Clínic Barcelona | Cancer Institute and Blood Disorders

CLINICAL TRIALS NEWSLETTER

Hospital Clínic Barcelona

Introduction

Welcome to the June 2025 edition of the Hospital Clinic Clinical Trials Newsletter. We are pleased to inform you about the trials that are currently recruiting.

If there are any patients in your hospital that you feel may benefit from enrolling in any of these trials, please send us an email and we will get back to you as soon as possible.

Ongoing Clinical Trials

You can review the trials for all solid tumors and disease specific trials by clicking the following links.

1. All tumors
2. Breast Cancer
3. Colorectal Cancer
4. Esophageal and Gastric Cancer
5. Gynecologic Cancer
6. Head and Neck Cancer
7. Lung Cancer
8. Melanoma
9. Pancreatic and biliary tract cancer
10. Prostate Cancer
11. Renal Cancer
12. Urothelial Cancer
13. Central Nervous System Cancer

Ongoing Clinical Trials

1. Advanced Solid Tumors (All tumors)

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
APL-101-01 (SPARTA)	Phase I/II APL-101 (c-MET inh)	*Cohort C: Solid tumor type with MET amplif (mec. recist EGFR) *Cohort D: Solid tumor type with cMET fusions *Cohort E: Primary CNS tumors with MET (MET inhibitor naive)	For all cohorts: - After SOC but no more than prior 3L - Patients with any prior c-Met inhibitor are excluded
20220073	Phase I AMG305 Dose escalation	Advanced solid tumours: CRC, NSCLC, mesothelioma, PDAC, gastric, HNSCC, epithelial ovarian cancer, cervical carcinoma, uterine endometrial carcinoma, TNBC	-After SOC therapy -Exclusion: presenting an ongoing or active infection requiring IV anti-infective therapy less than 1 week prior to treatment.
20220028	Phase I AMG 355 +- Pembrolizumab	Advanced Solid Tumors Dose Escalation: Non- small cell lung cancer (NSCLC), colorectal cancer (CRC), gastric cancer (GC), melanoma (MEL). Dose Confirmation: Lead Indication based on data from dose escalation. Dose Expansion: Tertiary Lymphoid Structure positive (TLS) CRC, GC, and NSCLC. **Group A**: NSCLC, CRC, GC,	**Inclusion**: Mandatory fresh biopsy in C2 (before the restaging of CT-scan) **Exclusion**: Previous ttm with an anti-PD-1, anti-PD-L1, or anti PD-L2 agent or with an agent directed to another stimulatory or co-inhibitory T-cell and discontinued from that ttm due to an immune-related AE.

		and melanoma. **Group B**: NSCLC, CRC, GC.	
SRP-22C102	Phase I ADU-1805 ***Ask if slot available**	Advanced Solid Tumors	Metastatic or unresectable solid tumors
DS7300-203 (IDeate Pantumor02)	Phase Ib/II Ifinatamab Deruxtecan (I-DXd ADC anti B7-H3)	Advanced Solid Tumors: *Endometrial Carcinoma or carcinosarcoma. MSI or MSS. * HNSCC	-Endometrial cancer: PD to Platinum-based CT and IO. Candidates to 2L-4L. - HNSCC: PD to Platinum-based CT and IO. (Combinado o

	* PDAC * HCC met or unresectable * Esophageal ADC/GEJ/Gastric cancer * Urothelial Carcinoma * Biliary tract or gallbladder carcinoma *Breast cancer (Her2low or neg) *Cutaneous Melanoma	secuencial). Candidates to 2L and 3L. - PDAC: PD to Gemcitabine-based CT. Candidates to 2L. - HCC PD to 1L containing IO BCLC Stage B o C. Child Pugh A. ALBI Grade1. Candidates to 2L. - Esophageal ADC/GEJ/Gastric cancer: PD to 1L. If HER2+ prev ttm. Candidates to 2L. - Urothelial Carcinoma: PD prev IO line and CT and/or EV Candidates to 2L-4L. - Biliary tract or gallbladder carcinoma: Candidates to 2L and 3L. - Breast cancer (Her2low or neg). Her2low PD to T-Dxd Candidates to 3L and 4L - Cutaneous Melanoma: PD to at least 1L of PD-L1 inh. BRAF mut prev inh BRAF/MEK

1. Breast Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
EARLY BREAST CANCER – NEOADJUVANT			
RIBOLARIS (SOLTI-1911)	Phase II Ribociclib letrozole	*HR+ (ER>10%) *Her2neg *Ki67≥20% *Or high genomic risk (Oncotype DX ≥26, Mammaprint® = Risk of Recurrence High or Prosigna® ROR ≥ 60) *Grade 2 or 3 *Stage II (T1N1, T2N0, T2N1, T3N0)	-Neoadjuvant and adjuvant for 3 years. ->40 years-old -Pre/post menopausal -Exclusion: Bilateral breast cancer (multifocal/multicentric are allowed)
TROPION BREAST04 (D926QC00001)	Phase III - Dato+Durva -> Durva +-/ QT - Pembro + QT -> Pembro +/- QT	Stage II-III (T1cN1-N2, T2N0-N2, T3N0-N2, T4a-dN0-N2) NO ER o PR ≥10%	Bilateral are allowed
EARLY BREAST CANCER - ADJUVANT			
FLAMINGO-01 (GLSI-21-01)	Phase III GLSI-100 vs placebo	* Stage I-III + residual disease * Stage III + PCR	Last dose trastuzumab or TD-M1 <1year Concurrent ET permited Concurrent Neratinib PROHIBITED
CAMBRIA-1 (D8531C00002)	Phase III Camizestrant vs Standard Endocrine Therapy	High-intermediate risk factors: *T3-4 (>50mm), any nodal status *T1c-T2 (10-50mm) N0-1 (1 positive ipsilateral ALN) with at least 1 of: • GH3 • High-risk Prosigna • Ki67 ≥ 20% central • Any size with	24 to 63 months of previous adjuvant ET

		N1 (≥2 positive ipsilateral ALN)	
CAMBRIA-2 (D8535C00001)	Phase III Camizestrant +/- Abemaciclib vs Standard Endocrine Therapy +/- Abemaciclib	Multicentric/multifoca l OK ER ≥ 10% High-intermediate risk factors: *T4 or ≥ 2 lymph nodes	Max 12m desde la IQ Max 12w de HT (contando NA+ADJ) NO PCR o RCB-0

		*T1c-T3 + pN0-1mic with at least 1 of: • GH3 • High-risk Prosigna/Onco type/Expgenica test • Ki67 ≥ 20% central	
EMBER-4 (J2J-MC-JZLH)	Phase III Imlunestrant vs Standard Endocrine Therapy	High-intermediate risk factors: *≥ N2: ≥ 4 ipsilateral positive ALN *N1: 1-3 ipsilateral positive ALN with at least one of: • ≥ 50mm • GH3 • 20-50mm + GH2 *N0 • ≥50mm • 20-50mm + GH3	24 to 60 months of previous adjuvant ET
MIRADOR (MedOPP485)	Phase II * Standard Endocrine Therapy * Giredestrant * Giredestrant + Abemaciclib * Giredestrant + Inavolisib Recruitment interrupted	Without NA-QT: - pN2/N3 - pN1, pT3-T4 and/or high genomic risk (Prosigna>40) and or Grade 2/3 + KI67 > 20% With previous NA-QT: - Residual invasive ypT3 or ypT4 - Any macroscopic LN	2-4 years of previous adjuvant ET
METASTATIC HR+/HER2- BREAST CANCER			
ELAINE-3	Phase III Lasofoxifen+Abem aciclib vs fulvestrant+Abema ciclib	ER+/HER2− Breast Cancer with an ESR1 Mutation	- ESR1m in blood or tissue. Central. (Guardant Health) -Previous chemotherapy: YES -Max 2L previous HT -Previous ICDK4/6: Yes, not abema

DYNASTY BREAST02	Phase III DB1303 vs Capecitabine, Paclitaxel, or Nab-Paclitaxel (Physician's choice)	HR ≥1 HER2 low +1/+2 (CENTRAL)	-HT 2L or <6m on CDKi -Exclusion: *Previous line of CT. *Prior HER2 +3. *History of pneumonitis
ELECTRA	Phase II Elacestrant + abemaciclib in women	HR+, HER2Neg, M1 cerebral	-Previous treatment: At least 1 prior ET Up to 2 lines of CT Up to 2 lines of CDK -Pre/perimenopausal must be co given a LHRH agonist -Exclusion: Prior therapy with elacestrant or abemaciclib in metastatic setting
ACROSS-TROP2 SOLTI-2201	Phase II Sacituzumab Govitecan	HR+/HER2-	-Disease refractory to CDK4/6 inh, recurrence during/within 12m after the end of adj ttm or PD during or within 6m after end of ttm for adv/met disease -≤1 prior line of CT or ab- drug conjugate -Evaluable disease -Biopsies (screening, on treatment and EOT)
SABINA	Phase II MEN1611 +- Eribulin	Metaplastic BC Known HR status/Her2 negative. PIK3CA mutation and/or PTEN loss (central prescr)	At least one, but no more than four, prior lines of systemic therapy for advanced disease
CAAA603B12101	Phase Ib [177Lu]Lu-NeoB + ribociclib + fulvestrant	ER-positive, HER-2 negative GRPR-positive	-BC experiencing early relapse -Measurable or bone mixte
CAAA603D12101	Phase I/II [177Lu]Lu-NeoB + capecitabine	ER-positive, HER-2 negative GRPR-positive	-After PD on prev endocrine therapy + CDK4/6 inh - Measurable

			or bone mixte
PUMA-ALI-120 ALISCA-BREAST1	Phase II Alisertib+ET	HR+/Her2-	After 2L of ET Prior ttm must include CDK4/6i CT naive
CAPITANA D3612L00005	Phase IIIB Capvasertib + Fulvestrant	HR+/Her2- PIK3CA/AKT1/PTEN-altered	≤ 2L previous ET (+/- iCDK4/6) ≤ 1L previous CT
METASTATIC HER2+ BREAST CANCER			
DEMETHER (MEDOPP562)	Phase II 6 cycles of induction therapy T-DXd + Maintenance therapy Phesgo SC	Centrally confirmed Her2pos	1L CT Stable brain metastases Participants may have received CT or HER2- targeted therapy in the (neo)adjuvant setting with a disease-free

			interval from completion of the systemic ttm (excluding HT) to metastatic diagnosis ≥ 12 months.
ZN-A-1041-101-US	Phase Ic Dose Expansion (Combination Therapy): Arm 2: ZN-A-1041 in combination with T-DXd	Unresectable locally- advanced or metastatic HER2+ breast cancer with or without brain metastases	Brain metastases: - Previously treated, or untreated as long as no local therapy is needed during the trial period. Arm 2: candidates to 2L therapy with T-DXd
	Arm 3: ZN-A-1041 in combination with PHESGO		Arm3: patients have received 4-8 cycles (21- day cycles) of prev ttm with trastuzumab, pertuzumab, and taxane as 1L for advanced HER2+ BC with no evidence of PD. Patients can consent during taxane and complete screening prior to dosing of ZN-A-1041.
JZP598-303-01 EmpowHER	Phase III, Zanidatamab +	Metastatic HER2- positive PD progressed on, or intolerant to, previous trastuzumab deruxtecan ttm	At least 2L of HER2-directed therapy for met disease and not more than 4L of HER2-directed therapy. Central Her2 confirmation
	physician's choice		
	CT vs		
	Trastuzumab+physi		
	cian's choice CT		
METASTATIC TNBC BREAST CANCER			
SABINA	Phase II MEN1611 +- Eribulin	Metaplastic breast cancer Known HR status/Her2 negative PIK3CA mutation and/or PTEN loss (central prescreening)	At least one, but no more than four, prior lines of systemic therapy for advanced disease

TILS001 **Recruitment currently on hold**	Phase I/II **Lymphodeplective Chemotherapy** (au xiliary medication); **TILs product** (IMP) **and IL-2** (auxiliary medication).	PD1 positive selected TILs HER2negative, ER and PgR expressions <10%.	-After CT containing taxane for metastatic TNBC prior to study enrollment. -Eligible participants are expected to have completed 6 to 12 cycles **with no PD.** -Run-in safety phase: TNBC after multiple lines of CT are permitted.

Please see also section 1. Advanced solid tumors (All tumors)

2. Colorectal Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
BNT122	Phase II RO7198457 versus watchful waiting	Patients with ctDNA positive	Resected Stage II (high risk) and Stage III
LP-IRI-HCPB (GEMCAD-1802)	Phase II FOLFOX6 m + monoclonal Ab (anti-EGFR or bevacizumab) +- hepatic chemoembolization (Lifepearls-Irinotecan)		Metastatic disease limited to the liver with bad prognosis
GEMCAD 2102 (PEMBROLA)	Phase II Pembrolizumab + Olaparib	Homologous-recombination Deficient (HRD)	At least 2 and no more than 5 prior lines
SGNTUC-029	Phase III Tucatinib+Trastuzumab + mFOLFOX6 vs mFOLFOX6 +- Cetuximab or Bevacizumab	HER2+	Candidates to 1st line
GSK 219606 (Azur2)	Phase III Perioperative Dostarlimab Monotherapy vs SOC	*Untreated resectable Colon Cancer *T4N0 or Stage III *dMMR/MSI-H	
MS202329_0001	Phase I Antibody-Drug Conjugate M9140	Colorectal cancer	Max 2 previous regimens for metastatic disease but no more than 2 (with the exception of patients with MSI-H disease or BRAF positive disease who are allowed to have 3L previous).

MK-5909	A Phase 2 Nonrandomized, Open- label Evaluate the Safety and Efficacy of Raludotatug Deruxtecan	Gastrointestinal Cancers • Cohort 1: PDAC • Cohort 2: BTC • Cohort 3: CRC • Cohort 4: GC/GEJ AC	• Cohort 1: 2L • Cohort 2: 2L/3L • Cohort 3: 2L • Cohort 4: 3L

Please see also section 1. Advanced solid tumors (All tumors)

3. Esophageal and Gastric Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
MK-5909	A Phase 2 Nonrandomized, Open- label Evaluate the Safety and Efficacy of Raludotatug Deruxtecan	Gastrointestinal Cancers • Cohort 1: PDAC • Cohort 2: BTC • Cohort 3: CRC • Cohort 4: GC/GEJAC	• Cohort 1: 2L • Cohort 2: 2L/3L • Cohort 3: 2L • Cohort 4: 3L
CLARITY-D9802C0001	A Phase III Multi-center, Open-label, Sponsor-blinded, Randomized Study of AZD0901 Monotherapy Compared with Investigator's Choice of Therapy	Advanced/Metastatic Gastric or Gastroesophageal Junction Adenocarcinoma Expressing Claudin18.2	Second- or Later-Line

Please see also section 1. Advanced solid tumors (All tumors)

4. Gynecologic Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
SIENDO 2 (XPORT-EC-042)	Phase III Selinexor vs Placebo Maintenance treatment of patients in response after systemic therapy.	*Advanced or recurrent endometrial carcinoma * p53 WT	
IMGN853-0421 (GLORIOSA)	Phase III Mirvetuximab Soravtansine + Bevacizumab v	FRα-high recurrent platinum-sensitive epithelial ovarian, fallopian	No PD after 2L

	Bevacizumab alone	tube, or primary peritoneal cancers	
ESR-20-21103 (STROBE)	Phase II characterize the status of HRD leading to a benefit from Olaparib + Bevacizumab	*High Grade Serous or Endometrioid Ovarian, Fallopian Tube, or Peritoneal *Advanced FIGO Stage III-IV	After SOC 1L
MK2870-020	Phase III MK-2870 Monotherapy vs Treatment of Physician's Choice	Participants with Recurrent or Metastatic Cervical Cancer	

MS201924_0002	Phase II Tuvusertib +- Niraparib +-Lartesertib	Patients with BRCA mutant and/or homologous recombination deficiency (HRD) positive epithelial ovarian cancer	PD on prior PARP inh therapy
GS-US-6826769	Phase III Sacituzumab Govitecan Versus Treatment of Physician's Choice	Endometrial Cancer Prior Platinum-based CT and Anti-PD-1/PD-L1 Immunotherapy	Up to 3l of systemic therapy Documented evidence of recurrent/persistent endometrial cancer
MS201924-0020	Phase Ib Part A2 tuvusertib (anti ATR) + lartesertib (anti ATM)	Endometrial cancer with ARID1A mutation	-Previous lines with platinium is requiered -If dMMR, previous treatment with IO requiered
HERTHENA PANTUMOR 01	Phase II PatritumabDeruxtecan (HER3-Dxd) !!mandatory ask for a slot	-Endometrial Cancer -Cervix cancer	-Ovarian: PD between >4w and <6 months of last dose PBC. -Endometrial: max 3 prior lines, containing PBC and anti-PD(L)1 -Cervix: at least 1 prior line with anti-PD(L)1 +/- factor-directed ADC

Please see section 1. Advanced solid tumors (All tumors)

5. Head and Neck Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
LOCALLY ADVANCED HNSCC			
NANORAY-312	Phase II ArmA: NBTXR3 +RDT +/- Cetuximab ArmB: RDT +/- cetuximab	*LA-HNSCC	Candidates to 1L

TTCC-2022-01-RADIAN	Phase Ib/II Neoadjuvant phase: Dostarlimab + Niraparib Concurrent Phase: Cohort A: RDT + cisplatin Cohort B: RDT + Niraparib Maintenance phase: Dostarlimab + Niraparib	LA-HNSCC	Cohort A: previously treated with cisplatin- based CT-RT Cohort B: unfit for cisplatin-based CT-RT

D798EC00001	Phase III Volrustomig (MEDI5752) as Sequential Therapy vs Observation	LA unresected Stages III, IVA or IVB HNSCC	After receiving definitive concurrent chemoradiotherapy (cCRT) and no PD
RECURRENT/METASTATIC HNSCC			
BNT113-01	Phase II Pembrolizumab +/- BNT113	*R/M HNSCC *Oropharynx HPV16+ *PDL1 CPS≥1	-Candidates to 1L
INBRX106- 01-201	Phase II/III INBRX-106 + Pembrolizumab vs Pembrolizumab	Patients with first-line R/M HNSCC expressing PD-L1 (CPS ≥20),	-Candidates to 1L

Please see also section 1. Advanced solid tumors (All tumors)

6. Lung Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
	EARLY STAGE NSCLC		
DUMAS	Phase II CT + nivolumab --> if R0: nivolumab	EGFR/ALK/ROS1 WT	-Candidates to neoadj+adjuvant treatment
EUCALYPTUS 20230127	Phase III ABP 234 vs pembro, after the adjuvant Chemotherapy Standard Treament	Any PDL1	-Candidates to adjuvant treatment
NEOCOAST-2	Phase II Arm 6: rilvegostomig + CT Arm7: dato-Dxd + rilvegostomig + single platinum	EGFR /ALK WT PD-L1 >1%	-Candidates to neoadj+adjuvant treatment

ARIAN GECP23/03	Phase II Sacituzumab and Zimberelimab	EGFR WT Any PD-L1	-Candidates to adjuvant treatment
ADVANCED NSCLC WITH DRIVER (FIRST LINE)			
APL-101-01 (SPARTA)	Phase I/II APL-101 (c-MET inh) Cohort A-1 Cohort C-1 Cohort C-2	*MET ampl *EGFR WT	-MET ampl & WT EGFR Candidates to 1L to 4L
TAS6417-301	Phase III Zipalertinib + pemetrexed + platin VS Pemetrexed + platin	EGFR ex20ins	Candidates :1L Mandatory: block tissue, slides or cell block
TAS6417-201	Phase II b Zipalertinib (TAS6417/CLN-081	EGFR ex20ins (cohort D, EGFRm non common)	Candidates :1L Block tissue, slides or cell block
KRYSTAL-07	Phase III Cohort 3 --> Adagrasib 400 mg BID (until pd) + pembrolizumab 200 mg IVQ3W Cohort 4 --> pembro 200 mg IV Q3W	KRAS G12C PDL1>50 %	Candidates :1L Mandatory: 15 slides
AMG193 202301 67	Phase IB AMG 193 + carbo + pacli + pembro vs AMG 193 + carbo + peme + pembro VS AMG193 + pembro	MTAP-deletion	Candidates :1L Mandatory: 11 slides
AMG510- 201903 41	Sotorasib + Platinum doublet VS pembrolizumab + Platinum Doublet	KRAS G12C PD-L1 negative (<1%)	Candidates :1L NSCLC (Non squamous) Mandatory: 10 slides

SOHO-02 /BAY ER 22615	Phase III BAY 2927088 20 mg BID VS Cis/carbo) + Permetrexed + Pembrolizumab	HER2 mut	Candidates :1L Mandatory: 15 slides
TROPION-LUNG- 14 D516NC00001	Phase III osimertinib + Dato-DXd VS osimertinib	EGFR mut +	Candidates :1L Mandatory: 6 slides+blood sample
ADVANCED NSCLC WITH DRIVER (SECOND-THIRD LINE)			
SAFFRON	Phase I-II Osimertinib and Savolitinib vs Chemotherap y	EGFR (del ex19, L858R y/o T790M) y MET positive (overexpressed and/or mutated)	-Candidates ≥ 2nd line Mandatory Tumor tissue(5 slides for IHC+6 slides FISH)
MK 2870 004	Phase I/II MK-2870 (anti-TROP-2) vs. Docetaxel or Pemetrexed (PI decision)	EGFR ex19del/ex21 L858R, ALK, ROS1, BRAF V600E, NTRK, MET exon 14 skipping, RET, or less common EGFR mutations	Candidates ≥ 3RD line Mandatory Tumor tissue & need ok central

		(exon 20 S768I, exon 21 L861Q, and/or exon 18 G719X)	
APL-101-01 (SPARTA)	Phase I/II APL-101 (c-MET inh) Cohort A-1 Cohort C-1 Cohort C-2	*MET ampl *EGFR WT	-MET ampl WT EGFR - Candidates to 1L to 4L -Mandatory tumor tissue (10+ slides)
ADVANCED NSCLC NO-DRIVER (FIRST LINE)			
Tropion LUNG 08 DS1062-A-U304	Phase III Ph Dato-DXd + Pembrolizumab vs Pembrolizumab ase II	*NSCLC (SQ+non-SQ) *PD-L1 > 50%	-Candidates to 1L -Mandatory tumor tissue 10 slides
Tropion LUNG04 D926FC00001	Phase Ib 6.0 mg/kg Dato-DXd + 1120mg Durvalumab + Carboplatin AUC	NSCLC Squamous	Candidates to 1L -Mandatory tumor tissue 20 slides
KEYMAKER-U01 // MK3475-01G	Phase II Arm1:pembro+doblet CT Arm2: HER3-Dxd + pembro	EGFR + ALK + ROS + KRAS WT PD-L1 any	-Candidates to 1L
TROPION – LUNG07 D926FC00001	Phase III Dato-DXd+Pembro vs Dato-DXd+Pembro+CT vsPembro+Pemetrexed+ CT	NSCLC PD-L1 <50%	-Candidates to 1L -Mandatory tumor tissue 16 slides
TROPION-10 (D7632C00001)	Phase III Deruxtecan (Dato-DXd) in Combination With Rilvegostomig (AZD2936) or Rilvegostomig Monotherapy VS Pembrolizumab	NSCLC	-Candidates to 1L -Mandatory tumor
ADVANCED NSCLC NO-DRIVER (SECOND-THIRD LINE)			
SPECTA (BIORADON)	Molecular characterization of NSCLC patients and exposure to indoor radon in Europe		-Any stage of disease

ARTEMIA-OSE2101C302	Phase III OSE2101 (vaccine SC) versus docetaxel	HLA-A2 + EGFR, ALK, ROS1 WT	-Candidates 2nd line Blood sample
M24-536	Phase Ib-II ABBV-400 + Budigalimab	Non-sq NSCLC	-Candidates 2nd line -Mandatory tumor: <12 months archival or if more fresh sample
FS222-19101	Phase I Part B FS222 (CD137/PD-L1 Bispecific Antibody) Mandatory pre treatment biopsy (or archival tumor tissue <6 months)) + mandatory on treatment biopsy. *Ask if slot available, they are limited.	NSCLC EGFR, ALK, ROS wt	Max 3L prev ttm. Previously ICI is permitted If prior ICI, SD-PR or CR is required. If prior ICI, local PD-L1 status is required. Measurable disease RECIST 1.1 Prior anti- PD-L1/PD-1 therapy are eligible if therapy was discontinued ≥28days No more than 1 line of a prior ICI. Exclusion: Prior ttm with another co-stimulatory T receptor (C137,OX40,CD40,CD27,GITR)
SMALL CELL LUNG CANCER			
PEERS	Phase II Pembrolizumab + Lenvatinib + Carboplatino + Etopósido	SCLC	-Candidates to 1L -16 Slides tumor tissue
20230016 (DeLLphi 306)	tarlatamab 10 mg Q2W vs placebo	SCLC	Candidates to has completed chemoradiotherapy without progression
DS7300-188	Phase III Ifinatanab deruxtecan Vs topotecan	SCLC	-Candidates to 2L -Tissue biopsy : archival less than 6 m or after the last treatment

Debio 0123-SCLC- 104	Phase I Debio 0123 + carboplatino+etoposido	SCLC	-Candidates to 2L -Archival tissue. 10 slides
MK6070-002	Phase IB/II MK-6070 +/- I-DXd	SCLC	-Candidates to at least 1 prior lines -Archival tissue 18 slides

Please see also section 1. Advanced solid tumors (All tumors)

7. Melanoma and skin cancers

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
ALK 4230-006	Phase II Cohort 2:nemvaleukin monotherapy	Open cohort: Mucosal melanoma	Previous antiPD (L)1 inh
IOV-MEL-301	Phase III LN-144 + pembrolizumab	Untreated, unresectable or metastasic melanoma	Max 1 line, metastasic treatment naïve
IMCgp100-203	Phase II/III Tebentafusp vs	Advanced Melanoma HLA-A*02:01 positive	Previously treated
	tebentafusp +		
	pembrolizumab vs		
	investigator choice		
PRISM-MEL-301 (IMC-F106C-301)	Phase III IMC-F106C+Nivolumab vs Nivolumab Regimens	Advanced Melanoma HLA-A*02:01-Positive Participants	Previously Untreated
FS222-19101	Phase I Part B FS222 (CD137/PD-L1 Bispecific Antibody) Mandatory pre-ttm biopsy (or archival tissue <6 months)) + mandatory on ttm biopsy.	Melanoma	-2L of prior ICI containing regimens are allowed -ECOG-PS 0-2 -Mandatory pre and on treatment biopsy (or archival tumor tissue <6 months))
	*Ask if slot available, they are limited.		

Please see also section 1. Advanced solid tumors (All tumors)

8. Pancreatic and biliary tract cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
HERTHENA PANTUMOR01	Phase II PatritumabDeruxtecan (HER3-Dxd) !!mandatory ask for a slot	Pancreatic cancer	- at least 1 prior line -no prior irinotecan allowed
MK-5909	Phase II Raludotatug Deruxtecan	Gastrointestinal Cancers • Cohort 1: PDAC • Cohort 2: BTC • Cohort 3: CRC • Cohort 4: GC/GEJAC	• Cohort 1: 2L • Cohort 2: 2L/3L • Cohort 3: 2L • Cohort 4: 3L
PRIMS-1	Phase III Quemliclustat+CT vs Placebo+CT	Treatment-Naive Metastatic Pancreatic Ductal ADC	

Please see section 1. Advanced solid tumors (All tumors)

9. Prostate Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
AMG509	Phase I	mCRPC	Mandatory tumor
20180146	~~Part 1: AMG509 1.5mg~~		tissue (Archive or
	Part 4a: AMG509 1.5mg +		fresh)
	abiraterone + prednisone ~~Part 4b: AMG509 1.5mg +~~		SLOTS AVAILABLE
	~~enzalutamide~~		

C2321001	Phase I Part 1C: Tazemetostat (PF-06821497, EZH2 inhib)	*mCRPC *Elevated PSA only.	BC Relapse/PSA-only Disease; or Bone only mtx ± nodal disease; or Nodal disease (measurable nodal disease, no bone disease); or Visceral measurable (lung, liver, adrenal, CNS) disease (± other sites). 2nd, 3rd line
	Reclutament on-hold, expected in June		
PEACE6-	Phase III	De Novo Metastatic	-Candidates to 1L
Vulnerable	Experimental: ADT +	Prostate Cancer	
	darolutamide	Patients With	
	Placebo Comparator: ADT	Vulnerable Functional	
	+ placebo	Ability	
CELC-G-201 Celcuity	Phase I Gedatolisib + Darolutamide **Reclutament on-hold**	*mCRPC	-1 NHT -No Doce allowed in mCPRC. -No previous lutecium allowed.
C16-174 DORA	Phase III Doce +/- radium	mCPRC	-Permited Chaarteed if no PD > 6m post Doce. --Max 4L of previous treatment
MS201924-0020	Phase Ib Part A2 tuvusertib (anti ATR) + lartesertib (anti ATM)	mCPRC	-ATM mutation -max 3 prior lines -previous ttm with taxane & nonsteroidal antiandrogen are required

MK5684-004	Phase III	mCRPC	PD on or after prior tt with one Next generation Hormonal Agent (NHA)
C2321014	Phase III PF-06821497 (Mevrometostat) + Enza vs Doce or Enza	mCRPC	Prev. Treated with Abiraterone
TEAM-PC	Phase II Talazoparib + Enzalutamide (1L)	mCRPC	PD to Abiraterone

Please see section 1. Advanced solid tumors (All tumors)

10. Renal Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria

Please see also section 1. Advanced solid tumors (All tumors)

11. Urothelial Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
SOGUG-2020-IEC(VEJ)-11 (NEOWIN)	Phase II Cetrilimab + Erdafitinib vs erdaftinib	Cisplatin-ineligible patients with muscle- invasive bladder cancer (MIBC) FGFR +	Neoadjuvant
HERTHENA PANTUMOR01	Phase II PatritumabDeruxtecan (HER3-Dxd) !!mandatory ask for a slot	Unresectable or metastatic urothelial carcinoma of the bladder, renal pelvis, ureter, or urethra.	Relapsed or PD after ttm with ≥1L(max of 3L) that contains anti-PD-(L)1 Only slots for previous ttm EV+ICI
BT8009-230 (Duravelo-2)	Phase II/III BT8009 (+- pembro)	Locally adv or mtx Urothelial Cancer	Candidates to 1L **Recruitment currently on**

			hold
SGNDV-001	Phase III Disitamab Vedotin + Pembro vs CT	Locally Adv. or mtx Urothelial Carcinoma HER2 (IHC 1+ and Greater)	1L
M25-204	Phase II Livoniplimab + Budigalimab vs Taxol/Doce/Gem	Mtx urothelial Carcinoma	≥2L (after PD to IO and platinum)
SASAN-SPARING	Phase II (Neoady Gem-CDDP – Restaging) – Manteniment Sasanlimab vs Cistectomia	Localized muscle-invasive urothelial cancer (MIBC)	Neoadjuvant
MK-3120-002	Phase I/II ADC anti nectina - 4 + payload (inh topoisomerasa I)	Urothelial carcinomas of the bladder, kidney, pelvis, or urethra. Histological variants are accepted as long as urothelial histology is predominant (neuroendocrine/small l cell variants are not accepted).	At least 1L of ICI ttm and at least 1L of CT or EV. Prior FGFR inh accepted. Maximum 4L of prior ttm

Please see also section 1. Advanced solid tumors (All tumors)

12. Central Nervous System Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
CAN201	Phase I/II Azeliragon + conventional therapy Ask if slot available	GBM	Newly diagnosed patients
SC9-GBM-03	Phase III SonoCloud-9/ Carboplatin	GMB	first recurrence glioblastoma
IVY-P3-24-021	Phase III GSK3985771/niraparib	GMB	newly-diagnosed, MGMT unmethylated glioblastoma
ONC201-108	Phase III ONC201/Placebo	*Diffuse glioma *H3 K27M-mutant	Newly diagnosed patients

Please see also section 1. Advanced solid tumors (All tumors)