) Disease recurrence within 6 months after the last dose of the adjuvant/neoadjuvant therapy is permitted and will be considered as 1 line of prior therapy for study entry. Disease recurrence beyond 6 months after the last dose of the adjuvant/neoadjuvant therapy is also permitted but will NOT be considered as 1 line of prior therapy for study entry. (d) Disease progression must have occurred during or within 3 months following the last dose of approved standard therapies Exclusion: • Participants with BRAF V600E mutant colorectal cancer	Suspended
19	Dr. Valerin	TBD	UCI 21-67 Phase I Study of Epacadostat Added to Preoperative Chemoradiation in Patients with Locally Advanced Rectal Cancer	Epacadostat + short course radiation + chemo	• Plans to proceed with neoadjuvant short course radiation and chemotherapy • No prior anti-cancer therapy for rectal cancer	Pending Activation

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
20	Dr. Dayyani	TBD	UCI 22-51 A Phase I/Ib Study of ASP2138 in Participants with Metastatic or Locally Advanced Unresectable Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma or Metastatic Pancreatic Adenocarcinoma Whose Tumors Have Claudin (CLDN) 18.2 Expression	ASP2138	Inclusion: • Positive for CLDN 18.2 by central IHC testing • Participant with gastric or GEJ adenocarcinoma who has progressed, is intolerant, has refused, or for whom there is no standard approved therapies that impart significant clinical benefit based on investigator's clinical judgment • Participant with pancreatic adenocarcinoma who has progressed, is intolerant, has refused, or for whom there is no standard approved therapies that impart significant clinical benefit based on investigator's clinical judgment Exclusion: • Participant who has received an CLDN18.2-targeted investigational agent (e.g., zolbetuximab or chimeric antigen receptor CLDN18.2-specific T cells) prior to first dose of study intervention administration is not eligible for dose escalation cohorts	Pending Activation
21	Dr. Dayyani	TBD	UCI 23-109 A Phase Ib/II Open-Label Study of Disitamab Vedotin Monotherapy or in Combination with Other Anticancer Therapies in Solid Tumors	Disitamab Vedotin + Tucatinib	Escalation phase: Previously treated advanced GC/GEJC or Breast Cancer (HER2-expressing) Expansion phase: Expansion Phase Cohort B HER2+ 3L or higher Breast Cancer, HER2-low 2L GC/GEJC	Pending Activation
22	**Genitourinary Oncology**					
23	Dr. Rezazadeh	Jorge Loaiza	UCI 22-129 A Phase I/II Randomized, Umbrella Study to Evaluate the Safety and Efficacy of Pembrolizumab Plus Enfortumab Vedotin (EV) in Combination With Investigational Agents Versus Pembrolizumab Plus EV, as First-Line Treatment for Participants With Advanced Urothelial Carcinoma (KEYMAKER-U04): Substudy 04B	Part 1 (safety lead-in) Arm A: EV IV + MK-4280A IV Arm B: EV IV + MK-7684A IV Arm C: EV IV + Pembro IV	*Previously untreated LA/mUC; select prior therapy for MIUC permitted *Archival or new tumor *No restriction regarding PD-L1 CPS	Suspended

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
24	Dr. Mar	Ariana Castro	GOG-3082 A Phase Ib/II Basket Study of ACR-368 as Monotherapy and in Combination with Gemcitabine in Adult Subjects with Platinum-Resistant Ovarian Carcinoma, Endometrial Adenocarcinoma, and Urothelial Carcinoma Based on Acrivon OncoSignature® Status	Arm 1: OncoSignature (+): ACR-368 IV Arm 2: OncoSignature (-): ULDG IV + ACR-368 IV	*Ovarian: PD/relapse ≤ 6 months of platinum therapy completion; 1-6 lines of prior therapy *Endometrial: ≤ 3 lines of prior therapy in recurrent setting; failed/ineligible for PD(L)-1 for adv/met disease *UC: received platinum; failed PD(L)-1/EV; if in neo/adjuvant setting, progression ≤ 12 months *Must undergo new tumor biopsy from accessible tumor lesion	Open to Accrual
25	Dr. Rezazadeh	Samantha Boggs	UCI 22-128 A Phase I/II Open-Label Rolling-Arm Umbrella Platform Study of Investigational Agents With or Without Pembrolizumab in Participants with PD-1/L1 Refractory Locally Advanced or Metastatic Urothelial Carcinoma (KEYMAKER-U04): Substudy 04A	MK-2140 (Zilovertamab Vedotin) IV D1/D8 Q3W	*PD(L)-1 refractory LA/mUC with progression during/after treatment *PD(L)-1 monotherapy refractory MIUC with recurrence while on treatment or ≤ 6 months of treatment completion *Archival or new MIUC or metastatic tissue	Suspended
26	Dr. Mar	Samantha Boggs	ETCTN 10301 A Phase I and Randomized Phase II Trial of Radium-223 Dichloride, M3814, & Avelumab in Advanced Metastatic Castrate-Resistant Prostate Cancer (mCRPC)	A: 223Ra (bone-targeted alpha particle emitting radiopharmaceutical) IV x6 B: 223Ra IV x6 + M3814 (DNA-PK inhibitor) PO BID C: 223Ra IV x6 + avelumab (anti-PD-L1 IgG1 Ab) IV x10 + M3814 PO BID	*Progressive mCRPC with ≥ 2 skeletal mets via bone scan with LN mets < 3cm in long axis and no visceral organ mets *Progression after at least one of the following: abi, enza, apalutamide, darolutamide, or taxane chemo *On ADT unless had orchiectomy	Suspended

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
27	Dr. Rezazadeh	Jorge Loaiza	UCI 20-138 A Phase I/II, Open-Label, Dose Escalation, and Cohort Expansion Clinical Trial to Evaluate the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of ARV-110 in Patients with Metastatic Castration Resistant Prostate Cancer	Part A: ARV-110 (PROTAC molecule) QD or BID	*Progressed on ≥ 2 prior approved systemic CRPC therapies (must include abi or enza) *Ongoing ADT *Treated brain mets allowed if recovered from therapy, discontinued steroids for ≥ 4 weeks, and neurologically stable.	Suspended
28	**Gynecologic Oncology**					
29	Dr. Tewari	Nirali Patel	UCI 20-110 A Phase Ib/II Study of TAK-981 Plus Pembrolizumab to Evaluate the Safety, Tolerability, and Antitumor Activity of the Combination in Patients with Select Advanced or Metastatic Solid Tumors	TAK-981 (small molecule inhibitor of SUMOylation) + Pembrolizumab	<u>Inclusion:</u> • Have histologically or cytologically documented, advanced (metastatic and/or unresectable) cancer • CPI-naive cervical cancer (squamous cell carcinoma, adenosquamous or adenocarcinoma of cervix) patients for whom prior standard first line treatment has failed and who has received no more than 1 prior systemic line of therapy for recurrent or Stage IVB cervical cancer • Measurable disease per RECIST, (non-nodal lesions >10 mm and lymph nodes >15mm) • ECOG 0 to 1 <u>Exclusion:</u> Received treatment with systemic anticancer treatments or investigational products within 14 days before the first dose of study drug. Hypersensitivity to TAK-981, pembrolizumab, or any component of the drug product.	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
30	Dr. Tewari	Nirali Patel	UCI 22-42 Phase I/II, Open-label Dose Escalation and Dose Expansion Study of TransCon TLR7/8 Agonist, Alone or in Combination with Pembrolizumab in Participants with Locally Advanced or Metastatic Solid Tumor Malignancies	TransCon Toll like receptor (TLR) 7/8 agonist	• Participants must have histologically confirmed locally advanced, recurrent or metastatic solid tumor malignancies that cannot be treated with curative intent (surgery or radiotherapy). - Patients in neoadjuvant cohorts are exempt. • At least 2 lesions of measurable disease per RECIST 1.1, unless specified otherwise in the selection criteria – at least 1 lesion that is safely accessible for intratumoral injection and 1 lesion that is not injected (at least initially). • Lesion(s) to be injected must be measurable and greater than or equal to 15 mm in the longest diameter at initial selection. Exclusion: Participants who have been previously treated with a TLR agonist (excluding topical agents for unrelated disease) are not eligible. Other active malignancies within the last 2 years are excluded. Known hypersensitivity to any component of TransCon TLR7/8 Agonist or pembrolizumab.	Open to Accrual
31	Dr. Tewari	Nirali Patel	UCI 22-77 Phase I First-in-Human Study to Explore the Safety, Tolerability and Pharmacokinetics of AMG 794 in Subjects with Claudin 6-Positive Advanced/Metastatic Non-Squamous Non-Small Cell Lung Cancer or Epithelial Ovarian Cancer and Other Malignant Solid Tumor Indications	AMG794 half-life extended (HLE) BiTE molecule targeting CLDN6	<u>Inclusion:</u> • Subjects with histologically or cytologically documented malignant solid tumor diseases expressing CLDN6 including but not limited to NSCLC, EOC, testicular germ cell cancer, uterine endometrial cancer, or triple negative breast cancer, that is metastatic or unresectable at screening time point. Subjects should have exhausted available SOC systemic therapy or should not be candidates for such available therapy. • For dose expansion cohorts: Subjects with at least 1 measurable lesion ≥ 10 mm which has not undergone biopsy within 3 months of screening scan. This lesion cannot be biopsied at any time during the study. <u>Exclusion:</u> • History of other malignancy within the past 2 years, with the following exceptions: - Malignancy treated with curative intent and with no known active disease present for ≥ 2 years before enrollment and understood to be at low risk for recurrence by the treating physician. - Adequately treated cervical carcinoma in situ without evidence of disease. - Adequately treated breast ductal carcinoma in situ without evidence of disease.	Suspended

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
32	Dr. Tewari	Nirali Patel	UCI 22-78 A Phase I Study of KSQ-4279 Alone and in Combination in Patients with Advanced Solid Tumors	KSQ-4279 +/- Olaparib or Carboplatin Targeting deleterious mutation (germline or somatic)	Inclusion: Deleterious mutation (germline or somatic) in at least 1 of the following genes involved in the HRR pathway Histologically diagnosed recurrent or persistent high grade serous ovarian cancer (including primary peritoneal and/or fallopian tube cancer) Received prior platinum-based chemotherapy Patients may have platinum-sensitive or resistant disease Exclusion: Ongoing Grade 2 or greater toxicity, except alopecia, related to any prior treatment (ie, chemotherapy, targeted therapy, radiation, or surgery). Chemotherapy or small molecule-targeted therapy < 2 weeks prior to first dose of study treatment. Known hypersensitivity to study therapies and its excipients.	Open to Accrual
33	**Hepatobiliary and Pancreas Oncology**					
34	Dr. Dayyani	Han Nguyen	UCI 22-106 A Phase IB/II Multicenter, Open-Label Study to Evaluate the Safety and Efficacy of TTI-101 as Monotherapy and in Combination in Participants with Locally Advanced or Metastatic, and Unresectable Hepatocellular Carcinoma	STAT3 ± Pembrolizumab or ± Atezolizumab and Bevacizumab	• Locally advanced, metastatic, and unresectable HCC • Cohort A, monotherapy: must have progressed on up to 3 prior lines of systemic therapy • Cohort B, pembro: no more than 1L of therapy and must have progressed after at least 3 months of anti-PD(L)1 therapy • Cohort C, atezo + bev: must be treatment naive to systemic therapy for advanced, mets, or unresectable disease • Cohorts A + B: biopsy required	Open to Accrual
35	Dr. Dayyani	Miranda Duron	UCI 21-146 An Open-Label, Multi-Center, Phase I/II Dose Escalation and Expansion Study to Assess the Safety, Tolerability, Anti-Tumor Activity and Pharmacokinetics of MRG004A in Patients with Tissue Factor Positive Advanced or Metastatic Solid Tumors	MRG004A (TF ADC)	• Unresectable or metastatic cancer with disease progression during prior therapy, or relapse or progression following approved standard therapy for their tumor types (Part A: solid tumors, Part B: pancreatic, cervical, endometrial, bladder, TNBC) • Measurable disease per RECIST v1.1 • For Part B patients: documented Tissue Factor (TF) presence in tumor biopsy specimens, obtained from archival or re-biopsy specimens by central IHC	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
36	Dr. Dayyani	Nicole Ferrand	UCI 22-26 Open-Label, Multicenter, Phase I Study to Evaluate the Maximum Tolerated Dose of Orally Administered CB-03-10 with Dose Expansion Phase, in Subjects with Advanced Solid Tumors	CB-03-10 (Androgen and glucocorticoid antagonist)	• Part 1 (Dose Escalation): histologically or cytologically confirmed relapsed or refractory advanced or metastatic solid tumor of any origin, not amenable to standard of care therapy • Measurable or evaluable disease per RECIST v1.1 criteria	Open to Accrual
37	Dr. Abi	TBD	UCI 23-24 A Phase 1b/2 Pressure Enabled Regional Immuno-Oncology Study of Hepatic Arterial Infusion of SD-101 with Systemic Checkpoint Blockade for Hepatocellular Carcinoma and Intrahepatic Cholangiocarcinoma	HAI SD-101+Pembro or Nivo	• Locally advanced, metastatic, or unresectable HCC or liver-dominant intrahepatic cholangiocarcinoma • Previously received 1L of therapy for liver cancer w/persistent or progressive measurable disease per RECIST 1.1	Pending Activation
38	Dr. Dayyani	Han Nguyen	ETCTN 10522 A Phase I Clinical Trial of CA-4948 in Combination with Gemcitabine and Nab-Paclitaxel in Metastatic or Unresectable Pancreatic Ductal Carcinoma	CA4948 + gemcitabine + nabpaclitaxel	• Histologically or cytologically confirmed adenocarcinoma of the pancrease that is metastatic or unresectable and for which standard curative or palliative measures do not exist or are no longer effective • Disease progression on or after 5-FU-based therapy for metastatic or unresectable PDAC. Prior use of gemcitabine/nab-paclitaxel for metastatic or unresectable disease is not allowed	Open to Accrual
39	Dr. Valerin	TBD	UCI 23-85 An Open-Label, Multicenter, Phase I Study Evaluating the Safety, Pharmacokinetics, and Efficacy of BA3182, A Bispecific Epithelial Cell Adhesion Molecule (EPCAM)/CD3 Antibody, in Patients with Advanced Adenocarcinoma	BA3182 (CAB T-cell: EpCAM)	Locally advanced unresectable or metastatic adenocarcinoma for which SOC has failed, or no curative therapy is available, or are not eligible, intolerant Part 1: Archived tumor tissue or tissue amenable to biopsy for central EpCAM testing (no samples older than 12 months) (positivity not required) Part 2: must have EpCAM central positive disease (3 cores mandatory)	Pending Activation

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
40	Dr. Valerin	TBD	UCI 23-91 A Phase I Study of INCB099280 in Combination With Ipilimumab in Participants With Selected Solid Tumors	INCB099280 (Oral CPI) + Ipilimumab	18 years or older ECOG performance of 0 or 1 Histologically confirmed solid tumors with measurable disease	Pending Activation
41	Dr. Valerin	Han Nguyen	ETCTN 10464 A Phase I Study of Olaparib in Combination with Durvalumab (MEDI4736) and Concurrent Radiation Therapy Following First-Line Chemotherapy in Locally Advanced Unresectable Pancreatic Cancer	Olaparib with Durvalumab + radiation therapy	• Locally advanced pancreatic adenocarcinoma as determined by tumor board or surgically determined failed resection attempt • Received at least 16 weeks of any chemotherapy without progression	Open to Accrual
42	**Malignant Heme Oncology**					
43	Dr. O'Brien	Stephanie Osorio	UCI 20-198 A Phase I, Dose Escalation, Safety and Tolerability Study of NX-2127, a Bruton's Tyrosine Kinase (BTK) Degrader, in Adults with Relapsed/Refractory B-cell Malignancies	NX-2127, Bruton's tyrosine kinase degrader, in adults w/ R/R B-cell malignancies	Inclusion: Received at least 2 prior lines of therapy Histologically confirmed R/R CLL, SLL, WM, MCL, MZL, FL (grade 1-3b), and DLBCL e/ MYC & BCL2 and/or BCL6 rearrangements and high-grade B-cell lymphoma NOS	Suspended
44	Dr. Naqvi	Stephanie Osorio	UCI 21-239 An Open-Label, Phase IB Study of R289, an IRAK1/4 Inhibitor, in Patients with Lower-Risk Myelodysplastic Syndrome (LR MDS) Who are Refractory/Resistant to Prior Therapies	IRAK 1/4 inhibitor, R289, in patients w/ refractory or resistant lower-risk MDS	Inclusion: relapsed, refractory/resistant or inadequate response to all therapies with now clinical benefits, such as TPOs, EPOs, lupatercept and HMAs for MDS. Meet at least one dx-related criteria for RBC transfusion, plt count or ANC <8W prior to study tx initiation. Received at least one line of therapy	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
45	Dr. Jeyakumar	Stephanie Osorio	UCI 22-151 A Phase I, Open-Label, Multi-Center Study of the Safety, Pharmacokinetics (PK), and Anti-Tumor Activity of LYT-200 in Patients with Relapsed/Refractory Acute Myeloid Leukemia (AML), or with Relapsed/Refractory, High-Risk Myelodysplastic Syndrome (MDS)	LYT-200 in patients w/ R/R AML or high-risk MDS	Inclusion: Confirmed dx of relapsed/refractory AML or MDS Exclusion: Must not be diagnosed w/ APL or has undergone HSCT <6 month prior to first study dose	Open to Accrual
46	Dr. Jeyakumar	Stephanie Osorio	UCI 19-138 A Phase Ib/II Study of IMGN632 as Monotherapy or Combination with Venetoclax and/or Azacitidine for Patients with CD123-Positive Acute Myeloid Leukemia	IMGN632 as monotherapy or combination w/ Venetoclax and/or Azacitidine for patients w/ CD123-positive AML	Inclusion: Confirmed dx of XD123+ AML	Open to Accrual
47	Dr. Jeyakumar	Stephanie Osorio	UCI 20-51 A Phase I, Multicenter, Open-Label, Dose-Escalation and Expansion, Safety, Pharmacokinetic, Pharmacodynamic, and Clinical Activity Study of Intravenously Administered IO-202 and IO-202 + Azacitidine ± Venetoclax in Acute Myeloid Leukemia (AML) Patients with Monocytic Differentiation and in Chronic Myelomonocytic Leukemia (CMML) Patients	IO-202 in R/R AML patients w/ monocytic differentiation and in R/R CMML patients	Inclusion: R/R AML w/ myelomonocytic or monoblastic/monocytic differentiation	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
48	Dr. Jeyakumar	Stephanie Osorio	UCI 22-81 A Phase I/II, Open-Label, Multicenter, Dose Escalation and Expansion Study of the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of HM43239 in Patients with Relapsed or Refractory Acute Myeloid Leukemia (AML)	HM43239 in patients w/ R/R AML	Inclusion: morphologically documented primary/secondary AML. R/R at least one cycle of prior therapy or the most recent therapy.	Open to Accrual
49	Dr. Jeyakumar	Judit Castellanos	UCI 22-24 A Phase I First-in-Human Dose-Escalation and Dose-Escalation and Dose-Expansion Study of BMF-219, an Oral, Covalent, Menin Inhibitor, in Adult Patients with Acute Leukemia (AL), Diffuse Large B-Cell Lymphoma (DLBCL), Multiple Myeloma (MM), and Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL)	BMF-219 in patients w/ AL, DLBCL, MM, CLL/SLL	Inclusion: R/R AML w/ failure of SOC therapies. R/R DLBCL received at least 2 previous systemic regimens R/R MM received at east 3 regimens R/R CLL/SLL received at least 2 prior systemic regimens Exclusion CNS involvement Prior menin inhibitor therapy	Suspended
50	Dr. O'Brien	Emiri Matsuda	UCI 20-126 A Phase 1, Multicenter, Open-Label Study of CB-010, a CRISPR-Edited Allogeneic Anti-CD19 CAR-T Cell Therapy in Patients with Relapsed/Refractory B-Cell Non-Hodgkin Lymphoma (ANTLER)	CB-010, CRISPR-edited allogeneic anti-CD10 CAR-T cell therapy	Inclusion: Histologically confirmed aggressive B-NHL of one of the following types: For Part A: DLBCL NOS, HGBL, tFL, PMBCL, FL, MZL and MCL; For Part B: DLBCL NOS, HGBL, tFL, and PMBCL. Must have documented CD19+ disease and underwent adequate prior chemotherapy. Must not have history of prior therapy with an anti-CD19 targeting agent (Part A only)	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
51	Dr. O'Brien	Regan Dagenhart	UCI 21-19 A Phase I/II, Open-Label, Multicenter Trial to Assess the Safety, Tolerability and Efficacy of MB-106 in Patients with Relapsed or Refractory CD20+ B-Cell NonHodgkin s Lymphoma or Chronic Lymphocytic Leukemia	MB-106 in patients w/ R/R CD20+ B-cell NHL or CLL	Inclusion: - R/R DLBCL, FL, MCL, MZL, WMG, Burkitt and Burkitt-like lymphoma, HCL, CLL, or SLL - at least 1-2 standard therapies (CLL/SLL: at least 1 prior BTK and/or BCL-2 directed therapy - CLL diagnosis: Hellek diagnostic criteria - measurable dx not required - CD20 expression	Open to Accrual
52	Dr. Coombs	Emiri Matsuda	UCI 22-134 A Phase IB Study of Oral AS-1763 in Patients With Previously Treated Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma or Non-Hodgkin Lymphoma	Oral AS-1763 in patients w/ previously treated CLL/SLL or NHL	Inclusion - histologically confirmed B-cell malignancy (CLL/LL, WM, MCL, MZL, or FL) meeting the criteria for systemic treatment - at least 1 radiographically measurable lesion for SLL, MCL, MZL, or FL - failed at least 2 lines of prior systemic therapy Exclusion - Richter's transformation prior to or during screening - prior auto/allo transplant or CAR-T <30 days	Open to Accrual
53	Dr. Pinter-Brown	Regan Dagenhart	UCI 21-225 A Phase IB, Open-Label, Multicenter, Single Arm Study Evaluating the Preliminary Efficacy, Safety, and Pharmacokinectics of Glofitamab in Combination with Rituximab Plus Ifosfamide, Carboplatin Etoposide Phosphate in Patients with Relapsed/Refractory Transplant Eligible Diffuse B-Cell Lymphoma	Glofitamab+ R-ICE in patients w/ R/R transplant eligible DLBCL	Inclusion: Histologically confirmed B-cell lymphoma (DLBCL-NOS, including EBV+ DLBCL, HGBCL w/ MYC and B-cell lymphoma 2 and/or B-cell lymphoma 6 rearrangements, HGBCL- NOS. Treated w/ 1 line of prior systemic therapy, including an anti-C20 monoclonal antibody and an anthracycline. R/R after 1st line chemoimmunotherapy. Candidate for high-dose chemotherapy followed by ASCT or CAR-T. At least one bi-dimensionally measurable nodal lesion (>1.5cm) or one bi-dimensionally measurable ? 1 cm) extranodal lesion, as measured on CT.	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
54	Dr. Pinter-Brown	Regan Dagenhart	UCI 21-99 An Open-Label, Multi-Center, Non Randomized Phase I Dose-Escalation Study to Investigate the Safety, Tolerability, Pharmacokinetics and Preliminary Efficacy of ONO-4685 Given as Monotherapy in Patients with Relapsed or Refractory T-Cell Lymphoma	ONO-4685 given as monotherapy	Inclusion: Histologically or cytologically confirmed diagnosis of one of the following subtypes of T-cell lymphoma: AITL, PTCL-NOS, nodal PTCL with TFH, FTCL, MF, or SS. At least 2 prior systemic therapies. Eligible for CD30-directed therapy (e.g. bretuximab vedotin). Exclusion: CNS involvement, ATLL	Open to Accrual
55	Dr. Pinter-Brown	Regan Dagenhart	UCI 21-224 A Phase I, Multicenter, Open-Label, Dose-Escalation and Expansion Study to Evaluate the Safety, Tolerability, Pharmacokinectics, Pharmacodynamics, and Clinical Activity of Intravenously Administered KT-333 in Adult Patients with Relapsed or Refractory Lymphomas, Large Granular Lymphocytic Leukemia, and Solid Tumors	KT-333 in R/R lymphomas, LGLL and solid tumors	Inclusion: Histologically/pathologically confirmed lymphoma (phase 1b only). At least 1 prior systemic SOC or for whom SOCs are not available. Measurable dx per Lugano for PTCL.	Open to Accrual
56	Dr. Jeyakumar	Stephanie Osorio	UCI 23-154 Phase I Study to Determine the Safety and Tolerability of Ziftomenib Combinations for the Treatment of KMT2A-Rearranged or NPM1-Mutant Relapsed/Refractory Acute Myeloid Leukemia	Ziftomenib combinations for the KMT2A-rearranged/NPM1 mutant R/R AML	Inclusion - >18-75y/o, AML diagnosis per WHO - R/R to at least 1 prior line of therapy (R/R: ≥5% blasts in the BM or reappearance of blasts in the blood in ≥2 peripheral blood samples ≥1 week apart; or development of new extramedullary disease. - documented NPM1 mutation or KMT2Arearrangement	Pending Activation

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
57	Dr. Jeyakumar	Stephanie Osorio	UCI 21-144 A Phase I, Open-Label, Multicenter Study of HMPL-306 in Advanced Hematological Malignances with Isocitrate Dehydrogenase (IDH) Mutations	HMPL-306 in advanced hematological malignances w/ IDH mutations	Inclusion - Relapsed/refractory AML, MDS/MPN, AITL or other mIDH-positive heme malignancy w/IDH mutations - Received at least 2 prior lines of therapy	Open to Accrual
58	**Neuro Oncology**					
59	Dr. Bota	Hanh Ngo	UCI 23-67 A Phase Ib Open-Label, Multi-Center, Dose Escalation Trial of BI 764532 Given as Monotherapy Administered by Repeated Intravenous Infusions in Patients with Glioma Expressing DLL3	monotherapy; needs DLL3 expression	Inclusion: Tumor histologies: Astrocytoma IDH mutant, CNS WHO Grade 2-4; Oligodendroglioma IDH mutant and 1p19q co-deleted, CNS WHO Grade 2 and 3 Glioblastoma (IDH wild type) 2. Tumors must be positive for DLL3 expression 3. Documented unequivocal progression after radiotherapy and/or chemotherapy with measurable disease by RANO criteria Exclusion: Previous treatment targeting DLL3. Extracranial or leptomeningeal disease. Prior treatment with bevacizumab, other anti-VEGF or anti-angiogenic treatment within 6 months of study treatment.	Open to Accrual
60	**Skin Oncology**					
61	Dr. Valerin	Baoan Huynh	UCI 21-40 A Phase I/II, First-in-Human, Multi-Part, Open-Label, Multiple-Ascending Dose Study to Investigate the Safety, Tolerability, Pharmacokinetics, Biological, and Clinical Activity of DF6002 as a Monotherapy and in Combination with Nivolumab in Patients with Locally Advanced or Metastatic Solid Tumors, and Expansion in Selected Indications	DF6002 as a Monotherapy and in Combination w/ nivo	Inclusion: - Previously tx melanoma, NSCLC, small cell lung, head and neck squamous cell, urothelial, gastric, esophageal, cervical, hepatocellular, Merkel cell, cutaneous squamous cell carcinoma, renal cell, endometrial, triple negative breast cancer (TNBC), ovarian, and prostate cancers - Agrees to pre-treatment biopsy - BRAF (V600) mutation status must be known, if BRAF+, must be treated with BRAF tx before enrolling on trial. Exclusion: - Prior treatment with rhIL2 or with any drug containing an IL2 or IL12 moiety	Open to Accrual
62	**Lung Oncology**					

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
63	Dr. Ou	Keagan Buttigieg	UCI 21-241 A Phase I/II Study of the Selective Anaplastic Lymphoma Kinase (ALK) Inhibitor NVL-655 in Patients with Advanced NSCLC and Other Solid Tumors (ALKOVE-1)	TKI Inhibitor	Inclusion: Histologically or cytologically confirmed locally advanced or metastatic solid tumor with a documented ALK rearrangement or activating ALK mutation detected by certified assay (i.e. CLIA in the US). Currently on Phase 1 only; received 1 ALK TKI which must be a 2nd or 3rd generation TKI (Ceritinib, alectinib, brigatinib, or lorlatinib).	Open to Accrual
64	Dr. Ou	Richard Chang	UCI 20-119 An Open-Label Phase I/Ib Study to Evaluate the Safety and Pharmacokinetics of JNJ-73841937 (Lazertinib), a Third Generation EGFR-TKI, as Monotherapy or in Combinations with JNJ-61186372, a Human Bispecific EGFR and cMet Antibody in Participants with Advanced Non-Small Cell Lung Cancer	TKI	Open for Cohort E Exon 19Del or L858R: JNJ-6118637 + Lazertinib (prophylactic anticoagulation for first 4months, relapse on Osimertinib Chemo naïve. Cohort F Exon 19Del or L858R: JNJ-6118632(Amivantamab Monotherapy) relapse on Osimertinib Chemo naïve. Study requires no slots prior to consenting	Open to Accrual
65	Dr. Nagasaka	Richard Chang	UCI 22-121 A Phase I/II, Open-Label, Multi-Center Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Anti-Tumor Activity of JIN-A02 in Patients with EGFR Mutant Advanced Non-Small Cell Lung Cancer	TKI	Study requires slots prior to consenting only enrolls EGFR exon 19 del or L858R who have an additional mutation in T790M or C797S	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
66	Dr. Ou	Cynthia Gonzalez	UCI 20-195 Phase I/II Dose Escalation and Expansion Study Evaluating MCLA-129, a Human Anti-EGFR and Anti-C-MET Bispecific Antibody, in Patients with Advanced NSCLC and Other Solid Tumors	Antibody Drug	Inclusion: Patients who have progressed on SOC treatment or are ineligible for, or have refused all other available therapeutic options. Measurable disease per RECIST. Cohort B: NSCLC harboring c-ET exon 14 skipping mutations ≥2L Naïve or pretreated to capmatinib or tepotinib. Cohort G: NSCLC 3L, osimertinib resistant, platinum resistant (participant must have progressed on or after a previous platinum chemotherapy) population. Genetic aberrations in EGFR or c-MET will be retrospectively confirmed by central testing using a validated assay in the expansion phase. For non-first line cohorts there is no limit to the number of prior treatment regimens. Exclusion: Untreated or symptomatic CNS metastases is excluded	Open to Accrual
67	Dr. Ou	Richard Chang	UCI 21-105 A Phase I/II Study of REGN5093-M114 (METXMET Antibody-Drug Conjugate) in Patients with MET Overexpressing Advanced Cancer	Antibody Drug Conjugate	Inclusion: NSCLC patients are not required to have exhausted all approved therapies, including but not limited to platinum-based chemotherapy and anti PD-(L)1 antibody therapies either concurrently or sequentially, if not expected by the investigator to confer clinical benefit	Open to Accrual
68	Dr. Ou	Richard Chang	UCI 22-88 Phase I/IB, Multicenter, Open-Label, Dose Escalation and Dose Expansion Study of RMC-6291 Monotherapy in Subjects with Advanced KRASG12C Mutant Solid Tumors	TKI	Allows Prior lines of KRAS G12C TKI, will allow all studies to enroll to this trial. For Part 1 - Dose Escalation, subjects with any KRASG12C solid tumor histology will be enrolled; For backfill cohorts of Part 1 - Dose Escalation, only subjects with a KRASG12C-mutant tumor who have not been previously exposed to a KRASG12C inhibitor (KRASG12Ci-naïve) will be enrolled; For Part 2 - Dose Expansion, subjects with KRASG12C NSCLC and CRC who are KRASG12Ci-naïve will be enrolled. EXCLUSION: *Slots Required prior to consenting	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
69	Dr. Nagasaka	Jenny Choe	UCI 21-53 A Phase Ia/Ib Study of LY3537982 in Patients with KRAS G12C-Mutant Advanced Solid Tumors	TKI	Allows Prior lines of chemo, immunotherapy or biological therapy). Slots Required prior to consenting. EXCLUSION: Individual has received prior treatment with any KRAS G12C small molecule inhibitor. Please refer to Exclusion criteria to confirm which cohorts applies. Cohorts B9 and Part G only, Individual received prior systemic therapy (chemotherapy, immunotherapy, or biological therapy) for advanced or metastatic disease, except as allowed in Inclusion Criterion #4.	Open to Accrual
70	Dr. Ou	Richard Chang	UCI 20-141 A Phase Ia/Ib Dose-Escalation and Dose-Expansion Study Evaluating the Safety, Pharmacokinetics, and Activity of GDC-6036 as a Single Agent and In Combination with Other Anti-Cancer Therapies in Patients with Advanced or Metastatic Solid Tumors with a KRAS G12c Mutation	TKI	Disease progression after at least one available standard therapy for whom standard therapy has proven to be ineffective or intolerable. Please refer to the Incl/Excl criteria for further details specific to each arm of the cohorts. EXCLUSION: Known and untreated, or active central nervous system (CNS) metastases (progressing or requiring anticonvulsants or corticosteroids for symptomatic control). Please refer the exclusion criteria for patients with a history of treated CNS metastases are eligible provided they meet all the following criteria mentioned in the exclusion criteria.	Open to Accrual
71	Dr. Ou	Celest Ramirez	UCI 18-78 A Phase I/II Multiple Expansion Cohort Trial of MRTX849 in Patients with Advanced Solid Tumors with KRAS G12C Mutation	TKI	Phase 2 Cohort D: Other solid tumors outside of NSCLC/CRC; unresectable or metastatic disease. Phase 1b 1st-line treatment for NSCLC; patients with limited brain metastases; CRC patients for combination with cetuximab. No available treatment or patient declines therapy Allows prior systemic therapy(Chemo, immune or investigational therapy) EXCLUSION: Phase 2, patients must have received at least platinum chemotherapy and checkpoint inhibitor therapy AND no prior treatment with targeted KRAS G12C therapy. *Slots Required prior to consenting(Currently no slots available)	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
72	Dr. Ou	Oliver Quines	UCI 22-87 Phase I/IB Multicenter Open-Label Study of RMC-6236 in Subjects with Advanced Solid Tumors Harboring Specific Mutations in KRAS	TKI	Participating in PART 2 dose expansion only and not participating in food effect portion of the study NSCLC: progressed on or intolerant to anti-PD(L)1 and platinum-based chemotherapy; no more than 3 lines of prior systemic therapy for metastatic disease PDAC: progressed on or intolerant to either fluoropyrimidine-based or gemcitabine-based therapy CRC: progressed on or intolerant to fluoropyrimidine, oxaliplatin, and irinotecan and with anti- PD(L)1 therapy for patients with microsatellite unstable/mismatch repair-deficient tumors Melanoma: progressed on or intolerant to anti-PD(L)1 and anti-CTLA4 Gynecological cancers (eg, ovarian, cervical, uterine [including endometrial], vaginal, vulvar): progressed on or intolerant to platinum-based chemotherapy Other solid tumors: (1) progressed on or intolerant to standard therapy, or (2) in the opinion of the investigator, not a candidate for or unlikely to derive significant clinical benefit from standard therapy, or (3) declines standard therapy, or (4) no standard therapy exists	Open to Accrual
73	Dr. Nagasaka	Celest Ramirez	UCI 21-161 A Phase I/II Dose Escalation and Dose Expansion Study of Ozuriftamab Vedotin (BA3021) Alone and in Combination with Nivolumab in Patients with Advanced Solid Tumors	Antibody drug conjugate	INCLUSION: Patients must have histologically or cytologically confirmed metastatic cancer of any histology. There must be a lung tumor present, although the lung tumor does not specifically need to have been biopsied. Patients must have advanced disease (stage IV) or previously treated disease that has become progressive, recurrent, or metastatic. Patients may have received any number of prior systemic or local therapies. There will be no prespecified washout period prior to IRE. However, systemic therapy will be halted while receiving IRE and radiation, and can be restarted following completion of radiation therapy. EXCLUSION: Patients may not be receiving any other investigational agents 2 weeks prior to enrollment and until end of all therapeutic interventions.	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
74	Dr. Ou	Keagan Buttigieg	UCI 21-47 A Phase I/II Study of the Highly Selective ROS1 Inhibitor NVL-520 in Patients with Advanced NSCLC and Other Solid Tumors (ARROS-1)	TKI	INCLUSION: Histologically or cytologically confirmed locally advanced or metastatic solid tumor with documented ROS1 rearrangement. PT with ROS1 fusion received at least 1 prior ROS1 TKI other ROS1-positive solid tumors must have progressed on any prior therapy (includes, but is not limited to, patients who have progressed on prior ROS1 TKIs). Any number of prior platinum-based chemotherapies with or without immunotherapy is allowed. Cohort 2a: naive to TKI therapy and up to one prior platinum based chemo w/wo immuno. Cohort 2b: received 1 prior ROS1 TKI therapy (crizotinib or entrectinib) no prior platinum based chemo or mmunotherapy. Cohort 2C: 1 prior ROS1 TKI therapy and 1 prior platinum based chemo or immuno. Cohort 2D: 2prior ROS1 TKI and up to 1 prior platinum based chemo w/wo immuno. Cohort 2E: progressed on any prior therapies.	Open to Accrual
75	**Soild Tumors/Basket Trials**					
76	Dr. Parajuli	Alexis Chavez	UCI 22-09 A Phase Ib, First-In-Human, Dose Escalation and Expansion, Multicenter Study of XMT-1660 in Participants with Solid Tumors	Antibody drug conjugate	<u>Inclusion:</u> Proven recurrent or advanced solid tumor and has disease progression after treatment with available anti-cancer therapies TNBC inclusion: DES and Backfill Cohorts: Participant has received at least 2 lines of systemic therapy in a locally advanced or metastatic BC setting. EXP: Participant has received 1 to 3 prior lines of chemotherapy in a locally advanced or metastatic BC setting. HR+, HER2- inclusion: DES and Backfill Cohorts: Participant has received at least 1 line of systemic therapy, which must have included a CDK4/6 inhibitor(s) and ET in an advanced or metastatic BC setting. EXP: Participant must have received prior therapy with a CDK4/6 inhibitor(s) combined with ET in any setting <u>Exclusion:</u> Participant has received prior treatment with another ADC containing an auristatin or maytansinoid payload Participant has had major surgery within 28 days of starting study treatment; systemic anti-cancer therapy within the time period of 28 days or 5 half-lives of the prior therapy before starting study treatment (14 days or 5 half-lives for small molecule targeted therapy), whichever is less; or palliative radiation therapy within 14 days of starting study treatment.	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
77	Dr. Parajuli	Alexis Chavez	UCI 21-82 A Phase I/II, Open Label, Dose-Escalation Study of Oral ORIN1001 With and Without Chemotherapy in the Treatment of Subjects with Solid Tumors	XBP1-splicing inhibitor	Inclusion: For Phase 1 dose escalation with ORIN1001 in combination with Abraxane®: Males or females with relapsed refractory metastatic breast cancer (TNBC, or ER+ HER2-) must have progressed through at least 2 lines of therapy For Phase 2: Males or females with relapsed refractory metastatic breast cancer including; 1. TNBC (i.e., estrogen receptor [ER]-, progesterone receptor-, and human epidermal growth factor receptor 2 [HER2]-) 2. ER+ HER2- breast cancer 3. MYC+ breast cancer. Patients must have received no more than three prior lines of therapy in the metastatic setting	Suspended
78	Dr. Parajuli	Alexis Chavez	UCI 22-156 A Phase Ib Study of TBio-4101 (Autologous Selected and Expanded Tumor-Infiltrating Lymphocytes [TIL]) and Pembrolizumab in Patients with Advanced Solid Tumor Malignancies (STARLING)	Tumor infiltrating lymphocyte therapy	Inclusion: Patients with breast cancer must have relapsed on at least one and no more than three prior treatments for metastatic disease (adjuvant/neoadjuvant therapy will not count toward the three prior therapies limit.) Patients with HER2-positive disease must have received a HER2-containing regimen. Patients with BRCA mutations must have previously been treated with a targeted therapy. Exclusion: Patients with known active central nervous system (CNS) metastases (Patients with previously treated brain metastases may participate provided they are radiologically stable) Patients with a known additional malignancy that is progressing or has required active treatment within the past 3 years.	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
79	Dr. Valerin	My Ha Nguyen	UCI 20-67 A Phase I/II, First-In-Human, Multi-Part, Open-Label, Multiple-Ascending Dose Study to Investigate the Safety, Tolerability, Pharmacokinetics, Biological, and Clinical Activity of DF1001 in Patients with Locally Advanced or Metastatic Solid Tumors, and Expansion in Selected Indications	Anti-PD-1 DF1001 (monotherapy or combination therapy))	• Dose Escalation Phase: Histologically/cytologically-proven locally advanced or metastatic solid tumors for which no standard therapy exists or standard therapy has failed • HER2 expression by IHC and/or erbb2 amplification and/or erbb2-activating mutations Dose Expansion Phase: • UBC Cohort: must have received only 1L platinum-containing regimen for inoperable locally advanced/metastatic urothelial carcinoma with PD/recurrence < 6 months after the last dose • MBC Cohort: no more than 3 prior lines of cytotoxic therapy for metastatic disease	Open to Accrual
80	Dr. Dayyani	Peter Yang	UCI 22-221 A First-in-human Phase I, Non-randomized, Open-label, Multi-center Dose Escalation Trial of Bi 765049 and Bi 765049 + Ezabenlimab Administered by Repeated Intravenous Infusions in Patients with Malignant Solid Tumors Expressing B7 H6	(Central B7-H6 testing) HCC and Pancreatic (also NSCLC, HNSCC, CRC, and gastric)	CRC patients do not require prescreening consent	Open to Accrual
81	Dr. Dayyani	My Ha Nguyen	ETCTN 10495 Phase I Trial of DS-8201a (Trastuzumab Deruxtecan) in Combination with Neratinib in Solid Tumors with HER2 Alterations	DS-8201a + Neratinib	Inclusion: • Patients must have HER2-positive as determined by any one or more of the following: ▣ HER2-overexpressing defined by IHC 3+ ▣ ERBB2 amplification by ISH or next generation sequencing as determined by any CLIA certified lab ▣ A known HER2 activation mutation • Patients must have received at least 1 prior line of therapy in the advanced/metastatic setting. No limitation on number of prior therapies Exclusion: • Prior treatment with neratinib or DS-8201a	Open to Accrual

	A	B	C	D	E	F
3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
82	Dr. Lee	Peter Yang	ETCTN 10579 Phase I Trial of ZEN003694 (ZEN-3694) in Combination with Capecitabine in Patients with Solid Tumors	ZEN003694 (ZEN-3694) + capecitabine	<u>Dose Escalation additional criteria:</u> Patients must have histologically confirmed cancer that is metastatic or unresectable and must have progressed on standard therapies whichwould have included 5-FU or capecitabine <u>Dose Expansion additional criteria:</u> Patients must have histologically confirmed CRC that is metastatic or unresectable and must have progressed on standard therapies which would have included 5-FU or capecitabine *pre and post treatment biopsies are required for specific cohorts	Open to Accrual
83	Dr. Dayyani	Peter Yang	UCI 23-101 A Phase I/II First-in-Human Study of BMS-986288 Alone and in Combination with Nivolumab in Advanced Malignant Tumors	Nivo + BMS-986288 vs regorafenib	<u>Inclusion:</u> • KRAS and NRAS (extended RAS) and BRAF mutation status should be verified based on available local testing results as part of medical history. Regardless of whether or not RAS mutation status is known, all participants will be tested during screening for extended RAS (NRAS and KRAS) and BRAF mutation status. Results from this testing at screening is not required prior to receiving treatment on study (except BRAF V600E). The proportion of participants with RAS mutations will be monitored on an ongoing basis. The sponsor may limit the number of RAS wild type participants after discussion with the investigators. • Participants with 3L/4L mCRC must have progressed or been intolerant to 2 prior lines of chemotherapy in the metastatic disease setting, which must include at least oxaliplatin- and irinotecan-containing regimens. (a) Participants who received FOLFOXIRI (or equivalent) in the 1L setting may be considered for enrollment in the second line setting. (b) Prior therapies containing anti-VEGF agents and/or anti-EGFR agents are permitted. (c) Disease recurrence within 6 months after the last dose of the adjuvant/neoadjuvant therapy is permitted and will be considered as 1 line of prior therapy for study entry. Disease recurrence beyond 6 months after the last dose of the adjuvant/neoadjuvant therapy is also permitted but will NOT be considered as 1 line of prior therapy for study entry. (d) Disease progression must have occurred during or within 3 months following the last dose of approved standard therapies <u>Exclusion:</u> • Participants with BRAF V600E mutant colorectal cancer	Suspended

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
84	Dr. Dayyani	TBD	UCI 23-109 A Phase Ib/II Open-Label Study of Disitamab Vedotin Monotherapy or in Combination with Other Anticancer Therapies in Solid Tumors	Disitamab Vedotin + Tucatinib	Escalation phase: Previously treated advanced GC/GEJC or Breast Cancer (HER2-expressing) Expansion phase: Expansion Phase Cohort B HER2+ 3L or higher Breast Cancer, HER2-low 2L GC/GEJC	Pending Activation
85	Dr. Tewari	Nirali Patel	UCI 20-110 A Phase Ib/II Study of TAK-981 Plus Pembrolizumab to Evaluate the Safety, Tolerability, and Antitumor Activity of the Combination in Patients with Select Advanced or Metastatic Solid Tumors	TAK-981 (small molecule inhibitor of SUMOylation) + Pembrolizumab	<u>Inclusion:</u> • Have histologically or cytologically documented, advanced (metastatic and/or unresectable) cancer • CPI-naive cervical cancer (squamous cell carcinoma, adenosquamous or adenocarcinoma of cervix) patients for whom prior standard first line treatment has failed and who has received no more than 1 prior systemic line of therapy for recurrent or Stage IVB cervical cancer • Measurable disease per RECIST, (non-nodal lesions >10 mm and lymph nodes >15mm) • ECOG 0 to 1 <u>Exclusion:</u> Received treatment with systemic anticancer treatments or investigational products within 14 days before the first dose of study drug. Hypersensitivity to TAK-981, pembrolizumab, or any component of the drug product.	Open to Accrual
86	Dr. Tewari	Nirali Patel	UCI 22-42 Phase I/II, Open-label Dose Escalation and Dose Expansion Study of TransCon TLR7/8 Agonist, Alone or in Combination with Pembrolizumab in Participants with Locally Advanced or Metastatic Solid Tumor Malignancies	TransCon Toll like receptor (TLR) 7/8 agonist	• Participants must have histologically confirmed locally advanced, recurrent or metastatic solid tumor malignancies that cannot be treated with curative intent (surgery or radiotherapy). - Patients in neoadjuvant cohorts are exempt. • At least 2 lesions of measurable disease per RECIST 1.1, unless specified otherwise in the selection criteria – at least 1 lesion that is safely accessible for intratumoral injection and 1 lesion that is not injected (at least initially). • Lesion(s) to be injected must be measurable and greater than or equal to 15 mm in the longest diameter at initial selection. Exclusion: Participants who have been previously treated with a TLR agonist (excluding topical agents for unrelated disease) are not eligible. Other active malignancies within the last 2 years are excluded. Known hypersensitivity to any component of TransCon TLR7/8 Agonist or pembrolizumab.	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
87	Dr. Tewari	Nirali Patel	UCI 22-77 Phase I First-in-Human Study to Explore the Safety, Tolerability and Pharmacokinetics of AMG 794 in Subjects with Claudin 6-Positive Advanced/Metastatic Non-Squamous Non-Small Cell Lung Cancer or Epithelial Ovarian Cancer and Other Malignant Solid Tumor Indications	AMG794 half-life extended (HLE) BiTE molecule targeting CLDN6	Inclusion: • Subjects with histologically or cytologically documented malignant solid tumor diseases expressing CLDN6 including but not limited to NSCLC, EOC, testicular germ cell cancer, uterine endometrial cancer, or triple negative breast cancer, that is metastatic or unresectable at screening time point. Subjects should have exhausted available SOC systemic therapy or should not be candidates for such available therapy. • For dose expansion cohorts: Subjects with at least 1 measurable lesion ≥ 10 mm which has not undergone biopsy within 3 months of screening scan. This lesion cannot be biopsied at any time during the study. Exclusion: • History of other malignancy within the past 2 years, with the following exceptions: - Malignancy treated with curative intent and with no known active disease present for ≥ 2 years before enrollment and understood to be at low risk for recurrence by the treating physician. - Adequately treated cervical carcinoma in situ without evidence of disease. - Adequately treated breast ductal carcinoma in situ without evidence of disease.	Suspended
88	Dr. Tewari	Nirali Patel	UCI 22-78 A Phase I Study of KSQ-4279 Alone and in Combination in Patients with Advanced Solid Tumors	KSQ-4279 +/- Olaparib or Carboplatin Targeting deleterious mutation (germline or somatic)	Inclusion: Deleterious mutation (germline or somatic) in at least 1 of the following genes involved in the HRR pathway Histologically diagnosed recurrent or persistent high grade serous ovarian cancer (including primary peritoneal and/or fallopian tube cancer) Received prior platinum-based chemotherapy Patients may have platinum-sensitive or resistant disease Exclusion: Ongoing Grade 2 or greater toxicity, except alopecia, related to any prior treatment (ie, chemotherapy, targeted therapy, radiation, or surgery). Chemotherapy or small molecule-targeted therapy < 2 weeks prior to first dose of study treatment. Known hypersensitivity to study therapies and its excipients.	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
89	Dr. Dayyani	Miranda Duron	UCI 21-146 An Open-Label, Multi-Center, Phase I/II Dose Escalation and Expansion Study to Assess the Safety, Tolerability, Anti-Tumor Activity and Pharmacokinetics of MRG004A in Patients with Tissue Factor Positive Advanced or Metastatic Solid Tumors	MRG004A (TF ADC)	• Unresectable or metastatic cancer with disease progression during prior therapy, or relapse or progression following approved standard therapy for their tumor types (Part A: solid tumors, Part B: pancreatic, cervical, endometrial, bladder, TNBC) • Measurable disease per RECIST v1.1 • For Part B patients: documented Tissue Factor (TF) presence in tumor biopsy specimens, obtained from archival or re-biopsy specimens by central IHC	Open to Accrual
90	Dr. Dayyani	Nicole Ferrand	UCI 22-26 Open-Label, Multicenter, Phase I Study to Evaluate the Maximum Tolerated Dose of Orally Administered CB-03-10 with Dose Expansion Phase, in Subjects with Advanced Solid Tumors	CB-03-10 (Androgen and glucocorticoid antagonist)	• Part 1 (Dose Escalation): histologically or cytologically confirmed relapsed or refractory advanced or metastatic solid tumor of any origin, not amenable to standard of care therapy • Measurable or evaluable disease per RECIST v1.1 criteria	Open to Accrual
91	Dr. Valerin	Baoan Huynh	UCI 21-40 A Phase I/II, First-in-Human, Multi-Part, Open-Label, Multiple-Ascending Dose Study to Investigate the Safety, Tolerability, Pharmacokinetics, Biological, and Clinical Activity of DF6002 as a Monotherapy and in Combination with Nivolumab in Patients with Locally Advanced or Metastatic Solid Tumors, and Expansion in Selected Indications	DF6002 as a Monotherapy and in Combination w/ nivo	Inclusion: - Previously tx melanoma, NSCLC, small cell lung, head and neck squamous cell, urothelial, gastric, esophageal, cervical, hepatocellular, Merkel cell, cutaneous squamous cell carcinoma, renal cell, endometrial, triple negative breast cancer (TNBC), ovarian, and prostate cancers - Agrees to pre-treatment biopsy - BRAF (V600) mutation status must be known, if BRAF+, must be treated with BRAF tx before enrolling on trial. Exclusion: - Prior treatment with rhIL2 or with any drug containing an IL2 or IL12 moiety	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
92	Dr. Dayyani	My Ha Nguyen	ETCTN 10358 Phase I/IB Study of DS-8201a in Combination with ATR Inhibition (AZD6738) in Advanced Solid Tumors with HER2 Expression (DASH Trial)	DS8201a + AZD6738	• Patients must have HER2-positive or HER2-expressing tumors determined by a CLIA-certified laboratory ▣ HER2 expression (1-3+) by IHC locally and confirmed centrally OR ▣ HER2 expression (1-3+) by IHC tested centrally OR ▣ HER2 amplification based on FISH or Next Generation Sequencing • Must have received at least one line of systemic chemotherapy for either locally advanced or metastatic disease and should have either progressed on this therapy or been intolerant to this therapy • For tumors where anti-HER2 therapy is standard of care, patients must have progressed on at least 1 line of anti-HER2 therapy if eligible. For patients where DS8201a is approved as standard of care, prior treatment with DS8201a is not allowed • Dose-escalation phase: Must have histologically confirmed advanced solid tumor including but not restricted to breast cancer, gastric or gastroesophageal cancer, colon cancer, endometrial cancer, salivary gland tumors, and hepatobiliary tumors • Dose-expansion phase: Must have histologically confirmed advanced/metastatic gastroesophageal cancer (cohort A) or colorectal cancer (cohort B)	Open to Accrual
93	Dr. Pinter-Brown	Regan Dagenhart	UCI 21-224 A Phase I, Multicenter, Open-Label, Dose-Escalation and Expansion Study to Evaluate the Safety, Tolerability, Pharmacokinectics, Pharmacodynamics, and Clinical Activity of Intravenously Administered KT-333 in Adult Patients with Relapsed or Refractory Lymphomas, Large Granular Lymphocytic Leukemia, and Solid Tumors	KT-333 in R/R lymphomas, LGLL and solid tumors	Inclusion: Histologically/pathologically confirmed lymphoma (phase 1b only). At least 1 prior systemic SOC or for whom SOCs are not available. Measurable dx per Lugano for PTCL.	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
94	Dr. Nagasaka	Keagan Buttigieg	UCI 21-241 A Phase I/II Study of the Selective Anaplastic Lymphoma Kinase (ALK) Inhibitor NVL-655 in Patients with Advanced NSCLC and Other Solid Tumors (ALKOVE-1)	TKI Inhibitor	Inclusion: Histologically or cytologically confirmed locally advanced or metastatic solid tumor with a documented ALK rearrangement or activating ALK mutation detected by certified assay (i.e. CLIA in the US). Currently on Phase 1 only; received 1 ALK TKI which must be a 2nd or 3rd generation TKI (Ceritinib, alectinib, brigatinib, or lorlatinib).	Open to Accrual
95	Dr. Ou	Cynthia Gonzalez	UCI 20-195 Phase I/II Dose Escalation and Expansion Study Evaluating MCLA-129, a Human Anti-EGFR and Anti-C-MET Bispecific Antibody, in Patients with Advanced NSCLC and Other Solid Tumors	Antibody Drug	Inclusion: Patients who have progressed on SOC treatment or are ineligible for, or have refused all other available therapeutic options. Measurable disease per RECIST. Cohort B: NSCLC harboring c-ET exon 14 skipping mutations ≥2L Naïve or pretreated to capmatinib or tepotinib. Cohort G: NSCLC 3L, osimertinib resistant, platinum resistant (participant must have progressed on or after a previous platinum chemotherapy) population. Genetic aberrations in EGFR or c-MET will be retrospectively confirmed by central testing using a validated assay in the expansion phase. For non-first line cohorts there is no limit to the number of prior treatment regimens. Exclusion: Untreated or symptomatic CNS metastases is excluded	Open to Accrual
96	Dr. Ou	Richard Chang	UCI 22-88 Phase I/IB, Multicenter, Open-Label, Dose Escalation and Dose Expansion Study of RMC-6291 Monotherapy in Subjects with Advanced KRASG12C Mutant Solid Tumors	TKI	Allows Prior lines of KRAS G12C TKI, will allow all studies to enroll to this trial. For Part 1 - Dose Escalation, subjects with any KRASG12C solid tumor histology will be enrolled; For backfill cohorts of Part 1 - Dose Escalation, only subjects with a KRASG12C-mutant tumor who have not been previously exposed to a KRASG12C inhibitor (KRASG12Ci-naïve) will be enrolled; For Part 2 - Dose Expansion, subjects with KRASG12C NSCLC and CRC who are KRASG12Ci-naïve will be enrolled. EXCLUSION: *Slots Required prior to consenting	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
97	Dr. Nagasaka	Jenny Choe	UCI 21-53 A Phase Ia/Ib Study of LY3537982 in Patients with KRAS G12C-Mutant Advanced Solid Tumors	TKI	Allows Prior lines of chemo, immunotherapy or biological therapy). Slots Required prior to consenting. EXCLUSION: Individual has received prior treatment with any KRAS G12C small molecule inhibitor. Please refer to Exclusion criteria to confirm which cohorts applies. Cohorts B9 and Part G only, Individual received prior systemic therapy (chemotherapy, immunotherapy, or biological therapy) for advanced or metastatic disease, except as allowed in Inclusion Criterion #4.	Open to Accrual
98	Dr. Ou	Richard Chang	UCI 20-141 A Phase Ia/Ib Dose-Escalation and Dose-Expansion Study Evaluating the Safety, Pharmacokinetics, and Activity of GDC-6036 as a Single Agent and In Combination with Other Anti-Cancer Therapies in Patients with Advanced or Metastatic Solid Tumors with a KRAS G12c Mutation	TKI	Disease progression after at least one available standard therapy for whom standard therapy has proven to be ineffective or intolerable. Please refer to the Incl/Excl criteria for further details specific to each arm of the cohorts. EXCLUSION: Known and untreated, or active central nervous system (CNS) metastases (progressing or requiring anticonvulsants or corticosteroids for symptomatic control). Please refer the exclusion criteria for patients with a history of treated CNS metastases are eligible provided they meet all the following criteria mentioned in the exclusion criteria.	Open to Accrual
99	Dr. Ou	Celest Ramirez	UCI 18-78 A Phase I/II Multiple Expansion Cohort Trial of MRTX849 in Patients with Advanced Solid Tumors with KRAS G12C Mutation	TKI	Phase 2 Cohort D: Other solid tumors outside of NSCLC/CRC; unresectable or metastatic disease. Phase 1b 1st-line treatment for NSCLC; patients with limited brain metastases; CRC patients for combination with cetuximab. No available treatment or patient declines therapy Allows prior systemic therapy (Chemo, immune or investigational therapy) EXCLUSION: Phase 2, patients must have received at least platinum chemotherapy and checkpoint inhibitor therapy AND no prior treatment with targeted KRAS G12C therapy. *Slots Required prior to consenting(Currently no slots available)	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
100	Dr. Ou	Oliver Quines	UCI 22-87 Phase I/IB Multicenter Open-Label Study of RMC-6236 in Subjects with Advanced Solid Tumors Harboring Specific Mutations in KRAS	TKI	Participating in PART 2 dose expansion only and not participating in food effect portion of the study NSCLC: progressed on or intolerant to anti-PD(L)1 and platinum-based chemotherapy; no more than 3 lines of prior systemic therapy for metastatic disease PDAC: progressed on or intolerant to either fluoropyrimidine-based or gemcitabine-based therapy CRC: progressed on or intolerant to fluoropyrimidine, oxaliplatin, and irinotecan and with anti- PD(L)1 therapy for patients with microsatellite unstable/mismatch repair-deficient tumors Melanoma: progressed on or intolerant to anti-PD(L)1 and anti-CTLA4 Gynecological cancers (eg, ovarian, cervical, uterine [including endometrial], vaginal, vulvar): progressed on or intolerant to platinum-based chemotherapy Other solid tumors: (1) progressed on or intolerant to standard therapy, or (2) in the opinion of the investigator, not a candidate for or unlikely to derive significant clinical benefit from standard therapy, or (3) declines standard therapy, or (4) no standard therapy exists	Open to Accrual
101	Dr. Nagasaka	Celest Ramirez	UCI 21-161 A Phase I/II Dose Escalation and Dose Expansion Study of Ozuriftamab Vedotin (BA3021) Alone and in Combination with Nivolumab in Patients with Advanced Solid Tumors	Antibody drug conjugate	INCLUSION: Patients must have histologically or cytologically confirmed metastatic cancer of any histology. There must be a lung tumor present, although the lung tumor does not specifically need to have been biopsied. Patients must have advanced disease (stage IV) or previously treated disease that has become progressive, recurrent, or metastatic. Patients may have received any number of prior systemic or local therapies. There will be no prespecified washout period prior to IRE. However, systemic therapy will be halted while receiving IRE and radiation, and can be restarted following completion of radiation therapy. EXCLUSION: Patients may not be receiving any other investigational agents 2 weeks prior to enrollment and until end of all therapeutic interventions.	Open to Accrual

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3	**MD**	**CRC**	**Study Title**	**Mech of Action**	**Broad Eligibility**	**Study Status**
102	Dr. Nagasaka	Keagan Buttigieg	UCI 21-47 A Phase I/II Study of the Highly Selective ROS1 Inhibitor NVL-520 in Patients with Advanced NSCLC and Other Solid Tumors (ARROS-1)	TKI	INCLUSION: Histologically or cytologically confirmed locally advanced or metastatic solid tumor with documented ROS1 rearrangement. PT with ROS1 fusion received at least 1 prior ROS1 TKI other ROS1-positive solid tumors must have progressed on any prior therapy (includes, but is not limited to, patients who have progressed on prior ROS1 TKIs). Any number of prior platinum-based chemotherapies with or without immunotherapy is allowed. Cohort 2a: naive to TKI therapy and up to one prior platinum based chemo w/wo immuno. Cohort 2b: received 1 prior ROS1 TKI therapy (crizotinib or entrectinib) no prior platinum based chemo or mmunotherapy. Cohort 2C: 1 prior ROS1 TKI therapy and 1 prior platinum based chemo or immuno. Cohort 2D: 2prior ROS1 TKI and up to 1 prior platinum based chemo w/wo immuno. Cohort 2E: progressed on any prior therapies.	Open to Accrual
103	Dr. Valerin	TBD	UCI 23-91 A Phase I Study of INCB099280 in Combination With Ipilimumab in Participants With Selected Solid Tumors	INCB099280 (Oral CPI) + Ipilimumab	18 years or older ECOG performance of 0 or 1 Histologically confirmed solid tumors with measurable disease	Pending Activation