| Study Title | Study phase | Study Intervention | Criteria |
|---|---|---|---|
| **MELANOMA** | | | |
| Adjuvant | | | |
| R3767-ONC-2055 | Phase III | FIANLIMAB (ANTI-LAG-3) + Cemiplimab | Surgical resection within 12 weeks of randomization. No prior therapy or radiation in 5 years. Uveal melanoma excluded. Pysiologic replacement steroids allowed |
| 1st line | | | |
| IO102-IO103-013 | Phase III | IO102-IO103 (Intratumoral) + Pembro | Treatment naïve. |
| R3767-ONC-2011 | Phase III | FIANLIMAB (ANTI-LAG-3) + Cemiplimab | Treatment naïve. Adjuvant/neoadjuvant is allowed. Acral/muscosal are allowed. |
| S2000 | Phase II | Encorafenib/Binimetinib + Nivo vs Ipi/Nivo | For BRAF V600 mutant patients **with** brain mets. No prior treatment in metastatic setting. Adjuvant/Neoadjuvant is allowed |
| IOV-COM-202 | Phase II | Tumor infiltrating lymphocytes + Pembrolizumab | No more than 3 line. No prior CPI's. At least 1 resectable lesion and 1 to follow |
| 2nd line | | | |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| Refractory | | | |
| LUMINOS-102 | Phase II | Lerapolturev (Intratumoral) with/without CPI | Ocular/Acral/mucosal not eligible. M1C/M1D not eligible. 1 lesion amenable to injection |

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| IOV-GM1-201 | Phase I/II | Tumor infiltrating lymphocytes | Progressed within 12 weeks of last dose of PD-1. At least one lesion to resect and 1 to follow. Mucosals are allowed. |
| TAK-573-1001 | Phase Ib/2 | Modakafusp alfa (TAK-573) alone or in combination with Pembro | I- Primary Resistance<br>II. Acquired Resistance<br>III. Treatment Naïve<br>Acral is excluded |
| IOV-EAP-401 | EAP | Tumor infiltrating lymphocytes | 1 lesion to follow and 1 to resect. Mucosal is allowed |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| KN-8701 | Phase I/Ib | KIN-2787 | BRAF Class I, II, or III and/or NRAS mutations |
| KY1044-CT01 | Phase I/II | KY1044 alone or in combination with PD-1 | there are no available therapies known to confer a clinical benefit for their disease, or they have exhausted all such available options |
| ULI-EAP-100 | EAP | Ulixertinib | MAPK pathway altered solid tumor. Must have exhausted all other options for treatment |
| Tbio-4101-001 (STARLING) | Phase Ib | Tumor infiltrating lymphocytes + Pembrolizumab | Uveal Melanoma |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. |

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| **Leiomyosarcoma** | | | |
| Refractory | | | |
| PTC596-ONC-008-LMS | Phase II/III | Unesbulin | At least one prior cytotoxic or targeted therapy |
| **MERKEL CELL** | | | |
| Adjuvant | | | |
| STAMP | Phase III | Pembrolizumab | No prior treatmente |
| 1st line | | | |
| CMP-001-009 | Phase II | CMP-001 (Intratumoral) + Cemiplimab | Treatment naïve. At least one lesion amenable to injection |
| KRT-232-103 | Phase Ib/2 | KRT-232 | p53 Wild type Merkel Cell. Cohort 2- No prior PD-1. Cohort 3-No prior chemotherapy |
| Refractory | | | |
| KN-8701 | Phase I/Ib | KIN-2787 | BRAF Class I, II, or III and/or NRAS mutations |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| CMP-001-009 | Phase II | CMP-001 (Intratumoral) + Cemiplimab | Progressed on PD-1 or within 3 month. At least one lesion amenable to injection |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| KRT-232-103 | Phase Ib/2 | KRT-232 | p53 Wild type Merkel Cell. Cohort 1, 3, 4- must have failed at least one PD-1. Cohort 4-Have received at least one line of prior chemotherapy |
| **Gastrointestinal Stromal Tumors (GIST)** | | | |

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| 2nd line | | | |
| CGT9486-21-301 (The PEAK trial) | Phase III | CGT9486 + Sunitinib combo vs Sunitinib alone | Part 1a: Prior tx with ≥1 prior line for GIST<br>Part 1b: Prior tx with ≥2 prior TKI for GIST<br>Part 2: Prior tx with imatinib only |
| **Cutaneous Squamous Cell (CSCC)** | | | |
| 1st line | | | |
| CMP-001-009 | Phase II | CMP-001 (Intratumoral) + Cemiplimab | Treatment naïve. At least one lesion amenable to injection |
| Refractory | | | |
| CMP-001-009 | Phase II | CMP-001 (Intratumoral) + Cemiplimab | Progressed on PD-1 or within 3 month. At least one lesion amenable to injection |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| IFX-1-P2.8 | Phase II | IFX-1 alone or IFX-1 + Pembro | Must have progressed on tx w/PD-1 |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| **Basal Cell** | | | |
| Refractory | | | |
| mRNA-4359-P101 | Phase I/II | mRNA-4359 alone or mRNA-4359 with CPI | Arm 1A: progressed/relapsed/or intolerant to at least 1 line of prior therapy<br>Arm 1b: Refractory to CPI<br>Arm 2: No prior therapy |

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| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| **BREAST** | | | |
| Surgical | | | |
| SBI-CIP-20-002 | Phase III | PD G 506 and Eagle V1.2 Imaging system | Scheduled for a lumpectomy. Excluded if on current (neo)adjuvant therapy |
| Neoadjuvant | | | |
| TRIO 048, ARV-471-BC-201 | phase II | ARV-471 or Anastrazole | ER+/ Her2- Breast. Pending opening |
| NSABP-FB12 | Phase II | Doxorubicin + Cyclophosphamide + weekly paclitaxel/trastuzumab/pertuzumab | HER2- with a test measuring live cell HER2 signaling transduction (FACT1) |
| Adjuvant | | | |
| FLAMINGO-01 | Phase III | HER2/neu Peptide GLSI-100 | HER2/neu Positive |
| NSABP B-62 AZ Cambria-1 | Phase III | Camizestrant vs Standard endocrine therapy | ER+/Her2- Early Breast and Intermediate or high risk recurrent. Pending opening |
| HCRN-BRE20-468 | Phase II | Ribociclib and Endocrine tx | Locoregional HR+/HER2- recurrent/resected breast |
| NSABP B-61 | Phase III | Giredestrant vs SOC | Estrogen receptor positive, HER2-negative Early breast cancer |
| Post Neoadjuvant | | | |
| NSABP B-60 | Phase III | Trastuzumab Deruxtecan (T-Dxd) vs Trastuzumab Emtansine (T-DM1) | High risk HER2-Positive Primary breast cancer who have residual invasive disease in breast or axillary LN following neoadjuvant therapy |

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| A011801 | Phase III | T-DM1 and Placebo vs T-DM1/Tucatinib | HER2-positive |
| Locally Advanced or Metastatic | | | |
| ML43171 | Phase III | Giredestrant + Everolimus vs exemestane + everolimus | HER2 negative |
| SGNTUC-028 (HER2CLIMB-05) | Phase III | Tucatinib or placebo with trastuzumab and pertuzumab | HER2+ |
| ONCOPEP 2020-001 | Phase II | PVX-410 + Pembro + Chemo | Frontline therapy for TNBC in HLA-A2+ patients. |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| Tbio-4101-001 (STARLING) | Phase Ib | Tumor infiltrating lymphocytes + Pembrolizumab | Triple negative breast |
| CMP-001-009 | Phase II | CMP-001 (Intratumoral) + Cemiplimab | C1: Treatment naïve<br>C2: Progressed on prior CPI<br>At least one lesion amenable to injection. Currently breast is not open |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| MT-5111 | Phase Ib | MT-5111 | HER2+ patients. Currently only Breast cohort is open |
| mRNA-4359-P101 | Phase I/II | mRNA-4359 alone or mRNA-4359 with CPI | Arm 1A: progressed/relapsed/or intolerant to at least 1 line of prior therapy<br>Arm 1b: Refractory to CPI<br>Arm 2: No prior therapy |

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|---|---|---|---|
| ANG1005-CLN-07 | Pivotal | ANG1005 vs Physician best choice | HER2- Breast cancer patients with newly diagnosed Leptomeningeal and previously treated brain mets |
| **COLON** | | | |
| Adjuvant | | | |
| NRG-GI005 (COBRA) | Phase II/III | Adjuvant Chemo SOC. ctDNA testing | Stage II colon cancer. Appropriate for active survellience |
| NRG GI008 | N/A | Adjuvant Chemo SOC. ctDNA testing | Stage IIIA and IIIB Colon with R0 resection |
| **COLORECTAL** | | | |
| Adjuvant | | | |
| NSABP C14 | N/A | ctDNA | To detect minimal residual disease |
| 1st line | | | |
| C4221015 (BREAKWATER) | Phase III | Encorafenib + cetuximab with/or without chemotherapy VS SOC | BRAF V600E |
| GO-10-GRITSTONE | Phase II/III | GRT-C901/GRT-R902 (Vaccine) + Checkpoint blockage | No prior therapy. Adjuvant therapy is allowed if it has been greater than 12 months since receiving |
| 2nd line | | | |
| TRIO GS-US-587-6156 | Phase II | Magrolimab + Bevacizumab/FOLFIRI vs Bevacizumab/FOLFIRI alone | for patients who are ineligible for CPI. MSI-H or dMMR are excluded |
| Refractory | | | |
| TRIO XL092-303 | Phase III | XL092 + Atezolizumab vs Regorafenib | Progression within 3 months of last SOC therapy. Have received or refractory to available SOC |

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|---|---|---|---|
| Tbio-4101-001 (STARLING) | Phase Ib | Tumor infiltrating lymphocytes + Pembrolizumab | Colorectal. No more than 3 lines. Must have progressed on a line o 5FU based drug |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| **GASTROESOPHAGEAL** | | | |
| 1st line | | | |
| AMGEN 20210098 (Fortitude) | Phase Ib/3 | Bemarituzumab + Chemo/Nivo vs Chemo/Nivo alone | No prior treatment in metastatic setting. Gastric or Gastroesophageal Junction |
| Refractory | | | |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| KY1044-CT01 | Phase I/II | KY1044 alone or in combo with Atezolizumab | there are no available therapies known to confer a clinical benefit for their disease, or they have exhausted all such available options |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |

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| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. At least one prior line/no more than 3. GE Junction |
| **GASTRIC** | | | |
| Refractory | | | |
| MT-5111 | Phase Ib | MT-5111 | HER2+ patients. Currently only Breast cohort is open. Gastric planned to open Q2 2023 |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. At least one prior line/no more than 3 |
| **ESOPHAGEAL** | | | |
| Refractory | | | |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. At least one prior line/no more than 3 |
| **HEPATOCELLULAR CARCINOMA** | | | |
| Refractory | | | |

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|---|---|---|---|
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| KY1044-CT01 | Phase I/II | KY-1044 alone or in combination with Atezolizumab | there are no available therapies known to confer a clinical benefit for their disease, or they have exhausted all such available options |
| **PANCREATIC** | | | |
| Refractory | | | |
| KY1044-CT01 | Phase I/II | KY-1044 alone or in combination with Atezolizumab | there are no available therapies known to confer a clinical benefit for their disease, or they have exhausted all such available options |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| KN-8701 | Phase I/Ib | KIN-2787 | BRAF Class I, II, or III and/or NRAS mutations |
| mRNA-4359-P101 | Phase I/II | mRNA-4359 alone or in combo with Immune checkpoint blockade | Arm 1A: progressed/relapsed/or intolerant to at least 1 line of prior therapy<br>Arm 1b: Refractory to CPI<br>Arm 2: No prior therapy |
| **Liver** | | | |
| 2nd line | | | |

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|---|---|---|---|
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| **RENAL CELL CARCINOMA** | | | |
| 1st line | | | |
| PDIGREE-A031704 | Phase III | Ipi/Nivo followed by Nivo vs VEGF TKI Cabozantinib with Nivo | No prior tx with PD-1 or CTLA-4 |
| ICONIC-A031702 | Phase II | Cabozantinib in combo with Ipi/Nivo | May have received up to 2 prior line or be treatment naive |
| S1931 | Phase III | Immunotherapy based combination therapy with/without cytoreductive nephrectomy | Clear cell or non clear cell RCC. No prior immunotherapy |
| 2nd line | | | |
| PDIGREE-A031704 | Phase III | Ipi/Nivo followed by Nivo vs VEGF TKI Cabozantinib with Nivo | No prior tx with PD-1 or CTLA-4 |
| ICONIC-A031702 | Phase II | Cabozantinib in combo with Ipi/Nivo | May have received up to 2 prior line or be treatment naive |
| Refractory | | | |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| **BLADDER CANCER** | | | |
| Refractory | | | |

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|---|---|---|---|
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| mRNA-4359-P101 | Phase I/II | mRNA-4359 alone or in combo with Immune checkpoint blockade | Arm 1A: progressed/relapsed/or intolerant to at least 1 line of prior therapy<br>Arm 1b: Refractory to CPI<br>Arm 2: No prior therapy |
| **PROSTATE** | | | |
| 2nd line | | | |
| CURLu177PSM0001 | Phase III | Lu-PSMA-I&T vs Hormone therapy | Mestastic castration resistant. No more than 1 prior AR directed therapy |
| **UROTHELIAL** | | | |
| 2nd/3rd line | | | |
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. Includes mixed histologies. At least one prior line/no more than 3 lines |
| **CERVICAL CANCER** | | | |
| Surgical | | | |
| GOG-3043 | Phase III | Robotic vs open hysterectomy | FIGO Stage IA2, IBI, IB2 without evidence of definitive parametrial, vaginal, nodal or distant metastases on exam or imaging. |
| 2nd line | | | |
| C-145-04 | Phase II | Tumor infiltrating lymphocytes | At least one line but no more than 3 |

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|---|---|---|---|
| Refractory | | | |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| KY1044-CT01 | Phase I/II | KY1044 alone or in combo with Atezolizumab | there are no available therapies known to confer a clinical benefit for their disease, or they have exhausted all such available options |
| **OVARIAN** | | | |
| 2nd/3rd line | | | |
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. At least one prior line/no more than 3 |
| RELAPSED/REFRACTORY/RECURRENT | | | |
| TTI-622-02 | Phase I/II | TTI-622 in combination with Pegylated Liposomal Doxorubicin | Platinum resistant |
| NIR-OGT-201 | Phase II | Nirogacestat | Ovarian Granulosa Cell tumor |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| Platinum Sensitive | | | |
| GOG-3049-MER-XMT-1536-3 | Phase III | Upifitamab Rilsodotin | High grade serous ovarian. Platinum sensitive recurrent disease. 2nd to 4th line |
| **OVARIAN/FALLOPIAN/PRIMARY PERITONEAL** | | | |

| | | | |
|---|---|---|---|
| Platinum resistant | | | |
| GOG-3063 | Phase III | Nemvaleukin Alfa in combination with Pembro vs SOC chemo | Platinum resistant Epithelial ovarian, fallopian tube, or primary peritoneal cancer |
| **Endometrial Cancer** | | | |
| 2nd/3rd line | | | |
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. At least one prior line/no more than 3 |
| Refractory | | | |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| **MULTIPLE MYELOMA** | | | |
| Refractory | | | |
| S1803 | Phase III | daratumumab + Lenolidomide | Post transplant |
| **NON-SMALL CELL LUNG CANCER** | | | |
| Stage III | | | |
| MK7339-012 | Phase III | Pembrolizumab in combination with Concurrent Chemorad followed by Pembro with/without olaparib vs concurrent chemorad followed by durvalumab | Stage IIIA, IIIB, IIIC. Unable to undergo surgery. Has no evidence of metastatic disease. No prior treatment |
| 2nd/3rd line | | | |

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|---|---|---|---|
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. At least one prior line/no more than 3 |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | NSCLC- 2L- has received and progressed on at least 1 line |
| Advanced/ Metastatic | | | |
| Paloma-3 | Phase III | Lazertinib with Subq Amivantamab | EGFR mutated. Progressed on or after osimertinib or other TKI |
| ULI-EAP-100 | EAP | Ulixertinib | MAPK pathway altered solid tumor. Must have exhausted all other options for treatment |
| Refractory | | | |
| IOV-GM1-201 | Phase I/II | Tumor infiltrating lymphocytes | No more than 3 lines of therapy. At least one resectable lesion and one to follow. |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| mRNA-4359-P101 | Phase I/II | mRNA-4359 alone or in combo with Immune checkpoint blockade | Arm 1A: progressed/relapsed/or intolerant to at least 1 line of prior therapy<br>Arm 1b: Refractory to CPI<br>Arm 2: No prior therapy |

| | | | |
|---|---|---|---|
| KY1044-CT01 | Phase I/II | KY1044 alone or in combo with Atezolizumab | there are no available therapies known to confer a clinical benefit for their disease, or they have exhausted all such available options |
| KN-8701 | Phase I/Ib | KIN-2787 | BRAF Class I, II, or III and/or NRAS mutations |
| IOV-COM-202 | Phase II | Tumor infiltratining lymphocytes | |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| **Non-squamous Cell Non-small cell** | | | |
| Advanced/ Metastatic | | | |
| BO42592 | Phase II/III | Tiragolumab or placebo in combination with atezolizumab plus pemetrexed and carboplatin/cisplatin Vs Pembro plus pemetrexed and carboplatin/cisplatin | |
| **SMALL CELL LUNG** | | | |
| 1st line | | | |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | Has received no prior systemic therapy |
| Refractory | | | |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| **Head and Neck squamous cell** | | | |
| Stage III | | | |
| MK3475-689 | Phase III | Pembrolizumab in combination with SOC | |

| | | | |
|---|---|---|---|
| Metastatic/Advanced | | | |
| KY1044-CT01 | Phase I/II | KY1044 alone or in combo with Atezolizumab | there are no available therapies known to confer a clinical benefit for their disease, or they have exhausted all such available options |
| 2nd/3rd line | | | |
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. At least one prior line/no more than 3 |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | at least one line of therapy |
| Refractory | | | |
| mRNA-4359-P101 | Phase I/II | mRNA-4359 alone or in combo with Immune checkpoint blockade | Arm 1A: progressed/relapsed/or intolerant to at least 1 line of prior therapy<br>Arm 1b: Refractory to CPI<br>Arm 2: No prior therapy |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| KN-8701 | Phase I/Ib | KIN-2787 | BRAF Class I, II, or III and/or NRAS mutations |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| **Pleural mesothelioma** | | | |
| Refractory | | | |

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|---|---|---|---|
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| **GLIOBLASTOMA** | | | |
| Adjuvant/First line | | | |
| TRIDENT/EF-32- EF-32 (TRIDENT) | | OPTUNE with radiation and Temozolomide | |
| 2nd line | | | |
| NRG-BN010 | Phase II | Tocilizumab, atezolizumab and Fractionated SRS | First recurrence following prior first line radiation therapy |
| INCB 54828-209 | Phase II | Pemigatinib | FGFR1-3 alterations. At least one prior line |
| **Other CNS** | | | |
| Adjuvant/First line | | | |
| ANG1005-CLN-07 | Pivotal | ANG1005 vs Physician best choice | HER2- Breast cancer patients with newly diagnosed Leptomeningeal and previously treated brain mets |
| Alliance N0577 | Phase III | Radiotherapy/ Temozolomide vs radiotherapy / PCV chemo | 1p/19q Co-deleted anaplastic Glioma or low grade glioma. No prior therapy in metastatic setting |
| 2nd line | | | |
| NIVORARE | Phase II | Nivolumab | |
| INCB 54828-209 | Phase II | Pemigatinib | FGFR1-3 alterations. At least one prior line |
| **Primary Central Nervous system Lymphoma (PCNSL)** | | | |
| Relapsed/Refractory | | | |
| ONO-4059-09 | Phase II | tirabrutinib | At least one prior HD-MTX based therapy. |
| **ALL SOLID TUMORS/MULTI-DISEASE** | | | |

| | | | |
|---|---|---|---|
| Refractory | | | |
| HBI-2376-101 | Phase I | HBI-2376 | KRAS or EGFR mutations. No more than 2 lines of therapy. No open slots. Currently taking people on a waitlist |
| MT-5111 | Phase Ib | MT-5111 | HER2+ patients. Currently only Breast cohort is open. Gastric planned to open Q2 2023 |
| KN-8701 | Phase I/Ib | KIN-2787 | BRAF Class I, II, or III and/or NRAS mutations |
| MEKRAF-AST-101 | Phase I/II | Mirdametinib + BGB3245 | Currently only the part 1 open. At least one prior line |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| KY1044-CT01 | Phase I/II | KY1044 alone or in combo with Atezolizumab | there are no available therapies known to confer a clinical benefit for their disease, or they have exhausted all such available options |
| CHS-006-001 | Phase I | CHS-006 alone vs CHS-006 + Toripalimab | All comers- Must have progressed on standard therapy |
| **RADIATION** | | | |
| NOVACURE EF-25- EF-25 | | Radiosurgert with/without TTFields | NSCLC |
| RTOG 1216 | Phase II/III | Radiation with concurrent cisplatin vs docetaxel vs docetaxel and cetuximab | High risk Squamous cell cancer of head and neck |
| RTOG 1308 | Phase III | Photon vs proton chemorad | NSCLC |
| MA.39-Tailor RT | | Regional radiotherapy | Low risk node positive breast |

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| NRG-HN005 | Phase II/III | De-intensified radiation therapy | Early stage, P16 positive, non-smoking associated oropharyngeal cancer |
| EA2182 | Phase II | De-intensified chemoradiation | Early stage Anal squamous cell carcinoma |
| PRO-ACTIVE | | Swallow intervention | For patients with Head and neck cancer receiving radiotherapy |
| NRG-GI006 | Phase III | Proton beam therapy vs intensity modulated photon radiotherapy | Esophgeal cancer |
| On the First Visit | IIT | Virtual radiation treatment planning | Palliative cases |
| NRG-BR007 | Phase III | De-escalation of breast radiation | Stage I, hormone sensitive, HER2-negative, oncotype recurrent Score <18 breast cancer |
| GRECO-2 | Phase II | SBRT in combinatino with GC4711 | Borderline resectable, nonmetastatic pancreatic cancer |
| SAPHIRE | | Hypofractionated vs conventionally fractionated regional nodal irradiation | Invasive breast cancer |
| NRG-BN010 | Phase II | Tocilizumab, atezolizumab and Fractionated SRS | First recurrence following prior first line radiation therapy |
| Alliance N0577 | Phase III | Radiotherapy/ Temozolomide vs radiotherapy / PCV chemo | 1p/19q Co-deleted anaplastic Glioma or low grade glioma. No prior therapy in metastatic setting |
| **HER2 Positive** | | | |
| Post Neoadjuvant | | | |

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| NSABP B-60 | Phase III | Trastuzumab Deruxtecan (T-Dxd) vs Trastuzumab Emtansine (T-DM1) | High risk HER2-Positive Primary breast cancer who have residual invasive disease in breast or axillary LN following neoadjuvant therapy |
| A011801 | Phase III | T-DM1 and Placebo vs T-DM1/Tucatinib | HER2-positive |
| Locally Advanced or Metastatic | | | |
| SGNTUC-028 (HER2CLIMB-05) | Phase III | Tucatinib or placebo with trastuzumab and pertuzumab | HER2+ |
| MT-5111 | Phase Ib | MT-5111 | HER2+ patients. Currently only Breast cohort is open. Gastric planned to open Q2 2023 |
| **HER2 Negative** | | | |
| Neoadjuvant | | | |
| TRIO 048, ARV-471-BC-201 | phase II | ARV-471 or Anastrazole | ER+/ Her2- Breast |
| Adjuvant | | | |
| NSABP B-62 AZ Cambria-1 | Phase III | Camizestrant vs Standard endocrine therapy | ER+/Her2- Early Breast and Intermediate or high risk recurrent. Pending opening |
| HCRN-BRE20-468 | Phase II | Ribociclib and Endocrine tx | Locoregional HR+/HER2- recurrent/resected breast |
| NSABP B-61 | Phase III | Giredestrant vs SOC | Estrogen receptor positive, HER2-negative Early breast cancer |
| NSABP-FB12 | Phase II | Doxorubicin + Cyclophosphamide + weekly paclitaxel/trastuzumab/pertuzumab | HER2- with a test measuring live cell HER2 signaling transduction (FACT1) |
| Metastatic/Advanced | | | |
| ANG1005-CLN-07 | Pivotal | ANG1005 vs Physician best choice | HER2- Breast cancer patients with newly diagnosed Leptomeningeal and previously treated brain mets |

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|---|---|---|---|
| **HER2/Neu Positive** | | | |
| Adjuvant | | | |
| FLAMINGO-01 | Phase III | HER2/neu Peptide GLSI-100 | HER2/neu Positive |
| **Triple Negative Breast** | | | |
| Refractory | | | |
| MDNA11-01 (ABILITY) | Phase I/II | IL-2 superkine (Monotherapy) vs IL-2 Superkine (combo) | No more than 4 prior lines. PD-1 refractory >6 months response or <6 months response with discussion with monitor |
| ONCOPEP 2020-001 | Phase II | PVX-410 + Pembro + Chemo | Frontline therapy for TNBC in HLA-A2+ patients. |
| **MSS** | | | |
| Refractory | | | |
| mRNA-4359-P101 | Phase I/II | mRNA-4359 alone or mRNA-4359 with CPI | Arm 1A: progressed/relapsed/or intolerant to at least 1 line of prior therapy<br>Arm 1b: Refractory to CPI<br>Arm 2: No prior therapy |
| **BRAF** | | | |
| 1st line | | | |
| C4221015 (BREAKWATER) | Phase III | Encorafenib + cetuximab with/or without chemotherapy VS SOC | BRAF V600E colorectal |
| S2000 | Phase II | Encorafenib/Binimetinib + Nivo vs Ipi/Nivo | Melanoma- BRAF V600 mutant patients **with** brain mets. No prior treatment in metastatic setting. Adjuvant/Neoadjuvant is allowed |
| Refractory | | | |
| MEKRAF-AST-101 | Phase I/II | Mirdametinib + BGB3245 | Currently only the part 1 open. At least one prior line |

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|---|---|---|---|
| KN-8701 | Phase I/Ib | KIN-2787 | BRAF Class I, II, or III and/or NRAS mutations. Multiple solid tumors |
| **NRAS** | | | |
| Refractory | | | |
| MEKRAF-AST-101 | Phase I/II | Mirdametinib + BGB3245 | Currently only the part 1 open. At least one prior line |
| KN-8701 | Phase I/Ib | KIN-2787 | BRAF Class I, II, or III and/or NRAS mutations. Multiple solid tumors |
| **KRAS** | | | |
| Refractory | | | |
| MEKRAF-AST-101 | Phase I/II | Mirdametinib + BGB3245 | Currently only the part 1 open. At least one prior line |
| HBI-2376-101 | Phase I | HBI-2376 | KRAS or EGFR mutations. No more than 2 lines of therapy. No open slots. Currently taking people on a waitlist |
| **EGFR** | | | |
| Refractory | | | |
| HBI-2376-101 | Phase I | HBI-2376 | KRAS or EGFR mutations. No more than 2 lines of therapy. No open slots. Currently taking people on a waitlist |
| Paloma-3 | Phase III | Lazertinib with Subq Amivantamab | EGFR mutated |
| **MAPK Pathway** | | | |
| Refractory | | | |
| ULI-EAP | EAP | Ulixertinib | MAPK pathway altered solid tumor. Must have exhausted all other options for treatment |
| MEKRAF-AST-101 | Phase I/II | Mirdametinib + BGB3245 | Currently only the part 1 open. At least one prior line |

| HLA-A2+ | | | |
|---|---|---|---|
| 1st line | | | |
| ONCOPEP 2020-001 | Phase II | PVX-410 + Pembro + Chemo | Frontline therapy for TNBC in HLA-A2+ patients. |
| ADP-0055-001 | Phase I | ADP-A2M4CD8 alone vs ADP-A2M4CD8/Nivolumab | Must have MAGE4+/HLA+ results. Testing done by sponsor. At least one prior line/no more than 3 |