Clínic Barcelona | Cancer Institute and Blood Disorders

CLINICAL TRIALS NEWSLETTER

Hospital Clínic Barcelona

Introduction

Welcome to the November 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 1w prior to ttm.
CFXX489A12101	Phase I Lutetium-177 ([^{177}Lu]Lu-NNS309) where NNS309 is a FAP-targeting protein PET using ^{68}Ga-NNS309 is used as a molecular imaging agent. Archived tissue sample if available or a newly obtained biopsy (optional) during screening	Locally advanced unresectable or metastatic PDAC, NSCLC, HR+/HER2- ductal or lobular BC, TNBC or CRC	PD following, or intolerance to, at least 1L of ttm -BC: PD following, or intolerance to, at least 1L of HT (alone or in combination) and at least one additional line of systemic therapy (including cytotoxic CT, targeted therapies and/or ADC) for met disease. -TNBC: PD following, or intolerance to, at least 2L of systemic therapy (including cytotoxic CT, ADC, targeted therapies

			and/or IO) for met disease.
GSK 223054	Phase Ia GSK5764227 (ADC anti B7H3) IV monotherapy or different combinations *mandatory request for slot availability	Advanced solid tumors	-After SOC (monotherapy) - ≤3L prior
DS7300-203 (IDeate Pantumor02)	Phase Ib/II Ifinatamab Deruxtecan (I-DXd ADC anti B7-H3)	Advanced Solid Tumors: * PDAC * HCC met or unresectable * Esophageal ADC/GEJ/Gastric cancer * Urothelial Carcinoma *Breast cancer (Her2low or neg)	- 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/3L. - 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. - Breast cancer (Her2low or neg). Her2low PD to T-Dxd Candidates to 3L-4L
HERTHENA PANTUMOR01	Phase II Patritumab Deruxtecan (HER3-Dxd) ***mandatory ask for a slot** Mandatory biopsy at PD	Advanced solid tumors: *GC or GEJ adenocarcinoma HER2neg *NSCLC (NonSq) wothout actionable genomic alterations *mBC: HRpos/HER2neg	-GC/GEJ candidates to 2L (only 1L os previous ttm including 5-FU (+- anti-PD1). If CLDN-18.2 positive, 5-FU + anti-CLDN18.2 in 1L allowed. -NSCLC candidates to 2L-3L, PD to

		*Urothelial carcinoma of the bladder, renal pelvis, ureter, or urethra. *SC esophageal	anti–PDL1 and platinum based CT -mBC: PD to CDK4/6i + HT, only 1L of previous CT Previous ttm with PI3Ki, mTORi, AKTi and PARPi allowed. -Urotelial: Candidates to 2L-4L Relapsed or PD after ttm with ≥1L (maximum of 3L) Containing anti-PD-(L)1 At least 1L of previous CT or EV -SC esophageal. Candidates to 3L (2L previous including platinum) All cohorts: Not allowed previous ttm with anti-HER3, topoisomerasa 1 inh or ADC with TOP1i.
ATV-1601-101	Phase I ATV-1601 (AKT1 E17K Allosteric Inhibitor) +- Fulvestrant Biopsy after PD (may be discussed with sponsor)	Advanced solid tumors AKT1 E17K	-After SOC -Other AKT1 mut, activating PIK3CA mut or PTEN loss may be discussed with the sponsor. -Allowed prior lines: PI3K inh, mTOR inh, capivasertib, or other investigational pan-AKT inh. -Selective AKT1 E17K inh not allowed.

2. 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)	-Neoadj and adj for 3y. ->40 years-old -Pre/post menopausal -Exclusion: Bilateral breast cancer (multifocal/multicentric are allowed)
GEPAR-PIPPA between C2 (GBG 105) allowed 28 days	Phase II -ET + Trastuzumab + Pertuzumab + Inavolisib -ET + Trastuzumab + Pertuzumab	PI3K mut cT1b-cT3 Her2 + HR +	Biopsy and C3 ET prior C1
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	24 to 63 months of previous adj ET

		• Any size with N1 (≥2 positive ipsilateral ALN)	
xELEGANT (STML-ELA-0422)	Phase III Elacestrant vs Standard ET	ER ≥ 10% local N2// N1 + G3 or T>5cm	24 to 60 months of previous adj ET
CAMBRIA-2 (D8535C00001)	Phase III Camizestrant +/- Abemaciclib vs Standard ET +/- Abemaciclib *No slots abema or N0 T1c/T2*	Multicentric_multifocal OK ER ≥ 10% High-intermediate risk factors: *T4 or ≥ 2 lymph nodes *T1c-T3 + pN0-1mic with at least 1 of: • GH3 • High-risk Prosigna/Oncotype/Exp genica test • Ki67 ≥ 20% central	-Max 12m since surgery -Max 12w from HT (considering NA+ADJ) -Not PCR or RCB-0
EMBER-4 (J2J-MC-JZLH)	Phase III Imlunestrant vs Standard ET	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 adj ET
MIRADOR (MedOPP485) **Recruitment interrupted**	Phase II * Standard Endocrine Therapy * Giredestrant * Giredestrant + Abemaciclib * Giredestrant + Inavolisib	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 adj ET

ASCENT-05	Phase III *Sacituzumab Govitecan + Pembro * Pembro + Physician's choice/ Capecitabine	HR < 10% HER2-negative T1, N1-2 or T2-4, N0-2 No BRCA mutations	NA CT for min 6c or 18w prior surgery Adj RT NO prior NA HER2-directed therapy or prior/current ET
METASTATIC HR+/HER2- BREAST CANCER			
ELAINE-3	Phase III Lasofoxifen+Abemaciclib vs Fulvestrant+Abemaciclib	ER+/HER2− BC ESR1 Mut	- ESR1m in blood or tissue. Central. (Guardant Health) -Previous CT allowed -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 met 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 mut and/or PTEN loss (central prescreening)	Min 1L but no more than 4L
CAAA603B12101	Phase Ib [177Lu]Lu-NeoB + ribociclib + fulvestrant	ER-pos, HER-2 neg GRPR-positive	-BC experiencing early relapse -Measurable or bone disease
CAAA603D12101	Phase I/II [177Lu]Lu-NeoB + capecitabine	ER-pos, HER-2 neg GRPR-positive	-After PD on prev endocrine therapy + CDK4/6 inh -Measurable or bone disease
PUMA-ALI-120 ALISCA-BREAST1	Phase II Alisertib+ET	HR+/Her2-	After 2L of ET Prior ttm must include CDK4/6i QT naive
CAPITANA D3612L00005	Phase IIIB Capvasertib + Fulvestrant	HR+/Her2- PIK3CA/AKT1/PTEN-altered	≤ 2L ET previous (+/- iCDK4/6) ≤ 1L previous CT
FOURLIGHT-3 C4391024	Phase III * Atirmociclib + letrozole * CDK4/6i + Letrozole	HR+/Her2-	1L Measurable disease or non-measurable bone disease. NO CNS M1
ATV-1601-101	Phase I ATV-1601 (AKT1 E17K Allosteric Inhibitor) +- Fulvestrant Biopsy after PD (may be discussed with sponsor)	HR+/Her2- AKT1 E17K	-After SOC -Other AKT1 mut, activating PIK3CA mut or PTEN loss may be discussed with the sponsor. -Allowed prior lines: PI3K inh, mTOR inh, capivasertib, or other investigational pan-AKT inh. -Selective AKT1 E17K inh not allowed.
PONTIAC MEDOPP556	Phase II Trastuzumab Deruxtecan vs CDK4/6 +ET	HR+Her2-low/ultralow	1L Non luminal
DEMETHER (MEDOPP562)	Phase II 6c of induction therapy T-DXd + Maintenance therapy Phesgo SC	Centrally confirmed Her2pos	1L CT Stable brain met Participants may have received CT or HER2-targeted therapy in (neo)adj setting with a DF

			from completion of the systemic ttm (excluding HT) to met diagnosis ≥ 12 months.
JZP598-303-01 EmpowHER	Phase III Zanidatamab + physician's choice CT vs Trastuzumab+physician's choice CT	MetHER2-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
1479-0012	Phase Ib Cohort A Zongertinib + T-DM1 Cohort G Zongertinib + Capecitabine + Trastuzumab	Her2+BC	-PD at least after 1L - No restriction of number of previous lines of ttm or type of ttms. - measurable lesions
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 **Lymphodepletive Chemotherapy** (auxiliary medication); **TILs product** (IMP) **and IL-2** (auxiliary medication).	PD1 positive selected TILs HER2negative, ER and PgR expressions <10%.	-After CT containing taxane for met 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.
METASTASTASIC BREAST CANCER HER2 LOW			
DS3201-324	Phase IB Valemetostat=dual inhibitor of EZH1/2 (oral) *mandatory request for slot availability	Breast cancer Her2 low	- After HT and at least 1 CT but no >2 CT -Never been Her2+ or received antiHer2 -No prior ADC with a exatecan derivative (ie DXd)

			-Normal Troponin

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

3. Colorectal Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
BNT122	Phase II RO7198457 versus watchful waiting *mandatory request for slot availability	Patients with ctDNA positive	Resected Stage II (high risk) and Stage III
LP-IRI-HCPB (GEMCAD-1802)	Phase II FOLFOX6m + monoclonal Ab (anti-EGFR or bevacizumab) +- hepatic chemoembolization (Lifepearls-Irinotecan)		Metastatic disease limited to the liver with bad prognosis
SGNTUC-029	Phase III Tucatinib+Trastuzumab + mFOLFOX6 vs mFOLFOX6 +- Cetuximab or Bevacizumab	HER2+	Candidates to 1L
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 prev regimens for met disease but no more than 2 (exception of patients with MSI-H or BRAF positive who are allowed to 3L prev).
MK-5909	Phase II Raludotatug Deruxtecan	Cohort 3: CRC	Cohort 3: 2L
ART0380C001 (ARTIOS)	Phase I/IIa	CRC cancer	- Previously received fluoropyrimidine-, oxaliplatin- and

	Central prescreening by IHC: ATM negative or ultra-low B5 cohort: ART0380 (ATR Kinase Inhibitor) + irinotecan *Ask for slot		irinotecan-based CT - Max 2 prior CT regimens for the ttm of CRC. -can NOT have received: Fruquintinib, regorafenib or trifluridine/tipiracil -measurable lesions

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

4. Esophageal and Gastric Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
MK-5909	Phase II Raludotatug Deruxtecan	Cohort 4: GC/GEJAC	Cohort 4: 3L
CLARITY-D9802C0001	Phase III AZD0901 vs Investigator's Choice Therapy	Advanced/Metastatic Gastric or GEJ Adenocarcinoma Expressing Claudin18.2	≥2L
8951-CL-0305 - LUCERNA	Phase III Zolbetuximab/placebo + pembrolizumab + FOLFOX or CAPOX	Advanced/Metastatic Gastric or GEJ Adenocarcinoma	1L HER2-negative CLDN 18.2 postive PD-L1 positive
DS8201-724	Phase III Trastuzumab deruxtecan +CT+/- Pembrolizumab vs CT+ Trastuzumab +/- Pembrolizumab	Unresectable, locally Advanced/metastatic Gastric or GEJ cancer HER2pos	1L Main Cohort: CPS >=1 Exploratory Cohort: CPS <1 (without Pembrolizumab)
DS3201-324	Phase IB Valemetostat=dual inhibitor of EZH1/2 (oral) *mandatory request for slot availability	-Gastric and GEJ Adenocarcinoma	-HER2+ -PD to antiHER2 therapy -Normal Troponin

1479-0012	Phase Ib Cohort C TDXd + Zongertinib	Gastric Adenocarcinoma HER2 positive	-PD at least after 1L -No restriction of number of previous lines of ttm or type of ttms. -measurable lesions
MS202329-0010	Phase Ib/II M9140 (antiCEACAM5 ADC) + Exatecan (TOP1i). Central prescreening of CEACAM (2 cohorts: high vs low). Mandatory tumor tissue	GEJ or gastric ADK Her2neg	-Candidates to 2L/3L -Allowed previous treatments: i. Fluoropirimidine+platinum ii. ICI if PD-L1 CPS ≥ 1 -Not allowed previously: i. Irinotecan ii. TOP1i ADC (e.g. deruxtecan).

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

5. 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 ttm for pts in response after systemic therapy.	*Advanced or recurrent endometrial carcinoma * p53 WT	
MK2870-020	Phase III MK-2870 Monotherapy vs ttm of Physician's Choice	Recurrent or Metastatic Cervical Cancer	
B7H4 COMBO (GSK_223559)	Phase I/II GSK5733584 + anti-cancer therapies	Modul 1: Advanced (metastatic and/or unresectable) or recurrent endometrial cancer Modul 2: Advanced epithelial ovarian cancer/fallopian tube/peritoneal cancer	
D7984C00002 (eVOLVE)	Phase III Arm A: Volrustomig Arm B: Placebo	High Risk Locally Advanced Cervical Cancer (cervical adenocarcinoma,	No PD following Platinum-based, Concurrent

	After completion of SOC concurrent chemoradiation therapy	cervical squamous carcinoma or cervical adenosquamous carcinoma)	Chemoradiation Therapy

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

6. 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
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 1L R/M HNSCC expressing PD-L1 (CPS ≥20),	-Candidates to 1L

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

7. 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+adj ttm
EUCALYPTUS 20230127	Phase III ABP 234 vs pembro, after adj CT Standard ttm	Any PDL1	Candidates to adj ttm
NEOCOAST-2	Phase II Arm 6: Rilvegostomig + CT Arm7: Dato-Dxd + Rilvegostomig + single platinum	EGFR /ALK WT PD-L1 >1%	Candidates to neoadj+adj ttm
J3M-MC-JZQH SUNRAY 02	Phase III Olomorasib + Pembro vs placebo + Pembro	KRAS G12C	-Candidates to adj ttm - Mandatory tumor tissue
MK-3475-01E	Phase II Arm 1: Pembrolizumab Arm2: MK2870 (ADC) + Pembrolizumab Arm 3: Vibostolimab + Platinum Arm4: Vibostolimab (mAb anti TIGTi) + Platinum	EGFR NSCLC WT ALK WT local any PD-L1	-Candidates to neoadj+adj ttm -Mandatory surgical tissue
V940-009	Phase III Neoadj: Pembro + CT Surgery Adj: Pembro+CT+ placebo/vaccine	EGFR/ALK WT	-Candidates to neoadj+adj ttm -No Mandatory tissue
ARIAN GECP23/03	Phase II Sacituzumab and Zimberelimab	EGFR WT Any PD-L1	Candidates to adj ttm

ADVANCED NSCLC WITH DRIVER (FIRST LINE)			
TAS6417-301	Phase III Zipalertinib + Pemetrexed + Platinum VS Pemetrexed + Platinum	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 --> Pembrolizumab 200 mg IV Q3W	KRAS G12C PDL1>50%	-Candidates 1L -Mandatory: 15 slides
AMG193 20230167	Phase Ib AMG 193 + Carbo + Pacli + Pembro vs AMG 193 + Carbo + Peme + Pembro vs AMG193 + Pembro	MTAP-deletion	-Candidates 1L -Mandatory: 11 slides
AMG510-20190341	Phase III Sotorasib + Platinum Doublet vs Pembrolizumab + Platinum Doublet	KRAS G12C PD-L1 negative (<1%)	-Candidates 1L NSCLC (Non squamous) -Mandatory: 10 slides
SOHO-02 /BAYER 22615	Phase III BAY 2927088 20 mg BID vs Cis/carbo) + Permetrexed + Pembrolizumab	HER2 mut	Candidates 1L -Mandatory: 15 slides
M25-287	Phase II/III Telisotuzumab Adizutecan + Osimertinib	EGFR mut +	-Candidates 1L -Mandatory: tissue 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 CT	EGFR (del ex19, L858R and/or T790M) and MET positive (overexpressed and/or mutated)	-Candidates ≥ 2nd line -Mandatory Tumor tissue(5 slides for IHC+6 slides FISH)
MS202329-0010	Phase Ib/II M9140 (antiCEACAM5 ADC) + Exatecan (TOP1i). Central prescreening of CEACAM (high). Mandatory tumor tissue	NSCLC EGFR mut	-Candidates to 2L/4L -Allowed previous treatments: EGFR TKI of 3rd generation (e.g.: Osimertinib)
ADVANCED NSCLC NO-DRIVER (FIRST LINE)			
Tropion LUNG 08 DS1062-A-U304	Phase III Dato-DXd + Pembrolizumab vs Pembrolizumab	*NSCLC (SQ+non-SQ) *PD-L1 > 50%	-Candidates to 1L -Mandatory tumor tissue 10 slides
KEYMAKER-U01 // MK3475-01G	Phase II Arm1: Pembro + doublet CT Arm2: HER3-Dxd + Pembro	EGFR + ALK + ROS + KRAS WT PD-L1 any	-Candidates to 1L
GS-US-626-6216 (STAR 121)	Phase III A: Zimberelimab + Domvanalimab + QT B: Pembro + CT C: Zimberelimab + CT	NSCLC PD-L1 any	-Candidates to 1L -Mandatory tumor tissue 15 slides
TROPION – LUNG07 D926FC00001	Phase III Dato-DXd + Pembrolizumab vs Dato-DXd + Pembrolizumab + CT vs Pembro + Pemetrexed + CT	NSCLC PD-L1 <50%	-Candidates to 1L -Mandatory tumor tissue 16 slides
TROPION-10 (D7632C00001)	Phase III Deruxtecan (Dato-DXd) + 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 pts & exposure to indoor radon in Europe		-Any stage of disease
ARTEMIA-OSE2101C302	Phase III OSE2101 (vaccine SC) vs Docetaxel	HLA-A2 + EGFR, ALK, ROS1 WT	-Candidates 2nd line Blood sample
IOV-LUN-202	Phase II Autologous Tumor Infiltrating Lymphocytes (LN-145, TIL)	NSCLC EGFR/ALK/ROS1 WT	-Candidates 2/3L (prior QT + IO) -Tumor harvest at PD for TIL manufacturing.
GSK 223054	Phase IB GSK5764227 (ADC anti B7H3)	-Sq NSCLC -Non Sq NSCLC -ES-SCLC	Candidates to 2L -PD to anti-PD(L)1 + platinum +/- target therapy
DS3201-324	Phase IB Valemetostat=dual inhibitor of EZH1/2 (oral) *mandatory request for slot availability	NonSq NSCLC without AGA	- Candidates to 2L post plt CT + IOT concomitant or to 3L if sequential - Any agent, including an ADC, containing a CT targeting TOP1 or TROP2-targeted therapy including Dato-DXd
MK3475-01	Phase II Docetaxel o R-DXd o I-DXd	Non Sq NSCLC Adenocarcinoma	Candidates to 2L/3L Tissue: mandatory archival and fresh
MS202329-0010	Phase Ib/II M9140 (antiCEACAM5 ADC) + Exatecan (TOP1i). Central prescreening of CEACAM (high). Mandatory tumor tissue	NSCLC EGFR WT	-Candidates to 2L/4L -Allowed previous treatments: i. Platinum based ttm + ICI ii. If other drivers present, patients must have received at least one prior targeted therapy.

FS222-19101	Phase I Part B FS222 (CD137/PD-L1 Bispecific Antibody) *Ask if slot available, on hold	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 treatment with another co-stimulatory T receptor (C137, OX40,CD40,CD27, GITR)
SMALL CELL LUNG CANCER			
20230016 (DeLLphi 306)	Phase III Tarlatamab 10 mg Q2W vs placebo	SCLC	Completed chemoradiotherapy without PD
IDEATELUNG-03 (DS7300-189)	Phase Ib-II IFINATAMAB DERUXTECAN + Atezolizumab	SCLC	- Cohorte 1: Subjects who Received 1L SoC Induction With ongoing response (CR,PR, or SD) -Archival tissue <6m or fresh biopsy
MK6070-002	Phase Ib/II MK-6070 +/- I-DXd	SCLC	-Candidates to at least 1L -Archival tissue 18 slides
GS-US-600-6165/EVOKE	Phase III Sacituzumab Govitecan vs Topotecan	SCLC	-Candidates to 2L -Archival tissue <12m or fresh
GSK 223054	Phase IB GSK5764227 (ADC anti B7H3)	ES-SCLC	-Candidates to 2L+ -PD to anti-PD(L)1 + platinum+etoposide
TIGOS - CA245-0001	Phase III BMS-986489 +	SCLC	- Candidates to Chemo+ICI

	CBDCA/VP16 vs Atezolizumab + CBDCA/VP16		- Archival tissue optional
MK3475-B98	Phase Ib/II R-Dxd	SCLC	-Candidates to 2L -Tissue biopsy: Opcional

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

8. Melanoma and skin cancers

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
KIN2787CI101	Phase I/Ib KIN2787 + Binimetinib	Melanoma NRAS mut (part B2, cohort 1)	After SOC
IOV-MEL-301	Phase III LN-144 + pembrolizumab	Untreated, unresectable or metastasic melanoma	Treatment naïve; mucosal allowed
GEM 2301	Phase II Encorafenib + binimetinib followed cemiplimab + fianlimab	Melanoma BRAF mut M1 SNC	≥ 1 brain M1 5-50 mm
GEM 2303	Phase II Pembrolizumab + enfortumab	Melanoma BRAF mut/wt	PD after IO
V940-012	Phase II V940 (mRNA-4157) +/- pembrolizumab	Untreated, unresectable or metastasic melanoma	Previously Untreated
IMCgp100-203	Phase II/III Tebentafusp vs tebentafusp + pembrolizumab vs investigator choice	Advanced Melanoma HLA-A*02:01	Previously treated; must have received antiPD1 and ipilimumab
PRISM-MEL-301 (IMC-F106C-301)	Phase III IMC-F106C+ Nivolumab vs Nivolumab	Advanced Melanoma HLA-A*02:01	Previously Untreated
FS222-19101	Phase I Part B FS222 (CD137/PD-L1 Bispecific Antibody)	Melanoma	-At least 1L of prior ICI containing regimens are allowed -ECOG-PS 0-1

	*Ask if slot available, on hold		

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

9. Pancreatic and biliary tract cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
MK-5909	Phase II Raludotatug Deruxtecan	*Cohort 1: PDAC *Cohort 2: BTC	-Cohort 1: 2L -Cohort 2: 2L/3L
PRISM-1	Phase III Double-Blind, Quemliclustat+CT vs Placebo + CT	Treatment-Naive Metastatic Pancreatic Ductal Adenocarcinoma	
ART0380C001 (ARTIOS)	Phase I/IIa Central prescreening by IHC: ATM negative or ultra-low B6: ART0380 (ATR Kinase Inhibitor) + irinotecan ***Ask for slot**	Pancreatic Cancer	-1 prior line - prior irinotecan allowed -at least one measurable lesion per RECIST

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

10. Prostate Cancer

Clinical Trial/Contact	Trial/Drug	Cancer Subtype/Molecular Characteristics	Prior lines/Other criteria
AMG509 20180146	Phase I Part 4a: AMG509 1.5mg + Abiraterone + Prednisone	mCRPC	Mandatory tumor tissue (Archive or fresh) Slot waiting list
AMG509 20230005	Phase III Xaluritamig vs Caba or 2n ARDT	mCRPC	1 Taxane CT in mCRPC
C2321001	Phase I Part 1C: Tazemetostat (PF-06821497, EZH2 inh) Recruitment on-hold	*mCRPC *Elevated PSA only.	Biochemical Relapse/PSA-only Disease; or Bone only mtx ± nodal disease; or Nodal disease (measurable nodal disease, no bone disease present); or Visceral measurable (lung, liver, adrenal, CNS) disease (± other sites). 2L/3L
PEACE6-Vulnerable	Phase III Experimental: ADT + darolutamide Placebo Comparator: ADT + placebo	De Novo Metastatic Prostate Cancer Patients With Vulnerable Functional Ability	-Candidates to 1L
CELC-G-201 Celcuity	Phase I Gedatolisib + Darolutamide Recruitment on-hold, expected in December	*mCRPC	-1 NHT -No Doce allowed in mCPRC. -No previous lutecium allowed.
MK5684-004	Phase III Arm1:MK-5684+HRT Arm2:Alternative Abiraterone Acetate or Enzalutamide	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. ttm with Abiraterone
TEAM-PC	Phase II Talazoparib + Enzalutamide (1L)	mCRPC	PD to Abiraterone
SAKK 08/23	Phase II SOC+Darolutamida vs SOC	mCRPC	1L
GSK 223054	Phase IB GSK5764227 (ADC anti B7H3)	-mCRPC ADK	Candidates to 3L+ -PSA ≥ 1 ng/mL -PSA, RECIST or PCWG3 progression

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

11. 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)

12. 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 (only this cohort is open)	Cisplatin-ineligible pts with muscle-invasive bladder cancer (MIBC) FGFR +	Neoadj
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
SASAN-SPARING	Phase II (Neoady Gem-CDDP – Restaging) –Maintenance Sasanlimab vs cystectomy	Localized muscle-invasive urothelial cancer (MIBC)	Neoadj
GSK 223054	Phase IB GSK5764227 (ADC anti B7H3)	-Bladder cancer	-Candidates to 2L+ -Prior enfortumab vedotin

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

13. 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 GBM
IVY-P3-24-021	Phase III GSK3985771/Niraparib	GMB	Newly-diagnosed, MGMT unmethylated GBM
ONC201-108	Phase III ONC201/Placebo	*Diffuse glioma *H3 K27M-mutant	Newly diagnosed patients

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