UCSF Helen Diller Family Comprehensive Cancer Center

Adult Trials Open to Accrual

http://cancer.ucsf.edu/clinical-trials

> Breast > Breast Cancer Treatment > Advanced Breast Cancer > ER+

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
117513	NCT01466972	Rugo, Hope	Reversing Hormone Resistance in Advanced Breast Cancer with Pazopanib	Therapeutic	1. Subjects must have measurable or evaluable disease. Disease sites that are evaluable for progression but not measurable per RECIST guidelines include: Bone lesions, Previously irradiated lesions, & Cutaneous manifestations (non-discreet lesions only) 2. 18 years of age or older. 3. Histologically or cytologically confirmed estrogen receptor (ER) and/or progesterone receptor (PgR) positive carcinoma of the breast with unresectable, locally advanced and/or metastatic (AJCC Stage IV) disease. 4. Subjects must have received prior hormonal therapy for the treatment of breast cancer	Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288
127517	NCT01605396	Rugo, Hope	A Phase 2 Randomized Trial of the Combination of Ridaforolimus and Exemestane, Compared to Ridaforolimus, Dalotuzumab and Exemestane in High Proliferation, Estrogen Receptor Positive Breast Cancer Patients.	Therapeutic	* Females with a histologically confirmed diagnosis of breast cancer that is metastatic or locally advanced * Post-menopausal * With advanced breast cancer whose disease was refractory to previous letrozole or anastrozole	Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288

> Breast > Breast Cancer Treatment > Advanced Breast Cancer > HER2+

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
077518	NCT00544804	Moasser, Mark	A Phase I Dose Escalation Study of 5-day Intermittent Oral Lapatinib Therapy with Biomarker Analysis in Patients with HER2-Overexpressing Breast Cancer	Therapeutic	* Histologically confirmed breast cancer - Advanced or metastatic disease - No effective curative therapy available * Bone-only disease allowed * Tumor HER2 overexpression - HER2 3+ expression by immunohistochemistry OR > 2-fold (HER2 2+) gene amplification by fluorescence in situ hybridization * Evaluable disease - Measurable disease is not required * No progressive brain metastases * Hormone receptor status not specified	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796
117512	NCT01304797	Munster, Pamela	A Phase 1, Multi-Center, Open-Label, Dose-Escalation, Safety, and Pharmacokinetic Clinical Study of Intravenously Administered MM-302 Monotherapy and in Combination with Trastuzumab with or without Cyclophosphamide in Patients with Advanced HER2 Positive Breast Cancer and Other Cancers	Therapeutic	* Locally advanced/unresectable or metastatic breast cancer * Eighteen years of age or above	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Breast > Breast Cancer Treatment > Advanced Breast Cancer > Brain Metastases/leptomeningeal dz

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
127511	NCT01494662	Melisko, Michelle	A Phase II Trial of HKI-272 (Neratinib) for Patients with Human Epidermal Growth Factor Receptor 2 (HER2)-Positive Breast Cancer and Brain Metastases	Therapeutic	Age: 18+ * Patients (men or women) must have histologically or cytologically confirmed invasive breast cancer, with metastatic disease. Patients without pathologic or cytologic confirmation of metastatic disease should have unequivocal evidence of metastasis by physical exam or radiologic study. * Invasive primary tumor or metastatic tissue confirmation of HER2-positive status * No prior therapy with neratinib is allowed	Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288

> Breast > Breast Cancer Treatment > Advanced Breast Cancer > Non-Specific

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
117536	NCT01492101	Rugo, Hope	A Phase 3 Open-Label, Randomized, Multicenter Study of NKTR-102 Versus Treatment of Physician❓s Choice (TPC) in Patients with Locally Recurrent or Metastatic Breast Cancer Previously Treated With an Anthracycline, a Taxane, and Capecitabine	Therapeutic	* Patient is an adult female with histologically or cytologically confirmed carcinoma of the breast for whom single-agent cytotoxic chemotherapy is indicated * Patient has received prior therapy with an anthracycline, a taxane and capecitabine	Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288
117526	NCT01516307	Rugo, Hope	A Double-blind, Randomized Phase II Trial of Active Immunotherapy with Globo H-KLH (OPT-822) in Subjects with Metastatic Breast Cancer	Therapeutic	* Female subjects>/= 21 years of age with histological or cytological diagnosis of breast cancer. * Subjects with metastatic breast cancer who have achieved stable disease (SD), partial response (PR), or complete response (CR) after at least 1 regimen of chemotherapy. * All positive or negative ER (estrogen receptor), PR (progesterone receptor), and HER-2 subjects are eligible for this study. * However, subjects who are HER-2 positive and responsive to anti-HER-2 therapy (e.g. Herceptin), are encouraged to remain on anti-HER-2 therapy and not enroll in this trial.	Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288
12953	NCT01525602	Rugo, Hope	A Phase 1b Study to Assess the Safety of PLX3397 and Paclitaxel in Patients With Advanced Solid Tumors	Therapeutic	Age: 18+ * Advanced, incurable solid tumor.	Julia Yoshino; YoshinoJ@cc.ucsf.edu; 415-514-6248 Anna Winterkorn; winterkorna@cc.ucsf.edu ; 415-353-4091

09757	NCT00826085	Rugo, Hope	A Phase I-II Study Evaluating the Maximum Tolerated Dose, Pharmacokinetics, Safety, and Efficacy of Microwave Hyperthermia and Thermodox® (Lyso- Thermosensitive Liposomal Doxorubicin) in Patients with Breast Cancer Recurrence at the Chest Wall	Therapeutic	1. Histologically documented recurrent/metastatic adenocarcinoma of the breast with a recurrence on the chest wall (or its overlying skin): * Subjects with ulcerative chest wall disease defined as non-healing wounds consistent with cancer are eligible * Subjects with prior skin changes consistent with inflammatory breast carcinoma are eligible. 2. Tumor thickness, as measured by clinical exam or imaging studies (CT or MRI), must be less than 3 cm. The tumor surface must be able to be covered within two hyperthermia fields of treatment. 3. Subjects must have exhausted other available standard treatment options, including: * Mastectomy with standard adjuvant radiation, and/or adjuvant chemotherapy, and/or hormonal therapy * Chest wall radiation for non-resectable recurrent chest wall disease, (not administered less than 14 days prior to enrollment) * At least two conventional systemic chemotherapy regimens for recurrent disease such as capecitabine, taxane, or anthracycline (not administered less than 28 days prior to enrollment) * If HER2+, then treatment with trastuzumab and lapatinib (not administered less than 28 days prior to enrollment) * If ER+ (or PR+), then at least one course of hormonal therapy in the metastatic setting (not administered less than 28 days prior to enrollment). 4. Subjects who have previously received hyperthermia in conjunction with either radiation therapy or chemotherapy are eligible. 5. Subjects may have distant metastasis, including brain metastasis. Subjects with known brain metastases are eligible if: * They have received standard antitumor treatment for their brain metastases as defined by the site's institutional standards. * Their neurological function is stable for at least 2 weeks prior to enrollment. * They are off steroid therapy or on a stable steroid regimen for 30 days prior to enrollment.	Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288

> Breast > Breast Cancer Treatment > Advanced Breast Cancer > Early Phase

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
12953	NCT01525602	Rugo, Hope	A Phase 1b Study to Assess the Safety of PLX3397 and Paclitaxel in Patients With Advanced Solid Tumors	Therapeutic	Age: 18+ * Advanced, incurable solid tumor.	Julia Yoshino; YoshinoJ@cc.ucsf.edu; 415-514-6248 Anna Winterkorn; winterkorna@cc.ucsf.edu ; 415-353-4091

11996	NCT01554371	Rugo, Hope	A Phase 1b/II Study of Eribulin in Combination with Cyclophosphamide in Patients with Solid Tumor Malignancies	Therapeutic	1. Phase Ib: Patient must have histologically or cytologically documented solid tumor malignancies. Phase II: Patients must have histologically or cytologically confirmed locally advanced, unresectable or metastatic carcinoma of the breast.	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796
10993	NCT01177397	Munster, Pamela	A Phase 1/2, Multi-Center, Open-Label, Dose Finding Study to Assess the Safety, Tolerability, Pharmacokinetics and Preliminary Efficacy of the mTOR Kinase Inhibitor CC-223 Administered Orally to Subjects with Advanced Solid Tumors, Non-Hodgkin Lymphoma or Multiple Myeloma	Therapeutic	* Histologically-confirmed advanced solid tumor, Non-Hodgkin Lymphoma or multiple myeloma * Patients have not tolerated or progressed on standard therapy, and no further standard therapy is available	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796
12751	NCT01596751	Rugo, Hope	Enhancing Efficacy of Chemotherapy in Triple Negative/Basal-Like Breast Cancer by Targeting Macrophages: A Multicenter Phase Ib/II study of PLX 3397 and Eribulin in Patients with Metastatic Breast Cancer	Therapeutic	Age: 18+ * Pathologically confirmed diagnosis of breast cancer with documented progressive disease. * At least one prior chemotherapy regimen for metastatic breast cancer.	Amanda DeSon; DeSonA@cc.ucsf.edu; 415-353-9535

> Breast > Breast Cancer Treatment > Early Stage Breast Cancer > In Situ > Pre-Surgery (Neoadjuvant)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CALGB-40903	NCT01439711	Esserman, Laura	Phase II Study of Neoadjuvant Letrozole for Postmenopausal Women with Estrogen Receptor Positive Ductal Carcinoma In Situ (DCIS)	Therapeutic	* Pathologic confirmation of ductal carcinoma in situ (DCIS) without invasive cancer of the female breast with diagnosis rendered on core biopsy only * DCIS must express estrogen receptor, as determined by immunohistochemical methods on the diagnostic pathology sample	Sarah Davis; sarah.davis@ucsfmedctr.org; 415-885-7490

097517	NCT01042379	Chien, Jo	I-SPY 2 TRIAL (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging And moLecular Analysis)	Therapeutic	* Histologically confirmed invasive cancer of the breast * Clinically or radiologically measureable disease in the breast after diagnostic biopsy, defined as longest diameter greater than or equal to 25 mm (2.5cm) * No prior cytotoxic regimens are allowed for this malignancy. Patients may not have had prior chemotherapy or prior radiation therapy to the ipsilateral breast for this malignancy. Prior bis-phosphonate therapy is allowed * Willing to undergo core biopsy of the primary breast lesion to assess baseline biomarkers * Non-pregnant and non-lactating * No ferromagnetic prostheses. Patients who have metallic surgical implants that are not compatible with an MRI machine are not eligible. * Eligible tumors must meet one of the following criteria: Stage II or III, or T4, any N, M0, including clinical or pathologic inflammatory cancer or Regional Stage IV, where supraclavicular lymph nodes are the only sites metastasis * Any tumor ER/PgR status, any HER-2/neu status as measured by local hospital pathology laboratory and meets any tumor assay profile described in protocol section 4.1.2F * Normal organ and marrow function: Leukocytes >/= 3000/uL, Absolute neutrophil count >/= 1500/uL, Platelets >/= 100,000/uL, Total bilirubin within normal institutional limits, unless patient has Gilbert's disease, for which bilirubin must be </= 2.0 x ULN, AST(SGOT)/ALT (SGPT) </= 1.5 x institutional ULN, creatinine < 1.5 x institutional ULN * No uncontrolled or severe cardiac disease. Baseline ejection fraction (by nuclear imaging or echocardiography) must by >/= 50% * No clinical or imaging evidence of distant metastases by PA and Lateral CXR, Radionuclide Bone scan, and LFTs including total bilirubin, ALT, AST, and alkaline phosphatase * Tumor assay profile must include one of the following: MammaPrint High, any ER status, any HER2 status, or MammaPrint Low, ER negative (<5%), any HER2 status, or MammaPrint Low, ER positive, HER2/neu positive by any one of the three methods used (IHC, FISH, TargetPrint)	Sarah Davis; sarah.davis@ucsfmedctr.org; 415-885-7490

> Breast > Breast Cancer Treatment > Early Stage Breast Cancer > Invasive > Post-Surgery (Adjuvant)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
117527	NCT01545648	Rugo, Hope	Pilot Study to Evaluate the Impact of Denosumab on Disseminated Tumor Cells (DTC) in Patients with Early Stage Breast Cancer	Therapeutic	Age: 18+ Breast Cancer Stages 1-3	Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288

127510	NCT01479244	Melisko, Michelle	"PRESENT❶: Prevention of Recurrence in Early-Stage, Node-Positive Breast Cancer with Low to Intermediate HER2 Expression with NeuVax❷ Treatment	Therapeutic	Women, Age: 18+ * Pathological diagnosis of invasive adenocarcinoma of the breast * Breast cancer completely excised * Completed radiation therapy * Node-positive disease * Primary tumor stage T1-3 * HER2 negative (HER2 1+ by IHC or HER2 2+ by IHC/FISH)	Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288

> Breast > Breast Cancer Treatment > Surgery

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
117517	NCT01286168	Esserman, Laura	Trial of Drain Antisepsis after Tissue Expander Breast Reconstruction	Supportive Care	* Females or males age 18-90 able to give informed consent * Undergoing bilateral mastectomy with immediate expander reconstruction * May have either malignant or benign breast condition	877-827-3222

> Breast > Symptom Management / Survivorship

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10758		Melisko, Michelle	A Registry Study of the Penguin Cold Cap Used for Prevention of Hair Loss in Breast Cancer Patients Receiving Chemotherapy	Supportive Care		Amy Deluca; delucaa@cc.ucsf.edu; 415-353-7288
11801		Dhruva, Anand	A Prospective Clinical Trial of a Whole Systems Ayurvedic Intervention for Breast Cancer Survivorship	Supportive Care		877-827-3222
107518		Moskowitz, Judith	Pilot Test of a Positive Affect Intervention for Women with Stage IV Breast Cancer	Supportive Care		877-827-3222
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Gastrointestinal > Pancreatic Cancer

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Gastrointestinal > Pancreatic Cancer > Locally Advanced / Inoperable

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11455	NCT01383538	Ko, Andrew	A Phase I Study of IPI-926 plus FOLFIRINOX (5-fluorouracil, Leucovorin, Irinotecan, and Oxaliplatin) in Patients with Previously Untreated, Advanced Pancreatic Adenocarcinoma	Therapeutic	1. Histologically-confirmed pancreatic adenocarcinoma 2. Disease that is not operable (locally advanced or metastatic) 3. No prior systemic therapy for their diagnosis (except in adjuvant setting > 6 months previously) 4. At least 18 years of age	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Gastrointestinal > Pancreatic Cancer > Metastatic

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11455	NCT01383538	Ko, Andrew	A Phase I Study of IPI-926 plus FOLFIRINOX (5-fluorouracil, Leucovorin, Irinotecan, and Oxaliplatin) in Patients with Previously Untreated, Advanced Pancreatic Adenocarcinoma	Therapeutic	1. Histologically-confirmed pancreatic adenocarcinoma 2. Disease that is not operable (locally advanced or metastatic) 3. No prior systemic therapy for their diagnosis (except in adjuvant setting > 6 months previously) 4. At least 18 years of age	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Gastrointestinal > Pancreatic Cancer > Metastatic > Second-Line and Beyond

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10454	NCT01222689	Ko, Andrew	A Phase 2 Study of AZD6244 plus Erlotinib for the Second Line Treatment of Advanced Pancreatic Adenocarcinoma	Therapeutic	* Histologically or cytologically proven adenocarcinoma of the pancreas * Patients must have locally advanced unresectable disease not amenable to curative resection or extrapancreatic metastases * Patients must have radiographically measurable disease (defined as at least one lesion that can be accurately measured in at least one dimension [longest diameter to be recorded] as >/= 20 mm with conventional techniques or as >/= 10 mm with spiral CT scan) AND/OR a serum CA19-9 measurement > 2x ULN * 1 prior gemcitabine-based therapy for advanced disease (locally advanced or metastatic) (i.e., gemcitabine as single agent or in combination with other agents) - Patients receiving (a) gemcitabine initially alone, with the eventual addition of a second agent; or (b) gemcitabine as part of a combination regimen, followed by gemcitabine alone; are eligible - For patients with locally advanced disease, prior radiation to the primary tumor is allowable as long as there is clear evidence of disease progression (either radiographic locoregional disease progression and/or a rising CA19-9 level) -- Patients may have received gemcitabine or a fluoropyrimidine as a radiosensitizer, and a gemcitabine-based regimen either pre- or post-chemoradiation, and still be eligible for this study - Treatment given in the adjuvant setting (radiation and/or chemotherapy, given either concurrently or sequentially) does not count as prior therapy as long as progressive disease occurs > 6 months following completion of treatment * No patients with known brain metastases	Ryan Courtin; CourtinR@cc.ucsf.edu; 415-353-7284

> Gastrointestinal > Colon Cancer

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Gastrointestinal > Colon Cancer > Resectable > Adjuvant (after surgery)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CALGB-80702	NCT01150045	Venook, Alan	A Phase III Trial of 6 versus 12 Treatments of Adjuvant FOLFOX Plus Celecoxib or Placebo for Patients with Resected Stage III Colon Cancer	Therapeutic	* Histologically confirmed adenocarcinoma of the colon - Stage III disease - Gross inferior (caudal) margin of the primary tumor must be >/= 12 cm from the anal verge -- No rectal cancer - Synchronous colon cancers allowed -- No synchronous colon and rectal primary tumors * Completely resected tumor - Patients with adherent to adjacent structures, en bloc R_o resected tumor, must have it documented in the operative report * At least 1 pathologically confirmed positive lymph node OR the AJCC v. 7 designation of N1C defined as tumor deposit(s) in the subserosa, mesentery, nonperitonealized pericolic, or perirectal tissues without regional lymph node metastases * No evidence of residual involved lymph node disease or metastatic disease	877-827-3222

> Gastrointestinal > Colon Cancer > Advanced (including Locally Advanced / Inoperable and Metastatic)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10857	NCT01072175	Daud, Adil	An Open-Label, Dose-Escalation, Phase I/II Study to Investigate the Safety, Pharmacokinetics, Pharmacodynamics and Clinical Activity of the BRAF Inhibitor GSK2118436 in Combination with the MEK Inhibitor GSK1120212 in Subjects with BRAF Mutant Metastatic Melanoma	Therapeutic	* BRAF mutation positive melanoma; other BRAF mutation positive tumor types may be considered.	877-827-3222

> Gastrointestinal > Colon Cancer > Advanced (including Locally Advanced / Inoperable and Metastatic) > Second-Line and Beyond

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
08451-B	NCT01290536	Fidelman, Nicholas	Safety Profile Assessment of Therasphere Yttrium-90 Glass Microspheres Used for Treatment of Metastatic Liver Disease from Primary Colorectal, Neuroendocrine, Melanoma, and Breast Cancers Refractory to Chemotherapy: A Pilot Study	Therapeutic	* Diagnosis of metastatic colorectal, neuroendocrine, cholangiocarcinoma, melanoma, or breast malignancy with liver dominant disease. Diagnosis may be made by histo- or cyto-pathology, or by clinical and imaging criteria. * The cancer is unresectable. * All patients must be off all chemotherapeutic regimens for 30 days prior to and 30 days after TheraSphere treatment. Concurrent therapy with octreotide is permitted, when appropriate. * Age 18 years or older.	Ryan Courtin; CourtinR@cc.ucsf.edu; 415-353-7284

12451	NCT01483027	Fidelman, Nicholas	A Phase III Trial Evaluating TheraSphere in Patients with mCRC of the Liver who have Failed First Line Chemotherapy	Therapeutic	Age: 18+ * Colorectal cancer with metastases progressed after first line treatment	Ryan Courtin; CourtinR@cc.ucsf.edu; 415-353-7284

> Gastrointestinal > Rectal Cancer

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Gastrointestinal > Rectal Cancer > Resectable > Neoadjuvant (before surgery)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CTSU-NCCTG-N1048	NCT01515787	Venook, Alan	A Phase II/III trial of Neoadjuvant FOLFOX, with Selective Use of Combined Modality Chemoradiation versus Preoperative Combined Modality Chemoradiation for Locally Advanced Rectal Cancer Patients Undergoing Low Anterior Resection with Total Mesorectal Excision	Therapeutic	Age: 18+ * Diagnosis of rectal adenocarcinoma * For this patient, the standard treatment recommendation in the absence of a clinical trial would be combined-modality, neoadjuvant chemoradiation followed by curative-intent surgical resection * No chemotherapy within 5 years prior to registration	Ryan Courtin; CourtinR@cc.ucsf.edu; 415-353-7284

> Gastrointestinal > Rectal Cancer > Resectable > Adjuvant (after surgery)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CALGB-80702	NCT01150045	Venook, Alan	A Phase III Trial of 6 versus 12 Treatments of Adjuvant FOLFOX Plus Celecoxib or Placebo for Patients with Resected Stage III Colon Cancer	Therapeutic	* Histologically confirmed adenocarcinoma of the colon - Stage III disease - Gross inferior (caudal) margin of the primary tumor must be >/= 12 cm from the anal verge -- No rectal cancer - Synchronous colon cancers allowed -- No synchronous colon and rectal primary tumors * Completely resected tumor - Patients with adherent to adjacent structures, en bloc R_o resected tumor, must have it documented in the operative report * At least 1 pathologically confirmed positive lymph node OR the AJCC v. 7 designation of N1C defined as tumor deposit(s) in the subserosa, mesentery, nonperitonealized pericolic, or perirectal tissues without regional lymph node metastases * No evidence of residual involved lymph node disease or metastatic disease	877-827-3222

> Gastrointestinal > Rectal Cancer > Advanced (including Locally Advanced / Inoperable and Metastatic)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10857	NCT01072175	Daud, Adil	An Open-Label, Dose-Escalation, Phase I/II Study to Investigate the Safety, Pharmacokinetics, Pharmacodynamics and Clinical Activity of the BRAF Inhibitor GSK2118436 in Combination with the MEK Inhibitor GSK1120212 in Subjects with BRAF Mutant Metastatic Melanoma	Therapeutic	* BRAF mutation positive melanoma; other BRAF mutation positive tumor types may be considered.	877-827-3222

> Gastrointestinal > Anal Cancer

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Gastrointestinal > Anal Cancer > Localized > HIV Positive

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
AMC-076	NCT01164722	Palefsky, Joel	A Randomized Clinical Trial of Infrared Coagulator (IRC) Ablation versus Expectant Management of Intra-Anal High Grade Intraepithelial Neoplasia (HGAIN) in HIV-infected Adults	Therapeutic	* Diagnosis of high-grade anal intraepithelial neoplasia * HIV-infection documented by federally approved, licensed HIV-test in conjunction with screening test (e.g., ELISA, western blot, or other test) * No perianal AIN, perianal condyloma, or lower vulvar intraepithelial neoplasia or condyloma requiring treatment	Fred Fishman; Fred.Fishman@ucsf.edu;

> Gastrointestinal > Esophageal and Gastric Cancer (including GE junction) > Resectable > Neoadjuvant (before surgery)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CALGB-80803	01333033	Venook, Alan	PET Scan-Directed Combined Modality Therapy in Esophageal Cancer	Therapeutic	⓫ Surgically resectable, histologically confirmed esophageal adenocarcinoma, including Siewert gastroesophageal (GE) junction adenocarcinomas Types 1 and 2 ⓫ No evidence of distant metastases (as determined by EUS or PET/CT) ⓫ Patients with cervical, supraclavicular, or other nodal disease that is either not included in the radiation field or is not able to be resected at the time of esophagectomy are not eligible ⓫ Patients must have detectable fluorine-18-labeled deoxyglucose (FDG) uptake on baseline PET/CT scan of primary tumor ⓫ HER 2-positive patients who are eligible for the RTOG-1010 study are not eligible for CALGB-80803	Adrienne Brenner; BrennerA@cc.ucsf.edu;

> Gastrointestinal > Hepatocellular Carcinoma (liver cancer) > Metastatic/Advanced > First-Line

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CALGB-80802	NCT01015833	Venook, Alan	Phase III Study of Sorafenib plus Doxorubicin versus Sorafenib in Patients with Advanced Hepatocellular Carcinoma (HCC)	Therapeutic	* Pathologically or cytologically proven hepatocellular carcinoma (HCC) - No known mixed histology or fibrolamellar variant * Locally advanced or metastatic disease - Patients with locally advanced disease must have disease deemed to be unresectable OR not be eligible for transplantation * Measurable disease, defined as lesions that can be accurately measured in at least one dimension (longest diameter to be recorded) as >/= 2 cm with conventional techniques or as >/= 1 cm with spiral CT scan * Child-Pugh score A * No known CNS tumors, including brain metastases	Jennifer Luan; jennifer.luan@ucsf.edu; Lindsey Alami; LWatt@cc.ucsf.edu; 415-476-9215
124511	NCT01687673	Kelley, Katie	Phase II Trial of the Combination of Temsirolimus and Sorafenib in Advanced Hepatocellular Carcinoma	Therapeutic	Age: 18-85 *Patients must have histologically diagnosed AJCC stage II, III, or IV HCC not eligible for curative resection, transplantation, or ablative therapies *	Ryan Courtin; CourtinR@cc.ucsf.edu; 415-353-7284

> Gastrointestinal > Hepatocellular Carcinoma (liver cancer) > Metastatic/Advanced > Second-Line and Beyond

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
124510	NCT01271972	Kelley, Katie	A Phase 1 Study of REGN910 Administered Every 2 Weeks in Patients with Advanced Solid Malignancies	Therapeutic		877-827-3222

> Gastrointestinal > Hepatocellular Carcinoma (liver cancer) > Metastatic/Advanced > First-Line

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CALGB-80802	NCT01015833	Venook, Alan	Phase III Study of Sorafenib plus Doxorubicin versus Sorafenib in Patients with Advanced Hepatocellular Carcinoma (HCC)	Therapeutic	* Pathologically or cytologically proven hepatocellular carcinoma (HCC) - No known mixed histology or fibrolamellar variant * Locally advanced or metastatic disease - Patients with locally advanced disease must have disease deemed to be unresectable OR not be eligible for transplantation * Measurable disease, defined as lesions that can be accurately measured in at least one dimension (longest diameter to be recorded) as >/= 2 cm with conventional techniques or as >/= 1 cm with spiral CT scan * Child-Pugh score A * No known CNS tumors, including brain metastases	Jennifer Luan; jennifer.luan@ucsf.edu; Lindsey Alami; LWatt@cc.ucsf.edu; 415-476-9215
124511	NCT01687673	Kelley, Katie	Phase II Trial of the Combination of Temsirolimus and Sorafenib in Advanced Hepatocellular Carcinoma	Therapeutic	Age: 18-85 *Patients must have histologically diagnosed AJCC stage II, III, or IV HCC not eligible for curative resection, transplantation, or ablative therapies *	Ryan Courtin; CourtinR@cc.ucsf.edu; 415-353-7284

> Gastrointestinal > Hepatocellular Carcinoma (liver cancer) > Metastatic/Advanced > Second-Line and Beyond

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
124510	NCT01271972	Kelley, Katie	A Phase 1 Study of REGN910 Administered Every 2 Weeks in Patients with Advanced Solid Malignancies	Therapeutic		877-827-3222

> Gastrointestinal > Neuroendocrine Tumors (NET) > Well-Differentiated Neuroendocrine Tumor > Carcinoid > Metastatic / Unresectable > Systemic Therapy

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
114520	NCT01435122	Bergsland, Emily	A Phase II Study of Axitinib in Advanced Carcinoid Tumors	Therapeutic	Locally unresectable or metastatic well-and moderately-differentiated (low- or intermediate- grade) neuroendocrine tumors of the aerodigestive tract (e.g. foregut, midgut, and hindgut) and unknown primary site as well as rare primary sites (renal, ovarian, thymic, hepatic); Otherwise known as typical or atypical carcinoid tumors	877-827-3222

> Gastrointestinal > Neuroendocrine Tumors (NET) > Well-Differentiated Neuroendocrine Tumor > Carcinoid > Metastatic / Unresectable > Liver-Directed Therapy

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
08451-B	NCT01290536	Fidelman, Nicholas	Safety Profile Assessment of Therasphere Yttrium-90 Glass Microspheres Used for Treatment of Metastatic Liver Disease from Primary Colorectal, Neuroendocrine, Melanoma, and Breast Cancers Refractory to Chemotherapy: A Pilot Study	Therapeutic	* Diagnosis of metastatic colorectal, neuroendocrine, cholangiocarcinoma, melanoma, or breast malignancy with liver dominant disease. Diagnosis may be made by histo- or cyto-pathology, or by clinical and imaging criteria. * The cancer is unresectable. * All patients must be off all chemotherapeutic regimens for 30 days prior to and 30 days after TheraSphere treatment. Concurrent therapy with octreotide is permitted, when appropriate. * Age 18 years or older.	Ryan Courtin; CourtinR@cc.ucsf.edu; 415-353-7284
08451-B	NCT01290536	Fidelman, Nicholas	Safety Profile Assessment of Therasphere Yttrium-90 Glass Microspheres Used for Treatment of Metastatic Liver Disease from Primary Colorectal, Neuroendocrine, Melanoma, and Breast Cancers Refractory to Chemotherapy: A Pilot Study	Therapeutic	* Diagnosis of metastatic colorectal, neuroendocrine, cholangiocarcinoma, melanoma, or breast malignancy with liver dominant disease. Diagnosis may be made by histo- or cyto-pathology, or by clinical and imaging criteria. * The cancer is unresectable. * All patients must be off all chemotherapeutic regimens for 30 days prior to and 30 days after TheraSphere treatment. Concurrent therapy with octreotide is permitted, when appropriate. * Age 18 years or older.	Ryan Courtin; CourtinR@cc.ucsf.edu; 415-353-7284

> Genitourinary > Bladder Cancer > Advanced

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
09801		Rabow, Michael	A Controlled Trial of Bladder Cancer Symptom and Disease Co-Management	Supportive Care		Molly Greenberg; greenbergm@sfghsurg.ucsf.edu; 415-206-6328 Gayle Kojimoto; Gayle.Kojimoto@ucsfmedctr.org; 415-885-7671

> Genitourinary > Bladder Cancer > Advanced > Non-Clear Cell Histology

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10522	NCT01282463	Friedlander, Terence	An Open-Label, Multicenter, Randomized Phase 2 Study Evaluating the Safety and Efficacy of Docetaxel in Combination with Ramucirumab (IMC-1121B) Drug Product or IMC-18F1 or Without Investigational Therapy as Second-line Therapy in Patients With Locally Advanced or Metastatic Transitional Cell Carcinoma of the Bladder, Urethra, Ureter, or Renal Pelvis Following Disease Progression on First-line Platinum-based Therapy	Therapeutic	* Histologically or cytologically confirmed transitional cell carcinoma of the bladder, urethra, ureter, or renal pelvis * Locally advanced or metastatic and unresectable transitional cell carcinoma of the bladder, urethra, ureter, or renal pelvis * Had disease progression while on a platinum-containing regimen or within 12 months * Received no more than 2 prior systemic chemotherapy regimens	Kathryn Koepfgen; kkoepfgen@medicine.ucsf.edu; Rebecca Cook; CookR@cc.ucsf.edu; 415-885-3557

> Genitourinary > Prostate Cancer > Localized Treatment with Radiation

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
RTOG-0924	NCT01368588	Roach III, Mack	Androgen Deprivation Therapy and High Dose Radiotherapy With or Without Whole-Pelvic Radiotherapy in Unfavorable Intermediate or Favorable High Risk Prostate Cancer: A Phase III Randomized Trial	Therapeutic	* Pathologically (histologically or cytologically) proven diagnosis of prostatic adenocarcinoma within 180 days of registration at moderate- to high-risk for recurrence * Clinically negative lymph nodes as established by imaging * No evidence of bone metastases (M0) on bone scan	877-827-3222
RTOG-0938	NCT01434290	Roach III, Mack	A Randomized Phase II Trial Of Hypofractionated Radiotherapy For Favorable Risk Prostate Cancer	Therapeutic	* Histologically confirmed diagnosis of adenocarcinoma of the prostate * No evidence of distant metastases * No regional lymph node involvement	Marilyn Robinson; robinsonmg@radonc.ucsf.edu; 415-353-4294

RTOG-1115	NCT01546987	Roach III, Mack	Phase III Trial of Dose Escalated Radiation Therapy and Standard Androgen Deprivation Therapy (ADT) with a GNRH Agonist vs Dose Escalated Radiation Therapy and Enhanced ADT with a GNRH Agonist and TAK-700 for Men with High Risk Prostate Cancer	Therapeutic	* Histologically confirmed diagnosis of adenocarcinoma of the prostate * Clinically negative lymph nodes as established by imaging	Paula Dutton; walshp@medicine.ucsf.edu;

> Genitourinary > Prostate Cancer > Rising PSA After Local Treatment

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
115510	NCT01341652	Fong, Lawrence	Randomized Phase II Trial of a DNA Vaccine Encoding Prostatic Acid Phosphatase (pTVG-HP) versus GM-CSF Adjuvant in Patients with Non-Metastatic Prostate Cancer	Therapeutic	* Histologic diagnosis of adenocarcinoma of the prostate * Completion of local therapy by surgery and/or ablative radiation therapy at least 3 months prior to entry, with removal or ablation of all visible disease, including seminal vesical and/or local lymph node involvement * Rising prostate specific antigen (PSA) levels without scan evidence of metastatic disease	Kathryn Koepfgen; kkoepfgen@medicine.ucsf.edu; Rebecca Cook; CookR@cc.ucsf.edu; 415-885-3557
RTOG-0526	NCT00450411	Roach III, Mack	A Prospective Phase II Trial of Transperineal Ultrasound-Guided Brachytherapy for Locally Recurrent Prostate Adenocarcinoma Following External Beam Radiotherapy	Therapeutic	* Histologically confirmed adenocarcinoma of the prostate meeting the following criteria: - Stage I-II disease (T1-T2c) at initial diagnosis (prior to external-beam radiotherapy), meeting one of the following criteria: -- Gleason score 7 and prostate-specific antigen (PSA) less than or equal to 10 ng/mL -- Gleason score 2-7 and PSA less than or equal to 20 ng/mL - Locally recurrent disease > 30 months after completion of prior external-beam radiotherapy -- Has undergone prostate biopsy within the past 180 days * Prostate volume </= 45 mL as measured by transrectal ultrasound or pubic arch interference ruled out * American Urological Association (AUA) Symptom Index Score < 15	Marilyn Robinson; robinsonmg@radonc.ucsf.edu; 415-353-4294
08992	NCT00911079	Hsu, I-Chow	Pilot Study of a Catheter-Based Ultrasound Hyperthermia System	Therapeutic	* Diagnosis of solid tumor, including 1 of the following: - Gynecologic cancer - Urologic cancer - Head/neck cancer * Candidate for standard high-dose rate brachytherapy	Marilyn Robinson; robinsonmg@radonc.ucsf.edu; 415-353-4294
115523	NCT01790126	Small, Eric	The Role of Highly Selective Androgen Receptor (AR) Targeted Therapy in Men with Biochemically Relapsed Hormone Sensitive Prostate Cancer	Therapeutic	Age: 18+ * Male * Histologically proven adenocarcinoma of the prostate * No history of seizures or medical conditions which may lower seizure threshold	Rebecca Cook; CookR@cc.ucsf.edu; 415-885-3557

> Genitourinary > Prostate Cancer > Castration Resistant PC (CRPC) Without Metastases

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
115511	NCT01314118	Friedlander, Terence	A Multicenter, Open-label, Single-Arm, Phase 2 Study of Abiraterone Acetate Plus Prednisone in Subjects with Advanced Prostate Cancer Without Radiographic Evidence of Metastatic Disease	Therapeutic	* Male, age: 18+ * Have adenocarcinoma of the prostate * Currently receiving continuous treatment with Gonadotropin-releasing hormone (GnRH) monotherapy for at least 6 months before or have undergone surgical removal of the testicles	Kathryn Koepfgen; kkoepfgen@medicine.ucsf.edu; Rebecca Cook; CookR@cc.ucsf.edu; 415-885-3557

> Genitourinary > Prostate Cancer > Castration Resistant PC (CRPC) With Metastases No Prior Chemotherapy

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
12551	NCT01637402	Friedlander, Terence	A Phase II Study of Increased-Dose Abiraterone Acetate in Patients with Castration Resistant Prostate Cancer	Therapeutic	Males, Age: 18+ * Have histologically confirmed adenocarcinoma of the prostate. * No prior therapy with chemotherapy for metastatic prostate cancer.	Kathryn Koepfgen; kkoepfgen@medicine.ucsf.edu; Rebecca Cook; CookR@cc.ucsf.edu; 415-885-3557
125510	NCT01717898	Ryan, Charles	A Phase I/II Trial of Abiraterone + BEZ235 in Metastatic, Castration-Resistant Prostate Cancer	Therapeutic	Age: 18+ * Histologically confirmed adenocarcinoma of the prostate	Rebecca Cook; CookR@cc.ucsf.edu; 415-885-3557

> Genitourinary > Prostate Cancer > Castration Resistant PC (CRPC) With Metastases Chemotherapy

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
055511	NCT00488982	Small, Eric	A Randomized Phase II Study of Intermittent Chemotherapy or Intermittent Chemotherapy with Maintenance GM-CSF in Patients with Previously Untreated Metatstatic Hormone Refractory Prostate Cancer	Therapeutic	- Histologically documented adenocarcinoma of the prostate - Progressive metastatic prostate cancer	Jay Trovato; Jay.Trovato@ucsfmedctr.org;
11951	NCT01594918	Harzstark, Andrea	A Phase I Study of Cabazitaxel, Mitoxantrone, and Prednisone (CAMP) for Patients with Metastatic Castration-Resistant Prostate Cancer and no Prior Chemotherapy	Therapeutic	1. Histologically confirmed adenocarcinoma of the prostate. 2. Progressive metastatic prostate cancer (positive bone scan or measurable disease) despite castrate levels of testosterone (either from orchiectomy or LHRH agonist therapy). 3. Patients may have either non-measurable disease OR measurable disease 4. All patients must have a PSA >/= 2 ng/mL. 5. Progressive disease based on any one of the following: transaxial imaging; a rise in PSA; radionuclide bone scan *Patients whose sole manifestation of progression is an increase in disease-related symptoms are not eligible.	877-827-3222

> Genitourinary > Renal Cell Carcinoma > Surgical or Adjuvant > Adjuvant

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11521	NCT01235962	Harzstark, Andrea	A Randomized, Double-Blind, Placebo-Controlled Phase III Study to Evaluate the Efficacy and Safety of Pazopanib as Adjuvant Therapy for Subjects with Localized or Locally Advanced RCC Following Nephrectomy	Therapeutic	ⓟ Diagnosis of RCC with clear-cell or predominant clear-cell histology ⓟ Subjects with non-metastatic disease ⓟ Fulfill all of the following criteria of disease-free status at baseline: - Had complete gross surgical resection of all RCC via radical or partial nephrectomy using either open or laparoscopic technique. - Baseline imaging of chest, abdomen and pelvis shows no metastasis or residual tumor lesions as confirmed centrally by an independent radiologist. ⓟ Received no prior adjuvant or neo-adjuvant treatment for RCC	Paula Dutton; walshp@medicine.ucsf.edu;

> Genitourinary > Renal Cell Carcinoma > Advanced > Clear Cell > 2nd Line or Further

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11526	NCT01358721	Fong, Lawrence	An Exploratory Study to Investigate the Immunomodulatory Activity of Various Dose Levels of Anti Programmed-Death-1 Receptor (PD-1) Antibody (BMS-936558) in Subjects with Metastatic Clear Cell Renal Cell Carcinoma (RCC)	Therapeutic	* Women 18+ * Histologic confirmation of renal cell carcinoma with a clear cell component. * Measurable disease as defined by Response Evaluation Criteria in Solid Tumors (RECIST). * Previously treated subjects must have failed at least 1 prior anti-angiogenic agent and can have a maximum of 3 prior systemic treatments for renal cell cancer. * Subjects in the treatment naive arm cannot have received prior systemic therapy for their renal cell carcinoma.	Kathryn Koepfgen; kkoepfgen@medicine.ucsf.edu; Rebecca Cook; CookR@cc.ucsf.edu; 415-885-3557

> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > First Line > Consolidation

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-0212	NCT00108745	Chen, Lee-may	A Randomized Phase III Trial of Maintenance Chemotherapy Comparing 12, Monthly Cycles of Single Agent Paclitaxel or CT-2103 (IND# 70177), Versus No Treatment Until Documented Relapse in Women with Advanced Ovarian,Primary Peritoneal or Fallopian Tube Cancer who Achieve a Complete Clinical Response to Primary Platinum/Taxane Chemotherapy	Therapeutic	* Histologically confirmed stage III or IV ovarian epithelial or primary peritoneal cancer or fallopian tube cancer * The following histologic epithelial cell types are allowed: - Serous adenocarcinoma - Endometrioid adenocarcinoma - Mucinous adenocarcinoma - Undifferentiated carcinoma - Clear cell adenocarcinoma - Mixed epithelial carcinoma - Transitional cell carcinoma - Malignant Brenner tumor - Adenocarcinoma not otherwise specified * The following histologic cell types are not allowed: - Germ cell tumor - Sex cord-stromal tumor - Carcinosarcoma - Mixed müllerian tumor or carcinosarcoma - Metastatic carcinoma from other sites to the ovary - Low malignant potential (LMP) tumor (borderline carcinoma), including micropapillary serous carcinoma -- Patients with a prior diagnosis of LMP tumor that was surgically resected and who subsequently developed invasive adenocarcinoma are eligible provided patient did not receive prior chemotherapy for the ovarian LMP tumor * Must have undergone surgery for ovarian epithelial or primary peritoneal cancer AND have tissue available for histologic evaluation - Optimal (</= 1 cm) residual disease OR suboptimal residual disease after initial surgery * Must have completed at least 5, but no more that 8 courses of primary therapy comprising carboplatin (IV or intraperitoneal) AND paclitaxel or docetaxel-based combination chemotherapy within the past 12 weeks AND have no symptoms of persistent cancer after completion of therapy - CT scan of the abdomen and/or pelvis normal - CA 125 normal * Patients treated with neo-adjuvant platinum-taxane chemotherapy for a presumptive diagnosis of stage III or IV primary peritoneal carcinoma or epithelial ovarian carcinoma (by paracentesis, percutaneous biopsy or open biopsy) are eligible provided the following criteria is met: - Must have undergone interval abdominal surgery after at least one but no more than 6 courses of standard chemotherapy -- Surgery must meet the same criteria as the up front surgery, including tissue diagnosis for confirmation of primary tumor site and stage III or IV disease -- Patients must have received at least 2 courses after interval abdominal surgery * No synchronous primary endometrial cancer or history of primary	Lilian Hu; HuL1@obgyn.ucsf.edu; 415-885-7206

12403	NCT01521143	Chan, John	A Randomized, Double-Blinded, Placebo-Controlled Trial of Cvac (Autologous Dendritic Cells Pulsed with Recombinant Human Fusion Protein [Mucin 1-Glutathione S-Transferase] Coupled to Oxidized Polymannose) as Maintenance Treatment in Patients with Epithelial Ovarian Cancer (EOC) in Complete Remission Following First-Line Chemotherapy	Therapeutic	Age: 18+ * A confirmed diagnosis of Stage III or IV epithelial ovarian, primary peritoneal, or fallopian tube cancer * Eligible for, and plan to undergo standard platinum and taxane first-line chemotherapy * Have undergone optimal debulking surgery	Lilian Hu; HuL1@obgyn.ucsf.edu; 415-885-7206

> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > Progressive/Recurrent > Platinum Resistant

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11402	NCT01281254	Chan, John	A Phase 3, Randomized, Double-Blind Trial of Pegylated Liposomal Doxorubicin (PLD) Plus AMG 386 or Placebo in Women With Recurrent Partially Platinum Sensitive or Resistant Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancer	Therapeutic		877-827-3222

> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > Progressive/Recurrent > Rare Tumor > Carconosarcoma

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-0261	NCT00954174	Chen, Lee-may	A Randomized Phase III Trial of Paclitaxel Plus Carboplatin versus Ifosfamide Plus Paclitaxel in Chemotherapy-Naive Patients with Newly Diagnosed Stage I-IV, Persistent or Recurrent Carcinosarcoma (Mixed Mesodermal Tumors) of the Uterus, Fallopian Tube, Peritoneum or Ovary	Therapeutic	* Biopsy confirmed uterine (malignant mixed müllerian tumor) or ovarian carcinosarcoma meeting >/= 1 of the following criteria: - Newly diagnosed disease - Stage I-IV* disease - Persistent or recurrent disease - Chemotherapy-naive disease NOTE: *Unstaged patients (patients who have not had hysterectomy surgery) are eligible and should be included as "unstaged" if the only histologic (pathology) documentation of the disease is a biopsy or curettage of the uterus or ovary; if these patients have documented metastatic disease, it should be assigned the appropriate stage (III/IV) * Measurable or nonmeasurable disease - Measurable disease is defined as >/= 1 lesion that can be accurately measured in >/= 1 dimension as >/= 20 mm by conventional techniques (e.g., palpation, plain s-ray, CT scan, MRI) or >/= 10 mm by spiral CT scan - Patients with measurable disease must have >/= 1 "target lesion" to be used to assess disease progression as defined by RECIST criteria - Tumors within a previously irradiated field will be designated as "non-target" lesions unless progression is documented or a biopsy is obtained to confirm persistence >/= 90 days after completion of radiotherapy	Lilian Hu; HuL1@obgyn.ucsf.edu; 415-885-7206

> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > Progressive/Recurrent > Rare Tumor > Clear Cell

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-0254	NCT00979992	Chan, John	A Phase II Evaluation of SU11248 (Sunitinib Malate) (IND# 74019, NSC# 736511) in the Treatment of Persistent or Recurrent Clear Cell Ovarian Carcinoma	Therapeutic	* Diagnosis of recurrent or persistent clear cell ovarian cancer, meeting 1 of the following criteria: - Primary tumor with => 50% clear cell histomorphology - Histologically confirmed recurrence with => 50% clear cell histomorphology * Tumors must be negative for expression of WT-1 antigen and estrogen receptor antigen by IHC - If the primary tumor had => 50% clear cell histomorphology, a biopsy of the recurrent or persistent tumor is not required - If the primary tumor had < 50% clear cell histomorphology (or if slides of the primary tumor are not available), a biopsy of the recurrent or persistent tumor is required * Measurable disease, defined as => 1 lesion that can be accurately measured in => 1 dimension (longest diameter to be recorded) - Each lesion must be => 10 mm when measured by CT scan, MRI, or calipers by clinical exam OR => 20 mm when measured by chest x-ray - Lymph nodes must be => 15 mm in short axis when measured by CT scan or MRI * Must have => 1 "target lesion" to be used to assess response as defined by RECIST criteria - Tumors within a previously irradiated field will be designated as "non-target" lesions unless progression is documented or a biopsy is obtained to confirm persistence => 90 days after completion of radiotherapy * Must have received one prior platinum-based chemotherapeutic regimen containing carboplatin, cisplatin, or another organoplatinum compound for management of primary disease - Initial treatment may have included intraperitoneal therapy, consolidation therapy, or extended therapy administered after surgical or non-surgical assessment - Must have a platinum-free interval of < 12 months, have progressed during platinum-based therapy, or have persistent disease after platinum-based therapy - One additional cytotoxic regimen for management of recurrent or persistent disease allowed * No primary peritoneal or fallopian tube cancer * No history or evidence of CNS disease, including primary brain tumor or brain metastases, by physical exam * Not eligible for a higher priority (e.g., Phase III) GOG clinical trial for the same population, if one exists	Lilian Hu; HuL1@obgyn.ucsf.edu; 415-885-7206

> Gynecological > Cervix > Primary

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Gynecological > Cervix > Primary > Stage III/IV

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
08992	NCT00911079	Hsu, I-Chow	Pilot Study of a Catheter-Based Ultrasound Hyperthermia System	Therapeutic	* Diagnosis of solid tumor, including 1 of the following: - Gynecologic cancer - Urologic cancer - Head/neck cancer * Candidate for standard high-dose rate brachytherapy	Marilyn Robinson; robinsonmg@radonc.ucsf.edu; 415-353-4294

> Gynecological > Corpus/Endometrial

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Gynecological > Corpus/Endometrial > Stage III/IV

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-0258-CIRB	NCT00942357	Chen, Lee-may	A Randomized Phase III Trial of Cisplatin and Tumor Volume Directed Irradiation Followed by Carboplatin and Paclitaxel vs Carboplatin and Paclitaxel for Optimally Debulked, Advanced Endometrial Carcinoma	Therapeutic	* Histologically confirmed endometrial carcinoma, including the following cell types: - Clear cell carcinoma - Serous papillary carcinoma - Undifferentiated carcinoma * Surgical stage III or IVA disease per FIGO 2009 staging criteria - Surgical stage III disease includes positive adnexa, tumor invading the serosa, positive pelvic and/or para-aortic nodes, or vaginal involvement - Surgical stage IVA disease includes bladder or bowel mucosal involvement, but no spread outside the pelvis * Surgical stage I or II endometrial clear cell or serous papillary carcinoma with positive peritoneal cytology per FIGO 2009 staging criteria * Has undergone optimal surgical debulking that included a hysterectomy and bilateral salpingo-oophorectomy within the past 8 weeks - Residual tumor after surgery (any single site) </= 2 cm in maximum dimension * No carcinosarcoma * No parenchymal liver metastases * No recurrent endometrial cancer or endometrioid stage I or II with positive peritoneal cytology	Lilian Hu; HuL1@obgyn.ucsf.edu; 415-885-7206

> Gynecological > Corpus/Endometrial > Rare Tumor > Carconosarcoma

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-0261	NCT00954174	Chen, Lee-may	A Randomized Phase III Trial of Paclitaxel Plus Carboplatin versus Ifosfamide Plus Paclitaxel in Chemotherapy-Naive Patients with Newly Diagnosed Stage I-IV, Persistent or Recurrent Carcinosarcoma (Mixed Mesodermal Tumors) of the Uterus, Fallopian Tube, Peritoneum or Ovary	Therapeutic	* Biopsy confirmed uterine (malignant mixed müllerian tumor) or ovarian carcinosarcoma meeting >/= 1 of the following criteria: - Newly diagnosed disease - Stage I-IV* disease - Persistent or recurrent disease - Chemotherapy-naive disease NOTE: *Unstaged patients (patients who have not had hysterectomy surgery) are eligible and should be included as "unstaged" if the only histologic (pathology) documentation of the disease is a biopsy or curettage of the uterus or ovary; if these patients have documented metastatic disease, it should be assigned the appropriate stage (III/IV) * Measurable or nonmeasurable disease - Measurable disease is defined as >/= 1 lesion that can be accurately measured in >/= 1 dimension as >/= 20 mm by conventional techniques (e.g., palpation, plain s-ray, CT scan, MRI) or >/= 10 mm by spiral CT scan - Patients with measurable disease must have >/= 1 "target lesion" to be used to assess disease progression as defined by RECIST criteria - Tumors within a previously irradiated field will be designated as "non-target" lesions unless progression is documented or a biopsy is obtained to confirm persistence >/= 90 days after completion of radiotherapy	Lilian Hu; HuL1@obgyn.ucsf.edu; 415-885-7206

> Gynecological > Corpus/Endometrial > Rare Tumor > Leiomyosarcoma

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-0250	NCT01012297	Brooks, Rebecca	A Randomized Phase III Evaluation of Docetaxel (NSC #628503) and Gemcitabine (NSC #613327) plus G-CSF with Bevacizumab (NSC #704865, IND #7921) versus Docetaxel (NSC #628503) and Gemcitabine (NSC #613327) plus G-CSF with Placebo in the Treatment of Recurrent or Advanced Leiomyosarcoma of the Uterus NCI-SUPPLIED AGENT: BEVACIZUMAB (NSC #704865, IND #7921)	Therapeutic	* Diagnosis of advanced or recurrent uterine leiomyosarcoma * Documented disease progression * Measurable disease as defined by RECIST 1.1 criteria * Has at least one "target lesion" to be used to assess response * No history or evidence of CNS disease, including primary brain tumor or brain metastases	Lilian Hu; HuL1@obgyn.ucsf.edu; 415-885-7206

> Head and Neck > Squamous Cell > Locoregional > Previously Untreated > Post Operative

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
RTOG-0920	NCT00956007	Yom, Sue	A Phase III Study of Postoperative Radiation Therapy (IMRT) +/- Cetuximab for Locally-Advanced Resected Head and Neck Cancer	Therapeutic	* Histologically confirmed squamous cell carcinoma (including variants, such as verrucous carcinoma, spindle cell carcinoma, or carcinoma not otherwise specified) of the head and neck, including the following subtypes:Oral cavity, Oropharynx, or Larynx. * Clinical stage T1, N1-2, M0 OR T2-3, N0-2, M0 disease based on the following diagnostic workup within the past 8 weeks: General history and physical examination by a Radiation Oncologist and/or Medical Oncologist; Chest x-ray or chest CT scan (with or without contrast) or chest CT/PET scan (with or without contrast) * Must have undergone gross total resection of the primary tumor with curative intent within the past 7 weeks with surgical pathology demonstrating >/= 1 of the following criteria for "intermediate" risk of recurrence: Perineural invasion; Lymphovascular invasion; Single lymph node > 3 cm or >/= 2 lymph nodes (all < 6 cm) (no extracapsular extension); Close margin(s) of resection, defined as cancer extending to within 5 mm of a surgical margin, and/or an initially focally positive margin that is subsequently superseded by intraoperative negative margins (similarly, patients whose tumors had focally positive margins in the main specimen but negative margins from re-excised samples in the region of the positive margin are eligible); T3 or microscopic T4a primary tumor -- No gross T4a or T4b tumor (gross T4 refers to unequivocal findings on preoperative physical exam and/or radiologic studies [e.g., tongue fixation, tumor destruction through thyroid cartilage] and/or macroscopic tumor evaluation by the surgeon and/or pathologist prior to tissue sample processing) - T2 oral cavity cancer with > 5 mm depth of invasion * No positive margin(s) (defined as tumor present at the cut or inked edge of the tumor), nodal extracapsular extension, and/or gross residual disease after surgery * Ineligible for an RTOG "high risk" head and neck cancer clinical trial (e.g., RTOG 0619).	Marilyn Robinson; robinsonmg@radonc.ucsf.edu; 415-353-4294

> Head and Neck > Squamous Cell > Locoregional > Previously Untreated > Definitive Radio Therapy (RT)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
RTOG-1016	NCT01302834	Yom, Sue	Phase III Trial of Radiotherapy plus Cetuximab versus Chemoradiotherapy in HPV-Associated Oropharynx Cancer	Therapeutic	* Pathologically (histologically or cytologically) proven diagnosis of squamous cell carcinoma (including the histological variants papillary squamous cell carcinoma and basaloid squamous cell carcinoma) of the oropharynx (tonsil, base of tongue, soft palate, or oropharyngeal walls) * Patients must have clinically or radiographically evident measurable disease at the primary site or at nodal stations * Clinical stage T1-2 N2a-N3 or T3-4 any N, including no distant metastases * No clinical stage T1-2 N0-1	Erin Shugard; shugarde@radonc.ucsf.edu;

> Head and Neck > Adenoid Cystic / Salivary > Locoregional

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
RTOG-1008	NCT01220583	Yom, Sue	A Randomized Phase II Study of Adjuvant Concurrent Radiation and Chemotherapy versus Radiation Alone in Resected High-Risk Malignant Salivary Gland Tumors	Therapeutic	* Pathologically proven diagnosis of a malignant major salivary gland tumor of the following histologic subtypes: - High-grade mucoepidermoid carcinoma - Salivary duct carcinoma - High-grade adenocarcinoma * Surgical resection with curative intent within 8 weeks prior to registration * Pathologic stage T3-4 or N1-3 or T1-2, N0 with a close (</= 1mm) or microscopically positive surgical margin; patients must be free of distant metastases based upon the following minimum diagnostic workup: - History/physical examination within 8 weeks prior to registration - Radiologic confirmation of the absence of hematogenous metastasis within 12 weeks prior to registration; at a minimum, contrast CT imaging of the chest is required (PET/CT is acceptable) * No patients with residual macroscopic disease after surgery * No patients with salivary gland malignancies originating from the minor salivary glands * No patients with histologies other than high-grade mucoepidermoid carcinoma, high-grade adenocarcinoma, or salivary duct carcinoma	Marilyn Robinson; robinsonmg@radonc.ucsf.edu; 415-353-4294

> Malignant Hematology > Acute Myeloid Leukemia (AML) > Untreated > 60 years of age or older

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
112512	NCT01463046	Andreadis, Charalambos	A Phase I Dose Finding and Proof-of-Concept Study of the Histone Deacetylase Inhibitor Panobinostat (LBH589) in Combination with Standard Dose Cytarabine and Daunorubicin for Older Patients with Untreated Acute Myeloid Leukemia or Advanced Myelodysplastic Syndrome	Therapeutic	* Untreated histologically confirmed acute myeloid leukemia OR advanced myelodysplastic syndrome (INT-2 or High risk) not previously treated with anthracycline-based chemotherapy OR a therapy-related myeloid neoplasm * Male or female aged>/= 60 years	877-827-3222

> Malignant Hematology > Acute Myeloid Leukemia (AML) > First Complete Remission (AML) > Under 60 years of age

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11254	NCT01297543	Andreadis, Charalambos	A Phase I/II Trial of CLT-008 Myeloid Progenitor Cells in Patients Receiving Chemotherapy for Leukemia or Myelodysplasia.	Therapeutic	* High-risk hematological malignancy, including: - AML, ALL or MDS in complete remission - Myeloid or lymphoid late accelerated phase or blast crisis of CML in second or subsequent chronic phase * Planned treatment with intermediate- or high-dose cytarabine-based consolidation chemotherapy regimen (any cycle) of up to 5 days' duration	Rowena Mah; rowena.mah@ucsfmedctr.org; 415-514-6657

> Malignant Hematology > Acute Myeloid Leukemia (AML) > First Complete Remission (AML) > 60 years of age or older

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11254	NCT01297543	Andreadis, Charalambos	A Phase I/II Trial of CLT-008 Myeloid Progenitor Cells in Patients Receiving Chemotherapy for Leukemia or Myelodysplasia.	Therapeutic	* High-risk hematological malignancy, including: - AML, ALL or MDS in complete remission - Myeloid or lymphoid late accelerated phase or blast crisis of CML in second or subsequent chronic phase * Planned treatment with intermediate- or high-dose cytarabine-based consolidation chemotherapy regimen (any cycle) of up to 5 days' duration	Rowena Mah; rowena.mah@ucsfmedctr.org; 415-514-6657

> Malignant Hematology > Acute Myeloid Leukemia (AML) > Relapsed / Refractory > Under 60 years of age

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
112520	NCT01191801	Damon, Lloyd	A Phase 3, Randomized, Controlled, Double-Blind, Multinational Clinical Study of the Efficacy and Safety of Vosaroxin and Cytarabine Versus Placebo and Cytarabine in Patients With First Relapsed or Refractory Acute Myeloid Leukemia (VALOR) VOS-AML-301	Therapeutic	* Are at least 18 years of age * AML in relapse with at least 5% BM blasts, or 1% blasts in PB * If refractory, first CR or CRp duration less than 90 days or refractory to 1 or 2 prior induction courses * If relapsed, CR duration 90 days ≤ 24 months * No more than 2 cycles of cytotoxic induction, with at least one including an anthracycline, and no stem cell transplant (auto or allo) within 90 days. * Less than 5g/m2 cytarabine within 90 days before randomization * No other active malignancies (including other hematologic malignancies)	Geraldine Pelle-Day; gpelle-day@cc.ucsf.edu;
112521	NCT01349049	Smith, Catherine	A Phase 1/2 Safety and Efficacy Study of Orally Administered PLX3397 in Adults with Relapsed or Refractory Acute Myeloid Leukemia (AML)	Therapeutic	* Male or female patients >/=18 years old * Morphologically documented primary Acute Myeloid Leukemia (AML) or AML secondary to an antecedent hematologic disorder (e.g. MDS) * In at least first relapse or refractory AML	Geraldine Pelle-Day; gpelle-day@cc.ucsf.edu;

> Malignant Hematology > Acute Myeloid Leukemia (AML) > Relapsed / Refractory > 60 years of age or older

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
112520	NCT01191801	Damon, Lloyd	A Phase 3, Randomized, Controlled, Double-Blind, Multinational Clinical Study of the Efficacy and Safety of Vosaroxin and Cytarabine Versus Placebo and Cytarabine in Patients With First Relapsed or Refractory Acute Myeloid Leukemia (VALOR) VOS-AML-301	Therapeutic	* Are at least 18 years of age * AML in relapse with at least 5% BM blasts, or 1% blasts in PB * If refractory, first CR or CRp duration less than 90 days or refractory to 1 or 2 prior induction courses * If relapsed, CR duration 90 days ≤ 24 months * No more than 2 cycles of cytotoxic induction, with at least one including an anthracycline, and no stem cell transplant (auto or allo) within 90 days. * Less than 5g/m2 cytarabine within 90 days before randomization * No other active malignancies (including other hematologic malignancies)	Geraldine Pelle-Day; gpelle-day@cc.ucsf.edu;
112521	NCT01349049	Smith, Catherine	A Phase 1/2 Safety and Efficacy Study of Orally Administered PLX3397 in Adults with Relapsed or Refractory Acute Myeloid Leukemia (AML)	Therapeutic	* Male or female patients >/=18 years old * Morphologically documented primary Acute Myeloid Leukemia (AML) or AML secondary to an antecedent hematologic disorder (e.g. MDS) * In at least first relapse or refractory AML	Geraldine Pelle-Day; gpelle-day@cc.ucsf.edu;

> Malignant Hematology > Acute Myeloid Leukemia (AML) > Blood and Marrow Transplant (BMT)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
082516	NCT00824525	Martin, Tom	A Phase I Study of Targeted, Dose-Escalated Intravenous Busulfan and Bolus Etoposide as Preparative Therapy for Patients with Acute Myeloid Leukemia Undergoing Autologous Stem Cell Transplantation	Therapeutic	* AML in 1st CR or 2nd CR or * AML evolved from MDS or * APL 2nd CR * CR achieved with 2 courses of therapy * Patient in hematologic CR for greater than or equal 30 days	Glenna Auerback; auerbackg@cc.ucsf.edu;

> Malignant Hematology > Phase I > Acute Leukemia

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11254	NCT01297543	Andreadis, Charalambos	A Phase I/II Trial of CLT-008 Myeloid Progenitor Cells in Patients Receiving Chemotherapy for Leukemia or Myelodysplasia.	Therapeutic	* High-risk hematological malignancy, including: - AML, ALL or MDS in complete remission - Myeloid or lymphoid late accelerated phase or blast crisis of CML in second or subsequent chronic phase * Planned treatment with intermediate- or high-dose cytarabine-based consolidation chemotherapy regimen (any cycle) of up to 5 days' duration	Rowena Mah; rowena.mah@ucsfmedctr.org; 415-514-6657
082516	NCT00824525	Martin, Tom	A Phase I Study of Targeted, Dose-Escalated Intravenous Busulfan and Bolus Etoposide as Preparative Therapy for Patients with Acute Myeloid Leukemia Undergoing Autologous Stem Cell Transplantation	Therapeutic	* AML in 1st CR or 2nd CR or * AML evolved from MDS or * APL 2nd CR * CR achieved with 2 courses of therapy * Patient in hematologic CR for greater than or equal 30 days	Glenna Auerback; auerbackg@cc.ucsf.edu;
112512	NCT01463046	Andreadis, Charalambos	A Phase I Dose Finding and Proof-of-Concept Study of the Histone Deacetylase Inhibitor Panobinostat (LBH589) in Combination with Standard Dose Cytarabine and Daunorubicin for Older Patients with Untreated Acute Myeloid Leukemia or Advanced Myelodysplastic Syndrome	Therapeutic	* Untreated histologically confirmed acute myeloid leukemia OR advanced myelodysplastic syndrome (INT-2 or High risk) not previously treated with anthracycline-based chemotherapy OR a therapy-related myeloid neoplasm * Male or female aged>/= 60 years	877-827-3222
112521	NCT01349049	Smith, Catherine	A Phase 1/2 Safety and Efficacy Study of Orally Administered PLX3397 in Adults with Relapsed or Refractory Acute Myeloid Leukemia (AML)	Therapeutic	* Male or female patients >/=18 years old * Morphologically documented primary Acute Myeloid Leukemia (AML) or AML secondary to an antecedent hematologic disorder (e.g. MDS) * In at least first relapse or refractory AML	Geraldine Pelle-Day; gpelle-day@cc.ucsf.edu;

> Malignant Hematology > Phase I > Chronic Leukemia

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11253	NCT01218477	Shah, Neil	Dasatinib (BMS-354825) Combined with SMO Inhibitor (BMS-833923; XL139) in CML with Resistance or Suboptimal Response to a Prior TKI	Therapeutic	* 18 or more years of age * Chronic myeloid leukemia (CML) in chronic or advanced phase with progression or failure during or suboptimal response to imatinib, nilotinib or dasatinib.	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Malignant Hematology > Phase I > Lymphoma

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
112530	NCT01542918	Rubenstein, James	A Phase I Study of Lenalidomide Plus Rituximab for Recurrent/Refractory CNS and Intraocular Lymphoma	Therapeutic	Age 18 and older * Tumors must be CD20+ on prior pathologic analysis * All study participants must be registered into the mandatory RevAssist program, and be willing and able to comply with the requirements of RevAssist.	Julia Yoshino; YoshinoJ@cc.ucsf.edu; 415-514-6248 Anna Winterkorn; winterkorna@cc.ucsf.edu; 415-353-4091

> Malignant Hematology > Phase I > Multiple Myeloma

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11257	NCT01084252	Martin, Tom	A Phase 1 Dose Escalation Safety and Pharmacokinetic Study of Multiple Intravenous Administrations of a Humanized Monoclonal Antibody (SAR650984) Against CD38 In Patients with Selected CD38+ Hematological Malignancies	Therapeutic	* Patients with confirmed selected CD38+ hematological malignancies as specified below who have progressed on after standard therapy or for whom there is no effective standard therapy (refractory/relapsed patients). * B-cell Non-Hodgkin-lymphoma/leukemia (NHL) patients having at least 1 measurable lesion * Multiple myeloma (MM) patients with measurable M-protein serum and/or 24-hour urine * Acute myeloid leukemia (AML) patients, all types except M3 based on French-American-British (FAB) classification * Acute Lymphoblastic Leukemia (B-cell ALL) patient * Chronic lymphocytic leukemia (CLL) patients	Iris Sison; sisoni@cc.ucsf.edu;
112515	NCT01034553	Wolf, Jeffrey	Phase I/II Study of Combination of Aurora Kinase Inhibitor MLN8327 and Bortezomib in Relapsed Refractory or Refractory Multiple Myeloma	Therapeutic	Age: 18+ Patients with relapsed or refractory multiple myeloma requiring treatment	Glenna Auerback; auerbackg@cc.ucsf.edu;

> Malignant Hematology > Acute Lymphoblastic Leukemia (ALL) > First Complete Remission (AML) > Philadelphia Chromosome Negative (Ph-)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11254	NCT01297543	Andreadis, Charalambos	A Phase I/II Trial of CLT-008 Myeloid Progenitor Cells in Patients Receiving Chemotherapy for Leukemia or Myelodysplasia.	Therapeutic	* High-risk hematological malignancy, including: - AML, ALL or MDS in complete remission - Myeloid or lymphoid late accelerated phase or blast crisis of CML in second or subsequent chronic phase * Planned treatment with intermediate- or high-dose cytarabine-based consolidation chemotherapy regimen (any cycle) of up to 5 days' duration	Rowena Mah; rowena.mah@ucsfmedctr.org; 415-514-6657

> Malignant Hematology > Acute Lymphoblastic Leukemia (ALL) > First Complete Remission (AML) > Philadephia Chromosome Positive (Ph+)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11254	NCT01297543	Andreadis, Charalambos	A Phase I/II Trial of CLT-008 Myeloid Progenitor Cells in Patients Receiving Chemotherapy for Leukemia or Myelodysplasia.	Therapeutic	* High-risk hematological malignancy, including: - AML, ALL or MDS in complete remission - Myeloid or lymphoid late accelerated phase or blast crisis of CML in second or subsequent chronic phase * Planned treatment with intermediate- or high-dose cytarabine-based consolidation chemotherapy regimen (any cycle) of up to 5 days' duration	Rowena Mah; rowena.mah@ucsfmedctr.org; 415-514-6657

> Malignant Hematology > Acute Lymphoblastic Leukemia (ALL) > Relapsed / Refractory > Under 60 years of age

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11253	NCT01218477	Shah, Neil	Dasatinib (BMS-354825) Combined with SMO Inhibitor (BMS-833923; XL139) in CML with Resistance or Suboptimal Response to a Prior TKI	Therapeutic	* 18 or more years of age * Chronic myeloid leukemia (CML) in chronic or advanced phase with progression or failure during or suboptimal response to imatinib, nilotinib or dasatinib.	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Malignant Hematology > Acute Lymphoblastic Leukemia (ALL) > Relapsed / Refractory > 60 years of age or older

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11253	NCT01218477	Shah, Neil	Dasatinib (BMS-354825) Combined with SMO Inhibitor (BMS-833923; XL139) in CML with Resistance or Suboptimal Response to a Prior TKI	Therapeutic	* 18 or more years of age * Chronic myeloid leukemia (CML) in chronic or advanced phase with progression or failure during or suboptimal response to imatinib, nilotinib or dasatinib.	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Malignant Hematology > Blood and Marrow Transplant (BMT) > Preparative Regimen / Donor Source

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
082516	NCT00824525	Martin, Tom	A Phase I Study of Targeted, Dose-Escalated Intravenous Busulfan and Bolus Etoposide as Preparative Therapy for Patients with Acute Myeloid Leukemia Undergoing Autologous Stem Cell Transplantation	Therapeutic	* AML in 1st CR or 2nd CR or * AML evolved from MDS or * APL 2nd CR * CR achieved with 2 courses of therapy * Patient in hematologic CR for greater than or equal 30 days	Glenna Auerback; auerbackg@cc.ucsf.edu;

> Malignant Hematology > Chronic Myeloid Leukemia (CML) > Tyrosine Kinase Inhibitor (TKI)-Resistant

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11253	NCT01218477	Shah, Neil	Dasatinib (BMS-354825) Combined with SMO Inhibitor (BMS-833923; XL139) in CML with Resistance or Suboptimal Response to a Prior TKI	Therapeutic	* 18 or more years of age * Chronic myeloid leukemia (CML) in chronic or advanced phase with progression or failure during or suboptimal response to imatinib, nilotinib or dasatinib.	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Malignant Hematology > Non-Hodgkin Lymphoma (NHL) > HIV Negative > Untreated > Indolent

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10861	NCT01579318	Ai, Weiyun	A Multicenter Phase II Trial of Intratumoral IL12 Plasmid Electroporation in Cutaneous Lymphoma	Therapeutic	Age: 18+ * Biopsy confirmed mycosis fungoides of stage IB-IVA. * Patients must have failed or have been intolerant of at least 2 topical or one systemic treatment. * Patients must have a minimum of 4 lesions	Rebecca Bolthouse; BolthouseR@cc.ucsf.edu; 415-514-6957

> Malignant Hematology > Non-Hodgkin Lymphoma (NHL) > HIV Negative > Blood and Marrow Transplant (BMT)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
112525	NCT01555541	Andreadis, Charalambos	Phase II, Intensive Consolidation and Stem Cell Mobilization Therapy with Ofatumubab, Etoposide and High Dose Ara-C, Followed by Autologous Stem Cell Transplantation in High Risk Patients with Relapsed/Refractory Diffuse Large B-Cell Lymphoma	Therapeutic	* Diagnosis of refractory or relapsed biopsy-proven CD20+ diffuse large B-cell lymphoma or primary mediastinal B-cell lymphoma. * Age 18 years or older * Refractory to or relapse following a rituximab/anthracycline first-line regimen * High-risk disease * Receipt of no more than three prior chemotherapy regimens.	877-827-3222
AMC-071	NCT01141712	Kaplan, Lawrence	High Dose Chemotherapy with Autologous Stem Cell Rescue for Aggressive B Cell Lymphoma and Hodgkin Lymphoma in HIV-Infected Patients	Therapeutic	* Diagnosis of persistent or recurrent WHO classification diffuse large B-cell lymphoma, composite lymphoma with > 50% diffuse large B-cell lymphoma, mediastinal B-cell lymphoma, immunoblastic, plasmablastic, Burkitt's or Burkitt-like or classical Hodgkin's lymphoma. Patients transformed from follicular lymphoma are eligible for the study, pending fulfillment of other criteria. * 15 years old or older * Three or fewer prior regimens of chemotherapy over the entire course of their disease treatment (including one induction chemotherapy and no more than 2 salvage chemotherapies). Monoclonal antibody therapy and involved field radiation therapy will not be counted as prior therapies. * All patients must have chemosensitive disease as demonstrated by at least a partial response to induction or salvage therapy. * Less than or equal to 10% bone marrow involvement. * Autologous peripheral stem cell graft	Karen McWhirter; McWhirterK@cc.ucsf.edu;

> Malignant Hematology > Multiple Myeloma (MM) > Relapsed / Refractory > 4 or More Prior Regimens

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11257	NCT01084252	Martin, Tom	A Phase 1 Dose Escalation Safety and Pharmacokinetic Study of Multiple Intravenous Administrations of a Humanized Monoclonal Antibody (SAR650984) Against CD38 In Patients with Selected CD38+ Hematological Malignancies	Therapeutic	* Patients with confirmed selected CD38+ hematological malignancies as specified below who have progressed on after standard therapy or for whom there is no effective standard therapy (refractory/relapsed patients). * B-cell Non-Hodgkin-lymphoma/leukemia (NHL) patients having at least 1 measurable lesion * Multiple myeloma (MM) patients with measurable M-protein serum and/or 24-hour urine * Acute myeloid leukemia (AML) patients, all types except M3 based on French-American-British (FAB) classification * Acute Lymphoblastic Leukemia (B-cell ALL) patient * Chronic lymphocytic leukemia (CLL) patients	Iris Sison; sisoni@cc.ucsf.edu;
112515	NCT01034553	Wolf, Jeffrey	Phase I/II Study of Combination of Aurora Kinase Inhibitor MLN8327 and Bortezomib in Relapsed Refractory or Refractory Multiple Myeloma	Therapeutic	Age: 18+ Patients with relapsed or refractory multiple myeloma requiring treatment	Glenna Auerback; auerbackg@cc.ucsf.edu;

> Malignant Hematology > Multiple Myeloma (MM) > Blood and Marrow Transplant (BMT)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
112513	NCT01208662	Wolf, Jeffrey	A Randomized Phase III Study Comparing Conventional Dose Treatment Using a Combination of Lenalidomide, Bortezomib and Dexamethasone (RVD) to High-Dose Treatment with Peripheral Stem Cell Transplant in the Initial Management of Myeloma in Patients up to 65 Years of Age	Therapeutic	* Diagnosis of Multiple Myeloma * Documented symptomatic myeloma, with organ damage related to myeloma * Negative HIV blood test	Glenna Auerback; auerbackg@cc.ucsf.edu;

> Malignant Hematology > Myelodysplastic Syndromes (MDS) > In Remission

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11254	NCT01297543	Andreadis, Charalambos	A Phase I/II Trial of CLT-008 Myeloid Progenitor Cells in Patients Receiving Chemotherapy for Leukemia or Myelodysplasia.	Therapeutic	* High-risk hematological malignancy, including: - AML, ALL or MDS in complete remission - Myeloid or lymphoid late accelerated phase or blast crisis of CML in second or subsequent chronic phase * Planned treatment with intermediate- or high-dose cytarabine-based consolidation chemotherapy regimen (any cycle) of up to 5 days' duration	Rowena Mah; rowena.mah@ucsfmedctr.org; 415-514-6657

> Melanoma > Stages III or IV Unresectable > Visceral / Diffuse Metastasis > BRAF+ Mutation

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
108510	NCT01271803	Daud, Adil	A Phase Ib, Open Label, Dose-Escalation Study Evaluating the Safety, Tolerability and Pharmacokinetics of RO5185426 in Combination with GDC-0973 when Administered in Patients with BRAFV600E-Positive Metastatic Melanoma who have Progressed after Treatment with RO5185426	Therapeutic	* Adult patients, age >/=18 years * Patients with histologically confirmed metastatic melanoma (unresectable Stage IIIc and Stage IV, American Joint Committee on Cancer (AJCC) metastatic melanoma) * Measurable disease per Response Evaluation Criteria in Solid Tumors (RECIST) 1.1 * Eastern Cooperative Oncology Group (ECOG) Performance Status of </=1 * Previous participation in Phase I and Phase II studies with RO5185426	Glenna Auerback; auerbackg@cc.ucsf.edu;
11857	NCT01295827	Daud, Adil	Phase I Study of Single Agent MK-3475 in Patients with Progressive Locally Advanced or Metastatic Carcinomas, Melanoma and Non-Small Cell Lung Cancer	Therapeutic	* In Part A: Histological or cytological diagnosis of MEL or any type of carcinoma, progressive metastatic disease, or progressive locally advanced disease not amenable to local therapy. In Part B of the study, only histological diagnoses of metastatic MEL with progressively locally advanced or metastatic disease are eligible for participation. * Failure of established standard medical anti-cancer therapies for a given tumor type or intolerance to such therapy. * In Part B of the study, MEL must be measurable by imaging.	877-827-3222

> Melanoma > Stages III or IV Unresectable > Visceral / Diffuse Metastasis > Wild Type (No mutations)

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11857	NCT01295827	Daud, Adil	Phase I Study of Single Agent MK-3475 in Patients with Progressive Locally Advanced or Metastatic Carcinomas, Melanoma and Non-Small Cell Lung Cancer	Therapeutic	* In Part A: Histological or cytological diagnosis of MEL or any type of carcinoma, progressive metastatic disease, or progressive locally advanced disease not amenable to local therapy. In Part B of the study, only histological diagnoses of metastatic MEL with progressively locally advanced or metastatic disease are eligible for participation. * Failure of established standard medical anti-cancer therapies for a given tumor type or intolerance to such therapy. * In Part B of the study, MEL must be measurable by imaging.	877-827-3222

> Melanoma > Stages III or IV Unresectable > Visceral / Diffuse Metastasis > C-Kit+ Mutation

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11857	NCT01295827	Daud, Adil	Phase I Study of Single Agent MK-3475 in Patients with Progressive Locally Advanced or Metastatic Carcinomas, Melanoma and Non-Small Cell Lung Cancer	Therapeutic	* In Part A: Histological or cytological diagnosis of MEL or any type of carcinoma, progressive metastatic disease, or progressive locally advanced disease not amenable to local therapy. In Part B of the study, only histological diagnoses of metastatic MEL with progressively locally advanced or metastatic disease are eligible for participation. * Failure of established standard medical anti-cancer therapies for a given tumor type or intolerance to such therapy. * In Part B of the study, MEL must be measurable by imaging.	877-827-3222

> Melanoma > Stages III or IV Unresectable > Sub-Cutaneous / Intransit

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11854	NCT01502293	Daud, Adil	A Multicenter Phase II Trial of Intratumoral pIL-12 Electroporation in Advanced Stage Cutaneous and in Transit Malignant Melanoma	Therapeutic	1. Pathologically documented melanoma, AJCC stage IIIB, IIIC or IV M1a with cutaneous melanoma lesions accessible to electroporation. 2. Age >/= 18 years old 3. Must have a minimum of two eligible tumors and may have up to four eligible tumors treated with electroporation.	877-827-3222

> Mutiple / Ill-Defined Disease Sites

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11955	NCT01543763	Munster, Pamela	Phase I Study to Evaluate the Tolerability, Efficacy, and Safety of Pazopanib in Combination with PCI24871 in Patients with Metastatic Solid Tumors	Therapeutic	* Age: 18+ * Phase Ia: Patients must have histologically or cytologically documented metastatic solid tumor malignancies. * Phase Ib: Patients must have histologically or cytologically confirmed locally advanced, unresectable or metastatic sarcoma or renal cell carcinoma, any histologic subtype.	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796
11956	NCT01451632	Korn, Michael	A Phase 1 Study of MM-121 in Combination with Cetuximab and Irinotecan in Patients with Advanced Cancers	Therapeutic	* No standard options remaining * Adequate liver and kidney functions * 18 years of age or above	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796
11957	NCT01421004	Munster, Pamela	A Phase I, Open-Label, Multi-Center, Randomized, Crossover Study to Assess the Bioequivalence of 2 Formulations of TKI258, FMI Capsule and FMI Tablet, in Patients with Advanced Solid Tumors	Therapeutic	1. Patients with a histopathologically or cytopathologically confirmed diagnosis of an advanced solid tumor, excluding breast cancer, who have progressed despite standard therapy, or for which no standard therapy exists 2. ECOG performance status (PS) 0, 1 or 2 3. Patients must meet protocol-specified laboratory values	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

11991	NCT01295632	Munster, Pamela	Phase I Parallel Protocol of MK-8669 (Ridaforolimus) + MK-2206 and MK-8669 (Ridaforolimus) + MK-0752 Doublets (MK-MK) in Patients with Advanced Cancer	Therapeutic	Inclusion Criteria for Part A of the Study: * Participant must have a histologically-confirmed metastatic or locally advanced solid tumor that has failed to respond to standard therapy, progressed despite standard therapy, or for which standard therapy does not exist. Non Hodgkin Lymphoma (NHL) participants (in Part A only), must have histologically confirmed relapsed/refractory NHL. There is no limit on the number of prior treatment regimens. Inclusion criteria for Part B of the Study: -Ridaforolimus + MK-2206 Treatment Arm: * Participant must have a histologically-confirmed prostate cancer that is refractory to hormone therapy and for which the participant received no more than 3 prior treatment regimens. OR Participant must have a histologically-confirmed breast cancer for which the participant received no more than 3 prior treatment regimens. Archival or fresh tissue must demonstrate a low RAS-gene signature. -Ridaforolimus + MK-0752 Treatment Arm: * Participant must have a histologically-confirmed recurrent (either primary or secondary) glioblastoma multiforme with radiographic evidence of progression/recurrence of disease, and up to 2 prior treatment regimens for their recurrent disease, and no prior treatment with bevacizumab. OR Participants must have a histologically-confirmed relapsed or refractory ovarian cancer for which the participant received no more than 2 prior treatment regiments which was either relapsed or refractory to the first line treatment.	877-827-3222
11993	NCT01346358	Rugo, Hope	Phase 1 Study of IMC-CS4, a Monoclonal Antibody Targeted to the CSF-1 Receptor (CSF-1R), in Subjects With Advanced Solid Tumors Refractory to Standard Therapy or for Which No Standard Therapy is Available	Therapeutic	Subject has histologic or cytologic confirmation of advanced solid tumor that is refractory to standard therapy or for which no standard therapy is available.	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

09991	NCT00878904	Munster, Pamela	A Phase I Trial of Panobinostat (LBH589) and Epirubicin in Patients with Solid Tumor Malignancies	Therapeutic	* Cytologically or histologically confirmed solid tumor malignancy for which no curative therapy exists - Metastatic disease * Measurable or evaluable disease (i.e., elevated CA-125 or elevated PSA for patients with ovarian cancer or prostate cancer, respectively) * Disease amenable to biopsy AND patient willing to undergo biopsies (for patients enrolled in the dose expansion cohort only) * No uncontrolled CNS metastasis - Stable CNS metastasis allowed provided patient has undergone complete surgical resection, gamma knife radiotherapy (for isolated lesions) or whole-brain radiotherapy AND the metastasis has been stable for >/= 6 weeks	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796
109910	NCT01287546	Algazi, Alain	Protocol I4C-MC-JTBA(a): A Phase 1 Study of LY2875358 in Patients with Advanced Cancer	Therapeutic	* Have histological or cytological evidence of cancer (solid tumor, lymphoma, or multiple myeloma) that is advanced and/or metastatic.	Paula Fiermonte; fiermontep@cc.ucsf.edu;
10992	NCT01075464	Munster, Pamela	A Phase Ib, Open Label, Dose Escalation Study of the Safety and Pharmacology of MEGF0444A, a Humanized IgG1 Antibody, in Combination with Bevacizumab with or without Paclitaxel in Patients with Locally Advanced or Metastatic Solid Tumors	Therapeutic	* Histologically or cytologically documented, incurable, or metastatic solid malignancy that has progressed on or failed to respond to regimens or therapies known to provide clinical benefit *Specific to Arm A: For patients undergoing optional or mandatory exploratory MRI, at least one tumor lesion that represents a liver, fixed peritoneal, neck, extremity, or pelvic lesion measuring >/= 3 to 10 cm (for liver lesions) or >/= 2 to 10 cm (for all other lesion locations) to be used for MRI * Specific to Arm B: Maximum of two prior chemotherapy regimens for metastatic disease	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796
11954	NCT01478685	Munster, Pamela	A Phase 1 Study of CC-486 as a Single Agent and in Combination with Carboplatin or ABI-007 in Subjects with Relapsed or Refractory Solid Tumors	Therapeutic		Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 2 (Low Grade) > Newly diagnosed

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
99102	NCT00313729	Chang, Susan	A Phase II Study of Temozolomide (TEMODAR) in the Treatment of Adult Patients with Supratentorial Low Grade Glioma	Therapeutic	* Histologically proven supratentorial low-grade (grade II) glioma of any of the following histologic subtypes: - Oligodendroglioma - Astrocytoma - Oligoastrocytoma * Has undergone surgical resection or biopsy within 35 days after diagnosis of low-grade glioma - Study treatment must begin between 14 days and 4 months after surgical resection or biopsy * Evaluable disease by gadolinium-MRI	Valerie Kivett; kivettv@neurosurg.ucsf.edu; 415-353-2076 Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523

> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 2 (Low Grade) > Recurrent

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
08109	NCT00823459	Chang, Susan	Trial of RAD001 in Patients with Recurrent Low Grade Glioma	Therapeutic	* Patients must have histologically proven intracranial low-grade glioma at initial diagnosis. * If most recent histology shows progression to high grade glioma, patients must have had prior radiotherapy in order to be eligible	Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523

> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 3 (Anaplastic) > Newly diagnosed > Surgical

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10101	NCT01116661	Berger, Mitchel	A Phase 2 Study of Aminolevulinic Acid (ALA) to Enhance Visualization and Resection of Malignant Tumors of the Brain	Screening, Early Detection, or Diagnostic	Presumptive diagnosis of high grade glioma based on imaging studies, or will have recurrent high-grade gliomas that have previously undergone diagnosis (astrocytoma, oligodendroglioma, mixed oligo-astrocytoma, anaplastic astrocytoma, and glioblastoma multiforme). Both of these groups will be undergoing craniotomy for tumor resection.	Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523
10101	NCT01116661	Berger, Mitchel	A Phase 2 Study of Aminolevulinic Acid (ALA) to Enhance Visualization and Resection of Malignant Tumors of the Brain	Screening, Early Detection, or Diagnostic	Presumptive diagnosis of high grade glioma based on imaging studies, or will have recurrent high-grade gliomas that have previously undergone diagnosis (astrocytoma, oligodendroglioma, mixed oligo-astrocytoma, anaplastic astrocytoma, and glioblastoma multiforme). Both of these groups will be undergoing craniotomy for tumor resection.	Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523
09102	NCT01156584	Aghi, Manish	A Phase 1 Ascending Dose Trial of the Safety and Tolerability of Toca 511 in Patients with Recurrent High Grade Glioma	Therapeutic	* Single, supratentorial GBM between 1.0 and 3 cm inclusive in longest dimension * At least one surgical gross-total or subtotal resection * Postoperative radiation with concurrent temozolomide * At least 2 but not more than 18 cycles of maintenance temozolomide * Must have progressive disease and be at least 12 weeks post radiation therapy * Stable or decreasing dose of corticosteroids for past 7 days * If being screened for part two of study, must have evaluable disease on Gd-MRI	Ashley Desilva; desilvaaa@neurosurg.ucsf.edu; 415-353-2653 Thelma Munoz; Thelma.Munoz@ucsf.edu;

> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 3 (Anaplastic) > Recurrent > Nonsurgical

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
08109	NCT00823459	Chang, Susan	Trial of RAD001 in Patients with Recurrent Low Grade Glioma	Therapeutic	* Patients must have histologically proven intracranial low-grade glioma at initial diagnosis. * If most recent histology shows progression to high grade glioma, patients must have had prior radiotherapy in order to be eligible	Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523
08103	NCT00734682	Prados, Michael	A Phase I Trial of Nanoliposomal CPT-11 (NL CPT-11) in Patients with Recurrent High-Grade Gliomas	Therapeutic	Patients with histologically proven intracranial malignant glioma will be eligible for this protocol. Malignant glioma include glioblastoma multiforme (GBM), Gliosarcoma (GS), anaplastic astrocytoma (AA), anaplastic oligodendroglioma (AO), anaplastic mixed oligoastrocytoma (AMO), or malignant astrocytoma NOS (not otherwise specified).	Angelina Nicole; nicolea@neurosurg.ucsf.edu; 415-353-2372

11995	NCT01353625	Munster, Pamela	A Phase 1A/1B, Multicenter, Open Label, Dose-Finding Study to Assess the Safety, Tolerability, Pharmacokinetics and Preliminary Efficacy of the Dual DNA-PK and TOR Kinase Inhibitor, CC-115, Administered Orally to Subjects with Advanced Solid Tumors, Non-Hodgkin's Lymphoma or Multiple Myeloma	Therapeutic	* Adults with histologically-confirmed advanced solid tumor, Non-Hodgkin's Lymphoma or multiple myeloma * Progressed or not tolerated standard therapy, and no further conventional therapy is available	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796 Iris Sison; sisoni@cc.ucsf.edu;
11101	NCT01392209	Clarke, Jennifer	A Phase I Dose Escalation Study of Hypofractionated Stereotactic Radiotherapy with Bevacizumab in the Treatment of Recurrent Malignant Glioma	Therapeutic	Patients must have EITHER: *Histologically confirmed intracranial malignant glioma of the following types: Glioblastoma, Anaplastic astrocytoma (AA), Anaplastic oligodendroglioma (AO), Anaplastic oligo-astrocytoma (AOA) also called anaplastic mixed gliomas, Malignant glioma NOS (not otherwise specified). -OR- * Histologically confirmed low grade (WHO grade II) gliomas Age: 18+	Ashley Desilva; desilvaaa@neurosurg.ucsf.edu; 415-353-2653 Claire Rein-Weston; Rein-WestonC@neurosurg.ucsf.edu; Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523 Emelia Clow; ClowE@neurosurg.ucsf.edu; 415-353-2652

> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 4 (Glioblastoma or Gliosarcoma) > Newly diagnosed > Surgical

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10101	NCT01116661	Berger, Mitchel	A Phase 2 Study of Aminolevulinic Acid (ALA) to Enhance Visualization and Resection of Malignant Tumors of the Brain	Screening, Early Detection, or Diagnostic	Presumptive diagnosis of high grade glioma based on imaging studies, or will have recurrent high-grade gliomas that have previously undergone diagnosis (astrocytoma, oligodendroglioma, mixed oligo-astrocytoma, anaplastic astrocytoma, and glioblastoma multiforme). Both of these groups will be undergoing craniotomy for tumor resection.	Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523

> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 4 (Glioblastoma or Gliosarcoma) > Newly diagnosed > Nonsurgical

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
12103	NCT01480479	Butowski, Nicholas	An International, Randomized, Double-Blind, Controlled Study of Rindopepimut/GM-CSF with Adjuvant Temozolomide in Patients with Newly Diagnosed, Surgically Resected, EGFRvIII-Positive Glioblastoma	Therapeutic		Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523 Claire Rein-Weston; Rein-WestonC@neurosurg.ucsf.edu; Kristen Lawton; LawtonK@neurosurg.ucsf.edu; 415-353-2746
12104	NCT01220271	Butowski, Nicholas	Phase 1b/2a Study Combining LY2157299 with Standard Temozolomide-Based Radiochemotherapy in Patients with Newly Diagnosed Malignant Glioma	Therapeutic	Age: 18+ Patients with histologically proven, newly diagnosed and untreated intracranial glioblastoma including lower grade glioma which evolved into glioblastoma and who have not received any radiochemotherapy or who have World Health Organization Grade III malignant glioma (e.g., Anaplastic Astrocytomas, Anaplastic Oligoastrocytomas, Anaplastic Oligodendroglioma) (Phase 1b only) will be eligible for this protocol	Ashley Desilva; desilvaaa@neurosurg.ucsf.edu; 415-353-2653
ACRIN-6684	NCT00902577	Pampaloni, Miguel	Multicenter, Phase II Assessment of Tumor Hypoxia In Glioblastoma Using 18F-Fluoromisonidazole (FMISO) With PET and MRI	Screening, Early Detection, or Diagnostic	Age: 18+ * Newly diagnosed, , grade IV pathologically confirmed glioblastoma multiforme * Scheduled to receive standard fractionated radiation therapy and temozolomide	Emily Verdin; Emily.Verdin@ucsf.edu; 415-353-9437

> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 4 (Glioblastoma or Gliosarcoma) > Recurrent > Surgical

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
10101	NCT01116661	Berger, Mitchel	A Phase 2 Study of Aminolevulinic Acid (ALA) to Enhance Visualization and Resection of Malignant Tumors of the Brain	Screening, Early Detection, or Diagnostic	Presumptive diagnosis of high grade glioma based on imaging studies, or will have recurrent high-grade gliomas that have previously undergone diagnosis (astrocytoma, oligodendroglioma, mixed oligo-astrocytoma, anaplastic astrocytoma, and glioblastoma multiforme). Both of these groups will be undergoing craniotomy for tumor resection.	Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523
10105	NCT01227434	Prados, Michael	A Phase II study of PD 0332991 in Patients with Recurrent Rb Positive Glioblastoma	Therapeutic	* Patients with radiographically proven recurrent, intracranial Glioblastoma multiforme or Gliosarcoma will be eligible for this protocol. Patients must have documentation of Rb positive disease. * Patients must have had prior external beam radiation and temozolomide chemotherapy; there is no limit to the number of prior chemotherapies used; patients may be treated in their first, second or third relapse	Angelina Nicole; nicolea@neurosurg.ucsf.edu; 415-353-2372

11107	NCT01339052	Prados, Michael	A Phase II Study of BKM120 for Patients with Recurrent Glioblastoma and Activated PI3K Pathway	Therapeutic	* Participants must be at least 18 years old. * Participants must have histologically confirmed glioblastoma or variants. Participants will be eligible if the original histology was low-grade glioma and a subsequent histological diagnosis of glioblastoma or variants is made. * Participants must be at their first relapse. (NOTE: Relapse is defined as progression following initial therapy (i.e., radiation +/- chemotherapy). If the participant had a surgical resection for relapsed disease and no antitumor therapy was instituted for up to 12 weeks, and the participant undergoes another surgical resection, this is considered as a second relapse. For participants who had prior therapy for a low-grade glioma, the surgical diagnosis of a high-grade glioma will be considered the first relapse).	Kristen Lawton; LawtonK@neurosurg.ucsf.edu; 415-353-2746
09102	NCT01156584	Aghi, Manish	A Phase 1 Ascending Dose Trial of the Safety and Tolerability of Toca 511 in Patients with Recurrent High Grade Glioma	Therapeutic	* Single, supratentorial GBM between 1.0 and 3 cm inclusive in longest dimension * At least one surgical gross-total or subtotal resection * Postoperative radiation with concurrent temozolomide * At least 2 but not more than 18 cycles of maintenance temozolomide * Must have progressive disease and be at least 12 weeks post radiation therapy * Stable or decreasing dose of corticosteroids for past 7 days * If being screened for part two of study, must have evaluable disease on Gd-MRI	Ashley Desilva; desilvaaa@neurosurg.ucsf.edu; 415-353-2653 Thelma Munoz; Thelma.Munoz@ucsf.edu;
10993	NCT01177397	Munster, Pamela	A Phase 1/2, Multi-Center, Open-Label, Dose Finding Study to Assess the Safety, Tolerability, Pharmacokinetics and Preliminary Efficacy of the mTOR Kinase Inhibitor CC-223 Administered Orally to Subjects with Advanced Solid Tumors, Non-Hodgkin Lymphoma or Multiple Myeloma	Therapeutic	* Histologically-confirmed advanced solid tumor, Non-Hodgkin Lymphoma or multiple myeloma * Patients have not tolerated or progressed on standard therapy, and no further standard therapy is available	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796

> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 4 (Glioblastoma or Gliosarcoma) > Recurrent > Nonsurgical

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
08109	NCT00823459	Chang, Susan	Trial of RAD001 in Patients with Recurrent Low Grade Glioma	Therapeutic	* Patients must have histologically proven intracranial low-grade glioma at initial diagnosis. * If most recent histology shows progression to high grade glioma, patients must have had prior radiotherapy in order to be eligible	Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523
08103	NCT00734682	Prados, Michael	A Phase I Trial of Nanoliposomal CPT-11 (NL CPT-11) in Patients with Recurrent High-Grade Gliomas	Therapeutic	Patients with histologically proven intracranial malignant glioma will be eligible for this protocol. Malignant glioma include glioblastoma multiforme (GBM), Gliosarcoma (GS), anaplastic astrocytoma (AA), anaplastic oligodendroglioma (AO), anaplastic mixed oligoastrocytoma (AMO), or malignant astrocytoma NOS (not otherwise specified).	Angelina Nicole; nicolea@neurosurg.ucsf.edu; 415-353-2372

11995	NCT01353625	Munster, Pamela	A Phase 1A/1B, Multicenter, Open Label, Dose-Finding Study to Assess the Safety, Tolerability, Pharmacokinetics and Preliminary Efficacy of the Dual DNA-PK and TOR Kinase Inhibitor, CC-115, Administered Orally to Subjects with Advanced Solid Tumors, Non-Hodgkin's Lymphoma or Multiple Myeloma	Therapeutic	* Adults with histologically-confirmed advanced solid tumor, Non-Hodgkin's Lymphoma or multiple myeloma * Progressed or not tolerated standard therapy, and no further conventional therapy is available	Karla Sarantopulos; Karla.Sarantopulos@ucsfmedctr.org; 415-885-7796 Iris Sison; sisoni@cc.ucsf.edu;
11101	NCT01392209	Clarke, Jennifer	A Phase I Dose Escalation Study of Hypofractionated Stereotactic Radiotherapy with Bevacizumab in the Treatment of Recurrent Malignant Glioma	Therapeutic	Patients must have EITHER: *Histologically confirmed intracranial malignant glioma of the following types: Glioblastoma, Anaplastic astrocytoma (AA), Anaplastic oligodendroglioma (AO), Anaplastic oligo-astrocytoma (AOA) also called anaplastic mixed gliomas, Malignant glioma NOS (not otherwise specified). -OR- * Histologically confirmed low grade (WHO grade II) gliomas Age: 18+	Ashley Desilva; desilvaaa@neurosurg.ucsf.edu; 415-353-2653 Claire Rein-Weston; Rein-WestonC@neurosurg.ucsf.edu; Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523 Emelia Clow; ClowE@neurosurg.ucsf.edu; 415-353-2652
12101	NCT01582269	Butowski, Nicholas	A Phase 2 Study of LY2157299 Monohydrate Monotherapy or LY2157299 Monohydrate plus Lomustine Therapy compared to Lomustine Monotherapy in Patients with Recurrent Glioblastoma	Therapeutic	* Histological confirmed diagnosis of relapsed intracranial glioblastoma * Progressive Disease (PD) following standard chemoradiation	Valerie Kivett; kivettv@neurosurg.ucsf.edu; 415-353-2076 Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523

> Thoracic > Non-small cell Lung Cancer

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Thoracic > Non-small cell Lung Cancer > By Stage > Metastatic, stage IV, or inoperable > 1st Line

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
12651	NCT00994123	Jahan, Thierry	A Phase 1-2 trial of MM-121 in Combination with Erlotinib in Three Groups of Patients with Non-Small Cell Lung Cancer	Therapeutic	Age: 18+ * Patients with locally advanced or metastatic non-small cell lung cancer. * No recent history (within 5 years) of another malignancy.	Carl Formaker; carl.formaker@cc.ucsf.edu; 415-885-7871
CALGB-30801	NCT01041781	Wang, Sunny	A Randomized Phase III Double Blind Trial Evaluating Selective COX-2 Inhibition in COX-2 Expressing Advanced Non-Small Cell Lung Cancer	Therapeutic	* Histologically or cytologically confirmed non-small cell carcinoma of the lung * A tissue block must be available at the time of registration * Tumor expresses COX-2 (COX-2 index >/= 2) * Stage IIIB disease with malignant pleural effusion, supraclavicular node involvement, or contralateral hilar node involvement OR stage IV disease * Patients with stage IV disease are eligible * Patients with recurrent disease, not amenable to (or refusing) a potentially "curative therapy," are eligible * No leptomeningeal disease or carcinomatous meningitis	Paul Couey; pcouey@php.ucsf.edu; 415-476-9554

> Thoracic > Non-small cell Lung Cancer > By Stage > Metastatic, stage IV, or inoperable > 2nd Line and Above

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
12651	NCT00994123	Jahan, Thierry	A Phase 1-2 trial of MM-121 in Combination with Erlotinib in Three Groups of Patients with Non-Small Cell Lung Cancer	Therapeutic	Age: 18+ * Patients with locally advanced or metastatic non-small cell lung cancer. * No recent history (within 5 years) of another malignancy.	Carl Formaker; carl.formaker@cc.ucsf.edu; 415-885-7871
12954	NCT01545947	Gubens, Matthew	A Phase 1B, Multi-Center, Open-Label Study of the MTOR Kinase Inhibitor CC-223 in Combination with Erlotinib or Oral Azacitidine in Advanced Non-Small Cell Lung Cancer	Therapeutic	Age: 18+ * Histologically or cytologically-confirmed, Stage IIIB/IV Non-Small Cell Lung Cancer with tumor progression following at least one prior treatment regimen	Julia Yoshino; YoshinoJ@cc.ucsf.edu; 415-514-6248 Anna Winterkorn; winterkorna@cc.ucsf.edu; 415-353-4091

11857	NCT01295827	Daud, Adil	Phase I Study of Single Agent MK-3475 in Patients with Progressive Locally Advanced or Metastatic Carcinomas, Melanoma and Non-Small Cell Lung Cancer	Therapeutic	* In Part A: Histological or cytological diagnosis of MEL or any type of carcinoma, progressive metastatic disease, or progressive locally advanced disease not amenable to local therapy. In Part B of the study, only histological diagnoses of metastatic MEL with progressively locally advanced or metastatic disease are eligible for participation. * Failure of established standard medical anti-cancer therapies for a given tumor type or intolerance to such therapy. * In Part B of the study, MEL must be measurable by imaging.	877-827-3222

> Thoracic > Non-small cell Lung Cancer > By Stage > Stage I/II

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
RTOG-0813	NCT00750269	Gottschalk, Alex	Seamless Phase I/II Study of Stereotactic Lung Radiotherapy (SBRT) for Early Stage, Centrally Located, Non-Small Cell Lung Cancer (NSCLC) in Medically Inoperable Patients	Therapeutic	* Histologically or cytologically confirmed non-small cell lung cancer (NSCLC) - Stage T1-2, N0, M0 disease -- Tumor size </= 5 cm -- Tumor must be within or touching the zone of the proximal bronchial tree, defined as a volume of 2 cm in all directions around the proximal bronchial tree (i.e., carina, right and left main bronchi, right and left upper lobe bronchi, intermedius bronchus, right middle lobe bronchus, lingular bronchus right, and left lower lobe bronchi) OR immediately adjacent to the mediastinal or pericardial pleura (PTV touching the pleura) -- Hilar or mediastinal lymph nodes </= 1 cm AND no abnormal hilar or mediastinal uptake on PET scan are considered N0 -- Mediastinal lymph node sampling by any technique is allowed but not required -- Patients with > 1 cm hilar or mediastinal lymph nodes on CT scan or abnormal PET scan (including suspicious but nondiagnostic uptake) are eligible provided directed tissue biopsies of all abnormally identified areas are negative for cancer * Tumor deemed technically resectable, in the opinion of an experienced thoracic cancer surgeon, with a reasonable possibility of obtaining a gross total resection with negative margins, defined as a potentially curative resection (PCR) * Patient deemed "medically inoperable" due to severe underlying physiological medical problems that would prohibit a PCR, including any of the following: - Baseline FEV1 < 40% predicted - Postoperative FEV1 < 30% predicted - Severely reduced diffusion capacity - Baseline hypoxemia and/or hypercapnia - Exercise oxygen consumption < 50% predicted - Severe pulmonary hypertension - Diabetes mellitus with severe end-stage organ damage - Severe cerebral, cardiac, or peripheral vascular disease - Severe chronic heart disease * Measurable disease as documented by CT scan or whole-body PET scan within the past 8 weeks - Patients with lesions that cannot be visualized by CT scan are not eligible * Pleural effusion allowed provided it is deemed too small to tap under CT guidance and is not evident on chest x-ray - Pleural effusion that appears on chest x-ray is allowed only after thoracotomy or other invasive procedure	Marilyn Robinson; robinsonmg@radonc.ucsf.edu; 415-353-4294

> Thoracic > Non-small cell Lung Cancer > By Mutation or Histology > EGFR (epidermal growth factor receptor) Mutation > 1st Line

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
12651	NCT00994123	Jahan, Thierry	A Phase 1-2 trial of MM-121 in Combination with Erlotinib in Three Groups of Patients with Non-Small Cell Lung Cancer	Therapeutic	Age: 18+ * Patients with locally advanced or metastatic non-small cell lung cancer. * No recent history (within 5 years) of another malignancy.	Carl Formaker; carl.formaker@cc.ucsf.edu; 415-885-7871

> Thoracic > Non-small cell Lung Cancer > By Mutation or Histology > EGFR (epidermal growth factor receptor) Mutation > 2nd Line and Above

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
12651	NCT00994123	Jahan, Thierry	A Phase 1-2 trial of MM-121 in Combination with Erlotinib in Three Groups of Patients with Non-Small Cell Lung Cancer	Therapeutic	Age: 18+ * Patients with locally advanced or metastatic non-small cell lung cancer. * No recent history (within 5 years) of another malignancy.	Carl Formaker; carl.formaker@cc.ucsf.edu; 415-885-7871

> Thoracic > Small cell Lung Cancer

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
11802	NCT01557608	Miaskowski, Christine	Characterization of and Treatment for Chemotherapy Neuropathy	Supportive Care	1. is an adult >18 years of age 2. has received a platinum compound and/or a taxane 3. has completed a course of CTX 4. has changes in sensation and/or pain in their feet of >3 months duration following the completion of CTX	Claudia West; claudia.west@nursing.ucsf.edu; Judy Mastick; judy.mastick@nursing.ucsf.edu; 415-476-5503 Melissa Mazor; Melissa.Mazor@nursing.ucsf.edu; 415-476-3444

> Thoracic > Mesothelioma

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CALGB-30901	NCT01085630	Jahan, Thierry	Randomized Phase II Study of Maintenance Pemetrexed Versus Observation for Patients With Malignant Pleural Mesothelioma Without Progression After First-Line Chemotherapy	Therapeutic	* Histologically confirmed malignant pleural mesothelioma meeting 1 of the following cell types: - Epithelial - Sarcomatoid - Mixed type * Disease not amenable to surgery * Must be enrolled on imaging protocol CALGB-580903 * Complete response, partial response, or stable disease after completion of 4 courses of first-line chemotherapy comprising pemetrexed disodium AND cisplatin or carboplatin - Study therapy will begin >/= 3 weeks and </= 6 weeks after the completion of course 4 * No clinically significant pleural or peritoneal effusions that cannot be adequately managed by drainage before or during pemetrexed disodium	Scot Hammond; Hammonds@cc.ucsf.edu;

> Other Trials

UCSF Protocol No.	Clinicaltrials.gov No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
085514	NCT01199146	Ryan, Charles	A Phase II Study of Abiraterone Acetate in Patients with Castration Resistant Prostate Cancer (CRPC) and Prior Therapy with Ketoconazole	Therapeutic	* Histologically confirmed adenocarcinoma of the prostate * Prior therapy with ketoconazole for castration resistant prostate cancer. Patients should demonstrate evidence of progression on ketoconazole or evidence of grades 3/4 toxicities on ketoconazole. * No prior therapy with chemotherapy for metastatic prostate cancer	Jay Trovato; Jay.Trovato@ucsfmedctr.org;
09082	NCT01036009	Horn, Biljana	A Phase II Study of Preemptive Fast Withdrawal of Immunosuppression and Donor Lymphocyte Infusions for Achieving Complete Donor Chimerism Following Allogeneic Transplant for Pediatric Hematologic Malignancies	Therapeutic	* Acute leukemia (AML, ALL, biphenotypic leukemia), pre-leukemic syndromes (monosomy 7 or other bone marrow clonal malformations), JMML, myelodysplastic syndromes or CML. * Undergoing an allogeneic transplant as standard care. * No history of >/= grade III acute GVHD.	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831
10082	NCT01200017	Cowan, Morton	An Expanded Access Study of the Feasibility of Using the CliniMACS® Device for CD34+ Cell Selection and T Cell Depletion for Graft-versus-Host Disease Prophylaxis in Alternative Donor Stem Cell Transplant Recipients	Therapeutic	* Age 0 (newborn) - 21 years * Patient must have a malignant or non-malignant disease that can benefit from alternative stem cell transplantation according to standard practice guidelines. * Patients with lymphoma or acute leukemia (except acute myeloid leukemia, AML) must be in remission at the time of transplant. * Patients must lack a healthy human leukocyte antigen (HLA)-identical related donor. * Patient must have a healthy, willing mismatched related or an unrelated donor who meets certain criteria (See attachment for details).	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831

10109	N/A - CC# 09102 cont.	Aghi, Manish	A Continuation Protocol for Patients Previously Enrolled in a Study of Toca 511	Therapeutic		Valerie Kivett; kivettv@neurosurg.ucsf.edu; 415-353-2076 Silvia Gonzalez; gonzalezsj@neurosurg.ucsf.edu; 415-353-2523
10501		Palefsky, Joel	E6 Immunodiagnostic Test for AIN	Screening, Early Detection, or Diagnostic		Fred Fishman; Fred.Fishman@ucsf.edu;
120814		Banerjee, Anu	A Phase II Trial of Molecularly Determined Treatment of Children and Young Adults with Newly Diagnosed Diffuse Intrinsic Pontine Gliomas	Therapeutic	Age: 3-18 1. Tumor: Newly diagnosed non-disseminated diffuse intrinsic pontine glioma based on classic clinical AND radiographic finding. 2. No prior radiation therapy or chemotherapy.	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831
120817	NCT01734512	Haas-Kogan, Daphne	Phase II Study of Everolimus for Recurrent or Progressive Low-Grade Gliomas in Children	Therapeutic	Age: 3-21 years * must have radiographic progressive or recurrent confirmed WHO grade I or II astrocytomas	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831
12088	NCT01583842	Matthay, Katherine	124I-Metaiodobenzylguanidine (MIBG) PET/CT Diagnostic Imaging and Dosimetry for Patients with Neuroblastoma	Therapeutic	* Age: Patients must be >/= 3 years of age and able to cooperate for the PET CT scan when registered on study. * Diagnosis: Patients must have a diagnosis of neuroblastoma either by histologic verification of neuroblastoma and/or demonstration of tumor cells in the bone marrow with increased urinary catecholamine metabolites.	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831
12991	NCT01691248	Liu, Catherine	A Phase 3b Multi-Center, Double-Blind, Randomized, Placebo Controlled Study to Demonstrate the Safety and Efficacy of Fidaxomicin for Prophylaxis against Clostridium difficile-Associated Diarrhea in Adults Undergoing Hematopoietic Stem Cell Transplantation	Supportive Care	Age: 18+ Individuals undergoing HSCT with fluoroquinolone prophylaxis	Samantha Soriano; Samantha.Soriano@ucsf.edu; 415-476-4862
ACNS1123	NCT01602666	Banerjee, Anu	Phase 2 Trial of Response-Based Radiation Therapy for Patients with Localized Central Nervous System Germ Cell Tumors (CNS GCT)	Therapeutic	* Patients must be newly diagnosed with localized primary CNS nongerminomatous germ cell tumor (NGGCT) (Stratum 1) or localized primary CNS germinoma (Stratum 2); germ cell tumors (GCTs) located in the suprasellar, pineal, bifocal (pineal + suprasellar), and ventricles are eligible; tumors present in the above mentioned locations and with unifocal parenchymal extension are eligible * Patients must be enrolled on ALTE07C1 prior to enrollment on ACNS1123	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831

ADVL1211	NCT01709435	Dubois, Steven	A Phase 1 study of XL184 (Cabozantinib, IND# 116059) in Children and Adolescents with Recurrent or Refractory Solid Tumors, including CNS Tumors	Therapeutic	Age: 2-18 years * PART A: Patients with relapsed or refractory solid tumors including CNS tumors * ART B: Patients with medullary thyroid cancer (MTC) * Patient's current disease state must be one for which there is no known curative therapy or therapy proven to prolong survival with an acceptable quality of life	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831
ADVL1221	NCT01614795	Dubois, Steven	A Phase II Study of Cixutumumab (IMC-A12; IND# 100947) in Combination with Temsirolimus (IND# 61010) in Pediatric Patients with Recurrent or Refractory Solid Tumors	Therapeutic		Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831

GOG-262/ACRIN-6695	NCT01167712	Chan, John	A Randomized Phase III Trial of Every-3-Weeks Paclitaxel versus Dose Dense Weekly Paclitaxel in Combination with Carboplatin with or without Concurrent and Consolidation Bevacizumab (NSC #704865, IND #7921) in the Treatment of Primary Stage III or IV Epithelial Ovarian, Peritoneal or Fallopian Tube Cancer and ACRIN 6695: Perfusion CT Imaging to Evaluate Treatment Response in Patients Participating in GOG-0262	Therapeutic	⓾ Histologically confirmed ovarian epithelial, primary peritoneal, or fallopian tube cancer - FIGO stage III with > 1 cm residual ("suboptimally debulked" disease) OR FIGO stage IV disease, defined surgically after completion of initial abdominal surgery* NOTE: *The minimum surgery required is an abdominal surgery providing tissue for histological evaluation and establishing and documenting the primary site and stage, as well as a maximal effort at tumor debulking in stage III and IV disease. If additional surgery was performed, it should have been in accordance with appropriate surgery for ovarian and peritoneal carcinoma described in the GOG Surgical Procedures Manual. ⓾ The following histologic epithelial cell types are eligible: - Serous - Endometrioid - Clear cell** - Mucinous adenocarcinoma** - Undifferentiated carcinoma - Mixed epithelial carcinoma - Transitional cell carcinoma - Malignant Brenner tumor - Adenocarcinoma not otherwise specified -- The histologic features of the tumor must be compatible with a primary Müllerian epithelial adenocarcinoma NOTE: **Patients with clear cell and mucinous tumors are eligible provided there is no higher priority study. ⓾ Co-existing fallopian tube carcinoma in situ allowed provided the primary origin of invasive tumor is ovarian, primary peritoneal, or fallopian tube ⓾ No current diagnosis of borderline ovarian epithelial tumor (BOET; formerly "tumors of low malignant potential") or recurrent invasive ovarian epithelial, primary peritoneal, or fallopian tube cancer treated with surgery only (e.g., stage Ia or Ib low-grade ovarian epithelial or fallopian tube cancers) - Prior diagnosis of BOET that was surgically resected and an unrelated, new invasive cancer is diagnosed allowed provided no prior chemotherapy for ovarian cancer was administered ⓾ Patients will not be eligible for therapy on other clinical trials evaluating consolidation or maintenance therapy ⓾ No history or evidence upon physical examination of CNS disease, including primary brain tumor, seizures not controlled with standard medical therapy, or any brain metastases (for patients who elect to receive bevacizumab)	Lilian Hu; HuL1@obgyn.ucsf.edu; 415-885-7206