UCSF Helen Diller Family Comprehensive Cancer Center

Adult Trials Open to Accrual

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

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Breast > Prevention						
15754	NCT02950480	Munster, Pamela	Breast Capsular Contracture following Post-Mastectomy Reconstruction in Women Treated with the Leukotriene Inhibitor Zafirlukast: A Phase II Trial	Treatment		Kerry Inokuchi; Kerry.Inokuchi@UCSF.EDU;
> Breast > Breast Cancer Treatment > Early Stage Breast Cancer						
137525	NCT01864746	Rugo, Hope	Phase III Study Evaluating Palbociclib (PD-0332991), a Cycline-Dependent Kinase (CDK) 4/6 Inhibitor in Patients with Hormone-Receptor-Positive, HER2-Normal Primary Breast Cancer with High Relapse Risk after Neoadjuvant Chemotherapy "Penelope"	Treatment	- Females only - Archived tissue for central testing required (sent to Germany ~15days) - Unilateral or bilateral primary invasive breast cancer - Residual invasive disease in breast or nodal invasion - Centrally confirmed hormone receptor + (ER and/or PR +), HER2- - Centrally assessed Ki-67, pRB and Cyclin D1 status - Pts must have received at least 16 wks neoadjuvant chemo (at least 6 wks taxane) - Adequate surgical tx (resection of disease & axillary node dissection) -- Complete resection (R0) req w/lumpectomy, R1 OK w/mastectomy -- Axillary dissection not req if pN0, pN+(mic) or ypN0, ypN+(mic) - Adjuvant endocrine tx can be started anytime post-surgery - < 16 wks from final surgery OR <10 wks from xrt (whichever last) - Completion of adj xrt if lumpectomy (& to chest wall if cT3/cT4,R1 or ypN+) - CPS-EG Score: =2 if path N+ or greater than or equal to 3 if path N- - No clinical evidence for locoregional/distant relapse dur/after preop chemo - Adequate marrow and organ fxn: ANC at least 2.0; Plts at least 100; Hem at least 10; AST/ALT less than or equal to 1.5xULN; alk phos less than or equal to 2.5xULN; total bili less than or equal to 1.25xULN; serum creatinine less than or equal to 1.25xULN; QTcF at least 480 msec; ECOG 0 - 1 - Life expectancy at least 5 years irrespective of BC diagnosis	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16757	NCT02513394	Rugo, Hope	A Randomized Phase III Trial of Palbociclib with Standard Adjuvant Endocrine Therapy versus Standard Adjuvant Endocrine Therapy Alone for Hormone Receptor Positive (HR+)/Human Epidermal Growth Factor Receptor 2 (HER2)-Negative Early Breast Cancer	Treatment	- Open to males and females - Archived tissue for central testing required - Unilateral or bilateral primary invasive breast cancer - Must have undergone breast surgery - ECOG 0 - 1 - Histologically-confirmed hormonal receptor + (ER and/or PR +), HER2- - Initiating or already started adjuvant hormonal treatment - After last dose/have sufficient res. of side effects of: chemo and/or biologic therapy and/or radiation - At least 12 months of date of histological diagnosis and at least 6 months of starting standard adjuvant endocrine therapy - Key labs: ANC at least 1.5; Plts at least 100; Hem at least 10; AST/ALT less than or equal to 1.5xULN; total bili less than or equal to 3.0xULN (direct bili in normal range for Gilbert's); serum creatinine @ ULN - No previous malignancy w/in 5 years - No prior CDK4/6 inhibitor - No significant uncontrolled cardiac disease (MI, severe angina, cardiac dysrhythmias, atril fib, artery bypass graft, CHF, TIA or PE) - No concurrent endogenous hormone therapy - No previous endocrine therapy w/in 5 years prior to dx of current malignancy	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288
16704	NCT02872025	Esserman, Laura	Testing the Ability of Pembrolizumab to Alter the Tumor Immune MicroEnvironment (TIME) of High Risk DCIS	Treatment	1. Has at least 2 of the following high risk features associated with her DCIS: high-grade (grade II-III), palpable mass, hormone receptor negative (less than 1%), Her2 positive, young age (less than 45 years old), and large size (greater than 5 cm) 2. Plans on having surgical treatment to remove the lesion 3. Does not have invasive breast cancer 4. Has discontinued tamoxifen and/or aromatase inhibitor use for at least 2 weeks prior to starting the trial 5. Is willing to use 2 methods of birth control or be surgically sterile, or abstain from heterosexual activity for the course of the study through 120 days after the last dose of study medication if the patient is of childbearing potential.	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288 Ivy Wong; Ivy.Wong@ucsf.edu; 415-353-7873

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
15753	NCT02400476	Chien, Jo	An Open-Label Study to Characterize the Incidence and Severity of Diarrhea in Patients with Early-Stage HER2+ Breast Cancer Treated with Neratinib and Intensive Loperamide Prophylaxis	Supportive Care	- Open to males and females - Histologically confirmed stage 1-3c primary BC - Local documentation of HER2 overexpression or gene-amplified tumor - ER+ pts can cnt on hormone tx, (bisphosphonates & denosumab OK) - No evidence of dx (bone scan/PET req if alk phos greater than or equal to 2xULN or bone pain) - Confirmatory imaging study required if results from bone scan are questionable. CT, MRI or US of the chest/abd (required only if AST/ALT or alk phos is greater than or equal to 2xULN); Chest X-ray - LVEF at least 50% measured by MUGA or ECHO - ECOG 0 - 1 - Neg hCG pregnancy test for premen females or less than 12 mo after menopause - All baseline toxicity resolved to less than or equal to gr1 - ANC at least 1.0; Plt at least 100; Hgb at least 9; T.bili less than or equal to 1.5xULN; AST/ALT less than or equal to 2.5xULN; CrCl > 30 - No active uncontrolled cardiac disease (CM, CHF, MI w/in 12 mo) - No QTc interval > 0.450 seconds or known history of QTc prolong or TdP - No second malignancy (except dx free for at least 5 yrs treated non-melanoma skin cancers, in situ melanoma or cervical) - No significant chronic GI disorder w/diarrhea as a major symptom * Pts are required to use an electronic diary to record loperamide use	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288
> Breast > Breast Cancer Treatment > Surgery						
15754	NCT02950480	Munster, Pamela	Breast Capsular Contracture following Post-Mastectomy Reconstruction in Women Treated with the Leukotriene Inhibitor Zafirlukast: A Phase II Trial	Treatment		Kerry Inokuchi; Kerry.Inokuchi@UCSF.EDU;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Breast > Breast Cancer Treatment > Advanced Breast Cancer > ER+						
11996	NCT01554371	Rugo, Hope	A Phase 1b/II Study of Eribulin in Combination with Cyclophosphamide in Patients with Solid Tumor Malignancies	Treatment	Currently enrolling into Ph2 - Histologically or cytologically-confirmed locally advanced, unresectable or metastatic BC - ECOG 0 - 2 with life expectancy > 3 months - Must have evaluable disease; measurable disease is not required - Any number of prior chemo in the metastatic setting is allowed - All residual toxicity from prior tx must be less than or equal to grade 1 (CTCAE 4.0) - Adequate hematological, renal, hepatic, metabolic function - QTC less than or equal to 480 ms - No significant cardiovascular impairment (CHF, clinically significant arrhythmia, MI within last 6 months, unstable angina) - No known active CNS mets (must be stable at least 1 month)	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
15953	NCT01770353	Munster, Pamela	A Phase 1 Study in Patients Treated with MM-398 (Nanoliposomal Irinotecan, nal-IRI,) to Determine Tumor Drug Levels and to Evaluate the Feasibility of Ferumoxytol Magnetic Resonance Imaging to Measure Tumor Associated Macrophages and to Predict Patient Response to Treatment	Treatment	18+ The Pilot Phase will enroll approximately 12 patients, up to 20 in total. The first three patients enrolled can have any solid tumor type; however subsequent patients must have NSCLC, CRC, TNBC, ER/PR positive breast cancer, pancreatic cancer, ovarian cancer, gastric cancer, gastroesophageal junction adenocarcinoma or head and neck cancer. No more than three patients with ER/PR positive breast cancer can be enrolled in the Pilot Phase and similar restrictions may be placed on other tumor types to ensure a heterogeneous population. An Expansion Phase will enroll cohorts of single indications of patients with locally advanced or metastatic breast cancer in 3 cohorts of 10 patients each depending on sub-type of breast cancer: Cohort 1: ER and/or PR-positive breast cancer Cohort 2: TNBC Cohort 3: breast cancer with active brain metastasis There are four stages to this study: ? Screening Period (-28 d): patients undergo screening assessments to determine if they are eligible for the study ? Ferumoxytol Period (Day 1 ? Day 2): patients receive ferumoxytol (FMX) infusion and undergo required FMX-MRI scans and prior to receiving MM-398 ? MM-398 Treatment Period (C1D1 ? progression of disease): patients receive an MM-398 starting dose of 60 mg/m2 every 2 weeks which should be dose escalated to 80 mg/m2 every 2 weeks in subsequent doses depending on patient tolerance , other required assessments, and a posttreatment biopsy 72 hours after first dose of MM-398 ? Follow Up Period (+30 d from last dose): patients return to clinic 30 days following the last dose of MM-398 for final safety assessments MM-398 will be administered at a dose of 60 mg/m2 every two weeks and patients will be treated until disease progression or unacceptable toxicity. The dose of MM-398 should be escalated to 80 mg/m2 every two weeks depending on patient tolerance.	Kamran Abri Lavasani; Kamran.AbriLavasani@ucsf.edu; 415-353-8337

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
147522	NCT02384239	Rugo, Hope	Palbociclib in Combination with Fulvestrant or Tamoxifen as Treatment for Hormone Receptor Positive Metastatic Breast Cancer with Prior Chemotherapy for Advanced Disease: A Phase II study with Pharmacodynamics Markers (TBCRC035)	Treatment	- Pre or post-menopausal females (pre-menopausal must be on OS) and males - Histo or cyto confirmed dx of BC w/evidence of metastatic or locally advanced disease - Documented ER or PR positive (at least1%), HER2 negative (IHC 0/1+ or FISH-) - Must have received at least 1 line of met chemo but no more than 3 - Prior mTOR or PI3K inhibitor OK; NO prior treatment w/CDK inhibitor - ECOG 0 - 1 - Measurable or evaluable disease per RECIST 1.1 - Adequate marrow & organ fxn: ANC at least 1; leukocytes at least 2.5; Plts at least 100; normal Cr; normal T. bili; ALT/AST less than or equal to 2.5 ULN (5 w/liver mets) QTc<480 - NO abnormalities in blood coagulation - Resolution of prior toxicities to less than or equal to grade 1 (except alopecia) - Past CNS allowed if clinically stable & off steroids for > 4 wks - NO significant cardiovascular dysfunction (w/in 6 mo) - NO other malignancy w/in 3 yrs (expt treated basal/squamous/i.s. cervix)	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Breast > Breast Cancer Treatment > Advanced Breast Cancer > HER2+						
157515	NCT02492711	Rugo, Hope	A Phase 3, Randomized Study of Margetuximab Plus Chemotherapy vs Trastuzumab Plus Chemotherapy in the Treatment of Patients with HER2+ Metastatic Breast Cancer Who Have Received Two Prior Anti-HER2 Therapies and Require Systemic Treatment	Treatment	- Confirmatory IHC testing not required for study entry. Any ER/PR status OK. - Req Prior tx with trastuzumab, TDM1 & Pertuzumab in any setting - Received 1-3 lines of met tx (hormone tx not included) - Prior neo/adj tx w/relapse w/in 6 mo is considered a line of tx for mets. - Must have progression on most recent line of tx - Relevant toxicities resolved to gr 1 (except alopecia, neuropathy and stable electrolyte disturbances managed by supplementation) - Adequate marrow and organ fxn: ANC at least 1.5; Plts at least 100; Hem at least 9; AST/ALT less then or = to 3XULN (5X if liver mets); T bili less than or = to 1.5XULN (if Gilbert's, ok w/ direct bili = normal); Cr less than or = to 1.5; neg preg test w/in 72 hrs if applicable - No transfusion or growth factor w/in 4 wks - LVEF at least 50%; ECOG 0 - 1; life expectancy at least 12 wks - Measurable or non-measurable disease per RECIST 1.1 - No significant uncontrolled cardiac disease or hypertension *see protocol - No known untreated brain mets - if sympt req brain scan w/in 4 wks showing no detectable brain mets or stable on steroids, asymptomatic for > 4 wks - No hx if other primary malignancy < 2 yrs remission (skin or cervix OK) - Palliative rxt to bone lesions present at baseline OK on study - No clinically significant pulmonary compromise (supplemental O2 use) - Bisphosphonates and RANKL inhibitors OK if started before study	Michael Assefa; michael.assefa@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
167510	NCT02614794	Chien, Jo	Phase 2 Randomized, Double-Blinded, Controlled Study of ONT-380 vs. Placebo in Combination with Capecitabine and Trastuzumab in Patients with Pretreated Unresectable Locally Advanced or Metastatic HER2+ Breast Carcinoma	Treatment	- Histologically confirmed HER2+ BC (central testing prior to registration) - Prior tx w/a taxane, trastuzumab, pertuzumab, & T-DM1 (if pertuz or T-DM1 given as adjuvant tx must have completed >1 yr from tx start) - Progressed off most recent tx - Measurable or non-measurable disease per RECIST 1.1 - ECOG 0 - 1; life expectancy > 6 mos - ANC at least 1.5; Plt at least 100; Hgb at least 9; T bili less than or = to 1.5XULN (except Gilbert's); AST/ALT < 2.5XULN (5X if liver mets); CrCl < 50; INR/PTT less than or = to 1.5XULN - LVEF at least 50% measured by MUGA or ECHO - Neg hCG pregnancy test for premenopausal women or > 12 mo after natural menopause - CNS allowed if immediate tx not required- see protocol for details - All baseline toxicity resolved to grade 1 or less - No prior neratinib or investig EGFRs or TKIs; lapatinib OK if > 12 mo prior - No metastatic capecitabine (adj > 12 mo prior OK) - Limit to prior anthracycline exposure- see protocol for details - No active uncontrolled cardiac dx (uncontrolled HTN, hx of CHF, MI w/in 6 mo) - No known Hep B, Hep C or HIV - No hx of other primary malignancy < 3 yrs remission (skin or cervix OK) - No leptomeningeal disease	Heidi Dittrich; Heidi.Dittrich@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Breast > Breast Cancer Treatment > Advanced Breast Cancer > Triple Negative						
11996	NCT01554371	Rugo, Hope	A Phase 1b/II Study of Eribulin in Combination with Cyclophosphamide in Patients with Solid Tumor Malignancies	Treatment	Currently enrolling into Ph2 - Histologically or cytologically-confirmed locally advanced, unresectable or metastatic BC - ECOG 0 - 2 with life expectancy > 3 months - Must have evaluable disease; measurable disease is not required - Any number of prior chemo in the metastatic setting is allowed - All residual toxicity from prior tx must be less than or equal to grade 1 (CTCAE 4.0) - Adequate hematological, renal, hepatic, metabolic function - QTC less than or equal to 480 ms - No significant cardiovascular impairment (CHF, clinically significant arrhythmia, MI within last 6 months, unstable angina) - No known active CNS mets (must be stable at least 1 month)	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288
17751	NCT02819518	Rugo, Hope	A Randomized, Double-Blind, Phase III Study of Pembrolizumab (MK-3475) plus Chemotherapy vs. Placebo plus Chemotherapy for Previously Untreated Locally Recurrrent Inoperable or Metastatic Triple Negative Breast Cancer- (KEYNOTE-355)	Treatment	- Females and males allowed - Locally-recurrent inoperable or metastatic breast cancer not treated with chemo - Centrally-confirmed TNBC - Requires new or recent biopsy from locally-recurrent or metastatic tumor lesion for PD-L1 expression (can send archival w/sponsor approval) - At least 6 mo since completion of curative tx for Stage I-III breast cancer, if any - Must have received (neo)adjuvant anthracycline (unless C/I or no systemic tx) - Measurable disease per RECIST 1.1 - ECOG 0 - 1 - Adequate organ function: ANC at least 1.5; Plt at least 100; Hgb at least 9; creatinine less than or equal to 1.5XULN; T bili less than or equal to 1.5XULN; AST/ALT less than or equal to 2.5XULN (5X if liver mets); PT/INR/aPTT less than or equal to 1.5XULN (anticoags OK) - No active brain mets or carcinomatous meningitis - No hx of autoimmune disease w/in 2 years - No other malignancy w/in 5 years (expt treated basal/squamous/i.s. cervix) - No significant uncontrolled cardiac disease	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16706	NCT02628535	Fong, Lawrence	A Phase 1, First-in-Human, Open Label, Dose Escalation Study of MGD009, a Humanized B7-H3 x CD3 Dual-Affinity Re-Targeting (DART®) Protein in Patients with Unresectable or Metastatic B7-H3-Expressing Neoplasms and Neoplasms whose Vasculature Expresses B7-H3	Treatment	Age: 18+ *Histologically and/or cytologically proven unresectable locally advanced or metastatic tumors that express B7-H3 on the membrane or vasculature. The requirement for previous systemic therapy may be waived if a person was intolerant of standard front-line therapy *Dose escalation phase prior systemic treatment requirements: 1) mesothelioma, pancreatic cancer: 1-3 prior treatments 2) urothelial, SCHNN, prostate, soft tissue sarcoma, prostate cancer, TNBC, ccRCC, NSCLC: 1-5 prior treatments 3) ovarian cancer: 2-4 prior treatments 4)colon cancer: 2-4 prior treatments 5) melanoma: at least 1 prior treatment (including immunotherapy). *Patients with prior immune checkpoint inhibitors must have related toxicities reduced to Grade 0, 1, or baseline *Measurable disease per RECIST 1.1 criteria *Eastern Cooperative Oncology Group (ECOG) performance status 0 or 1 *Acceptable laboratory parameters and adequate organ reserve.	Andrew Chon; andrew.chon@ucsf.edu; Jeremy Burbanks-Ivey; Jeremy.Burbanks-Ivey@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
15953	NCT01770353	Munster, Pamela	A Phase 1 Study in Patients Treated with MM-398 (Nanoliposomal Irinotecan, nal-IRI,) to Determine Tumor Drug Levels and to Evaluate the Feasibility of Ferumoxytol Magnetic Resonance Imaging to Measure Tumor Associated Macrophages and to Predict Patient Response to Treatment	Treatment	18+ The Pilot Phase will enroll approximately 12 patients, up to 20 in total. The first three patients enrolled can have any solid tumor type; however subsequent patients must have NSCLC, CRC, TNBC, ER/PR positive breast cancer, pancreatic cancer, ovarian cancer, gastric cancer, gastroesophageal junction adenocarcinoma or head and neck cancer. No more than three patients with ER/PR positive breast cancer can be enrolled in the Pilot Phase and similar restrictions may be placed on other tumor types to ensure a heterogeneous population. An Expansion Phase will enroll cohorts of single indications of patients with locally advanced or metastatic breast cancer in 3 cohorts of 10 patients each depending on sub-type of breast cancer: Cohort 1: ER and/or PR-positive breast cancer Cohort 2: TNBC Cohort 3: breast cancer with active brain metastasis There are four stages to this study: ? Screening Period (-28 d): patients undergo screening assessments to determine if they are eligible for the study ? Ferumoxytol Period (Day 1 ? Day 2): patients receive ferumoxytol (FMX) infusion and undergo required FMX-MRI scans and prior to receiving MM-398 ? MM-398 Treatment Period (C1D1 ? progression of disease): patients receive an MM-398 starting dose of 60 mg/m2 every 2 weeks which should be dose escalated to 80 mg/m2 every 2 weeks in subsequent doses depending on patient tolerance , other required assessments, and a posttreatment biopsy 72 hours after first dose of MM-398 ? Follow Up Period (+30 d from last dose): patients return to clinic 30 days following the last dose of MM-398 for final safety assessments MM-398 will be administered at a dose of 60 mg/m2 every two weeks and patients will be treated until disease progression or unacceptable toxicity. The dose of MM-398 should be escalated to 80 mg/m2 every two weeks depending on patient tolerance.	Kamran Abri Lavasani; Kamran.AbriLavasani@ucsf.edu; 415-353-8337
159513	NCT02482311	Munster, Pamela	A Phase Ib, Open-Label, Multi-Centre Study to Assess the Safety, Tolerability, Pharmacokinetics, and Anti-tumour Activity of AZD1775 Monotherapy in Patients with Advanced Solid Tumours	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
147523	NCT02395627	Munster, Pamela	Reversing Therapy Resistance with Epigenetic-Immune Modification (Pembrolizumab, Vorinostat, Tamoxifen)	Treatment	- Triple-negative or ER-/PR-/HER2+ - Progressed on or after at least 1 anti-estrogen therapies - Any number of prior line of chemo in the metastatic setting - Any number of prior hormone therapies and targeted agents allowed - Requires measurable disease per RECIST 1.1 - ECOG 0 - 2 - Stable brain mets/CNS OK (must be stable for 6 wks) - Requires consent to paired tumor biopsies (if accessible) - All toxicities resolved to grade 1 (except alopecia and periph neuropathy) - Adequate organ function: ANC at least 1.5; Plt at least 100; Hem at least 9; normal K+; T bili less than or equal to 1.5XULN; AST/ALT less than or equal to 2.5XULN (5X if liver mets); Cr less than or equal to 1.5XULN - No concurrent serious cardiac toxicity	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Breast > Breast Cancer Treatment > Advanced Breast Cancer > Brain Metastases/leptomeningeal dz						
15752	NCT02308020	Melisko, Michelle	A Phase 2 Study of Abemaciclib in Patients with Brain Metastases Secondary to Hormone Receptor Positive Breast Cancer, Non-Small Cell Lung Cancer, or Melanoma	Treatment	- Brain mets secondary to hist/cytologically confirmed HR+ MBC, NSCLC, or melanoma; Part B: HR+ BC & confirmed HER2 ? at least 1 new or not previously irradiated met brain lesion at least 10 mm or a progressive previously irradiated met brain lesion seen on Gd-MRI. - No prior CDK inhibitor Part C (surgical): HR+ breast cancer, NSCLC, or melanoma w/brain lesions (surgical resection indicated) & agree to provide post-tx brain tumor tissue. met brain lesion(s) -> surgical resection is clinically indicated. - Karnofsky performance status of at least 70% - Life expectancy >12 weeks Washout: 14d- completed local tx (surg resect, WBRT, or SRS), chemo, targeted tx, xrt, immuno & invest. tx w/AEs to gr1 or less (excpt alopecia /neuropathy) - (HR+) May cnt receiving endocrine therapy if stable 3+ mo, - (HER2+) concurrent trastuzumab allowed- must have normal LVEF - Corticosteroids OK- if stable/ low dose for at least 7d prior to BL Brain MRI - Adequate Organ function: ANC at least 1.5; plt at least 100; hem at least 8 (transfusions OK); bili less than or = to 1.5XULN; AST/ALT less than or = to 3.0XULN (5X if liver mets) creatinine less than or = to 1.5XULN -NO evidence of inintracranial hemorrhage, NO seisures w/in 4 wks, NO recent vent. arrhythmia, NO prior CDK inhibitor (Part C: palbo/ribociclib OK)	Michael Assefa; michael.assefa@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
15953	NCT01770353	Munster, Pamela	A Phase 1 Study in Patients Treated with MM-398 (Nanoliposomal Irinotecan, nal-IRI,) to Determine Tumor Drug Levels and to Evaluate the Feasibility of Ferumoxytol Magnetic Resonance Imaging to Measure Tumor Associated Macrophages and to Predict Patient Response to Treatment	Treatment	18+ The Pilot Phase will enroll approximately 12 patients, up to 20 in total. The first three patients enrolled can have any solid tumor type; however subsequent patients must have NSCLC, CRC, TNBC, ER/PR positive breast cancer, pancreatic cancer, ovarian cancer, gastric cancer, gastroesophageal junction adenocarcinoma or head and neck cancer. No more than three patients with ER/PR positive breast cancer can be enrolled in the Pilot Phase and similar restrictions may be placed on other tumor types to ensure a heterogeneous population. An Expansion Phase will enroll cohorts of single indications of patients with locally advanced or metastatic breast cancer in 3 cohorts of 10 patients each depending on sub-type of breast cancer: Cohort 1: ER and/or PR-positive breast cancer Cohort 2: TNBC Cohort 3: breast cancer with active brain metastasis There are four stages to this study: ? Screening Period (-28 d): patients undergo screening assessments to determine if they are eligible for the study ? Ferumoxytol Period (Day 1 ? Day 2): patients receive ferumoxytol (FMX) infusion and undergo required FMX-MRI scans and prior to receiving MM-398 ? MM-398 Treatment Period (C1D1 ? progression of disease): patients receive an MM-398 starting dose of 60 mg/m2 every 2 weeks which should be dose escalated to 80 mg/m2 every 2 weeks in subsequent doses depending on patient tolerance , other required assessments, and a posttreatment biopsy 72 hours after first dose of MM-398 ? Follow Up Period (+30 d from last dose): patients return to clinic 30 days following the last dose of MM-398 for final safety assessments MM-398 will be administered at a dose of 60 mg/m2 every two weeks and patients will be treated until disease progression or unacceptable toxicity. The dose of MM-398 should be escalated to 80 mg/m2 every two weeks depending on patient tolerance.	Kamran Abri Lavasani; Kamran.AbriLavasani@ucsf.edu; 415-353-8337

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Breast > Breast Cancer Treatment > Advanced Breast Cancer > Phase I						
16758	NCT01676753	Chien, Jo	A Phase 1b trial of the cyclin-dependent kinase inhibitor dinaciclib in combination with pembrolizumab in patients with advanced breast cancer and assessment of MYC oncogene overexpression	Treatment	- Males and females allowed - Hist or cyto confirmed locally advanced, unresectable or metastatic BC - Pretreatment tumor biopsy (core or FNA optional in dose escalation, mandatory in dose expansion if accessible) - Any number of prior therapies - ECOG 0 - 2, life expectancy of > 3 mo - Must have evaluable disease per RECIST 1.1 (must be measurable in expansion) - Adequate marrow and organ fxn: ANC at least 1.5; Plts at least 100; Hem at least 9; AST/ALT less than or equal to 2.5XULN (less than or equal to 5XULN if liver mets); serum creatinine less than or equal to 1.5XULN or creatinine clearance at least 60 mL/min; total bili less than or equal to 1.5XULN; INR(PT) less than or equal to 1.2XULN; PTT less than or equal to 1.2XULN - QTc prolongation less than or equal to 480 msec - Concomitant use of bisphosphonates or RANK-L inhibitors allowed - Relevant toxicities resolved to gr 1 - Treated asymptomatic brain mets OK (if stable > 4 wks), 14 days washout for steroid use - No hx of autoimmune disease, HIV or active Hep A/B/C - No significant uncontrolled cardiac disease; no uncontrolled hypertension	Heidi Dittrich; Heidi.Dittrich@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Breast > Breast Cancer Treatment > Early Stage Breast Cancer > Invasive > Neoadjuvant						
97517	NCT01042379	Chien, Jo	I-SPY 2 TRIAL (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis 2)	Treatment	* 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	Julia Lyandres; julia.lyandres@ucsfmedctr.org; 415-885-7331 Sarah Davis; sarah.davis@ucsfmedctr.org; 415-885-7490

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Cutaneous > Melanoma > Immunotherapy > Prior Immunotherapy						
16702	NCT02655822	Fong, Lawrence	A Phase 1/1b, Open-Label, Multicenter, Repeat-Dose, Dose-Selection Study of CPI-444 as Single Agent and in Combination with Atezolizumab in Patients with Selected Incurable Cancers	Treatment	Age: 18+ *Documented incurable cancer with one of the following histologies: non-small cell lung cancer, malignant melanoma, renal cell cancer, triple negative breast cancer, colorectal cancer with microsatellite instability (MSI), and bladder cancer. *Eastern Cooperative Oncology Group (ECOG) Performance Status 0-1. *At least 1 measurable lesion per Response Evaluation Criteria in Solid Tumors (RECIST 1.1). *At least 1 but not more than 5 prior systemic therapies for advanced/recurrent or progressing disease. *Additional Tumor Specific inclusion criteria must be met.	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Katrina Sadang; katrinagrace.sadang@ucsf.edu;
16707	NCT02812875	Daud, Adil	A Phase 1, Open-Label, Dose Escalation and Dose Expansion Trial Evaluating the Safety, Pharmacokinetics, Pharmacodynamics, and Clinical Effects of Orally Administered CA-170 in Patients with Advanced Tumors and Lymphomas	Treatment	Age:18+ *Life expectancy of at least 3 months *ECOG PS ≤ 1 *Acceptable bone marrow and organ function at screening *Ability to swallow and retain oral medications *Negative serum pregnancy test in women of childbearing potential *Measurable disease *Tumor for which standard therapy, including approved anti-PD-1 or anti-PD-L1 therapy, when applicable, does not exist or is no longer effective.	Andrew Chon; andrew.chon@ucsf.edu; Jeremy Burbanks-Ivey; Jeremy.Burbanks-Ivey@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu;
> Gastrointestinal > Neuroendocrine Tumors (NET)						
16955	NCT02709889	Aggarwal, Rahul	An Open-Label Study of Rovalpituzumab Tesirine in Subjects with Delta-Like Protein 3-Expressing Advanced Solid Tumors	Treatment	18+ This is a multicenter, open-label study of rovalpituzumab tesirine in subjects with DLL3-expressing advanced solid tumors. The study will include 8 cohorts of patients with the following cancers: 1. Malignant melanoma 2. Medullary thyroid cancer (MTC) 3. Glioblastoma 4. Large cell neuroendocrine carcinoma (LCNEC) 5. Neuroendocrine prostate cancer (NEPC) 6. High-grade gastroenteropancreatic (GEP) neuroendocrine carcinoma (NEC) 7. Other neuroendocrine carcinoma (NEC) 8. Solid tumors other than the above	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gastrointestinal > Esophageal and Gastric Cancer (including GE junction)						
159510	NCT02482441	Munster, Pamela	A Phase 1a/b Dose Escalation Study of the Safety, Pharmacokinetics, and Pharmacodynamics of OMP-131R10 in Advanced Solid Tumors and in Combination with FOLFIRI for Patients with Previously Treated Metastatic Colorectal Cancer	Treatment	18+ Phase 1a The subject population to be enrolled in this portion of the study include those who have advanced relapsed or refractory solid tumors that have exhausted standard therapy or either refuse or are not considered to be candidates for any remaining standard therapy. Subjects must be age 18 or older and must have good performance status (Eastern Cooperative Oncology Group (ECOG) performance status 0 or 1). Subjects may have their tumors pre-screened for RSPO3 gene expression, but this is not required in this portion of the study. For the dose expansion cohort of the Phase 1a study, subjects with APC wild-type colorectal cancer will have their tumors pre-screened for RSPO3-fusion genes and RSPO3 gene expression. Subjects with other tumors types and known RSPO3-fusion genes may be enrolled, but must be pre-screened for RSPO3 gene expression. Specifically, subjects with APC wild-type colorectal cancer with high expression of RSPO3 or other tumors with RSPO3-fusion genes and high expression of RSPO3 will be eligible for this portion of the study. Furthermore, at least 3 slots in this dose expansion cohort will be allocated to subjects whose tumors have an RSPO3-fusion gene. Phase 1b The subject population to be enrolled in this portion of the study includes those eligible to receive FOLFIRI for APC wild-type metastatic colorectal cancer with high gene expression levels of RSPO3 or gastric cancer with signet ring features after failure of at least 1 line of systemic chemotherapy for metastatic or recurrent disease. Subjects must be age 18 or older and must have good performance status (Eastern Cooperative Oncology Group (ECOG) performance status 0 or 1). For the dose expansion cohort of the Phase 1b study, up to 10 subjects will be enrolled who have APC wild-type metastatic colorectal cancer with high gene expression levels of RSPO3 or gastric cancer with signet ring features after failure of at least 1	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gastrointestinal > Hepatocellular Carcinoma (liver cancer)						
RTOG-1112	NCT01730937	Feng, Mary	Randomized Phase III Study of Sorafenib Versus Stereotactic Body Radiation Therapy Followed by Sorafenib in Hepatocellular Carcinoma	Treatment	Age 18+ *Hepatocellular Carcinoma (HCC) diagnosis (initial, recurrent, progressive and/or refractory to other therapies) within 360 days prior to study entry *Measurable hepatic disease and/or presence of vascular tumor thrombosis (involving portal vein, IVC and/or hepatic vein) within 28 days of registration *Barcelona clinic liver cancer (BCLC stage) Intermediate (B) or advanced (C) within 14 days prior to study entry	Ashley Wu; ashley.wu@ucsf.edu; 415-476-2651
> Gastrointestinal > Neuroendocrine Tumors (NET) > High Grade / Poorly Differentiated Neuroendocrine Carcinoma						
16955	NCT02709889	Aggarwal, Rahul	An Open-Label Study of Rovalpituzumab Tesirine in Subjects with Delta-Like Protein 3-Expressing Advanced Solid Tumors	Treatment	18+ This is a multicenter, open-label study of rovalpituzumab tesirine in subjects with DLL3-expressing advanced solid tumors. The study will include 8 cohorts of patients with the following cancers: 1. Malignant melanoma 2. Medullary thyroid cancer (MTC) 3. Glioblastoma 4. Large cell neuroendocrine carcinoma (LCNEC) 5. Neuroendocrine prostate cancer (NEPC) 6. High-grade gastroenteropancreatic (GEP) neuroendocrine carcinoma (NEC) 7. Other neuroendocrine carcinoma (NEC) 8. Solid tumors other than the above	Call 877-827-3222
> Gastrointestinal > Pancreatic Cancer > Locally Advanced						
164516	NCT01926197	Anwar, Mekhail	Pancreatic Cancer Radiotherapy Study Group (PanCRS) Trial: A Randomized Phase III Study Evaluating Modified FOLFIRINOX (mFFX) with or without Stereotactic Body Radiotherapy (SBRT) in the Treatment of Locally Advanced Pancreatic Cancer	Treatment	Age: 18+ *HIstologically confirmed adencarcinoma of the pancreas; *Unresectable disease; *Stable of better disease on re-staging scans following induction of mFOLFIRINOX.	Mah (Sidra) Jabeen; Mah.Jabeen@ucsf.edu; 415-476-1907

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gastrointestinal > Anal Cancer > Prevention / Dysplasia						
13362	NCT01651949	Palefsky, Joel	A Phase III Clinical Trial to Study the Tolerability and Immunogenicity of V503, a Multivalent Human Papillomavirus (HPV) L1 Virus-Like Particle (VLP) Vaccine, in 16- to 26-Year-Old Men and 16- to 26-Year-Old Women	Prevention	Age: 18-26 * Has never had Pap testing (cervical or anal) or has only had normal Pap test results	Fred Fishman; Fred.Fishman@ucsf.edu; 415-353-7443
AMC-A01	NCT02135419	Palefsky, Joel	ANCHOR Study: Anal Cancer Prevention Anal Cancer /HSIL Outcomes Research Study	Prevention	Age: 35+ * HIV-1 infection, as documented by any federally approved, licensed HIV test performed in conjunction with screening * No history of treatment or removal of HSIL * No history of anal cancer or signs of anal cancer at baseline, and no history of penile, vulvar, vaginal or cervical cancer	Abigail Arons; Abigail.Arons@ucsf.edu;
> Gastrointestinal > Hepatocellular Carcinoma (liver cancer) > Metastatic/Advanced						
16708	NCT03132792	Kelley, Robin	A Phase I Open Label, Clinical Trial Evaluating the Safety and Anti-Tumor Activity of Autologous T Cells Expressing Enhanced TCRS Specific for Alpha-Fetoprotein (AFPC332T)in HLA-A2 Positive Subjects with Advanced Hepatocellular Carcinoma (HCC)	Treatment	Age: 18+ * Histologically or cytologically documented bladder transitional cell carcinoma *Eligible for with plan to undergo neoadjuvant treatment with atezolizumab followed by surgery as part of companion study (NCT02451423), or planned to undergo treatment with atezolizumab per standard of care *Must have measurable disease by RECIST v1.1 regardless of disease stage (e.g. localized, locally advanced, or metastatic) *In female patients, negative pregnancy test with no plans to become pregnant during the duration of the study *Able to provide informed consent and follow the study guidelines *Archival tumor tissue from biopsy or Transurethral Resection of Bladder Tumor (TURBT) will be required for all patients. Archival tissue should be of good quality based on total and viable tumor contents. Fine-needle aspiration, brushing, and cytologic cell pellets are not acceptable.	Julie McCluggage; Julie.McCluggage@ucsf.edu;
> Gastrointestinal > Rectal Cancer > Resectable > Neoadjuvant (before surgery)						
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	Treatment	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	Sharvina Ziyeh; ZiyehS@ucsf.edu; 415-353-7683

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gastrointestinal > Pancreatic Cancer > Metastatic > First-Line						
164518	NCT02715804	Ko, Andrew	A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study of PEGylated Recombinant Human Hyaluronidase (PEGPH20) in Combination with nab-Paclitaxel Plus Gemcitabine Compared with Placebo Plus nab-Paclitaxel and Gemcitabine in Subjects with Hyaluronan-High Stage IV Previously Untreated Pancreatic Ductal Adenocarcinoma	Treatment	Age: 18+ *Biopsy proven somatostatin receptor positive neuroendocrine tumor	Call 877-827-3222
> Gastrointestinal > Pancreatic Cancer > Resectable > Neoadjuvant (before surgery)						
144515	NCT02487277	Ko, Andrew	Perioperative Stromal Depletion Strategies in Pancreatic Ductal Adenocarcinoma	Treatment	Age: 18+ Histologically confirmed pancreatic adenocarcinoma Borderline resectable disease Therapy naïve Evaluable disease	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gastrointestinal > Anal Cancer > Localized > HIV Positive						
167010	NCT02595866	Wang, Chia-Ching	Phase I Study of MK-3475 (Pembrolizumab) in Patients with Human Immunodeficiency Virus (HIV) and Relapsed/Refractory or Disseminated Malignant Neoplasm	Treatment	Age: 18+ *Histologically or cytologically proven metastatic or locally advanced tumors for which no standard therapy exists, or where standard therapy has failed, or in patients otherwise ineligible for standard therapy, or for an indication that anti-programmed cell death protein 1 (PD-1) therapy has been shown to be effective in studies in HIV-uninfected participants; disease-specific criteria will be applied for certain common cancers and cancers strongly associated with HIV; however, enrollment will not be confined to these tumors: 1) Non-small cell lung cancer 2)AIDS-related non-Hodgkin lymphoma and other non-Hodgkin lymphoma 3)Classical Hodgkin lymphoma 4)Hepatocellular carcinoma (HCC) 5)Kaposi sarcoma (KS) impacting physical and/or psychological wellbeing and not amenable to local therapy 6) Melanoma *On an effective combination cART regimen, generally a 3-drug regimen based on Department of Health and Human Services (DHHS) treatment guidelines *CD4+ T-cell count >= 100 cells/uL; for CD4+ T-cell count < 200 cells/uL, requires CD4+/CD8+ T-cell ratio greater than 0.4 *No prior treatment with anti-PD-1 or anti-PD-L1 *Measurable disease by Response Evaluation Criteria in Solid Tumors (RECIST) version (v) 1.1 or other tumor-specific criteria or disease assessable by physical exam or other methods if not measurable by RECIST	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Paul Couey; Paul.Couey@ucsf.edu; 415-476-9554
> Gastrointestinal > Esophageal and Gastric Cancer (including GE junction) > Resectable > Adjuvant (after surgery)						
16459	NCT02743494	Ko, Andrew	A Randomized, Multicenter, Double Blind, Phase III Study of Adjuvant Nivolumab or Placebo in Subjects with Resected Esophageal, or Gastroesophageal Junction Cancer	Treatment	Age: 18+ Stage II or III carcinoma of the esophagus or gastroesophageal junction Must have completed pre-operative chemoradiotherapy followed by surgery prior to randomization Have complete resection within 4-12 weeks prior to randomization, and surgically rendered free of disease with negative margins Have residual pathological disease	Jennifer Luan; jennifer.luan@ucsf.edu; 415-514-6220

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gastrointestinal > Hepatocellular Carcinoma (liver cancer) > Metastatic/Advanced > Second-Line and Beyond						
16458	NCT02642913	Kelley, Robin	A Multicenter Phase I/II Study of Enzalutamide With and Without Sorafenib in Advanced Hepatocellular Carcinoma Patients	Treatment	Age 18+ * Histologic proof of HCC reviewed and confirmed at the treating institution. * Advanced unresectable or metastatic disease * For patients who will receive enzalutamide monotherapy, failure or intolerance of prior sorafenib is required for enrollment. For patients who will receive combination therapy, prior sorafenib is excluded.	Jennifer Luan; jennifer.luan@ucsf.edu; 415-514-6220
16451	NCT02519348	Kelley, Robin	A Study of Safety, Tolerability, and Clinical Activity of MEDI4736 and Tremelimumab Administered as Monotherapy and in Combination to Subjects with Unresectable Hepatocellular Carcinoma	Treatment	Age 18+ * Unresectable HCC with diagnosis confirmed pathologically or with noninvasive methods with and without concomitant HBV or HCV infection. * Immunotherapy-naive and have either progressed on, are intolerant to, or refused treatment with sorafenib. Subjects who receive treatment with systemic therapies other than sorafenib are not eligible. * At least one measurable lesion according to RECIST v1.1.	Ariceli Alfaro; Ariceli.Alfaro@ucsf.edu;
17451	NCT02989857	Kelley, Robin	A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-controlled Study of AG-120 in Previously-treated Subjects with Nonresectable or Metastatic Cholangiocarcinoma with an IDH1 Mutation	Treatment	Age: 18+ *Have a histopathological diagnosis of nonresectable or metastatic cholangiocarcinoma and are not eligible for curative resection, transplantation, or ablative therapies. *Have documented IDH1 gene-mutated disease based on central laboratory testing (R132C/L/G/H/S mutation variants tested). *Have documented disease progression following at least 1 and no more than 2 prior systemic regimens for advanced disease (nonresectable or metastatic). Subjects must have received at least 1 gemcitabine- or 5-FU-containing regimen for advanced cholangiocarcinoma.	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
154524	NCT02703714	Kelley, Robin	Phase II Trial of Pembrolizumab (MK-3475) with GM-CSF Induction in Advanced Biliary Cancers	Treatment	Age 18+ * Histologically- or cytologically-diagnosed advanced or locally-advanced biliary cancer not eligible for resection or other curative therapies. * Clinical and/or radiographic progression on at least 1 prior systemic treatment regimen with cytotoxic chemotherapy, targeted therapy, and/or investigational therapy for advanced biliary cancer. Cumulative toxicity or intolerability (such as progressive cytopenias, neuropathy, or asthenia on a 1st line regimen of gemcitabine plus cisplatin) requiring treatment discontinuation of at least 1 prior systemic treatment regimen is also sufficient for eligibility. There is no maximum eligible prior number of lines of therapy provided all eligibility criteria are met. Adjuvant chemotherapy including gemcitabine and/or fluoropyrimidine after prior surgical resection of CCA or GBC will be considered as 1 line of prior therapy if relapse/recurrence with incurable disease occurred within less than or equal to 6 months of last dose. * Have a performance status of 0 or 1 on the ECOG Performance Scale.	Madeline Griffith; madeline.griffith@ucsf.edu;
15452	NCT02150967	Kelley, Robin	A Phase II Multicenter, Single Arm Study of Oral BGJ398 in Adult Patients with Advanced or Metastatic Cholangiocarcinoma with FGFR2 Gene Fusions or Other FGFR Genetic Alterations who Failed or are Intolerant to Platinum-based Chemotherapy	Treatment	Age 18+ * Patients with histologically or cytologically confirmed cholangiocarcinoma at the time of diagnosis. Patients with cancers of the gallbladder or ampulla of Vater are not eligible. * Written documentation of local or central laboratory determination of FGFR2 gene fusions/translocations or other FGFR genetic alterations is required for pre-screening. Patients identified to have other FGFR genetic alterations may be eligible pending agreement between Novartis and Investigator. * Patients must have received at least one prior regimen containing gemcitabine with or without cisplatin for advanced/metastatic disease. Patient should have had evidence of progressive disease following prior regimen, or if prior treatment discontinued due to toxicity must have continued evidence of measurable or evaluable disease.	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gastrointestinal > Neuroendocrine Tumors (NET) > High Grade / Poorly Differentiated Neuroendocrine Carcinoma > Metastatic / Unresectable > Systemic Therapy - Second Line and Beyond						
17455	NCT03197012	Hope, Thomas	Yttrium-90 DOTA-TOC Intra-arterial (IA) Peptide Receptor Radionuclide Therapy (PRRT) for Neuroendocrine Tumor	Treatment	Age: 18+ *Somatostatin receptor positive neuroendocrine tumor. All sites eligible *Liver-only or liver-dominated metastases *SUVmax on 68Ga-DOTA-TOC PET of the liver metastases two times greater than the adjacent liver parenchyma	Call 877-827-3222
> Genitourinary > Prostate Cancer						
15551	NCT02546427	Chang, Albert	Phase I Feasibility Study of Accelerated Hypofractionated Whole Pelvic Radiotherapy for Patients with Intermediate-High Risk Prostate Cancer	Treatment	Age 18+ *Histologically confirmed intermediate- to high-risk prostate adenocarcinoma *Greater than 15% risk of lymph node involvement *No prior or concurrent invasive malignancy (except non-melanomatous skin cancer) or lymphomatous/hematogenous malignancy unless continually disease free for a minimum of 5 years.	Mah (Sidra) Jabeen; Mah.Jabeen@ucsf.edu; 415-476-1907
16955	NCT02709889	Aggarwal, Rahul	An Open-Label Study of Rovalpituzumab Tesirine in Subjects with Delta-Like Protein 3-Expressing Advanced Solid Tumors	Treatment	18+ This is a multicenter, open-label study of rovalpituzumab tesirine in subjects with DLL3- expressing advanced solid tumors. The study will include 8 cohorts of patients with the following cancers: 1. Malignant melanoma 2. Medullary thyroid cancer (MTC) 3. Glioblastoma 4. Large cell neuroendocrine carcinoma (LCNEC) 5. Neuroendocrine prostate cancer (NEPC) 6. High-grade gastroenteropancreatic (GEP) neuroendocrine carcinoma (NEC) 7. Other neuroendocrine carcinoma (NEC) 8. Solid tumors other than the above	Call 877-827-3222
15558	NCT02508636	Chang, Albert	Phase II Multi-Institutional Trial of Definitive Radiotherapy with Leuprolide and Enzalutamide in High Risk Prostate Cancer	Treatment	Age 18+ *Histologically confirmed diagnosis of adenocarcinoma of the prostate within 180 days prior to registration at very high risk of recurrence OR pelvic lymph node involvement ≥ 1 cm as determined by pelvic CT or MRI imaging *No distant metastases (M0) on bone scan or NaF PET/CT within 8 weeks prior to registration	Mah (Sidra) Jabeen; Mah.Jabeen@ucsf.edu; 415-476-1907

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
155512	NCT02607228	Aggarwal, Rahul	A Phase 1b/2 Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of GS-5829 as a Single Agent and In Combination With Enzalutamide in Subjects with Metastatic Castrate-Resistant Prostate Cancer	Treatment	18+ Adult subjects with histologically or cytologically confirmed mCRPC who are chemo naïve and have documented disease progression while receiving enzalutamide and or abiraterone therapy	Emily Chang; Emily.Chang3@ucsf.edu;
> Genitourinary > Testicular Cancer						
ALLIANCE-A031102	NCT02375204	Friedlander, Terence	A Randomized Phase III Trial Comparing Conventional-Dose Chemotherapy Using Paclitaxel, Ifosfamide, and Cisplatin (TIP) with High-Dose Chemotherapy Using Mobilizing Paclitaxel Plus Ifosfamide Followed by High-Dose Carboplatin and Etoposide (TI-CE) as First Salvage Treatment in Relapsed or Refractory Germ Cell Tumors	Treatment	Age: 14+ *Confirmation of GCT histology on pathologic review at center of enrollment * Evidence of progressive or recurrent GCT confirmed by either biopsy, consecutively elevated HCG or AFPmarkers, and/or new/enlarging lesions without consecutive HCG/AFP rise *Must have received 3-6 cycles of cisplatin-based chemotherapy as part of first line chemotherapy * No more than one prior line of chemotherapy for GCT * No prior treatment with high-dose chemotherapy (defined as utilizing stem cell rescue) and no prior treatment with TIP with the exception when given as a bridge to patients with rapidly progressive disease who cannot wait to complete the eligibility screening process. Only 1 cycle is allowed. *Negative Serology for HIV, HTLV, HepB, HepC	Lani Bradish; landi.bradish@ucsf.edu;
> Genitourinary > Bladder Cancer > Localized / Non-Muscle Invasive						
14524	NCT02451423	Fong, Lawrence	A Phase II Study of the Anti-PD-L1 Antibody MPDL3280A in Subjects with Non-Metastatic Transitional Cell Carcinoma of the Bladder	Treatment	Age: 18 and + *Histologically documented transitional cell carcinoma with the presence of any of the following stages: CIS, high-grade Ta, any grade T1, or any grade cT2-T4, considered appropriate for radical cystectomy. Subjects with mixed histology are required to have a dominant TCC pattern. * For subjects with non muscle invasive bladder cancer(NMIBC), BCG-refractory or BCG-resistant disease. *Subjects with NMIBC must be suitable for and willing to undergo a radical cystectomy at the completion of study therapy. *Adequate bone marrow, renal, and liver function	Lani Bradish; landi.bradish@ucsf.edu; Paula Dutton; Paula.Dutton@ucsf.edu; 415-885-7871

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Genitourinary > Prostate Cancer > Non-Metastatic Castration Sensitive (Rising PSA)						
165514	NCT02981368	Carroll, Peter	A PrOspective Phase 2/3 Multi-Center, Open-Label Study of 18F-DCFPyL PET/CT Imaging in Patients with PRostate Cancer: Examination of Diagnostic AccuracY (OSPREY)	Diagnostic		Call 877-827-3222
165510	NCT02918357	Hope, Thomas	Gallium-68 PSMA-11 PET in patients with biochemical recurrence	Diagnostic		Call 877-827-3222
> Genitourinary > Prostate Cancer > Localized						
RTOG-0924	NCT01368588	Roach, 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	Treatment	Age 18+ * 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	Ashley Wu; ashley.wu@ucsf.edu; 415-476-2651
> Genitourinary > Bladder Cancer > Localized / Muscle Invasive						
14524	NCT02451423	Fong, Lawrence	A Phase II Study of the Anti-PD-L1 Antibody MPDL3280A in Subjects with Non-Metastatic Transitional Cell Carcinoma of the Bladder	Treatment	Age: 18 and + *Histologically documented transitional cell carcinoma with the presence of any of the following stages: CIS, high-grade Ta, any grade T1, or any grade cT2-T4, considered appropriate for radical cystectomy. Subjects with mixed histology are required to have a dominant TCC pattern. * For subjects with non muscle invasive bladder cancer(NMIBC), BCG-refractory or BCG-resistant disease. *Subjects with NMIBC must be suitable for and willing to undergo a radical cystectomy at the completion of study therapy. *Adequate bone marrow, renal, and liver function	Lani Bradish; landi.bradish@ucsf.edu; Paula Dutton; Paula.Dutton@ucsf.edu; 415-885-7871

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Genitourinary > Renal Cell Carcinoma > Second Line						
16702	NCT02655822	Fong, Lawrence	A Phase 1/1b, Open-Label, Multicenter, Repeat-Dose, Dose-Selection Study of CPI-444 as Single Agent and in Combination with Atezolizumab in Patients with Selected Incurable Cancers	Treatment	Age: 18+ *Documented incurable cancer with one of the following histologies: non-small cell lung cancer, malignant melanoma, renal cell cancer, triple negative breast cancer, colorectal cancer with microsatellite instability (MSI), and bladder cancer. *Eastern Cooperative Oncology Group (ECOG) Performance Status 0-1. *At least 1 measurable lesion per Response Evaluation Criteria in Solid Tumors (RECIST 1.1). *At least 1 but not more than 5 prior systemic therapies for advanced/recurrent or progressing disease. *Additional Tumor Specific inclusion criteria must be met.	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Katrina Sadang; katrinagrace.sadang@ucsf.edu;
> Genitourinary > Prostate Cancer > Metastatic Castration Resistant (mCRPC)						
155516	NCT02916537	Aggarwal, Rahul	A Phase I Trial for Evaluation of the Safety, Pharmacokinetics, and 18F Radiation Dosimetry of 18[F]CTT1057, a Small Molecule Inhibitor of Prostate Specific Membrane Antigen	Diagnostic	Age: 18+ * Histologically confirmed adenocarcinoma of the prostate * Adequate organ function * Cohort A only: planned RP within 12W following protocol scan, no contra-indication to endorectal coil including presence of fistula or inflammatory bowel disease, & no androgen deprivation, anti-androgen therapy, chemo, or investigational systemic therapy prior to CTT1057 PET imaging * Cohort B only: presence of at least three distinct metastatic lesions by a bone scan and CT scan of A/P within 12W prior to protocol scan * Castration-resistant disease as defined by PCWG2 criteria * Must remain on ADT for duration of study if no prior bilateral orchiectomy * Cannot have received a radioisotope within 5 physical half-lives prior to trial enrollment * Cannot have had prior treatment with alpha radiation therapy or other radiopharmaceutical within the past 60 days of trial enrollment	Kenneth Gao; kenneth.gao@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16952	NCT02711956	Aggarwal, Rahul	A Phase 1 Safety and Tolerability Study of ZEN003694 in Combination with Enzalutamide in Patients with Metastatic Castration-resistant Prostate Cancer	Treatment	1. Males age ≥ 18 years 2. Metastatic, castrate resistant, histologically confirmed prostate cancer; surgically castrated or continuous medical castration for ≥ 8 weeks prior to screening 3. Serum testosterone < 50 ng/dL determined within 4 weeks of first administration of study drug 4. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 5. Adequate laboratory parameters at Screening including: o Absolute neutrophil count (ANC) ≥ 1.5 × 109/L o Platelet count ≥ 100,000/mm3 o Aspartate aminotransferase (AST) or alanine aminotransferase (ALT) ≤ 2.0 x ULN (≤ 5 x ULN if liver metastases are present) o Total bilirubin ≤ 1.25 x ULN o Serum creatinine ≤ 1.5 x ULN or calculated (Cockcroft-Gault formula) or measured creatinine clearance ≥ 60 mL/min o Prothrombin time (PT), international normalized ratio (INR) and partial thromboplastin time (PTT) < 1.5 x ULN 6. Use of corticosteroids is allowed up to a daily dose of 10 mg prednisone or equivalent provided that the dose has been stable for at least 2 weeks prior to first administration of study drug and will remain stable during study drug and enzalutamide dosing 7. Patients must be surgically sterile or must agree to use physician-approved contraception during the study and for 30 days following the last study drug administration 8. Ability to swallow capsules and comply with study procedures 9. Ability to understand and willingness to sign informed consent form prior to initiation of any study procedures	Alexis Sabol; alexis.sabol@ucsf.edu; Emily Chang; Emily.Chang3@ucsf.edu; Gonzalo Choque; Gonzalo.Choque@ucsf.edu; Paula Dutton; Paula.Dutton@ucsf.edu; 415-885-7871

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16951	NCT02705469	Aggarwal, Rahul	A Phase 1 Safety and Tolerability Study of ZEN003694 in Patients with Metastatic Castration-resistant Prostate Cancer	Treatment	18+ *Metastatic castration resistant prostate cancer *No history of brain metastases allowed *No prior chemo in the metastatic castration-resistant setting *Chemo in hormone-sensitive setting is permitted, provided that the last dose was >/= 6 months from study entry	Alexis Sabol; alexis.sabol@ucsf.edu; Emily Chang; Emily.Chang3@ucsf.edu; Gonzalo Choque; Gonzalo.Choque@ucsf.edu; Paula Dutton; Paula.Dutton@ucsf.edu; 415-885-7871
15559	NCT02911467	Aggarwal, Rahul	Magnetic Resonance (MR) Imaging with Hyperpolarized Pyruvate (13C) as a Predictive Biomarker of Response in Castration-Resistant Prostate Cancer	Diagnostic	Age: 18+ * Biopsy proven prostate cancer * Progressive, castration resistant disease according to PCWG2 criteria * Planned treatment with an androgen signaling inhibitor * No current androgen signaling inhibitor at the time of baseline MR scan * Presence of at least one lesion detected by staging scans amenable to hyperpolarized C-13 pyruvate / metabolic MR imaging: - Soft tissue / visceral organ lesions measure at 1.5 cm on CT / MRI - Bone lesions visualized by CT / MRI - No prior local treatment on prostate lesions o Patients w/ prior radiation / ablative therapy required to have biopsy proven evidence of recurrence following completion of local therapy * Prior bilateral orchiectomy or be on continuous LHRH analogue therapy for duration of the study * Castrate level of serum testosterone (<50 ng/dL) at study entry * No MRI contraindications	Christopher Sotto; Christopher.sotto@mrsc.ucsf.edu ;
> Genitourinary > Prostate Cancer > Metastatic Castration Resistant (mCRPC) > Chemotherapy Naïve - AR Target Therapy Naive						
12557	NCT01804465	Fong, Lawrence	A Randomized Phase 2 Trial of Immediate versus Delayed Anti-CTLA-4 Blockade Following Sipuleucel-T Treatment for Prostate Cancer Immunotherapy	Treatment	Age: 18+ * Metastatic prostate adenocarcinoma * Progressive disease after androgen deprivation	Lani Bradish; landi.bradish@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Genitourinary > Prostate Cancer > Localized > Pre-Therapy / Neoadjuvant						
16559	NCT02919111	Hope, Thomas	Gallium-68 PSMA-11 PET in intermediate to high-risk preprostatectomy patients	Diagnostic		Call 877-827-3222
165514	NCT02981368	Carroll, Peter	A PrOspective Phase 2/3 Multi-Center, Open-Label Study of 18F-DCFPyL PET/CT Imaging in Patients with PRostate Cancer: Examination of Diagnostic AccuracY (OSPREY)	Diagnostic		Call 877-827-3222
16551	NCT02615067	Nguyen, Hao	A Phase 3 Study to Evaluate the Safety and Efficacy of 99mTc-MIP-1404 SPECT/CT Imaging to Detect Clinically Significant Prostate Cancer in Men with Biopsy Proven Low-Grade Prostate Cancer who are Candidates for Active Surveillance (proSPECT-AS)	Diagnostic		Call 877-827-3222
15557	NCT02526368	Aggarwal, Rahul	A Pilot Study of Magnetic Resonance (MR) Imaging with Hyperpolarized Pyruvate (13C) to Detect High Grade Localized Prostate Cancer	Diagnostic	Age:18+ * Biopsy-proven adenocarcinoma of the prostate; may include patients with primary Gleason 4 or 5 * Planned radical prostatectomy at UCSF within 12 weeks following MRI/MRSI * No prior cryosurgery, surgery for prostate cancer, prostatic / pelvic radiotherapy, or TURP * No current or prior ADT; history of use of 5-a reductase inhibitor allowed discontinued one month prior to study entry * No MRI contraindications	Christopher Sotto; Christopher.sotto@mrsc.ucsf.edu ;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
155516	NCT02916537	Aggarwal, Rahul	A Phase I Trial for Evaluation of the Safety, Pharmacokinetics, and 18F Radiation Dosimetry of 18[F]CTT1057, a Small Molecule Inhibitor of Prostate Specific Membrane Antigen	Diagnostic	Age: 18+ * Histologically confirmed adenocarcinoma of the prostate * Adequate organ function * Cohort A only: planned RP within 12W following protocol scan, no contra-indication to endorectal coil including presence of fistula or inflammatory bowel disease, & no androgen deprivation, anti-androgen therapy, chemo, or investigational systemic therapy prior to CTT1057 PET imaging * Cohort B only: presence of at least three distinct metastatic lesions by a bone scan and CT scan of A/P within 12W prior to protocol scan * Castration-resistant disease as defined by PCWG2 criteria * Must remain on ADT for duration of study if no prior bilateral orchiectomy * Cannot have received a radioisotope within 5 physical half-lives prior to trial enrollment * Cannot have had prior treatment with alpha radiation therapy or other radiopharmaceutical within the past 60 days of trial enrollment	Kenneth Gao; kenneth.gao@ucsf.edu;
155514	NCT02643667	Fong, Lawrence	A Phase 1/2 Study of Ibrutinib as Neoadjuvant Therapy in Patients with Localized Prostate Cancer	Treatment	Age: 18 and + *Patients must be suitable for and willing to undergo a radical prostatectomy at the completion of study therapy. *Adequate bone marrow function, liver, coagulation, renal, and liver *Agreement to adequatecontraception prior to the study, for the duration of the study participation, and for 3 months after completion of treatment. *Available evaluable archival tumor tissue or willing to undergo a repeat prostate biopsy	Lani Bradish; landi.bradish@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
14559	NCT02506114	Fong, Lawrence	An Open Label, Randomized Phase 2 Trial of Prostvac and Ipilimumab as Monotherapy or in Combination for Men with Localized Prostate Cancer Undergoing Radical Prostatectomy	Treatment	Age 18+ *Histologically confirmed adenocarcinoma of the prostate without previous therapy for PC *Treatment-naive AND undergoing RP as initial, locally definitive therapy for PC AND eligible for RP in a 3 month timeframe *Subjects whose biopsy specimens reveal neuroendocrine or small cell features are excluded *Subjects with any evidence of metastatic disease are excluded *Subject, or subject's close household contacts, with any of the following conditions during the screening and/or treatment periods are excluded: active or a history of atopic dermatitis, eczema, or other eczematoid skin disorders that disrupt the epidermis; other acute, chronic or exfoliative skin conditions (e.g., burns, impetigo, varicella zoster, severe acne or other open rashes or wounds) until condition resolves *Subject whose close household contacts include children less than the age of three are excluded *Subjects with a history of, or active autoimmune disease, are excluded (e.g., autoimmune neutropenia, thrombocytopenia, or hemolytic anemia, systemic lupus erythematosis, Sjogren´s syndrome, scleroderma, myasthenia gravis, Goodpasture´s syndrome, Addison´s disease, Hashimotos´s thyroiditis, or Graves disease) as determined by the treating medical oncologist	Lani Bradish; landi.bradish@ucsf.edu;
> Genitourinary > Renal Cell Carcinoma > Second Line > Post TKI						
16707	NCT02812875	Daud, Adil	A Phase 1, Open-Label, Dose Escalation and Dose Expansion Trial Evaluating the Safety, Pharmacokinetics, Pharmacodynamics, and Clinical Effects of Orally Administered CA-170 in Patients with Advanced Tumors and Lymphomas	Treatment	Age:18+ *Life expectancy of at least 3 months *ECOG PS ≤ 1 *Acceptable bone marrow and organ function at screening *Ability to swallow and retain oral medications *Negative serum pregnancy test in women of childbearing potential *Measurable disease *Tumor for which standard therapy, including approved anti-PD-1 or anti-PD-L1 therapy, when applicable, does not exist or is no longer effective.	Andrew Chon; andrew.chon@ucsf.edu; Jeremy Burbanks-Ivey; Jeremy.Burbanks-Ivey@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Genitourinary > Prostate Cancer > Metastatic Castration Resistant (mCRPC) > Chemotherapy Naïve - AR Target Therapy Resistant						
12557	NCT01804465	Fong, Lawrence	A Randomized Phase 2 Trial of Immediate versus Delayed Anti-CTLA-4 Blockade Following Sipuleucel-T Treatment for Prostate Cancer Immunotherapy	Treatment	Age: 18+ * Metastatic prostate adenocarcinoma * Progressive disease after androgen deprivation	Lani Bradish; landi.bradish@ucsf.edu;
> Genitourinary > Bladder Cancer > Metastatic > Prior Chemotherapy						
16709	NCT03007719	Fong, Lawrence	Functional Imaging of T-cell Activation with [18F]F-AraG in Bladder Cancer Patients Receiving Neoadjuvant or Standard of Care Atezolizumab	Diagnostic	*Age: 18+ *Histologically or cytologically documented bladder transitional cell carcinoma *Eligible for with plan to undergo neoadjuvant treatment with atezolizumab followed by surgery as part of companion study (NCT02451423), or planned to undergo treatment with atezolizumab per standard of care *Must have measurable disease by RECIST v1.1 regardless of disease stage (e.g. localized, locally advanced, or metastatic) *Archival tumor tissue from biopsy or Transurethral Resection of Bladder Tumor (TURBT) will be required for all patients. Archival tissue should be of good quality based on total and viable tumor contents. Fine-needle aspiration, brushing, and cytologic cell pellets are not acceptable.	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Katrina Sadang; katrinagrace.sadang@ucsf.edu;
16707	NCT02812875	Daud, Adil	A Phase 1, Open-Label, Dose Escalation and Dose Expansion Trial Evaluating the Safety, Pharmacokinetics, Pharmacodynamics, and Clinical Effects of Orally Administered CA-170 in Patients with Advanced Tumors and Lymphomas	Treatment	Age:18+ *Life expectancy of at least 3 months *ECOG PS ≤ 1 *Acceptable bone marrow and organ function at screening *Ability to swallow and retain oral medications *Negative serum pregnancy test in women of childbearing potential *Measurable disease *Tumor for which standard therapy, including approved anti-PD-1 or anti-PD-L1 therapy, when applicable, does not exist or is no longer effective.	Andrew Chon; andrew.chon@ucsf.edu; Jeremy Burbanks-Ivey; Jeremy.Burbanks-Ivey@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Genitourinary > Bladder Cancer > Localized / Non-Muscle Invasive > Prior BCG						
16709	NCT03007719	Fong, Lawrence	Functional Imaging of T-cell Activation with [18F]F-AraG in Bladder Cancer Patients Receiving Neoadjuvant or Standard of Care Atezolizumab	Diagnostic	*Age: 18+ *Histologically or cytologically documented bladder transitional cell carcinoma *Eligible for with plan to undergo neoadjuvant treatment with atezolizumab followed by surgery as part of companion study (NCT02451423), or planned to undergo treatment with atezolizumab per standard of care *Must have measurable disease by RECIST v1.1 regardless of disease stage (e.g. localized, locally advanced, or metastatic) *Archival tumor tissue from biopsy or Transurethral Resection of Bladder Tumor (TURBT) will be required for all patients. Archival tissue should be of good quality based on total and viable tumor contents. Fine-needle aspiration, brushing, and cytologic cell pellets are not acceptable.	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Katrina Sadang; katrinagrace.sadang@ucsf.edu;
> Genitourinary > Prostate Cancer > Metastatic Castration Resistant (mCRPC) > Chemotherapy Naïve - AR Target Therapy Resistant						
145515	NCT02494921	Aggarwal, Rahul	A Phase 1b/2 Study of the Oral CDK4/6 Inhibitor LEE011 (Ribociclib) in Combination with Docetaxel plus Prednisone in Metastatic Castration Resistant Prostate Cancer	Treatment	Age 18+ *Histologically confirmed prostate cancer. Small cell/neuroendocrine differentiated allowed but not required for study participation. *Progressive metastatic prostate cancer despite castrate levels of testosterone (< 50 ng/dL). *Progressive disease during (or within 4 weeks of completion) with abiraterone, enzalutamide, and/or ARN-509 based on RECIST and/or PSA, and/or bone scan. *Patients with prior chemotherapy for metastatic castration-resistant prostate cancer are excluded. Chemotherapy administered in the castration-sensitive setting is allowed provided last dose of chemotherapy was greater than 6 months prior to study entry.	Lani Bradish; landi.bradish@ucsf.edu; Paula Dutton; Paula.Dutton@ucsf.edu; 415-885-7871

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gynecological > Cervix						
167010	NCT02595866	Wang, Chia-Ching	Phase I Study of MK-3475 (Pembrolizumab) in Patients with Human Immunodeficiency Virus (HIV) and Relapsed/Refractory or Disseminated Malignant Neoplasm	Treatment	Age: 18+ *Histologically or cytologically proven metastatic or locally advanced tumors for which no standard therapy exists, or where standard therapy has failed, or in patients otherwise ineligible for standard therapy, or for an indication that anti-programmed cell death protein 1 (PD-1) therapy has been shown to be effective in studies in HIV-uninfected participants; disease-specific criteria will be applied for certain common cancers and cancers strongly associated with HIV; however, enrollment will not be confined to these tumors: 1) Non-small cell lung cancer 2)AIDS-related non-Hodgkin lymphoma and other non-Hodgkin lymphoma 3)Classical Hodgkin lymphoma 4)Hepatocellular carcinoma (HCC) 5)Kaposi sarcoma (KS) impacting physical and/or psychological wellbeing and not amenable to local therapy 6) Melanoma *On an effective combination cART regimen, generally a 3-drug regimen based on Department of Health and Human Services (DHHS) treatment guidelines *CD4+ T-cell count >= 100 cells/uL; for CD4+ T-cell count < 200 cells/uL, requires CD4+/CD8+ T-cell ratio greater than 0.4 *No prior treatment with anti-PD-1 or anti-PD-L1 *Measurable disease by Response Evaluation Criteria in Solid Tumors (RECIST) version (v) 1.1 or other tumor-specific criteria or disease assessable by physical exam or other methods if not measurable by RECIST	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Paul Couey; Paul.Couey@ucsf.edu; 415-476-9554

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gynecological > Corpus/Endometrial						
159520	NCT02646748	Munster, Pamela	A Platform Study Exploring the Safety, Tolerability, Effects on the Tumor Microenvironment, and Efficacy of Pembrolizumab (MK-3475) + INCB Combinations in Advanced Solid Tumors	Treatment	18+ Study Population: Part 1a: Subjects with advanced or metastatic solid tumors who have disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment. Part 1b: Subjects with advanced or metastatic endometrial cancer, gastric cancer, melanoma, MSI CRC or other MMR-deficient tumors, NSCLC, SCCHN, RCC, TNBC, TCC of the GU tract, or PDAC who have disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment. Part 2: Subjects with advanced or metastatic SCLC with disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment.	Call 877-827-3222
> Gynecological > Corpus/Endometrial > Stage III/IV						
GOG-0286B	NCT02065687	Chen, Lee-may	A Randomized Phase II/III Study of Pacitaxel/Carboplatin/Metformin (NSC#91485) Versus Paclitaxel/Carboplatin/Placebo as Initial Therapy for Measurable Stage III or IVA, Stage IVB, or Recurrent Endometrial Cancer	Treatment	Age: 18+ Patients must have measurable stage III, measurable stage IVA, stage IVB (with or without measurable disease) or recurrent (with or without measurable disease) endometrial carcinoma *Measurable disease as defined by Response Evaluation Criteria in Solid Tumors (RECIST 1.1) *Patients must NOT have received prior chemotherapy or targeted therapy, including chemotherapy used for radiation sensitization for treatment of endometrial carcinoma.	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;
> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > BRCA						
159513	NCT02482311	Munster, Pamela	A Phase Ib, Open-Label, Multi-Centre Study to Assess the Safety, Tolerability, Pharmacokinetics, and Anti-tumour Activity of AZD1775 Monotherapy in Patients with Advanced Solid Tumours	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gynecological > Corpus/Endometrial > Recurrent						
GOG-0286B	NCT02065687	Chen, Lee-may	A Randomized Phase II/III Study of Pacitaxel/Carboplatin/Metformin (NSC#91485) Versus Paclitaxel/Carboplatin/Placebo as Initial Therapy for Measurable Stage III or IVA, Stage IVB, or Recurrent Endometrial Cancer	Treatment	Age: 18+ Patients must have measurable stage III, measurable stage IVA, stage IVB (with or without measurable disease) or recurrent (with or without measurable disease) endometrial carcinoma *Measurable disease as defined by Response Evaluation Criteria in Solid Tumors (RECIST 1.1) *Patients must NOT have received prior chemotherapy or targeted therapy, including chemotherapy used for radiation sensitization for treatment of endometrial carcinoma.	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;
> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > BRCA						
17401	NCT02855944	Chen, Lee-may	ARIEL4 (Assessment of Rucaparib In Ovarian CancEr TriaL): A Phase 3 Multicenter, Randomized Study of Rucaparib versus Chemotherapy in Patients with Relapsed, BRCA-Mutant, High-Grade Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer	Treatment		Kimberly Silverio; Kimberly.Silverio@ucsf.edu;
> Gynecological > Cervix > Maintenance						
GOG-3009	NCT02853604	Ueda, Stefanie	A Phase 3 Study of ADXS11-001 Administered Following Chemoradiation as Adjuvant Treatment for High Risk Locally Advanced Cervical Cancer: AIM2CERV	Treatment		Kimberly Silverio; Kimberly.Silverio@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > Progressive/Recurrent > Platinum Sensitive						
CTSU-NRG-GY004	NCT02446600	Ueda, Stefanie	A Phase III study comparing single-agent olaparib or the combination of cediranib and olaparib to standard platinum-based chemotherapy in women with recurrent platinum-sensitive ovarian, fallopian tube, or primary peritoneal cancer	Treatment	Age 18+ *Patients must have platinum-sensitive recurrent high-grade serous or high-grade endometrioid ovarian, primary peritoneal, or fallopian tube cancers; patients with clear cell, mixed epithelial, undifferentiated carcinoma, or transitional cell carcinoma histologies are also eligible, provided that the patient has a known deleterious germline BRCA1 or BRCA2 mutation identified through testing at a clinical laboratory. *Patients must have evaluable disease - defined as one of the following: Response Evaluation Criteria in Solid Tumors (RECIST) 1.1 measurable disease OR Evaluable disease (defined as solid and/or cystic abnormalities on radiographic imaging that do not meet RECIST 1.1 definitions for target lesions OR ascites and/or pleural effusion that has been pathologically demonstrated to be disease-related) AND cancer antigen 125 (CA125) that has doubled from the post-treatment nadir and is also greater than 2 times upper limit of normal (ULN) *Prior chemotherapy must have included a first-line platinum-based regimen with or without intravenous consolidation chemotherapy *Patients may not have had a prior anti-angiogenic agent in the recurrent setting; prior use of bevacizumab in the upfront or upfront maintenance setting is allowed *Patients may not have previously received a PARP inhibitor	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;
> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > Progressive/Recurrent > Platinum Resistant						
15401	NCT02272790	Chen, Lee-may	A Multicentre Phase II Study of AZD1775 plus Chemotherapy in Patients with Platinum -Resistant Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer	Treatment	Age 18+ *Histologic or cytologic diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer. *Progressed within 6 months of completing at least 4 cycles of a first-line platinum-containing regimen for Stage III/IV disease. Patients with refractory disease (progression during platinum-containing therapy) are ineligible. *No more than 2 prior treatment regimens for Stage III/IV disease, defined as investigational, chemotherapy, hormonal, biologic, or targeted therapy.	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CTSU-NRG-GY005	NCT02502266	Chapman, Jocelyn	A Randomized Phase II/III Study of the Combination of Cediranib and Olaparib Compared to Cediranib or Olaparib Alone, or Standard of Care Chemotherapy in Women with Recurrent Platinum-Resistant or Refractory Ovarian, Fallopian Tube, or Primary Peritoneal Cancer (COCOS)	Treatment	Age 18+ *Patients must have histologically or cytologically confirmed ovarian cancer, peritoneal cancer or fallopian tube cancer and must have a histological diagnosis of either serous or endometrioid cancer; both endometrioid and serous histology should be high-grade for eligibility of non-mutation carriers; patients with clear cell, mixed epithelial, undifferentiated carcinoma, or transitional cell carcinoma histologies are also eligible, provided that the patient has a known deleterious germline BRCA1 or BRCA2 mutation identified through testing at a clinical laboratory. *Patients should have recurrent platinum-resistant or refractory disease. *Phase II study: measurable disease by RECIST 1.1 criteria; if archival tumor sample is not available tumor sample from fresh biopsy is acceptable. *No more than 3 prior treatment regimens (including primary therapy; no more than 1 prior non-platinum based therapy in the platinum-resistant/-refractory setting) *Patients may not have had a prior anti-angiogenic agent in the recurrent setting; prior use of bevacizumab in the upfront or upfront maintenance setting is allowed. *Patients may not have previously received a PARP-inhibitor.	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;
> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > First Line > Stage III						
GOG-3005	NCT02470585	Chen, Lee-may	A Phase 3 Placebo-Controlled Study of Carboplatin/Paclitaxel with or without Concurrent and Continuation Maintenance Veliparib (PARP inhibitor) in Subjects with Previously Untreated Stages III or IV High-Grade Serous Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer	Treatment	Age 18+ *FIGO Stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal carinoma with appropriate tissue for histologic evaluation *High-grade serous adenocarcinoma *No prior chemo for any abdominal or pelvic tumor *No radiotherapy to any portion of the abdominal cavity or pelvis *Willing to undergo gBRCA testing *Participants who undergo primary cytoreductive surgery must be entered between 1 and 12 weeks after surgery. Participants undergoing interval surgery must have a tumor sample confirming the histological diagnosis prior to enrollment.	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-3012	NCT02655016	Chen, Lee-may	A Phase 3, Randomized, Double-Blind, Placebo-Controlled Multicenter Study of Niraparib Maintenance Treatment in Patients with HRD-Positive Advanced Ovarian Cancer Following Response on Front-Line Platinum-Based Chemotherapy	Treatment	Age 18+ *Patient must have histologically confirmed, advanced (FIGO Stage III or IV) high-grade predominantly serous or endometrioid ovarian cancer, fallopian tube cancer, or primary peritoneal cancer who have completed first line platinum based chemotherapy (neoadjuvant or adjuvant) *Patient must have clinical complete response or partial response following completion of chemotherapy course. *All Stage IV patients are eligible, irrespective of residual disease, after primary or interval debulking. Stage III patients are required to have visible residual disease after primary surgery. Patients with inoperable Stage III and IV disease are eligible *Patient must agree to undergo tumor HRD testing *Patient must be randomized within 12 weeks of the first day of the last cycle of chemotherapy	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;
> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > First Line > Stage IV						
GOG-3005	NCT02470585	Chen, Lee-may	A Phase 3 Placebo-Controlled Study of Carboplatin/Paclitaxel with or without Concurrent and Continuation Maintenance Veliparib (PARP inhibitor) in Subjects with Previously Untreated Stages III or IV High-Grade Serous Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer	Treatment	Age 18+ *FIGO Stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal carinoma with appropriate tissue for histologic evaluation *High-grade serous adenocarcinoma *No prior chemo for any abdominal or pelvic tumor *No radiotherapy to any portion of the abdominal cavity or pelvis *Willing to undergo gBRCA testing *Participants who undergo primary cytoreductive surgery must be entered between 1 and 12 weeks after surgery. Participants undergoing interval surgery must have a tumor sample confirming the histological diagnosis prior to enrollment.	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-3012	NCT02655016	Chen, Lee-may	A Phase 3, Randomized, Double-Blind, Placebo-Controlled Multicenter Study of Niraparib Maintenance Treatment in Patients with HRD-Positive Advanced Ovarian Cancer Following Response on Front-Line Platinum-Based Chemotherapy	Treatment	Age 18+ *Patient must have histologically confirmed, advanced (FIGO Stage III or IV) high-grade predominantly serous or endometrioid ovarian cancer, fallopian tube cancer, or primary peritoneal cancer who have completed first line platinum based chemotherapy (neoadjuvant or adjuvant) *Patient must have clinical complete response or partial response following completion of chemotherapy course. *All Stage IV patients are eligible, irrespective of residual disease, after primary or interval debulking. Stage III patients are required to have visible residual disease after primary surgery. Patients with inoperable Stage III and IV disease are eligible *Patient must agree to undergo tumor HRD testing *Patient must be randomized within 12 weeks of the first day of the last cycle of chemotherapy	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;
> Gynecological > Ovarian / Fallopian Tube / Primary Peritoneal > First Line > Maintenance						
GOG-3005	NCT02470585	Chen, Lee-may	A Phase 3 Placebo-Controlled Study of Carboplatin/Paclitaxel with or without Concurrent and Continuation Maintenance Veliparib (PARP inhibitor) in Subjects with Previously Untreated Stages III or IV High-Grade Serous Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer	Treatment	Age 18+ *FIGO Stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal carinoma with appropriate tissue for histologic evaluation *High-grade serous adenocarcinoma *No prior chemo for any abdominal or pelvic tumor *No radiotherapy to any portion of the abdominal cavity or pelvis *Willing to undergo gBRCA testing *Participants who undergo primary cytoreductive surgery must be entered between 1 and 12 weeks after surgery. Participants undergoing interval surgery must have a tumor sample confirming the histological diagnosis prior to enrollment.	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
GOG-3012	NCT02655016	Chen, Lee-may	A Phase 3, Randomized, Double-Blind, Placebo-Controlled Multicenter Study of Niraparib Maintenance Treatment in Patients with HRD-Positive Advanced Ovarian Cancer Following Response on Front-Line Platinum-Based Chemotherapy	Treatment	Age 18+ *Patient must have histologically confirmed, advanced (FIGO Stage III or IV) high-grade predominantly serous or endometrioid ovarian cancer, fallopian tube cancer, or primary peritoneal cancer who have completed first line platinum based chemotherapy (neoadjuvant or adjuvant) *Patient must have clinical complete response or partial response following completion of chemotherapy course. *All Stage IV patients are eligible, irrespective of residual disease, after primary or interval debulking. Stage III patients are required to have visible residual disease after primary surgery. Patients with inoperable Stage III and IV disease are eligible *Patient must agree to undergo tumor HRD testing *Patient must be randomized within 12 weeks of the first day of the last cycle of chemotherapy	Kimberly Silverio; Kimberly.Silverio@ucsf.edu;
> Head and Neck > Thyroid						
16955	NCT02709889	Aggarwal, Rahul	An Open-Label Study of Rovalpituzumab Tesirine in Subjects with Delta-Like Protein 3-Expressing Advanced Solid Tumors	Treatment	18+ This is a multicenter, open-label study of rovalpituzumab tesirine in subjects with DLL3- expressing advanced solid tumors. The study will include 8 cohorts of patients with the following cancers: 1. Malignant melanoma 2. Medullary thyroid cancer (MTC) 3. Glioblastoma 4. Large cell neuroendocrine carcinoma (LCNEC) 5. Neuroendocrine prostate cancer (NEPC) 6. High-grade gastroenteropancreatic (GEP) neuroendocrine carcinoma (NEC) 7. Other neuroendocrine carcinoma (NEC) 8. Solid tumors other than the above	Call 877-827-3222
> Head and Neck > Nasopharyngeal						
CTSU-NRG-HN001	NCT02135042	Yom, Sue	Randomized Phase II and Phase III Studies of Individualized Treatment for Nasopharyngeal Carcinoma Based on Biomarker Epstein Barr Virus (EBV) Deoxyribonucleic Acid (DNA)	Treatment	Age: 18+ Stage II-IVB disease with no evidence of distant metastasis,	Carter Hultman; carter.hultman@ucsf.edu; Romobia Hutchinson; Romobia.Hutchinson@ucsf.edu; 415-353-4294

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
152010	NCT02578641	Algazi, Alain	A Multicenter, Randomized, Open-label, Phase III Clinical Trial of Gemcitabine and Carboplatin followed by Epstein-Barr Virus-specific Autologous Cytotoxic T-Lymphocytes versus Gemcitabine and Carboplatin as First Line Treatment for Advanced Nasopharyngeal Carcinoma Patients	Treatment	Age: 21+ *Metastatic or locally recurrent EBV-positive, non-keratinizing and/ or undifferentiated NPC* who do not have curative options such as chemo-radiation or surgery *Subjects will be enrolled based on confirmed histology diagnosis of the NPC *Radiologically measurable disease *Human Immunodeficiency Virus (HIV) negative* * Status of HIV must be confirmed via a HIV antibody test or other confirmatory tests available within 12 months before screening or at screening *Bilirubin <2 x upper limit of normal (ULN) and aspartate aminotransferase (AST), alanine aminotransferase (ALT) <3 x ULN *Calculated creatinine clearance (CRCL) ≥40 mL/min. Glomerular Filtration Rate (GFR) is calculated based on Cockcroft-Gault method. *Normal corrected calcium levels *Absolute neutrophil count >1200/mm3, hemoglobin (Hb) ≥10 g/dL and platelets ≥100,000/mm3 *Male or female *Eastern Cooperative Oncology Group Performance Scale (ECOG-PS) ≤2 *Written informed consent *Life expectancy >6 months	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Kyusun Cha; kyusun.cha@ucsf.edu;
> Head and Neck > Basal Cell Carcinoma > Locally Advanced						
122011	NCT01835626	Yom, Sue	A Phase II Study of Radiation Therapy and Vismodegib, for the Treatment of Locally Advanced Basal Cell Carcinoma of the Head and Neck	Treatment	Age: 18+ - Patients must have locally advanced Basal Cell Carcinoma of the Head and Neck - Patients with distant metstatic spread of BCC are not eligibile	Carter Hultman; carter.hultman@ucsf.edu;
> Head and Neck > Squamous Cell (Larynx, Hypopharynx, Oral Cavity, Oropharynx) > Nasopharyngeal Carcinoma (NPC)						
16203	NCT02611960	Algazi, Alain	A Two-Arm, Open-label, Randomized Phase II Study of Pembrolizumab (MK-3475) Monotherapy versus Standard Chemotherapy in Platinum Pre-treated, Recurrent or Metastatic Nasopharyngeal Cancer (NPC) (Keynote-122)	Treatment	Age: 18+ - Subject must have non-keratinizing differentiated Nasopharyngeal Carcinoma or undifferentiated Nasopharyngeal Carcinoma - Must have metastatic disease or incurable locally recurrent disease	Kyusun Cha; kyusun.cha@ucsf.edu;
CTSU-NRG-HN001	NCT02135042	Yom, Sue	Randomized Phase II and Phase III Studies of Individualized Treatment for Nasopharyngeal Carcinoma Based on Biomarker Epstein Barr Virus (EBV) Deoxyribonucleic Acid (DNA)	Treatment	Age: 18+ Stage II-IVB disease with no evidence of distant metastasis,	Carter Hultman; carter.hultman@ucsf.edu; Romobia Hutchinson; Romobia.Hutchinson@ucsf.edu; 415-353-4294

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Head and Neck > Squamous Cell (Larynx, Hypopharynx, Oral Cavity, Oropharynx) > Metastatic > First line only						
162012	NCT02823574	Algazi, Alain	A Double-Blind, Randomized, Two Arm Phase 2 Study of Nivolumab in Combination with Ipilimumab versus Nivolumab in Combination with Ipilimumab Placebo In Recurrent or Metastatic Squamous Cell Carcinoma of the Head and Neck (SCCHN)	Treatment	18+ *Metatstatic or Reccurent Squamous Cell Carcinoma of the Head and Neck *First line of therapy in metastatic/recurrent setting *Platinum refractory subgroup - recurrent during or less than 6 months after completion of previous platinum-based chemotherapy	Melinda Lem; melinda.lem@ucsf.edu;
> Head and Neck > Squamous Cell (Larynx, Hypopharynx, Oral Cavity, Oropharynx) > Metastatic > All others						
16205	NCT02499328	Algazi, Alain	A Phase 1b/2, Open-Label, Multicentre Study Assessing the Safety, Tolerability, Pharmacokinetics, and Preliminary Anti-tumor Activity of MEDI4736 in Combination With AZD9150 or AZD5069 in Patients With Advanced Solid Malignancies and Subsequently Comparing AZD9150 and AZD5069 Both as Monotherapy and in Combination With MEDI4736 as Second Line Treatment in Patients With Recurrent and/or Metastatic Squamous Cell Carcinoma of the Head and Neck	Treatment	Age: 18+ - Subject must have recurrent or metastatic SCCHN; no more than 3 previous regimens of cytoreductive chemo-therapies	Carter Hultman; carter.hultman@ucsf.edu;
16707	NCT02812875	Daud, Adil	A Phase 1, Open-Label, Dose Escalation and Dose Expansion Trial Evaluating the Safety, Pharmacokinetics, Pharmacodynamics, and Clinical Effects of Orally Administered CA-170 in Patients with Advanced Tumors and Lymphomas	Treatment	Age:18+ *Life expectancy of at least 3 months *ECOG PS ≤ 1 *Acceptable bone marrow and organ function at screening *Ability to swallow and retain oral medications *Negative serum pregnancy test in women of childbearing potential *Measurable disease *Tumor for which standard therapy, including approved anti-PD-1 or anti-PD-L1 therapy, when applicable, does not exist or is no longer effective.	Andrew Chon; andrew.chon@ucsf.edu; Jeremy Burbanks-Ivey; Jeremy.Burbanks-Ivey@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Malignant Hematology > Acute Myeloid Leukemia (AML)						
14956	NCT02319369	Olin, Rebecca	A Phase 1 Dose Escalation Study of DS 3032B, and Oral MDM2 Inhibitor, in Subjects with Acute Myelogenous Leukemia (AML), Acute Lymphocytic Leukemia (ALL), Chronic Myelogenous Leukemia (CML) in Blast Phase, or High Risk Myelodysplastic Syndrome (MDS)	Treatment	Age 18+ -Relapsed/Refractory AML, ALL, CML in blast phase, or high-risk MDS -ECOG 0-2 -Washout of any therapy to treat malignancy is 21 days (except hydroxyurea, washout is 48 hrs) -No prior MDM2 inhibitor	Call 877-827-3222
> Malignant Hematology > Acute Lymphoblastic Leukemia (ALL)						
14956	NCT02319369	Olin, Rebecca	A Phase 1 Dose Escalation Study of DS 3032B, and Oral MDM2 Inhibitor, in Subjects with Acute Myelogenous Leukemia (AML), Acute Lymphocytic Leukemia (ALL), Chronic Myelogenous Leukemia (CML) in Blast Phase, or High Risk Myelodysplastic Syndrome (MDS)	Treatment	Age 18+ -Relapsed/Refractory AML, ALL, CML in blast phase, or high-risk MDS -ECOG 0-2 -Washout of any therapy to treat malignancy is 21 days (except hydroxyurea, washout is 48 hrs) -No prior MDM2 inhibitor	Call 877-827-3222
> Malignant Hematology > Chronic Myeloid Leukemia (CML)						
14956	NCT02319369	Olin, Rebecca	A Phase 1 Dose Escalation Study of DS 3032B, and Oral MDM2 Inhibitor, in Subjects with Acute Myelogenous Leukemia (AML), Acute Lymphocytic Leukemia (ALL), Chronic Myelogenous Leukemia (CML) in Blast Phase, or High Risk Myelodysplastic Syndrome (MDS)	Treatment	Age 18+ -Relapsed/Refractory AML, ALL, CML in blast phase, or high-risk MDS -ECOG 0-2 -Washout of any therapy to treat malignancy is 21 days (except hydroxyurea, washout is 48 hrs) -No prior MDM2 inhibitor	Call 877-827-3222
> Malignant Hematology > Myelodysplastic Syndromes (MDS)						
14956	NCT02319369	Olin, Rebecca	A Phase 1 Dose Escalation Study of DS 3032B, and Oral MDM2 Inhibitor, in Subjects with Acute Myelogenous Leukemia (AML), Acute Lymphocytic Leukemia (ALL), Chronic Myelogenous Leukemia (CML) in Blast Phase, or High Risk Myelodysplastic Syndrome (MDS)	Treatment	Age 18+ -Relapsed/Refractory AML, ALL, CML in blast phase, or high-risk MDS -ECOG 0-2 -Washout of any therapy to treat malignancy is 21 days (except hydroxyurea, washout is 48 hrs) -No prior MDM2 inhibitor	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Malignant Hematology > Non-Hodgkin Lymphoma (NHL) > HIV Positive						
167010	NCT02595866	Wang, Chia-Ching	Phase I Study of MK-3475 (Pembrolizumab) in Patients with Human Immunodeficiency Virus (HIV) and Relapsed/Refractory or Disseminated Malignant Neoplasm	Treatment	Age: 18+ *Histologically or cytologically proven metastatic or locally advanced tumors for which no standard therapy exists, or where standard therapy has failed, or in patients otherwise ineligible for standard therapy, or for an indication that anti-programmed cell death protein 1 (PD-1) therapy has been shown to be effective in studies in HIV-uninfected participants; disease-specific criteria will be applied for certain common cancers and cancers strongly associated with HIV; however, enrollment will not be confined to these tumors: 1) Non-small cell lung cancer 2)AIDS-related non-Hodgkin lymphoma and other non-Hodgkin lymphoma 3)Classical Hodgkin lymphoma 4)Hepatocellular carcinoma (HCC) 5)Kaposi sarcoma (KS) impacting physical and/or psychological wellbeing and not amenable to local therapy 6) Melanoma *On an effective combination cART regimen, generally a 3-drug regimen based on Department of Health and Human Services (DHHS) treatment guidelines *CD4+ T-cell count >= 100 cells/uL; for CD4+ T-cell count < 200 cells/uL, requires CD4+/CD8+ T-cell ratio greater than 0.4 *No prior treatment with anti-PD-1 or anti-PD-L1 *Measurable disease by Response Evaluation Criteria in Solid Tumors (RECIST) version (v) 1.1 or other tumor-specific criteria or disease assessable by physical exam or other methods if not measurable by RECIST	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Paul Couey; Paul.Couey@ucsf.edu; 415-476-9554
> Malignant Hematology > Multiple Myeloma (MM) > Relapsed / Refractory						
15959	NCT02514668	Martin, Tom	An Open-Label, Dose-Escalation and Multi-Center Study to Evaluate the Safety and Pharmacokinetics of SAR650984 in Patients with Relapsed/Refractory Multiple Myeloma	Treatment	PART B Age 18+ - MM diagnosis with M prot >/= 1g/dL or urine M proto >/=200 mg/24hr -Received 3 cycles daratubumab with 6 weeks washout -Achieve MR or better to 1 prior line of therapy -No concurrent plasma cell leukemia/ known or suspected amyloidosis - Washout is 3 weeks or 5 half-lives, whichever is greater	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
15254	NCT02431208	Wong, Sandy	A PHASE Ib STUDY OF THE SAFETY AND PHARMACOKINETICS OF ATEZOLIZUMAB (ANTI−PD-L1 ANTIBODY) ALONE OR IN COMBINATION WITH AN IMMUNOMODULATORY DRUG AND/OR DARATUMUMAB IN PATIENTS WITH MULTIPLE MYELOMA (RELAPSED/REFRACTORY AND POST-AUTOLOGOUS STEM CELL TRANSPLANTATION)	Treatment	Age: 18+ *Previously diagnosed with MM based on standard criteria *Measurable disease defined as at least one of the following: - Serum M protein greater than or equal to 0.5 g/dL (greater than or equal to 5 g/L) - Urine M protein greater than or equal to 200 mg/24 hr - Serum free light chains (SFLC) assay: Involved *Relapse/refractory disease *Receipt of no more than three prior chemotherapy regimens *Willing and able to undergo BM aspiration and biopsy tissue sample collection during screening and while in the study. Pre-treatment−evaluable tissue is required for study entry *No prior therapy with atezolizumab or other immunotherapeutics, including: CD137 agonists, anti−PD-1, anti−CTLA-4, and anti−PD-L1 therapeutic antibodies	Jenai Wilmoth; Jenai.Wilmoth@ucsf.edu;
139511	NCT02332850	Martin, Tom	A Phase Ib Study of SAR650984 (Anti-CD38 mAb) in Combination with Carfilzomib for the Treatment of Relapsed or Refractory Multiple Myeloma	Treatment	Age 18+ -Relapse disease progression/ refractory from immediately prior MM therapy -Measurable disease of one of the following: M prot >/= 0.5 g/dl, Urine M proto >/= 200 mg/24h, Serum FLC >/= 10mg/dl, Immunoglobumin >500 mg/dL, biopsy proven plasmacytoma) -Washout with other investigational agent is 21 days (or 4 half lives), no prior anti-CD38 antibody allowed -Diagnosed/ treated for another malignancy within 3 years of enrollment	Call 877-827-3222
16707	NCT02812875	Daud, Adil	A Phase 1, Open-Label, Dose Escalation and Dose Expansion Trial Evaluating the Safety, Pharmacokinetics, Pharmacodynamics, and Clinical Effects of Orally Administered CA-170 in Patients with Advanced Tumors and Lymphomas	Treatment	Age:18+ *Life expectancy of at least 3 months *ECOG PS ≤ 1 *Acceptable bone marrow and organ function at screening *Ability to swallow and retain oral medications *Negative serum pregnancy test in women of childbearing potential *Measurable disease *Tumor for which standard therapy, including approved anti-PD-1 or anti-PD-L1 therapy, when applicable, does not exist or is no longer effective.	Andrew Chon; andrew.chon@ucsf.edu; Jeremy Burbanks-Ivey; Jeremy.Burbanks-Ivey@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
139510	NCT02109627	Andreadis, Charalambos	Phase Ib Study of Ficlatuzumab with High Dose Cytarabine in Relapsed and Refractory AML	Treatment	Age 18+ - Relapsed/Refractory AML (within 12 mo of 1st CR/ CRi, Persistent AML by BMBx 28 days after 1st induction day 1 cytotoxic therapy, or hypercellular bone marrow >20% cellularity & 10% blasts at 1st induction day 14) -No more than 2 cycles cytotoxic therapy, at least 1 being anthracycline/ anthracenedione & cytarabine combo) -LVEF >/= 40% by TTE -No cytarabine regiment in excess of 2g/m2 within 6 mo	Call 877-827-3222
152513	NCT02421939	Olin, Rebecca	A Phase 3 Open-Label, Multicenter, Randomized Study of ASP2215 versus Salvage Chemotherapy in Patients with Relapsed or Refractory Acute Amyeloid Leukemia (AML) with FLT3 Mutation	Treatment	Age: 18+ *Diagnosis of primary AML or AML secondary to MDS according to World Health Organization (WHO) classification as determined by pathology review at treating institution *Refractory to or relapsed after first-line AML therapy (with or without HSCT) *Positive for FLT3 activating mutation in bone marrow or whole blood as determined by central lab (In the investigator's opinion, a subject with rapidly proliferating disease and unable to wait for the central lab results can be enrolled based on local tests) *Subject is eligible for pre-selected salvage chemotherapy according to investigator assessment	Jenai Wilmoth; Jenai.Wilmoth@ucsf.edu;
> Malignant Hematology > Non-Hodgkin Lymphoma (NHL) > HIV Negative > Untreated > Indolent						
112516	NCT01902225	Ai, Weiyun	A Multicenter Phase I Dose-Finding and Preliminary Efficacy Study of the Histone Deacetylase Inhibitor Romidepsin (Istodax®) in Combination with Doxorubicin HCl Liposomal (or Doxil®) for the Treatment of Adults with Relapsed or Refractory T-cell Lymphomas	Treatment	Age: 18+ * Biopsy-proven, measurable, Stage IB-IVB relapsed or refractory cutaneous T-cell lymphoma after 2 lines of skin-directed therapy or one prior line of systemic therapy * Disease free of prior malignancies for ≥ 5 years with exception of currently treated basal cell, squamous cell carcinoma of the skin, or carcinoma in situ of the cervix or breast. Patients with early stage of prostate cancer under clinical surveillance without therapy are eligible *Patients with systemic T cell lymphoma of any stage and any subtypes. Patient must have had at least one standard chemotherapy and measurable disease at the time of enrollment *Patients with systemic T cell lymphomas who relapsed after autologous transplant are eligible *Patients with large cell transformation of cutaneous T cell lymphoma are eligible	Alyson Cockerill; Alyson.Cockerill@ucsf.edu; 415-353-4091 Jenai Wilmoth; Jenai.Wilmoth@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Mutiple / Ill-Defined Disease Sites > Solid Tumors						
14951	NCT02071862	Munster, Pamela	A Phase 1 Study of the Safety, Pharmacokinetics, and Pharmacodynamics of Escalating Oral Doses of the Glutaminase Inhibitor CB-839 in Patients with Advanced and/or Treatment-Refractory Solid Tumors	Treatment	18+ 1. Ability to provide written informed consent in accordance with federal, local, and institutional guidelines 2. Age greater than or equal to 18 years 3. Eastern Cooperative Oncology Group (ECOG) Performance Status of 0-1 4. Life Expectancy of at least 3 months 5. Adequate hepatic function with total bilirubin and ALT less than 1.5x the upper limit of normal (ULN). 6. Adequate renal function with an estimated or calculated creatinine clearance of greather than 50 mL/min (calculated using the formula of Cockcroft and Gault) or serum creatinine less than or equal to 2.0 mg/dL 7. Adequate hematological function, defined as ANC greater than or equal to 1,500/mm3, Hb greater than or equal to 9.0 g/dL*, and platelet count greater than or equal to 100,000/mm3. Transfusions and growth factors must not be used to meet these requirements. *RCC patients with Hb greater than or equal to 8.0 g/dL may have transfusions to achieve this target 8. Measurable Disease o At least one tumor lesion/lymph node that meets the RECIST v1.1 criteria for being ?measurable?. The lesion site must be measured accurately in at least one dimension (longest diameter in the plane of measurement to be recorded) with a minimum size of - 10 mm by CT scan - 10 mm by caliper measurement - 20 mm by chest X-ray - Malignant lymph nodes must be greater than or equal to 15 mm in short axis when assessed by CT scan Note: Cohort D patients with pleural mesothelioma are required to have measurable disease based on the Modified RECIST criteria, see Attachment 4) 9. Female patients of childbearing potential must have a negative serum or urine pregnancy test within 3 days prior to the first dose of study drug and agree to use dual methods of contraception	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
AMC-095	NCT02408861	Wang, Chia-Ching	A Phase I Study of Ipilimumab and Nivolumab in Advanced HIV Associated Solid Tumors with an Expansion Cohort in HIV Associated Solid Tumors	Treatment	18+ Participants with histologically confirmed solid malignancy and HIV infection. Solid malignancy must be metastatic or unresectable and standard curative or palliative measures are nonexistent or no longer effective. Uncontrolled Kaposi sarcoma is permitted.	Call 877-827-3222
16955	NCT02709889	Aggarwal, Rahul	An Open-Label Study of Rovalpituzumab Tesirine in Subjects with Delta-Like Protein 3-Expressing Advanced Solid Tumors	Treatment	18+ This is a multicenter, open-label study of rovalpituzumab tesirine in subjects with DLL3- expressing advanced solid tumors. The study will include 8 cohorts of patients with the following cancers: 1. Malignant melanoma 2. Medullary thyroid cancer (MTC) 3. Glioblastoma 4. Large cell neuroendocrine carcinoma (LCNEC) 5. Neuroendocrine prostate cancer (NEPC) 6. High-grade gastroenteropancreatic (GEP) neuroendocrine carcinoma (NEC) 7. Other neuroendocrine carcinoma (NEC) 8. Solid tumors other than the above	Call 877-827-3222
16954	NCT02762981	Munster, Pamela	Phase 1/2 Study of CORT125134 in Combination with Nab-paclitaxel in Patients with Solid Tumors	Treatment	18+ *Patients with advanced or metastatic solid tumors, refractory to available therapies with known clinical benefit. *Up to 3 chemotherapy regimens allowed in the advanced setting. *Cannot have a condition requiring chronic or frequent use of oral corticosteroids.	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
167010	NCT02595866	Wang, Chia-Ching	Phase I Study of MK-3475 (Pembrolizumab) in Patients with Human Immunodeficiency Virus (HIV) and Relapsed/Refractory or Disseminated Malignant Neoplasm	Treatment	Age: 18+ *Histologically or cytologically proven metastatic or locally advanced tumors for which no standard therapy exists, or where standard therapy has failed, or in patients otherwise ineligible for standard therapy, or for an indication that anti-programmed cell death protein 1 (PD-1) therapy has been shown to be effective in studies in HIV-uninfected participants; disease-specific criteria will be applied for certain common cancers and cancers strongly associated with HIV; however, enrollment will not be confined to these tumors: 1) Non-small cell lung cancer 2)AIDS-related non-Hodgkin lymphoma and other non-Hodgkin lymphoma 3)Classical Hodgkin lymphoma 4)Hepatocellular carcinoma (HCC) 5)Kaposi sarcoma (KS) impacting physical and/or psychological wellbeing and not amenable to local therapy 6) Melanoma *On an effective combination cART regimen, generally a 3-drug regimen based on Department of Health and Human Services (DHHS) treatment guidelines *CD4+ T-cell count >= 100 cells/uL; for CD4+ T-cell count < 200 cells/uL, requires CD4+/CD8+ T-cell ratio greater than 0.4 *No prior treatment with anti-PD-1 or anti-PD-L1 *Measurable disease by Response Evaluation Criteria in Solid Tumors (RECIST) version (v) 1.1 or other tumor-specific criteria or disease assessable by physical exam or other methods if not measurable by RECIST	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Paul Couey; Paul.Couey@ucsf.edu; 415-476-9554
15956	NCT02367196	Munster, Pamela	A Phase 1, Open-Label, Dose Finding Study of CC-90002, a Monoclonal Antibody Directed against CD47, in Subjects with Advanced Solid and Hematologic Cancers	Treatment	18+ *Patients with advanced solid tumors or multiple myeloma *No symptomatic CNS involvement *No prior RBC transfusions <3 months prior to study drug dosing *No prior autologous stem cell transplants <3 months prior to study drug dosing; no prior allogeneic stem cell transplant </= study drug dosing. *No ongoing treatment with anticoagulant medication.	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
15953	NCT01770353	Munster, Pamela	A Phase 1 Study in Patients Treated with MM-398 (Nanoliposomal Irinotecan, nal-IRI,) to Determine Tumor Drug Levels and to Evaluate the Feasibility of Ferumoxytol Magnetic Resonance Imaging to Measure Tumor Associated Macrophages and to Predict Patient Response to Treatment	Treatment	18+ The Pilot Phase will enroll approximately 12 patients, up to 20 in total. The first three patients enrolled can have any solid tumor type; however subsequent patients must have NSCLC, CRC, TNBC, ER/PR positive breast cancer, pancreatic cancer, ovarian cancer, gastric cancer, gastroesophageal junction adenocarcinoma or head and neck cancer. No more than three patients with ER/PR positive breast cancer can be enrolled in the Pilot Phase and similar restrictions may be placed on other tumor types to ensure a heterogeneous population. An Expansion Phase will enroll cohorts of single indications of patients with locally advanced or metastatic breast cancer in 3 cohorts of 10 patients each depending on sub-type of breast cancer: Cohort 1: ER and/or PR-positive breast cancer Cohort 2: TNBC Cohort 3: breast cancer with active brain metastasis There are four stages to this study: ? Screening Period (-28 d): patients undergo screening assessments to determine if they are eligible for the study ? Ferumoxytol Period (Day 1 ? Day 2): patients receive ferumoxytol (FMX) infusion and undergo required FMX-MRI scans and prior to receiving MM-398 ? MM-398 Treatment Period (C1D1 ? progression of disease): patients receive an MM-398 starting dose of 60 mg/m2 every 2 weeks which should be dose escalated to 80 mg/m2 every 2 weeks in subsequent doses depending on patient tolerance , other required assessments, and a posttreatment biopsy 72 hours after first dose of MM-398 ? Follow Up Period (+30 d from last dose): patients return to clinic 30 days following the last dose of MM-398 for final safety assessments MM-398 will be administered at a dose of 60 mg/m2 every two weeks and patients will be treated until disease progression or unacceptable toxicity. The dose of MM-398 should be escalated to 80 mg/m2 every two weeks depending on patient tolerance.	Kamran Abri Lavasani; Kamran.AbriLavasani@ucsf.edu; 415-353-8337
159522	NCT02628067	Bergsland, Emily	A Phase II Clinical Trial of Pembrolizumab (MK-3475) in Subjects with Select Biomarker Positive Advanced Solid Tumors (KEYNOTE-158)	Treatment		Kamran Abri Lavasani; Kamran.AbriLavasani@ucsf.edu; 415-353-8337

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
159520	NCT02646748	Munster, Pamela	A Platform Study Exploring the Safety, Tolerability, Effects on the Tumor Microenvironment, and Efficacy of Pembrolizumab (MK-3475) + INCB Combinations in Advanced Solid Tumors	Treatment	18+ Study Population: Part 1a: Subjects with advanced or metastatic solid tumors who have disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment. Part 1b: Subjects with advanced or metastatic endometrial cancer, gastric cancer, melanoma, MSI CRC or other MMR-deficient tumors, NSCLC, SCCHN, RCC, TNBC, TCC of the GU tract, or PDAC who have disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment. Part 2: Subjects with advanced or metastatic SCLC with disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment.	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
159518	NCT02556463	Munster, Pamela	A Phase I, First-Time-in-Human Study of MEDI9197, a TLR 7/8 Agonist, Administered Intratumorally as a Single Agent in Subjects with Solid Tumors or CTCL and in Combination with Durvalumab and Palliative Radiation in Subjects with Solid Tumors	Treatment	18+ Up to approximately 45 male and female subjects with solid tumor malignancies that have at least one lesion readily accessible for injection. Key Inclusion Criteria: ? Metastatic/locally advanced solid tumor malignancy that has progressed on, is refractory to, or for which there is no standard of care therapy. Subjects who are intolerant to standard of care therapy may also enroll. ? Subject must have a minimum of one lesion that is easily accessible for injection where easily accessible is defined as a cutaneous or subcutaneous mass that is palpable and/or visualizable by ultrasound. The lesion must be located in an anatomic location where MEDI9197 can be safely administered, ie, not deep seated or encasing/in close proximity to crucial structures ? carotid artery, jugular vein, trachea, etc. ? All lesion(s) targeted for injection must be ≥ 1.5 cm and ≤ 5 cm on longest diameter, be at least 5 mm thick, and have distinct borders based on exam or imaging. ? Male and female subjects ≥ 18 years of age. ? Eastern Cooperative Oncology Group status of 0 to 1. ? Adequate bone marrow, renal, and hepatic function. ? Off immunosuppressive medications including, but not limited to, systemic corticosteroids at doses exceeding 10 mg/day or equivalent, methotrexate, azathioprine and TNF-α blockers for at least 14 days prior to the first dose of MEDI9197 (inhaled, intranasal, intraarticular, and topical steroids are permitted). Key Exclusion Criteria: ? Subjects who have received prior immunotherapy (including but not limited to cytotoxic T-lymphocyte- associated protein 4, PDL-1, or programmed cell death 1 antagonists) are NOT permitted to enroll unless all of the following apply: ◦ Last dose of immunotherapy must have been administered at least 100 days prior to planned	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
159517	NCT02913131	Aggarwal, Rahul	Hyperpolarized C-13 Pyruvate as a Biomarker of PI3K/mTOR Pathway Inhibition in Patients with Advanced Solid Tumor Malignancies	Other	18+ Subjects will be enrolled in two sequential phases: ? Part A: Feasibility Run-In (N = 5-10 patients). Patients with advanced solid tumor malignancies with at least one liver metastasis will be enrolled with iterative adjustment of coil design to optimize imaging parameters including spatial resolution and signal-to-noise ratio (SNR) of hyperpolarized pyruvate/lactate within the target metastatic lesion(s). The target SNR of 10 must be achieved in at least 3 patients in order to proceed to part B of the study. ? Part B: Biomarker Cohort (N = 30 patients). Patients with advanced solid tumor malignancies and the presence of at least one liver metastasis amenable to hyperpolarized C-13 pyruvate metabolic MR imaging who are planning on being treated with agent targeting PI3K/mTOR pathway will be enrolled. Exclusion criteria: ? Patients unwilling or unable to undergo MR imaging, including patients with dications to MRI, such as cardiac pacemakers or non-compatible intracranial vascular clips.	Call 877-827-3222
159516	NCT02620839	Munster, Pamela	A Phase Ib, Open-Label Study of Alpelisib (BYL719) in Combination with Cisplatin in Patients with HPV+ Solid Tumor Malignancies	Treatment	18+ Dose escalation phase will enroll patients with any solid tumor malignancy. In dose expansion, patients with platinum-resistance HPV-positive solid tumor malignancies will be enrolled.	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
159512	NCT02508441	Munster, Pamela	A Phase 1 Open-Label First-in-human Dose-Escalating Safety and Tolerability Study Evaluating Subcutaneous Administration of Andes-1537 for Injection in Patients with Advanced Unresectable Solid Tumors that are Refractory to Standard Therapy or for Which No Standard Therapy is Available	Treatment	1. Men and women 18 years of age or older. 2. Can understand and voluntarily sign an informed consent form (ICF) prior to any study-related assessments or procedures, and are able to adhere to the study visit schedule and other protocol requirements. 3. Patients with documented pathological evidence of a cancer from which has developed advanced unresectable solid tumors that are, in the opinion of their treating physician, refractory to standard therapy or for which no standard therapy is available. 4. Consent to tumor biopsy for biomarker analysis in tumor tissue (optional in part 1, mandatory in part 2). 5. Part 2 only: have measureable disease by RECIST. 6. Have Eastern Cooperative Oncology Group (ECOG) performance status of less than or equal to 1. 7. Have adequate organ function, confirmed by the following laboratory values obtained less than or equal to 3 days prior to the first treatment: ? ANC greater than or equal to 1.5 × 109/L ? Hemoglobin (Hgb) greater than or equal to 9 g/dL ? Platelets greater than or equal to 100 × 109/L ? AST and ALT less than or equal to 2.5 × ULN ? Serum total bilirubin less than or equal to 2.0 × ULN ? Serum creatinine less than or equal to 1.5 × ULN, or estimated or measured creatinine clearance less than or equal to 60 mL/min ? Prothrombin time (PT), activated partial thromboplastin time (aPTT) less than or equal to 1.5 ULN if not on anticoagulation therapy (patients receiving anticoagulation therapy must be in the therapeutic range and stable for 4 weeks prior to study entry) 8. Female patients of childbearing potential must have a negative serum pregnancy test and be using adequate contraception (defined below) prior to study entry and must agree to continue to use adequate contraception from study entry through at least 6 months after discontinuation of study drug. 9. Male patients at screening must agree to practice adequate contraception (defined below) from study entry through at least 6 months after discontinuation of study drug.	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
149516	NCT02390011	Aggarwal, Rahul	A Pilot Study of Novel Magnetic Resonance Coil Arrays to Improve the Characterization of Liver Metastases in Patients with Advanced Solid Tumor Malignancies	Diagnostic	18+ - Part A: Healthy volunteers - Part B: Advanced solid tumor malignancy and the presence of at least one liver metastasis measuring greater than 1.5 cm in longest diameter in axial dimension on standard anatomic imaging - Ineligible with contra-indication to gadolinium contrast (e.g. chronic renal disease, prior allergic reaction) for patient studies - Ineligible with contra-indication to MRI (e.g. pacemaker, severe claustrophobia, suspected presence of MR-Unsafe surgical implants or shrapnel)	Alyson Cockerill; Alyson.Cockerill@ucsf.edu; 415-353-4091
> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 2 (Low Grade)						
131012	NCT02023905	Clarke, Jennifer	PI3K/mTOR Pathway Activation-Stratified Phase II Study of RAD001 (Everolimus) with and without Temozolomide in the Treatment of Adult Patients with Supratentorial Low-Grade Glioma	Treatment	Age: 18+ * Histologically proven supratentorial low-grade glioma * No prior tumor treatment except for surgery at diagnosis	Call 877-827-3222
> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 3 (Anaplastic)						
161011	NCT02796261	Butowski, Nicholas	A Phase 3, Randomized, Open-Label Study to Evaluate the Efficacy and Safety of Eflornithine with Lomustine Compared to Lomustine Alone in Patients with Anaplastic Astrocytoma that Progress/Recur after Irradiation and Adjuvant Temozolomide Chemotherapy	Treatment		Call 877-827-3222
> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 4 (Glioblastoma or Gliosarcoma)						
141011	NCT02209376	Chang, Susan	Pilot Study of Autologous T-cells Redirected to EGFRvIII with a Chimeric Antigen Receptor in Patients with EGFRvIII+ Glioblastoma	Treatment	Age: 18+ Glioblastoma (GBM)	Call 877-827-3222
ALLIANCE-A071102	NCT02152982	Butowski, Nicholas	A Phase II/III Randomized Trial of Veliparib or Placebo in Combination with Adjuvant Temozolomide in Newly Diagnosed Glioblastoma with MGMT Promoter Hypermethylation	Treatment		Thelma Munoz; Thelma.Munoz@ucsf.edu; 415-353-2523

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 3 (Anaplastic) > Newly diagnosed > Surgical						
10101	NCT01116661	Berger, Mitchel	A Phase 2 Study of Aminolevulinic Acid (ALA) to Enhance Visualization and Resection of Tumors of the Brain	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.	Ashley Desilva; Ashley.DeSilva@ucsf.edu; 415-353-2653
ALLIANCE-A071101	NCT01814813	Clarke, Jennifer	A Phase II Randomized Trial Comparing the Efficacy of Heat Shock Protein-Peptide Complex-96 (HSPPC-96)(NSC #725085, Alliance BB IND# Pending) Vaccine given with Bevacizumab vs. Bevacizumab alone in the Treatment of Surgically Resectable Recurrent Glioblastoma Multiforme (GBM)	Treatment	Age: 18+ * Recurrent Glioblastoma Multiforme That Can Be Removed by Surgery	Yelena Fuks; Yelena.Fuks@ucsf.edu;
> Neurologic Oncology > Adult Glioma (Age >= 18) > Grade 4 (Glioblastoma or Gliosarcoma) > Newly diagnosed > Nonsurgical						
151012	NCT02573324	Butowski, Nicholas	A Randomized, Placebo Controlled Phase 2b/3 Study of ABT 414 with Concurrent Chemoradiation and Adjuvant Temozolomide in Subjects with Newly Diagnosed Glioblastoma (GBM) with Epidermal Growth Factor Receptor (EGFR) Amplification (Intellance 1)	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Thoracic > Non-small cell Lung Cancer						
159520	NCT02646748	Munster, Pamela	A Platform Study Exploring the Safety, Tolerability, Effects on the Tumor Microenvironment, and Efficacy of Pembrolizumab (MK-3475) + INCB Combinations in Advanced Solid Tumors	Treatment	18+ Study Population: Part 1a: Subjects with advanced or metastatic solid tumors who have disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment. Part 1b: Subjects with advanced or metastatic endometrial cancer, gastric cancer, melanoma, MSI CRC or other MMR-deficient tumors, NSCLC, SCCHN, RCC, TNBC, TCC of the GU tract, or PDAC who have disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment. Part 2: Subjects with advanced or metastatic SCLC with disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment.	Call 877-827-3222
16702	NCT02655822	Fong, Lawrence	A Phase 1/1b, Open-Label, Multicenter, Repeat-Dose, Dose-Selection Study of CPI-444 as Single Agent and in Combination with Atezolizumab in Patients with Selected Incurable Cancers	Treatment	Age: 18+ *Documented incurable cancer with one of the following histologies: non-small cell lung cancer, malignant melanoma, renal cell cancer, triple negative breast cancer, colorectal cancer with microsatellite instability (MSI), and bladder cancer. *Eastern Cooperative Oncology Group (ECOG) Performance Status 0-1. *At least 1 measurable lesion per Response Evaluation Criteria in Solid Tumors (RECIST 1.1). *At least 1 but not more than 5 prior systemic therapies for advanced/recurrent or progressing disease. *Additional Tumor Specific inclusion criteria must be met.	Andrew Chon; andrew.chon@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu; Katrina Sadang; katrinagrace.sadang@ucsf.edu;
> Thoracic > Small cell Lung Cancer						
159513	NCT02482311	Munster, Pamela	A Phase Ib, Open-Label, Multi-Centre Study to Assess the Safety, Tolerability, Pharmacokinetics, and Anti-tumour Activity of AZD1775 Monotherapy in Patients with Advanced Solid Tumours	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
159520	NCT02646748	Munster, Pamela	A Platform Study Exploring the Safety, Tolerability, Effects on the Tumor Microenvironment, and Efficacy of Pembrolizumab (MK-3475) + INCB Combinations in Advanced Solid Tumors	Treatment	18+ Study Population: Part 1a: Subjects with advanced or metastatic solid tumors who have disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment. Part 1b: Subjects with advanced or metastatic endometrial cancer, gastric cancer, melanoma, MSI CRC or other MMR-deficient tumors, NSCLC, SCCHN, RCC, TNBC, TCC of the GU tract, or PDAC who have disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment. Part 2: Subjects with advanced or metastatic SCLC with disease progression after treatment with all available therapies for metastatic disease that are known to confer clinical benefit, or are intolerant to treatment, or refuse standard treatment.	Call 877-827-3222
> Thoracic > Mesothelioma						
13656	NCT01907100	Jahan, Thierry	LUME-Meso: Double blind, randomised, multicentre, phase II/III study of nintedanib in combination with pemetrexed / cisplatin followed by continuing nintedanib monotherapy versus placebo in combination with pemetrexed / cisplatin followed by continuing placebo monotherapy for the treatment of patients with unresectable malignant pleural mesothelioma	Treatment	Age: 18+ *Unresectable Malignant Pleural Mesothelioma *No prior therapies with chemotherapy, nintedanib, radiotherapy, or any other prior line	Anish Pal; anish.pal@ucsf.edu; Rosa Paz; Rosa.Paz@ucsf.edu; 415-885-7329
166517	NCT02860286	Jahan, Thierry	A Phase 2, Multicenter Study of the EZH2 Inhibitor Tazemetostat in Adult Subjects with Relapsed or Refractory Malignant Mesothelioma with BAP1 Loss of Function	Treatment	Age: 18 *Metastatic or non-resectable Mesothelioma BAP-1 negative tumors *Progressive disease after at least one pemetrexed-containing regimen	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
> Thoracic > Sarcoma						
156511	NCT02601950	Jahan, Thierry	A Phase II, Multicenter Study of the EZH2 Inhibitor Tazemetostat in Adult Subjects with INI1-Negative Tumors or Relapsed/Refractory Synovial Sarcoma	Treatment	Age: 16+ *Metastatic or non-resectable INI1-negative tumor or any solid tumor with EZH2 GOF mutation *Progressed on one of the following chemotherapy, monoclonal antibodies, immunotherapy, radiotherapy, high dose therapy with autologous or allogeneic hematopoietic cell infusion, or hematopoietic growth factor	Hien Do; hien.do@ucsf.edu; Rosa Paz; Rosa.Paz@ucsf.edu; 415-885-7329
> Thoracic > Non-small cell Lung Cancer > By Mutation or Histology						
15654	NCT02544633	Blakely, Collin	Phase 2, Parallel-Arm Study of MGCD265 in Patients with Locally Advanced or Metastatic Non-Small Cell Lung Cancer with Activating Genetic Alterations in Mesenchymal-Epithelial Transition Factor	Treatment	Age: 18 *Metastatic or unresctable, locally advanced NSCLC *Genetic alteration activating MET in tumor tissue *Progressive disease after at least one prior platinum-containing chemotherapy	Rosa Paz; Rosa.Paz@ucsf.edu; 415-885-7329
> Thoracic > Non-small cell Lung Cancer > By Stage > Metastatic, stage IV, or inoperable						
15658	NCT02568267	Blakely, Collin	An Open-Label, Multicenter, Global Phase 2 Basket Study of Entrectinib for the Treatment of Patients with Locally Advanced or Metastatic Solid Tumors that Harbor NTRK1/2/3, ROS1, or ALK Gene Rearrangements	Treatment	Age: 18 *Locally advanced or metastatic solid tumor that harbors an NTRK1/2/3, or ROS1 *Progressed on chemotherapy, small molecule targeted therapy, antibody-directed therapy or radiotherapy *No prior treatments with approved or investigational Trk, ROS1 or ALK inhibitors	Mayra Gonzalez; mayra.gonzalez@ucsf.edu; Rosa Paz; Rosa.Paz@ucsf.edu; 415-885-7329
> Thoracic > Non-small cell Lung Cancer > By Mutation or Histology > EGFR (epidermal growth factor receptor) Mutation > 2nd Line and Above						
16656	NCT02616393	Jahan, Thierry	A Phase 2, Multicenter Study of Tesevatinib in Subjects with Non-Small Cell Lung Cancer, EGFR Activating Mutation, Prior Treatment with a Tyrosine Kinase Inhibitor, and Brain Metastases or Leptomeningeal Metastases	Treatment	Age 18 and NSCLC for all three cohorts *Cohort A: activating EGFR mutations with BM at progression, 14 days of treatment with erlotinib, afatinib, or gefitinib and have CNS but not peripheral progression *Cohort B: LM at initial presentation or progression, 14 days of treatment with erlotinib, afatinib, or gefitinib and have CNS but not peripheral progression *Cohort C: BM at initial presentation, no prior systemic treatment	Matthew Shong; Matthew.shong@ucsf.edu;
166511	NCT02823990	Gubens, Matthew	Phase II Trial of TG4010 plus Nivolumab in Patients with Metastatic Non-Small Cell Lung Cancer (NSCLC) who have Progressed after One Line of Systemic Therapy	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16707	NCT02812875	Daud, Adil	A Phase 1, Open-Label, Dose Escalation and Dose Expansion Trial Evaluating the Safety, Pharmacokinetics, Pharmacodynamics, and Clinical Effects of Orally Administered CA-170 in Patients with Advanced Tumors and Lymphomas	Treatment	Age:18+ *Life expectancy of at least 3 months *ECOG PS ≤ 1 *Acceptable bone marrow and organ function at screening *Ability to swallow and retain oral medications *Negative serum pregnancy test in women of childbearing potential *Measurable disease *Tumor for which standard therapy, including approved anti-PD-1 or anti-PD-L1 therapy, when applicable, does not exist or is no longer effective.	Andrew Chon; andrew.chon@ucsf.edu; Jeremy Burbanks-Ivey; Jeremy.Burbanks-Ivey@ucsf.edu; Julie McCluggage; Julie.McCluggage@ucsf.edu;
> Other Trials						
7087		Goldsby, Robert	A Study to Determine if a Credit Card Sized Data Summary (a Passport) Improves a Childhood Cancer Survivor's Knowledge of Diagnosis, Treatment, Risks and Recommended Follow-Up	Supportive Care		Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
117515	NCT01570998	Alvarado, Michael	A Registry Trial of Targeted Intraoperative Radiation Therapy Following Breast-Conserving Surgery	Treatment	All patients aged 45 years or older with operable invasive breast cancer, T1 and T2 (< 3.5 cm), N0-1, M0, confirmed by cytological or histological examination, who are suitable for breast conserving surgery are eligible as long as they have had an ipsilateral diagnostic mammogram within 12 months of enrollment.	Stig Kreps; Stig.Kreps@ucsfmedctr.org ;
12088	NCT01583842	Matthay, Katherine	124I-Metaiodobenzylguanidine (MIBG) PET/CT Diagnostic Imaging and Dosimetry for Patients with Neuroblastoma: A Pilot Study	Diagnostic	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. *Patients must have MIBG evaluable disease which is defined as evidence of uptake into tumor at one site within 4 weeks prior to entry on study and subsequent to any intervening therapy.	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
125518	NCT02450201	Aggarwal, Rahul	A Pilot Study to Evaluate the Reproducibility of Magnetic Resonance (MR) Imaging with Hyperpolarized Pyruvate (13C) and its Ability to Reflect Treatment Effects in Patients with Prostate Cancer	Diagnostic	Age: 18+ * Biopsy proven adenocarcinoma of prostate with intermediate to high risk by CAPRA Scoring; Gleason 4 tumor component * Pre-Radical prostatectomy or pre-ADT followed by definitive radiation therapy * No current or previous ADT / use of 5-alpha reductase inhibitor * No prostate biopsy within four weeks prior to study entry * No MRI contraindications	Christopher Sotto; Christopher.sotto@mrsc.ucsf.edu ;
13106		Chang, Susan	Pilot Study of Safety and Feasibility of Acquiring Hyperpolarized Imaging in Patients with Glioma	Diagnostic		Call 877-827-3222
13108	NCT02022644	Butowski, Nicholas	A Phase I Study of Convection-Enhanced Delivery of Liposomal-Irinotecan Using Real-Time Imaging with Gadolinium In Patients with Recurrent High Grade Glioma	Treatment		Call 877-827-3222
135512	NCT02435472	Chan, June	A Randomized Clinical Trial of Supervised Exercise versus Usual Care Among Men Opting for Active Surveillance for Prostate Cancer (AS Exercise RCT)	Treatment	The study population will be men with low risk prostate cancer managed at the UCSF or the Memorial Sloan Kettering Cancer Center	Sarah Joost; Sarah.Joost@ucsf.edu; 415-353-7349
13802	NCT01833806	Link, Thomas	A Phase IV Post Approval Clinical Study of ExAblate Treatment of Metastatic Bone Tumors for the Palliation of Pain	Supportive Care	Age: 18+ ? Patients who are suffering from symptoms of bone metastases or multiple myeloma bone lesions	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
14083	NCT02124772	Mueller, Sabine	An Open-Label, Dose-Escalation, Phase I/II Study to Investigate the Safety, Pharmacokinetics, Pharmacodynamics and Clinical Activity of the MEK Inhibitor Trametinib in Children and Adolescent Subjects with Cancer or Plexiform Neurofibromas and Trametinib in Combination with Dabrafenib in Children and Adolescents with Cancers Harboring V600 Mutations	Treatment	Age: 12 months through 18 years old *disease relapsed/refractory to all potentially curative standard treatment regimens or must have a current disease for which there is no known curative therapy, or therapy proven to prolong survival with an acceptable quality of life *Able to swallow and retain enterally (PO or nasogastric or gastric tube) administered medication *Part A: Histologically confirmed solid tumors; Measurable or evaluable tumors. Subjects with neuroblastoma that is only detectable by MIBG scan are eligible; *Part B,1-4: Tumor tissue (archived or fresh) is required and must be available to be shipped to Novartis or site specific laboratory; *Part B1: Histologically confirmed neuroblastoma which have been associated with MAPK/RAS/MEK activation; *Part B2: Relapsed or refractory gliomas or other primary brain tumors with BRAF fusion/duplication (documented in Clinical Laboratory Improvement Amendments (CLIA) certified laboratory) or NF1 subjects with gliomas who are not suitable for the NF1 with PN cohort. *Part B3: Subjects with NF-1 must have a Plexiform Neurofibroma(s) that are progressive OR are cause of significant morbidity *Part B4: BRAF V600 mutation-positive solid tumor as confirmed in a CLIA-approved laboratory or equivalent *Part C: Tumors that have been documented by CLIA certified laboratory test to harbor BRAF V600 mutation at diagnosis or relapse; all subjects must provide archival or fresh tumor tissue at screening for central confirmation of local test derived BRAF V600 mutation status	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
14251	NCT02187133	Andreadis, Charalambos	A Phase Ib Dose Escalation Trial of Carfilzomib in Combination with Bendamustine and Rituximab in Patients with Relapsed or Refractory non-Hodgkin Lymphoma	Treatment	Age: 18+ * Histologically-confirmed B-cell non-Hodgkin's lymphoma (Mantle Cell Lymphoma, Follicular Lymphoma, Small Lymphocytic Lymphoma/Chronic Lymphocytic Leukemia, Marginal Zone Lymphoma, Diffuse Large B-cell Lymphoma, and Lymphoplasmacytic Lymphoma) * Must have relapsed or refractory disease after 2 but not more than 4 prior lines of therapy; 1 line of therapy is allowed, if it included an autologous stem cell transplant and at least 12 weeks have elapsed from Day 0. A line of therapy is defined as a course of therapy that is not interrupted by progressive disease. *Subjects must have measurable disease of at least 1.5cm in diameter by PET/CT *No prior treatment with carfilzomib for lymphoma	Jenai Wilmoth; Jenai.Wilmoth@ucsf.edu;
144524	NCT02081755	Hirose, Ryutaro	A 36 month multi-center, open label, randomized, comparator study to evaluate the efficacy and safety of everolimus immunosuppression treatment in liver transplantation for hepatocellular carcinoma exceeding Milan criteria	Treatment		Call 877-827-3222
15081	NCT02091245	Stieglitz, Elliot	Phase I Trial of the Selective Inhibitor of Nuclear Export, KPT-330, in Relapsed Childhood ALL and AML	Treatment		Linda Li; Linda.Li2@ucsf.edu;
150812	NCT02962167	Mueller, Sabine	PNOC 005: A Phase 1 Study of Modified Measles Virus (MV-NIS) for the Treatment of Children and Young Adults with Recurrent Medulloblastoma or Recurrent Atypical Teratoid Rhabdoid Tumors (ATRT)	Treatment	Age: ≥ 12 months to ≤ 39 years *Stratum A: locally recurrent medulloblastoma or ATRT; undergo resection of local recurrence as part of their standard of care; *Stratum B: recurrent disseminated medulloblastoma or ATRT disease *must have failed at least one prior therapy - surgery followed by high dose chemotherapy with stem cell rescue or multi-modality therapy of surgery, radiation and chemotherapy - prior to study registration. * If history of Bone Marrow Transplant, patient must be: ? ≥ 6 months since allogeneic bone marrow transplant prior to registration ? ≥ 3 months since autologous bone marrow/stem cell prior to registration *Karnofsky ≥ 50 for patients ≥ 16 years of age, and Lansky ≥ 50 for patients < 16 years of age	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
150815	NCT02625480	Hermiston, Michelle	A Phase 1/2 Multi-Center Study Evaluating the Safety and Efficacy of KTE-C19 in Pediatric and Adolescent Subjects with Relapsed/Refractory B-precursor Acute Lymphoblastic Leukemia (r/r ALL) (ZUMA-4)	Treatment	Age: 2-21 years old at time of consent *Relapsed or refractory B-precursor ALL (prior allogeneic transplant allowed) *At least 5% blasts in the bone marrow (isolated CNS relapse not allowed) *Lansky/Karnofsky >/=80% *Prior blinatumumab treatment allowed, but CD19 tumor expression on blasts must be documented after completion of most recent line of therapy to be >/= 90% CD19+. *CNS3 disease not allowed *any drug used for GVHD not allowed in the 4 weeks prior to study entry *salvage chemotherapy not allowed within 1 week prior to enrollment *corticosteroids not allowed within 7 days prior to enrollment	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
150816	NCT02601937	Vo, Kieuhoa	A Phase I Study of the EZH2 Inhibitor Tazemetostat in Pediatric Subjects with Relapsed or Refractory INI1-Negative Tumors or Synovial Sarcoma	Treatment	Age: ≥6 months to ≤21 years old *relapsed/refractory disease with no standard treatment options available; must be ineligible/inappropriate for other treatment regimens known to have effective potential *documented local diagnostic pathology of original biopsy confirmed by a CLIA/CAP lab *Lansky/Karnofsky score >50% *life expectancy >3 months *all prior treatment toxicities resolved to ≤ Grade 1 per CTCAE, version 4.03 or are clinically stable and not clinically significant, at time of enrollment *able to swallow and retain orally administered medication *sufficient tumor tissue available for central confirmatory testing *cannot have received another investigational agent within 30 days or five half-lives of planned first dose of tazemetostat	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
150818	NCT02425904	Hermiston, Michelle	Phase II Study of Clofarabine in Patients with Recurrent or Refractory Langerhans Cell Histiocytosis and LCH-related Disorders	Treatment	Age: all ages *Prior diagnosis of Langerhans Cell Histiocytosis by standard diagnostic criteria and confirmed histologically, with evidence of disease reactivation or progression after standard LCH treatment (histological confirmation of reactivation not required) *Performance score >70% *Must have failed first line of treatment with prednisone and vinblastine; there is no limitation of amount or type of prior therapy or drugs *must not have chemotherapy or radiotherapy within 2 weeks prior to entering the study *must have recovered from adverse events due to agents administered more than 2 weeks prior to study entry *patients with prior HSCT are not eligible	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
150819	NCT02960230	Mueller, Sabine	H3.3K27M Specific Peptide Vaccine Combined with Poly-ICLC for the Treatment of Newly Diagnosed HLA-A2+ H3.3K27M Positive Diffuse Intrinsic Pontine Glioma (DIPG) as well as Other Newly Diagnosed HLA-A2+ H3.3K27M Positive Gliomas	Treatment	Age: 3-21 years old *Stratum A: Newly diagnosed DIPG, positive for H3.3K27 mutation, that underwent radiation therapy *Stratum B: Newly diagnosed glioma, other than DIPG, positive for H3.3K27 mutation, including spinal cord gliomas, that underwent standard radiation therapy *patients must test positive for HLA-A2 (in a CLIA approved laboratory) *patients must have measureable disease *patients must be off steroids or on a stable dose of dexamethasone (max 0.1 mg/kg/day, max 4mg/day) at time of enrollment *must not have received any prior chemotherapy, immunotherapy, or bone marrow transplant for treatment of tumor *must have undergone radiation therapy and surgery as part of standard of care treatment *performance score ≥ 50%	Sharon Kresge; leess@peds.ucsf.edu; 415-514-3658
151011	NCT02481154	Clarke, Jennifer	A Phase 1, Multicenter, Open-Label, Dose-Escalation and Expansion, Safety, Pharmacokinetic, Pharmacodynamic, and Clinical Activity Study of Orally Administered AG-881 in Patients with Advanced Solid Tumors, Including Gliomas, with an IDH1 and/or IDH2 Mutation	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
15103	NCT02549833	Taylor, Jennie	Pilot Randomized Neo-adjuvant Evaluation of Poly-ICLC-Assisted Tumor Lysate Vaccines in Adult Patients with WHO Grade II Glioma	Treatment		Call 877-827-3222
15108	NCT02924038	Butowski, Nicholas	Pilot Randomized Neo-Adjuvant Evaluation of Agonist Anti-CD27 Monoclonal Antibody Varlilumab on Immunologic Activities of IMA950 Vaccine plus Poly-ICLC in Patients with WHO Grade II Low-Grade Glioma (LGG)	Treatment		Ashley Desilva; Ashley.DeSilva@ucsf.edu; 415-353-2653 Jennifer Ayran; Jennifer.Ayran@ucsf.edu; 415.885.3704 Thelma Munoz; Thelma.Munoz@ucsf.edu; 415-353-2523
15109	NCT02526017	Butowski, Nicholas	A Phase 1a/1b Study of FPA008 in Combination with Nivolumab in Patients with Selected Advanced Cancers	Treatment	*Age: 18+ *Patients must have at least one measurable lesion at baseline by computed tomography (CT) or magnetic resonance imaging (MRI) as per RECIST v1.1 criteria. *Patients must have had progressive disease on, after, or refused, appropriate approved therapy for their tumor type.	Call 877-827-3222
152514	NCT02253316	Martin, Tom	A Phase II Study of IRD (Ixazomib, Lenalidomide, and Dexamethasone) for Consolidation Therapy Post Autologous Stem Cell Transplantation followed by Maintenance Ixazomib or Lenalidomide for Multiple Myeloma	Treatment	Age: Between 18 - 70 years of age *Histologically confirmed diagnosis of symptomatic multiple myeloma (Patients with multiple myeloma with secondary amyloidosis are eligible) *Received at least two cycles of any regimen as initial systemic therapy for multiple myeloma and are within 2-12 months of the first dose of initial therapy *No evidence of multiple myeloma disease progression any time prior to enrollment (Progression from smoldering/asymptomatic multiple myeloma to symptomatic multiple myeloma is not exclusionary) *No history of plasma cell leukemia or multiple myeloma CNS involvement	Jenai Wilmoth; Jenai.Wilmoth@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
152518	NCT02501473	Ai, Weiyun	Phase 1/2 Study Of Intratumoral G100 With Or Without Pembrolizumab In Patients With Follicular Non-Hodgkin?s Lymphoma	Treatment	Age: 18+ *Follicular low grade NHL: either treatment naïve or relapsed or refractory following at least one prior treatment *Tumor mass(es) accessible for intratumoral injection and being considered for local radiation therapy and at least one additional site of disease outside the radiation field for assessment of distal (abscopal) response *No central nervous system involvement with lymphoma, including parenchymal and leptomeningeal disease *No clinically significant infection, active tuberculosis or evidence of active hepatitis B, hepatitis C, or human immunodeficiency virus (HIV) infection	Jenai Wilmoth; Jenai.Wilmoth@ucsf.edu;
154515	NCT02318329	Korn, Michael	A Phase 1 Open-Label, Dose-Finding Study Evaluating Safety and Pharmacokinetics of FPA144 in Patients with Advanced Solid Tumors	Treatment		Call 877-827-3222
154521		Aparici, Carina	Gallium-68 Citrate PET to Detect MYC Amplification and Transferring Receptor Expression in Hepatocellular Carcinoma (HCC)	Diagnostic		Call 877-827-3222
154526		Steitz-Van Loon, Katherine	Identification of Molecular Determinants of Esophageal Cancer in Tanzania (MDEC-TZ)	Other		Call 877-827-3222
155513		Garcia, Maurice	A Randomized Controlled Clinical Trial of a Smartphone-Based App to Improve Urinary and Sexual Function Outcomes after Robot-Assisted Laparoscopic Radical Prostatectomy Surgery	Supportive Care		Call 877-827-3222
15554	NCT02611882	Hope, Thomas	Evaluation of Gallium-68 HBED-CC PSMA Imaging in Prostate Cancer Patients	Diagnostic	Age 18+ * Biopsy proven prostate adenocarcinoma * Karnofsky performance status of >49 (or ECOG/WHO equivalent). * Investigational therapy for prostate cancer is NOT allowed.	Call 877-827-3222
15632		Herbst, Ellen	Mobile Technology to Improve Treatment Engagement and Outcomes in Smokers with Post-Traumatic Stress Disorder:Pilot	Other		Call 877-827-3222
15635	NCT02470754	Benowitz, Neal	Clinical Pharmacology of Electronic Cigarettes	Other		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
15657	NCT02219711	Blakely, Collin	A Phase 1/1b Study of MGCD516 in Patients with Advanced Solid Tumor Malignancies	Treatment	Age: 18 *Metastatic or unresectable solid tumor *Having a gene alteration (i.e., gene amplification, mutation or rearrangement in MET, AXL, RET, TRK, DDR2, KDR, PDGFRA, KIT or CBL) *Progressive disease after anticancer therapies	Hien Do; hien.do@ucsf.edu; Rosa Paz; Rosa.Paz@ucsf.edu; 415-885-7329
15989		Porten, Sima	Preoperative Guided Imagery in Patients Undergoing Urology Surgery	Supportive Care		Call 877-827-3222
15991	NCT02442635	Dhruva, Anand	Developing a Yoga Intervention During Cancer Chemotherapy	Supportive Care		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16081	NCT02650401	Sabnis, Amit	A Phase 1/1b, Open-Label, Dose-Escalation and Expansion Study of Entrectinib (RXDX-101) in Children and Adolescents with Recurrent or Refractory Solid Tumors and Primary CNS Tumors, with or without TRK, ROS1, or ALK Fusions	Treatment	Age: Male or female age ≥ 2 years and < 22 years; subjects < 2 years may be enrolled in Part E (alternative dosing methods) *must be able to swallow capsules, except for <2 years of age in Part E (alternative dosing method) *Parts A, B, C, and D must have BSA ≥ 0.45 m2 at the time of study enrollment *Patients must have measureable or evaluable disease. Disease will be evaluated for the different Parts by either RECISTv1.1 (+/- Curie Scale) or RANO. *Part A: Relapsed or refractory extracranial solid tumors *Part A (expansion): Relapsed or refractory non-neuroblastoma, extracranial solid tumors with NTRK1/2/3, ROS1, or ALK molecular alterations, non-gene fusion molecular alterations *Part B: Relapsed or refractory primary brain tumors with NTRK1/2/3, ROS1, or ALK molecular alterations, including gene fusions; gene fusions are defined as those predicted to translate into a fusion protein with a functional TRKA/B/C, ROS1, or ALK kinase domain, without a concomitant second oncodriver (e.g., EGFR, KRAS) as determined by any nucleic acid-based diagnostic testing method, e.g., NGS, Sanger, RT-PCR, NanoString, EdgeSeq. *Part C: Relapsed or refractory neuroblastoma *Part D: Relapsed or refractory non-neuroblastoma, extracranial solid tumors with NTRK1/2/3, ROS1, or ALK gene fusions; gene fusions are defined as those predicted to translate into a fusion protein with a functional TRKA/B/C, ROS1, or ALK kinase domain, without a concomitant second oncodriver (e.g., EGFR, KRAS) as determined by any nucleic acid-based diagnostic testing method, e.g., NGS, Sanger, RT-PCR, NanoString, EdgeSeq. *Part E: Any subject eligible for Parts A (expansion), B, C, or D age	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16082	NCT02332668	Vo, Kieuhoa	A Phase I/II Study of Pembrolizumab (MK-3475) in Children with advanced melanoma or a PD-L1 positive advanced, relapsed or refractory solid tumor or lymphoma (KEYNOTE-051)	Treatment	Age: 6 months to less than 18 years of age on day of signing consent/assent. *histologically or cytologically-documented, either advanced melanoma or a PD-L1 positive advanced, relapsed or refractory solid tumor or lymphoma. There is no limit to the number of prior treatment regimens, but standard therapies must be exhausted. *Have measurable disease based on RECIST 1.1. *Performance score ≥ 50%. *must have recovered all toxicities from prior agents to ≤ Grade 1 or baseline (subjects with ≤ Grade 2 neuropathy or ≤ Grade 2 alopecia are an exception to this criterion and may qualify for the study) *patients may not have active CNS metastases *patients must not have received prior therapy with anti-PD-1, anti PD-L1, or anti-CTLA-4 therapies *patients cannot have undergone prior allogeneic hematopoetic stem cell transplantation within the last 5 years	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831
160821	NCT03139331	Vo, Kieuhoa	Phase 1 Study of Pazopanib in Combination with Irinotecan and Temozolomide (PAZIT) for Children and Young Adults with Relapsed or Refractory Sarcoma	Treatment		Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
160823	NCT01690520	Willert, Jennifer	Multi-center, open-label randomized study of single or double myeloablative cord blood transplantation with or without infusion of off?the-shelf ex vivo expanded cryopreserved cord blood progenitor cells in patients with hematologic malignancies	Treatment		Call 877-827-3222
160829	NCT02909777	Vo, Kieuhoa	Phase 1 Trial of CUDC-907 in Children and Young Adults with Relapsed or Refractory Solid Tumors, CNS Tumors, or Lymphoma	Treatment		Call 877-827-3222
160830	NCT02670525	Loh, Mignon	Matched Targeted Therapy (MTT) Recommendation for Patients with Recurrent, Refractory, or High Risk Leukemias	Basic Science		Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16088	NCT02947373	Mueller, Sabine	Pilot Study of Safety and Toxicity of Acquiring Hyperpolarized Carbon-13 Imaging in Children with Brain Tumors	Diagnostic	Age: ≥ 3 years and ≤ 18 years of age *diagnosis of a brain tumor *patient does require sedation for MR imaging *Karnofsky ≥ 70 for patients ≥ 16 years of age, and Lansky ≥ 70 for patients < 16 years of age *Patients receiving active therapy on an investigational trial at the time of enrollment should consult with the study chair regarding potential interactions with other study agents. Patients who are enrolled in a clinical trial but are off- therapy and in follow up are eligible.	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
161012	NCT02852655	Clarke, Jennifer	A Pilot Surgical Trial to Evaluate Early Immunologic Pharmacodynamic Parameters for the PD-1 Checkpoint Inhibitor, Pembrolizumab (MK-3475), in Patients with Surgically Accessible Recurrent/Progressive Glioblastoma	Treatment		Call 877-827-3222
161013	NCT02858895	Butowski, Nicholas	An Open-Label Non-Randomized, Multi-Center Phase-2 Study of Convection-Enhanced Delivery (CED) of MDNA55 in Adults with Recurrent or Progressive Glioblastoma	Treatment		Call 877-827-3222
161014	NCT02026271	Butowski, Nicholas	A Phase I Study of Ad-RTS-hIL-12, an Inducible Adenoviral Vector Engineered to Express hIL-12 in the Presence of the Activator Ligand Veledimex in Subjects with Recurrent or Progressive Glioblastoma or Grade III Malignant Glioma	Treatment		Call 877-827-3222
16104	NCT02667587	Taylor, Jennie	A Randomized Phase 3 Single Blind Study of Temozolomide plus Radiation Therapy combined with Nivolumab or Placebo in Newly Diagnosed Adult Subjects with MGMT-Methylated (tumor O6-methylguanine DNA methyltransferase) Glioblastoma	Treatment		Call 877-827-3222
16105		Taylor, Jennie	Neurocognitive and Quality of Life Assessment in Patients with Brain Tumors	Other		Call 877-827-3222
16109	NCT02844439	Butowski, Nicholas	A Phase 2, Multicenter Study of Tesevatinib Monotherapy in Patients with Recurrent Glioblastoma	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16254	NCT02553941	Logan, Aaron	Phase 1b Trial of the Combination of Ibrutinib and Azacitidine for the Treatment of Higher Risk Myelodysplastic Syndromes in Previously Treated Patients or in Untreated Patients Unfit for or Who Refuse Intense Therapy	Treatment	Age: 18+ *Pathologically confirmed diagnosis of myelodysplastic syndrome as confirmed by World Health Organization or French-American-British classifications (Revised international prognostic scoring system score of intermediate, high, or very high) *For dose expansion cohort, subjects must be azacitidine naïve *No prior treatment with a BTK inhibitor *No prior bone marrow transplant within 3 months or with acute graft versus host disease *No known bleeding disorders	Jenai Wilmoth; Jenai.Wilmoth@ucsf.edu;
164511	NCT02965521	Van Blarigan (Richman), Erin	Survivor Choices for Eating and Drinking (SUCCEED) ? Colorectal Cancer	Other		Call 877-827-3222
164514	NCT02174549	Fidelman, Nicholas	Phase I Dose-Escalating Study of Combining Tirapazamine and Transarterial Embolization in Hepatocellular Carcinoma	Treatment	Age 20-75 * Confirmed diagnosis of HCC > 10 mm with a characteristic 4-phase CT or dynamic contrast enhanced MRI finding showing intense arterial uptake followed by ?washout? of contrast in the venous-delayed phases per American Association for the Study of Liver Disease (AASLD) criteria. * Patients with single or multiple (2-4 nodules) HCC who are unsuitable or unwilling for surgical resection or RFA. The largest tumor nodule should be less than 10 cm in the largest diameter. The total volume of tumor cannot exceed 50% of liver * Patients are candidates for TAE or TACE. No tumor invasion to portal vein or thrombosis in portal vein. * Patients have no lymph node involvement or distant metastasis. * Prior local therapies such as surgical resection, radiofrequency ablation, or alcohol injection are allowed as long as tumor progresses from the prior treatment and the patients are still candidates for TAE. All prior therapy must be at least 4 weeks prior to enrollment and free from treatment-related toxicity.	Call 877-827-3222
16452	NCT02602327	Fidelman, Nicholas	Phase I/II Study of TAS-102 and Radioembolization with 90Y Resin Microspheres for Chemo-Refractory Colorectal Hepatic Metastases	Treatment	Age: 18+ *Diagnosis of uresectable metastatic colorectal adenocarcinoma with liver-dominant disease *Disease progression or intolerance to at least two prior FDA-approved therapeutic regimens *Tumor replacement < 50% of total liver volume	Curt Johanson; Curt.Johanson@ucsf.edu; 415-353-2310

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16527	NCT02872714	Friedlander, Terence	A Phase 2, Open-Label, Single-Agent, Multicenter Study to Evaluate the Efficacy and Safety of INCB054828 in Subjects With Metastatic or Surgically Unresectable Urothelial Carcinoma Harboring FGF/FGFR Alterations	Treatment		Lani Bradish; landi.bradish@ucsf.edu;
165513	NCT03009981	Aggarwal, Rahul	A Phase 3 Study of Androgen Annihilation in High-Risk Biochemically Relapsed Prostate Cancer	Treatment	Age 18+ * Histologically confirmed prostate adenocarcinoma with prior radical prostatectomy; * PSADT ≤ 9 months. PSADT should be calculated with all PSA values within 12 months, and with a minimum of 3 values separates by 2 at least 2 weeks; * Prior adjuvant or salvage radiation or not a candidate for radiation based upon clinical assessment; * No definitive evidence of metastases.	Lani Bradish; landi.bradish@ucsf.edu;
16552	NCT02814669	Fong, Lawrence	A Phase 1b, Open-Label Study of the Safety and Tolerability of Atezolizumab in Combination with Radium-223 Dichloride in Patients with Castrate-Resistant Prostate Cancer who have Progressed Following Treatment with an Androgen Pathway Inhibitor	Treatment	Age 18+ * Metastatic castration-resistant prostate adenocarcinoma; * Progressive disease according to PCWG2 criteria during or following treatment with one androgen pathway inhibitor (i.e. enzalutamide and abiraterone) for mCRPC; * Tumors amenable to serial biopsy or availability of a tumor specimen collected within 90 days prior to initiation of study treatment if no systemic cancer treatment was initiated after obtaining the specimen; * No prior chemotherapy (e.g. docetaxel) for treatment of CRPC (prior docetaxel if given for hormone-sensitive prostate cancer is allowed); * No prior radium-223 dichloride.	Lani Bradish; landi.bradish@ucsf.edu;
166520	NCT03217071	Yom, Sue	PembroX: Enhancing the Immunogenicity of Non-Small Cell Lung Cancer with Pembrolizumab +/- Stereotactic Radiotherapy Delivered in the Preoperative Window, A Randomized Phase II Study with Correlative Biomarkers	Treatment		Call 877-827-3222
16751	NCT03011684	Rosen, Mitchell	Fertility Preservation using Tamoxifen and Letrozole in Estrogen Sensitive Tumors Trial	Supportive Care		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
167520	NCT02732119	Rugo, Hope	TRINITI-1: A Phase I/II, single arm, open-label study of Ribociclib in Combination with Everolimus + Exemestane in the Treatment of Men and Postmenopausal Women with HR+, HER2- Locally Advanced or Metastatic Breast Cancer Following Progression on a CDK 4/6 Inhibitor	Treatment	- Males and post-menopausal females (if <60 require FSH and E2, if d/t tx require serial measurements; can't be on ovarian suppression) - ECOG 0 - 1 - Histologically or cytologically confirmed ER or PR positive (at least 1%), HER2 negative (IHC 0/1+ or FISH-) locally advanced/MBC (by local testing) - Disease is refractory to at least one endocrine therapy -- Recurrence on or w/in 12 mo of adj tx w/letrozole\anastrozole\tam\fulvest -- Progression on or after metastatic letrozole, anastrozole, tam or fulvestrant - Must have a documented recurrence or progression on a CDK4/6 inhibitor (must have remained on tx for at least 4 mo prior to progression) - CDK4/6 inhibitor must have been the last treatment regimen - At least 1 line of metastatic chemo; max 3 lines of metastatic therapy including chemo and endocrine tx. *If pt relapsed w/in 12 mo of adjuvant tx = 1 line - Requires BL biopsy if accessible; if not, metastatic archive tissue required - Requires measurable disease by RECIST 1.1 or evaluable bone-only disease - Adequate marrow and organ fxn: ANC at least 1.5; Plts at least 100; Hem at least 9; normal K+/Ca2+/Mg2+/Na+; creatinine less than or equal to 1.5XULN; ALT/AST less then or equal to 2.5XULN (5X w/liver mets); t bili less than or equal to 1XULN (3X if Gilbert's); INR less than or equal to 1.5XULN or 2.5X on anticoagulant; cholesterol < 300 mg/dL and triglycerides < 2.5XULN; fasting glucose < 1.5XULN - Can have received max 28 days of exemestane - No prior tx w/ mTOR inhibitors - Resolution of prior toxicities to less than or equal to grade 1 (except alopecia) - Past CNS allowed if tx > 4 wks, clinically stable and off steroid - No significant cardiovascular dysfunction w/in 1 yr; LVEF > 50%; QTc < 450	Call 877-827-3222
16801	NCT02897635	Dhruva, Anand	Developing an Integrative Ayurvedic Intervention for Breast Cancer Survivorship	Supportive Care		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
169513	NCT02723006	Tsai, Katy	An Open-Label, Phase 1b, Multi-Arm Study to Evaluate the Safety, Tolerability, and Pharmacodynamics of Investigational Treatments in Combination with Standard of Care Immune Checkpoint Inhibitors in Patients with Advanced Melanoma	Treatment	18+ Main Criteria for Inclusion: ? Adult male or female patients ≥18 years old. ? Histologically confirmed, unresectable Stage III or Stage IV melanoma per the American Joint Committee on Cancer (AJCC) staging system. ? Eastern Cooperative Oncology Group (ECOG) performance status of 0-1. ? Adequate bone marrow reserve and renal and hepatic function within 28 days before the first dose of study drug on the basis of the following laboratory parameters: ? Absolute neutrophil count (ANC) ≥1000/mm3, platelet count ≥75,000/mm3, and hemoglobin ≥8 g/dL (with or without transfusion support). ? Total bilirubin ≤1.5 the institutional upper limit of normal (ULN) or 3.0  ULN in subjects with Gilbert?s syndrome. ? Serum alanine aminotransferase (ALT) or aspartate aminotransferase (AST) ≤3.0  the institutional ULN (<5 ULN if liver enzyme elevations are due to liver metastases). ? Creatinine <1.5 the institutional ULN or estimated creatinine clearance using the Cockcroft-Gault formula ≥ 50 mL/minute/1.73 m2 for patients with serum creatinine concentrations above institutional limits. ? Suitable venous access for the collection of study-required blood sampling, including pharmacokinetic (PK) and pharmacodynamic blood samples. ? Recovered from all toxic effects of previous therapy or at new baseline (patients with ongoing Grade 1 events from prior therapies will be eligible). ? Prior radiotherapy must have been completed at least 2 weeks prior to study drug administration. ? Prior systemic antitumor therapy 2 weeks or 5 times the half-life, whichever is shorter.	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
169514	NCT02608125	Aggarwal, Rahul	A Phase 1 Open-Label, Multicenter, Dose-Escalation Study of PRN1371, a FGFR1-4 Kinase Inhibitor, in Adult Patients with Advanced Solid Tumors, followed by an Expansion Cohort in Patients with FGFR1, 2, 3, or 4 Genetic Alterations	Treatment	Inclusion Criteria: 1. Age ≥ 18 years 2. Histological or cytological documentation of an advanced solid tumor. Tumor specimens (e.g., 1 or 2 representative hematoxylin- and eosin-stained slides) must be available for retrospective confirmation and central FGFR evaluation. Alternatively, a tumor block, recuts, or a frozen tissue sample of tumor may be used. 3. Life expectancy of at least 12 weeks 4. Patient must have metastatic or recurrent disease and have failed first-line systemic treatment, and if indicated, failed approved second-line therapy, and for whom no standard therapy options are anticipated to result in a durable remission 5. Patient must have evaluable, progressive, and measurable disease per the Response Evaluation Criteria in Solid Tumors (RECIST) guidelines, Version 1.1 (Appendix 3). All sites of disease must be documented. 6. Adequate bone marrow, liver, and renal function, as assessed by the following laboratory requirements to be conducted within 7 days prior to Day 1 of Cycle 1: -Hemoglobin ≥ 9.0 g/dL -ANC ≥ 1500/❍L -Platelet count ≥ 100,000/❍L -Total bilirubin ≤ 1.5 times the upper limit of normal (ULN) -Alanine transaminase (ALT) and aspartate transaminase (AST) ≤ 2.5 times ULN, and ≤ 5 times ULN in patients with liver metastases -Prothrombin-International Normalized Ratio (PT-INR) -and Partial Thromboplastin Time (PTT) ≤ 1.5 times ULN -Serum creatinine ≤ 2 times ULN -Serum phosphate ≤ ULN 7. Negative serum pregnancy test performed within 7 days prior to Day 1 of Cycle 1 for women of childbearing potential	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
169517	NCT02908451	Ko, Andrew	A Phase I Dose Escalation Study, with Cohort Expansion, to Evaluate the Safety, Tolerability, Pharmacokinetics, and Preliminary Efficacy of AbGn-107 Therapy in Patients with Chemo-refractory Locally Advanced, Recurrent, or Metastatic Gastric, Colorectal, or Pancreatic Cancer	Treatment		Call 877-827-3222
169518	NCT02595931	Aggarwal, Rahul	Phase I clinical trial of VX-970 in combination with the topoisomerase I inhibitor irinotecan in patients with advanced solid tumors	Treatment		Call 877-827-3222
169519	NCT02498613	Munster, Pamela	A Phase 2 Study of Cediranib in Combination with Olaparib in Advanced Solid Tumors	Treatment		Call 877-827-3222
169522	NCT03194685	Smith, Catherine	A First-in-Human Phase 1/2a Study to Assess the Safety, Tolerability, Efficacy, and Pharmacokinetics of FF-10101-01 in Subjects with Relapsed or Refractory Acute Myeloid Leukemia	Treatment		Call 877-827-3222
169524	NCT03136055	Bergsland, Emily	A Pilot Study of Pembrolizumab-based Therapy in Previously Treated High Grade Neuroendocrine Carcinomas	Treatment		Call 877-827-3222
16953	NCT02670044	Olin, Rebecca	A Phase Ib/II Multi-Arm Study with Venetoclax in Combination with Cobimetinib and Venetoclax in Combination with Idasanutlin in Patients Aged >= 60 Years with Relapsed or Refractory Acute Myeloid Leukemia who are not Eligible for Cytotoxic Therapy	Treatment	Age >/= 60 years -Relapsed/ Refractory AML (acceptable to have antecedent myelodysplastic syndrome or chronic myelomonocytic leukemia transformed to AML) -No CNS involvement with AML at study entry -Washout of anticancer therapy 14 days or 5 half-lives (whichever is shorter), exception is hydroxyurea -No treatment with monoclonal antibodies or antibody drug conjugates for anti-neoplastic intent within 30 days -No prior Bcl-2, MDM2, or Raf/ MAPK pathway exposure	Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
16957	NCT02657889	Munster, Pamela	Phase 1/2 Clinical Study of Niraparib in Combination with Pembrolizumab in Patients with Advanced or Metastatic Triple-Negative Breast Cancer and in Patients with Recurrent Ovarian Cancer	Treatment	18+ * TNBC and OC * TNBC: May have had up to 3 lines of therapy (does not include small molecule inhibitors, hormonal agents, or mabs) *OC: May have had up to 4 lines of therapy (does not include small molecule inhibitors, hormonal agents, or mabs). Must have had a response to platinum lasting >/= 6 months and be considered platinum resistant. *Archival tissue required; fresh biopsy required in absence of archival tissue *Optional on-study biopsies *No prior anti-PD-1, anti-PD-L1, or anti-PD-L2 treatments; no prior PARP inhibitors *BRCA status not considered for eligibility	Call 877-827-3222
17631		Wang, Julie	Cigarette Reduction with the Quitbit Lighter &; Mobile App for Smoking Cessation: A Randomized Controlled Trial	Diagnostic		Call 877-827-3222
17752	NCT02915744	Melisko, Michelle	A Phase 3 Open-Label, Randomized, Multicenter Study of NKTR-102 Versus Treatment of Physician's Choice (TPC) in Patients with Metastatic Breast Cancer Who Have Stable Brain Metastases and Have Been Previously Treated With Anthracycline, A Taxane, and Capecitabine	Treatment	- Males and females - Pt must have a h/o brain mets that are non-progressing -- Washout period for prev treated brain mets ~ 7-28 d -- No LMD - Have had prior therapy (administered in the neoadjuvant, adjuvant and/or metastatic setting) w/ an anthracycline, a taxane and capecitabine (prior anthracycline can be omitted if not medically appropriate or contraindicated) - Last dose of anticancer therapy must have been administered within 6 mos - TNBC: min of 1 prior line of chemo in metastatic setting - ER+/PR+: min of 2 prior lines of chemo and 1 line of hormonal therapy in metastatic setting - HER2: min of 2 prior lines of chemo and 1 line of targeted therapy in metastatic setting - Either measurable or non-measurable disease according to RECIST 1.1 - ECOG 0 - 1 - Adequate organ fxn: ANC at least 1.5; Hgb at least 9; plt at least 75; Cr less than or = to 1.5xULN; T.Bili less than or = to 1.5 x ULN; AST/ALT less than or = to 2.5 x ULN - No prior irinotecan, irinotecan liposomal (Onivyde, MM-398), topotecan	Amy Deluca; Amy.Deluca@ucsf.edu; 415-353-7288

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
AALL1331	NCT02101853	Loh, Mignon	Risk-Stratified Randomized Phase III Testing of Blinatumomab (IND# 117467, NSC#765986) in First Relapse of Childhood B-Lymphoblastic Leukemia (B-ALL)	Treatment		Call 877-827-3222
AALL15P1	NCT02828358	Loh, Mignon	A Groupwide Pilot Study to Test the Tolerability and Biologic Activity of the Addition of Azacitidine (IND# 133688, NSC# 102816) to Chemotherapy in Infants with Acute Lymphoblastic Leukemia (ALL) and KMT2A (MLL) Gene Rearrangement	Treatment		Call 877-827-3222
AAML1331	NCT02339740	Braun, Benjamin	A Phase III Study for Patients with Newly Diagnosed Acute Promyelocytic Leukemia (APL) using Arsenic Trioxide and All- Trans Retinoic Acid	Treatment	Age: ≥ 12 months and < 22 years of age at first diagnosis of APL *Newly diagnosed with clinical diagnosis of Acute Promyelocytic Leukemia (by morphology of bone marrow or peripheral blood; bone marrow diagnosis highly preferred); patients with secondary APL are excluded *If RQ-PCR results are known at the time of study enrollment, patient must demonstrate PML-RARα transcript by RQ-PCR to be eligible *may receive up to maximum 5 days pre-treatment with ATRA prior to administration of study therapy *treatment with hydroxyurea, corticosteroids (any route), and IT cytarabine prior to beginning protocol therapy is allowed. However, a lumbar puncture with IT therapy at initial diagnosis of APL is not recommended; treatment with any other cytotoxic chemotherapy prior to beginning protocol therapy is NOT allowed *patients may not have significant EKG abnormalities	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
AAML1421	NCT02642965	Goldsby, Robert	Phase 1/2 Study of CPX-351 (NSC# 775341; IND #129443) Alone Followed by Fludarabine, Cytarabine, and G-CSF (FLAG) for Children with Relapsed Acute Myeloid Leukemia (AML)	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
AAML1522	NCT02538965	Braun, Benjamin	A Phase 2, Multicenter, Single-arm, Open-label Study to Evaluate the Activity, Safety and Pharmacokinetics of Lenalidomide (Revlimid®) in Pediatric Subjects from 1 to ≤ 18 Years of Age with Relapsed or Refractory Acute Myeloid Leukemia	Treatment	Age: Male or female is 1 to ≤ 18 years of age at the time of signing the ICF/IAF *Subject has relapsed or refractory AML after at least 2 prior induction attempts *Performance score of ≥ 50% *Subject has recovered from the acute toxic effects of all prior chemotherapy, immunotherapy, or radiotherapy prior to first dose. All prior treatment-related toxicities must have resolved to ≤ Grade 2 prior to enrollment. *Subject must be at least 2 months (from first dose of lenalidomide) from stem cell infusion, with no evidence of active acute or chronic GVHD (Grade 0) for 4 weeks prior to the first dose of lenalidomide *Subjects with Down Syndrome are excluded *Subjects with isolated CNS involvement or extramedullary relapse are excluded *With the exception of hydroxyurea and IT cytarabine, no cytotoxic chemotherapy is allowed within 2 weeks of the first dose of lenalidomide	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
AAML1531	NCT02521493	Huang, Benjamin	Risk-stratified Therapy for Acute Myeloid Leukemia in Down Syndrome A COG Groupwide Phase III Study	Treatment	Age: Children with Down syndrome > 90 days and < 4 years of age at diagnosis *Patients with previously untreated de novo AML who meet the criteria for AML with ≥ 20% bone marrow blasts as set out in the WHO Myeloid Neoplasm classification OR *Patients with cytopenias and/or bone marrow blasts who do not meet the criteria for the diagnosis of AML are eligible if they meet the criteria for a diagnosis of MDS OR *Patients with a history of Transient Myeloproliferative Disorder (which may or may not have required chemotherapy intervention), who: i) are > 8 weeks since resolution of TMD with ≥ 5% blasts, OR ii) Patients who have an increasing blast count (≥ 5%) in serial bone marrow aspirates performed at least 4 weeks apart. *Children who have previously received chemotherapy, radiation therapy or any anti-leukemic therapy are not eligible for this protocol, with the exception of cytarabine for the treatment of TMD	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
ADVL1322	NCT01956669	Sabnis, Amit	A Phase II Trial of Pazopanib NSC# 737754, IND# 65747 in Children with Refractory Solid Tumors	Treatment	Age: at least 1 year and less than or equal to 18 years of age at the time of study entry *histologic verification of one of the malignancies listed below at original diagnosis or at relapse 1. Rhabdomyosarcoma 2. Non-rhabdomyosarcomatous Soft Tissue Sarcoma (including desmoplastic small round cell tumor) 3. Ewing Sarcoma/Peripheral PNET 4. Osteosarcoma 5. Neuroblastoma (Measurable) 6. Neuroblastoma (Evaluable) 7. Hepatoblastoma *disease that has either relapsed or is refractory to prior therapy *radiographically measurable disease (with the exception of neuroblastoma, which must be MIBG+ evaluable) *performance status score of ≥ 50 *Patients must have fully recovered from the acute toxic effects of all prior chemotherapy, immunotherapy, or radiotherapy prior to entering this study. *Patients who are unable to swallow tablets or liquid are not eligible. Pazopanib cannot be administered via NG tube or G-tube. *Patients with known involvement of the CNS by malignancy will be excluded.	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
ADVL1416	NCT02564198	Vo, Kieuhoa	A Phase 1 Study of Ramucirumab, a Human Monoclonal Antibody Against the Vascular Endothelial Growth Factor-2 (VEGFR-2) Receptor in Children with Refractory Solid Tumors, Including CNS Tumors	Treatment		Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831
ADVL1513	NCT02780804	Vo, Kieuhoa	A PHASE 1 STUDY OF ENTINOSTAT, AN ORAL HISTONE DEACETYLASE INHIBITOR, IN PEDIATRIC PATIENTS WITH RECURRENT OR REFRACTORY SOLID TUMORS, INCLUDING CNS TUMORS AND LYMPHOMA	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
ALLIANCE-A051301	NCT02443077	Andreadis, Charalambos	A RANDOMIZED DOUBLE-BLIND PHASE III STUDY OF IBRUTINIB DURING AND FOLLOWING AUTOLOGOUS STEM CELL TRANSPLANTATION VERSUS PLACEBO IN PATIENTS WITH RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA OF THE ACTIVATED B-CELL SUBTYPE	Treatment	Age: 18+ *Diagnosis of WHO diffuse large B-cell lymphoma, high grade B-cell lymphoma not otherwise specified, or B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma *Determination of ABC subtype *Patient must have progressed or be refractory to prior anthracycline-containing chemotherapy (e.g. R-CHOP, DA-EPOCH-R, etc) *No more than 3 prior regimens for large cell component (e.g. one induction and two salvage therapies). Monoclonal antibody alone or involved field/involved site radiotherapy do not count as lines of therapy	Jenai Wilmoth; Jenai.Wilmoth@ucsf.edu;
ALLIANCE-A071401	NCT02523014	Taylor, Jennie	Phase II Trial of SMO/AKT/NF2 Inhibitors in Progressive Meningiomas with SMO/AKT/NF2 Mutations	Treatment		Call 877-827-3222
AMC-088	NCT02059499	Jay, Naomi	A Randomized, Phase III Study of Intra-anal imiquimod 2.5% vs. Topical 5-fluorouracil 5% vs. Observation for the Treatment of High-grade Anal Squamous Intraepithelial Lesions in HIV-infected Men and Women	Treatment	Age: 27 Years and Older; * HIV-Positive; * Biopsy-proven HSIL (anal intraepithelial neoplasia 2 (AIN2) and/or AIN3) of the anal canal at either the squamocolumnar junction or distal anus; * HSIL occupies at least 25% of the circumference of the anal canal at either the squamocolumnar junction or distal anus	Call 877-827-3222
ANBL1232	NCT02176967	Matthay, Katherine	Utilizing Response- and Biology-Based Risk Factors to Guide Therapy in Patients with Non-High-Risk Neuroblastoma	Treatment	Age: < 12 months (< 365 days) of age at diagnosis with INRG Stage L1; or < 18 months (< 547 days) of age at diagnosis with INRG Stage L2 or Stage Ms neuroblastoma/ganglioneuroblastoma. *newly diagnosed MYCN non-amplified neuroblastoma (ICD-O morphology 9500/3) or MYCN non-amplified ganglioneuroblastoma verified by histology. *No prior radiotherapy or chemotherapy, with the exception of dexamethasone, which is allowed. *Patients with MYCN amplified tumors are not eligible.	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;

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AOST1321	NCT02470091	Goldsby, Robert	Phase 2 Study of Denosumab (IND# 127430, NSC# 744010), a RANK Ligand Antibody, for Recurrent or Refractory Osteosarcoma	Treatment	Age: equal to or greater than 11 years of age but less than 50 years of age at the time of enrollment *Patients must have relapsed or become refractory to conventional therapy, with a regimen including some combination of high dose methotrexate, doxorubicin, cisplatin, ifosfamide and etoposide; and have had histologic verification of osteosarcoma at original diagnosis or at the time of recurrence *Cohort 1 patients must have measurable disease according to RECIST 1.1 *Cohort 2 patients must have had a complete resection of all sites of metastatic disease within 30 days prior to enrollment. *Patient must have adequate tumor specimen available for submission *Patients must have a performance status corresponding to ECOG scores of 0, 1 or 2. *Patients who have previously received denosumab are excluded	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
ARST1321	NCT02180867	Goldsby, Robert	Pazopanib Neoadjuvant Trial in Non-Rhabdomyosarcoma Soft Tissue Sarcomas (PAZNTIS): A Phase II/III Randomized Trial of Preoperative Chemoradiation or Preoperative Radiation Plus or Minus Pazopanib (NSC# 737754, IND# 118613)	Treatment	Age: Patients must be ≥ 2 years at the time of the biopsy that established the diagnosis of NRSTS will be eligible *patients must have a Body Surface Area ≥ 0.5 m2 *patients must be able to swallow whole tablets *ELIGIBLE SITES: o Extremities: upper (including shoulder) and lower (including hip) o Trunk: body wall INELIGIBLE SITES: Head and neck, visceral organs (with the exception of embryonal sarcoma of the liver), retroperitoneum, peritoneum, pelvis within the confines of the bony pelvis. *Patients with non-metastatic and metastatic disease are eligible. *Sufficient tissue and blood must be available to submit for required biology studies *performance status score ≥ 70 *Patient must have a life expectancy of at least 3 months with appropriate therapy. *Patients with known CNS metastases are not eligible. *Patients with gross total resection of the primary tumor prior to enrollment on ARST1321 are NOT eligible. Patients who have experienced tumor recurrence after a gross total tumor resection are NOT eligible. *Patients must have had no prior radiotherapy to tumor-involved sites. *Patients must have had no prior anthracycline (eg, doxorubicin, daunorubicin) or ifosfamide chemotherapy.	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
CTSU-NRG-GY003	NCT02498600	Chen, Lee-may	Phase II Randomized Trial of Nivolumab with or without Ipilimumab in Patients with Persistent or Recurrent Epithelial Ovarian, Primary Peritoneal or Fallopian Tube Cancer	Treatment		Call 877-827-3222
NANT-2011-04	NCT01711554	Matthay, Katherine	A Phase I Study of Lenalidomide and Anti-GD2 Mab Ch14.18 +/- Isotretinoin in Patients with Refractory/Recurrent Neuroblastoma	Treatment	Age: Patients must be ≤ 21 years of age when registered on study. *High-risk neuroblastoma *Patients must have at least ONE of the following: 3.2.4.1. Recurrent/progressive disease at any time prior to enrollment ? regardless of response to frontline therapy. 3.2.4.2 Refractory disease: persistent sites of disease (after less than a partial response to frontline therapy, following a minimum of 4 cycles of induction therapy) AND patient has never had a relapse/progression. 3.2.4.3 Persistent disease: persistent disease after achieving at least a partial response to frontline therapy after a minimum of 4 cycles of induction therapy and patient has never had a relapse/progression. *Patients must have a life expectancy of at least 6 weeks and a performance score of at least 50. *Patients must have fully recovered from the acute toxic effects of all prior chemotherapy, immunotherapy, or radiotherapy prior to study enrollment. *patients must be able to swallow lenalidomide capsules whole	Pediatric Oncology; cancerclinicaltrials@peds.ucsf.edu; 415-476-3831

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
NANT-2013-02	NCT02298348	Matthay, Katherine	A Phase I Study of Sorafenib and Cyclophosphamide/Topotecan in Patients with Relapsed and Refractory Neuroblastoma	Treatment	Age: Patients must be < 30 years of age when registered on study. *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 catecholamines. *Patients must have high-risk neuroblastoma according to COG risk classification at the time of study enrollment. Patients who were initially considered low or intermediate risk, but then reclassified as high risk are also eligible. *Patients must have either recurrent/progressive disease, refractory disease, or persistent disease *Patients must have either: at least one MIBG avid bone site or diffuse MIBG uptake, neuroblastoma tumor cells in the bone marrow, or at least one soft tissue site that meets criteria for a target lesion by size *Patients with known CNS parenchymal, meningeal or skull based tumors that are present at study entry are eligible. *Patients must have fully recovered from the acute toxic effects of all previous chemotherapy, immunotherapy, or radiotherapy prior to study enrollment. *Patients must have a life expectancy of at least 8 weeks and a performance score of at least 50 *Patients must not have received radiation for a minimum of two weeks prior to study enrollment. *Subjects with calculated BSA < 0.5 m2 are not eligible for study participation	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;
NRG-BN002	NCT02311920	Butowski, Nicholas	Phase I Study of Ipilimumab, Nivolumab, and the Combination in Patients with Newly Diagnosed Glioblastoma	Treatment		Call 877-827-3222

UCSF Protocol No.	Clinicaltrials.gov Protocol No.	PI Name	Title	Protocol Type	Key Eligibility	Study Contact
TACL-2014-001	NCT01614197	Hermiston, Michelle	A Phase I Trial of Temsirolimus (CCI-779, Pfizer, Inc.) in Combination with Etoposide and Cyclophosphamide in Children with Relapsed Acute Lymphoblastic Leukemia and Non-Hodgkins Lymphoma	Treatment	Age: Patients must be ≥ 12 months and ≤ 21 years of age at the time of study enrollment. *Patients with relapsed/refractory ALL or relapsed/refractory lymphoma are eligible *Patients must have relapsed or refractory acute lymphoblastic leukemia (ALL) with: a. ALL ≥ 25% blasts in the bone marrow (M3) and any CNS status. OR b. ALL with an M2 marrow (≥ 5% to < 25% blasts) with an extramedullary site of relapse; including CNS 2 or CNS 3. c. Refractory disease defined as no more than one prior failed salvage attempt following the current relapse, or no more than two additional treatment cycles after initial induction failure in newly diagnosed patients. *Patient must have relapsed or refractory lymphoma with: a. Lymphoblastic lymphoma or peripheral T-cell lymphoma. b. Histologic verification of disease at original diagnosis or subsequent relapse. c. Evaluable or measurable disease documented by clinical or radiographic criteria or bone marrow disease present at study entry. d. Patient may have CNS 2 or 3 status if other sites of leukemia or lymphoma involvement are present. *performance score of ≥ 50 *Patients must have fully recovered from the acute toxic effects of all prior anti-cancer chemotherapy, defined as resolution of all such toxicities to ≤ Grade 2 or lower per the inclusion/exclusion criteria.	Fabienne Hollinger; Fabienne.Hollinger@ucsf.edu;