CHOA Clinical Trial Master List

NON-SMALL CELL LUNG CANCER (NSCLC) – Squamous or Non Squamous

BMS CA209-816: Randomized, Open-Label, Phase 3 Trial of Nivolumab plus Ipilimumab or Nivolumab plus Platinum-Doublet Chemotherapy versus Platinum-Doublet Chemotherapy in Early Stage NSCLC	
Sponsor: BMS **Arm A: Doublet Immunotherapy (Opdivo & Yervoy) x 3 doses** **Arm B: Platinum Doublet Chemotherapy x 3 doses** **Arm C: Opdivo plus Platinum Doublet Chemotherapy x 3 doses**	Therapy Line: **Neoadjuvant Setting for resectable patients** Drug Classification: **Humanized IgG4 anti-PD-1 monoclonal antibody** ****Tissue must be sent for PD- L1 & Results received prior to starting treatment****
Principal Investigator: Gene Saylors, MD	**CRC:** Stephanie Patel ext. 212
Basic Enrollment Information Criteria: ECOG 0-1, P Participants with histologically confirmed Stage IB (≥ 4 cm), II, IIIA (N2) NSCLC (per the 8th American Joint Committee on Cancer (AJCC) (Rami-Porta, 2015) with disease that is considered resectable, Participants must have a tumor tissue sample available for PD-L1 IHC testing performed by a third-party analyzing lab during the screening period: i) Either a formalin-fixed, paraffin-embedded (FFPE) tissue block or unstained tumor tissue sections, with an associated pathology report, must be submitted for biomarker evaluation prior to randomization. The tumor tissue sample may be fresh or archival if obtained within 6 months prior to enrollment. ii) Tissue must be a core needle biopsy, excisional or incisional biopsy. Fine needle biopsies obtained by EBUS is not considered adequate for biomarker review and randomization. Core needle biopsies obtained by EBUS are acceptable for randomization. **Exclusion Criteria:** Presence of locally advanced unresectable regardless of stage or metastatic disease (stage IV). Staging assessment should include sample of lymph nodes at levels 4, bilaterally, and level 7 to rule out stage IIIB disease. b) Participants with known EGFR mutations or ALK translocation. If testing is done, an FDA-approved assay should be used, and testing will be performed locally. c) Participants with brain metastases are excluded from this study and all participants with stage II disease or higher should have brain imaging (either MRI brain or CT brain with contrast) 28 days prior to randomization. d) Participants with Grade 2 peripheral neuropathy e) Participants with an active, known or suspected autoimmune disease. Participants with Type I diabetes mellitus, hypothyroidism only requiring hormone replacement, skin disorders (such as vitiligo, psoriasis, or alopecia) not requiring systemic treatment, or conditions not expected to recur in the absence of an external trigger are permitted to enroll. f) Participants with a condition requiring systemic treatment with either corticosteroids (> 10 mg daily prednisone equivalent) or other immunosuppressive medications within 14 days of randomization. Inhaled or topical steroids, and adrenal replacement steroid doses > 10 mg daily prednisone equivalent, are permitted in the absence of active autoimmune disease. Prior/Concomitant Therapy, Administration of chemotherapy or any other cancer therapy in the pre-operative period. Prior therapy with an anti-PD-1, anti-PD-L1, anti-PDL-2, or anti-CTLA-4 antibody or any other antibody targeting T cell co-regulatory pathways. Prior malignancy active within the previous 3 years except for locally curable cancers that have been apparently cured, such as basal or squamous cell skin cancer, superficial bladder cancer, or carcinoma in situ of the prostate, cervix, or breast.	

REVISED: 19Jun2018 BR

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NON-SMALL CELL LUNG CANCER (NSCLC) – Squamous or Non Squamous

BMS CA209-9LA: A Phase 3, Randomized Study of Nivolumab plus Ipilimumab in Combination with Chemotherapy vs Chemotherapy alone as First Line Therapy in Stage IV Non-Small Cell Lung	
Sponsor: Bristol Myers Squibb (BMS) ****Tissue must be submitted for PD – L1 Testing through sponsor and may take 8-10 business days for response****	Therapy Line**: 1st Line Stage IV** Drug Classification: **Humanized IgG4 anti-PD-1 monoclonal antibody**
Principal Investigator: James M. Orcutt, MD	**CRC:** Ashley Morrill ext. 291
Basic Enrollment Information Criteria: ECOG ≤ 1, Participants must have a life expectancy of at least 3 months, Prior definitive chemoradiation for locally advanced disease is permitted as long as the last administration of chemotherapy or radiotherapy (which ever was given last) occurred at least 6 months prior to enrollment. Locally advanced disease with recurrence after chemoradiation therapy (stage IIIB disease, specifically refers to patients with no curative options), is eligible to enroll, Prior adjuvant or neoadjuvant chemotherapy for early stage lung cancer is permitted if completed at least 6 months prior to initiating study treatment, Participants are to have tumor tissue sample available at a central laboratory for PD-L1 IHC testing during the screening period. Either a formalin-fixed, paraffin-embedded (FFPE) tissue block or 15 unstained tumor tissue sections, with an associated pathology report, must be submitted for biomarker evaluation prior to treatment. The tumor tissue sample may be fresh or archival, (archival tissue is to be obtained within 3 months prior to enrollment), and there can have been no systemic therapy (eg, adjuvant or neoadjuvant chemotherapy) given after the sample was obtained. Tissue must be from a core needle biopsy, excisional or incisional biopsy. Fine needle biopsies or drainage of pleural effusions with cytospins are not considered adequate for biomarker review. Biopsies of bone lesions that do not have a soft tissue component or decalcified bone tumor samples are also not acceptable, Prior palliative radiotherapy to non-CNS lesions must have been completed at least 2 weeks prior to treatment. Subjects with symptomatic tumor lesions at baseline that may require, palliative radiotherapy within 4 weeks of first treatment are strongly encouraged to receive palliative radiotherapy prior to treatment. **Exclusion Criteria:** Participants with known EGFR mutations which are sensitive to available targeted inhibitor therapy (including, but not limited to, deletions in exon 19 and exon 21 [L858R] substitution mutations) are excluded. All participants with non-squamous histology must have been tested for EGFR mutation status. EGFR test is to be done locally. EGFR test is not provided by a third party laboratory. Use of a FDA-approved or local Health Authority approved test is strongly encouraged. Participants of non-squamous histology with unknown or indeterminate EGFR status are excluded, Participants with known ALK translocations which are sensitive to available targeted inhibitor therapy are excluded. If tested, use of an FDA-approved test is strongly encouraged. Participants with unknown or indeterminate ALK status may be enrolled, Participants with untreated CNS metastases are excluded. Participants are eligible if CNS metastases are adequately treated and participants are neurologically returned to baseline (except for residual signs or symptoms related to the CNS treatment) for at least 2 weeks prior to first treatment. In addition, participants must be either off corticosteroids, or on a stable or decreasing dose of ≤ 10 mg daily prednisone (or equivalent) for at least 2 weeks prior to first treatment, Participants with previous malignancies (except non-melanoma skin cancers, and in situ cancers such as the following: bladder, gastric, colon, cervical/dysplasia, melanoma, or breast) are excluded unless a complete remission was achieved at least 2 years prior to first treatment and no additional therapy is required or anticipated to be required during the study period, Prior treatment with an anti-PD-1, anti-PD-L1, anti-PD-L2, anti-CTLA-4 antibody, or any other antibody or drug specifically targeting T-cell co-stimulation or checkpoint pathways.	

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NON-SMALL CELL LUNG CANCER (NSCLC) – Squamous or Non Squamous

<table>
<tr><td colspan="2">BMS CA209-817: A Phase IIIb/IV Safety Trial of Flat Dose Nivolumab in Combination with Ipilimumab in Participants with Non-Small Cell Lung Cancer</td></tr>
<tr><td>Sponsor: BMS
Cohort A – Closed - 5/26/17
Cohort A1 Special Population – Closed 1/31/18
Cohort B – Closed - 11/21/17
Cohort C- First line patients with high tumor mutation burden (TMB)
Must have tissue to submit for PD L-1 Testing
14 business day turnaround on TMB testing for Cohort C</td><td>Therapy Line: 1st Line (Cohort A), 2nd Line (Cohort B) Stage IV NSCLC
Drug Classification: Humanized IgG4 anti-PD-1 monoclonal antibody</td></tr>
<tr><td>Principal Investigator: Gene Saylors, MD</td><td>CRC: Ashley Morrill ext. 291</td></tr>
<tr><td colspan="2">Basic Enrollment Information Criteria (Dependent on Cohort): Cohort A1 (first –line NSCLC) (ECOG) Performance Status of 2. 1).Prior adjuvant or neoadjuvant chemotherapy is permitted as long as the last administration of the prior regimen occurred at least 6 months prior to enrollment.(2).Prior definitive chemoradiation for locally advanced disease is also permitted as long as the last administration of chemotherapy or radiotherapy (which ever was given last) occurred at least 6 months prior to enrollment. Evaluable disease by computed tomography (CT) or magnetic resonance imaging (MRI); radiographic tumor assessment performed within 28 days of start of study treatment. Cohort A1: Participants must have tissue submitted for PD-L1 immunohistochemical (IHC) testing prior to the treatment assignment. If PD-L1 IHC testing has already been conducted during screening for another BMS study, it does not need to be repeated for CA209817. i) Either a formalin-fixed, paraffin-embedded (FFPE) tissue block or unstained tumor tissue sections, with an associated pathology report, must be submitted for biomarker evaluation prior to treatment assignment. The tumor tissue sample may be fresh or archival if obtained within 12 months prior to enrollment (6 months for slides). ii) Tissue must be a core needle biopsy, excisional or incisional biopsy. Fine needle biopsies or drainage of pleural effusions with cytospins are not considered adequate for biomarker review. Biopsies of bone lesions that do not have a soft tissue component or decalcified bone tumor samples are also not acceptable. (1).Samples collected via other procedures, including, but not limited to, endobronchial ultrasound (EBUS) guided biopsy, transbronchial lung biopsy (TBLB) may be approved by the BMS medical monitor (MM)/study director (SD) on a case by case basis. f) Prior palliative radiotherapy to non-central nervous system (CNS) lesions must have been completed at least 2 weeks prior to the treatment assignment. Participants with symptomatic tumor lesions at baseline that may require palliative radiotherapy within 4 weeks of the treatment assignment are strongly encouraged to receive palliative radiotherapy prior to starting study therapy. Cohort C: (first-line NSCLC with high TMB). PS 0-1. Tissue requirements: Sufficient tissue (10 unstained slides ≤ 3 months old) must be available for prospective TMB testing. Previously generated TMB results from the Foundation Medicine TMB test confirming ≥ 10 mutations/MB are acceptable. TMB testing results are required for enrollment. Five additional unstained slides for must also be available for PD-L1 testing. However, if PD-L1 results are available from another BMS study, or a commercially available Dako 28-8 complementary diagnostic using an acceptable antibody (ie, 28-8, 22-C3, SP263), these results are acceptable. PD-L1 results obtained using antibody SP142 are not acceptable. EGFR mutation and ALK translocation status will be assessed locally. Exclusion Criteria: a) Subjects with known EGFR mutations which are sensitive to available targeted inhibitor therapy (including, but not limited to, deletions in exon 19 and exon 21 [L858R] substitution mutations) are excluded. All subjects with non-squamous histology must have been tested for EGFR mutation status; use of an FDA-approved test is strongly encouraged. Subjects with non-squamous histology and unknown or indeterminate EGFR status are excluded. b) Subjects with known ALK translocations which are sensitive to available targeted inhibitor therapy are excluded. If tested, use of an FDA-approved test is strongly encouraged. Subjects with unknown or indeterminate ALK status may be enrolled. a) Participants with untreated CNS metastases are excluded. i) Participants are eligible if CNS metastases are adequately treated and participants are neurologically returned to baseline (except for residual signs or symptoms related to the CNS treatment) for at least 2 weeks prior to treatment assignment. In addition, participants must be either off corticosteroids, or on a stable or decreasing dose of ≤ 10 mg daily prednisone (or equivalent) for at least 2 weeks prior to treatment</td></tr>
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NON-SMALL CELL LUNG CANCER

USO# 17201 ARMO Cypress 02: A Randomized Phase 2 Trial of AM0010 (Sub Q Injection) in Combination With Nivolumab vs. Nivolumab Alone as Second-Line Therapy in Subjects With Stage IV / Metastatic Wild Type Non-Small Cell Lung Cancer and Low Tumor Expression of PD-L1 (CYPRESS 2)	
Sponsor: Armo Biosciences ***Nivolumab not provided by sponsor – 200mg Q2 weeks IV***	Therapy Line: **2nd Line** Drug Classification: **Long-acting form of recombinant human Interleukin 10**
Principal Investigator: Gene Saylors, MD	**CRC:** Ashley Morrill ext. 291
Basic Enrollment Information Criteria: Patients must have histologically or cytologically confirmed Wild Type NSCLC that is Stage IV/metastatic or recurrent (progression after surgery or radiation or chemoradiation treatment for loco-regional disease). **Patients must be naïve to therapy for the advanced stage of the disease**. (ECOG) performance status of 0 or 1. Previous neoadjuvant or adjuvant therapy is allowed for patients who successfully underwent complete radical surgery and ONLY if the last treatment was administered more than 12 months prior to the start of the trial treatment**. Patients with tumor tissue low expression of PD-L1 as defined by Tumor Proportion Score (TPS) 0%-49%** (PD-L1 IHC 22C3 pharmDx assay is mandatory). Patients with measurable disease by spiral CT or MRI per RECIST v.1.1 criteria (target lesions may be located in a previously irradiated field if there is documented (radiographic) disease progression at that site. Patients that have completed prior radiotherapy or radiosurgery at least 2 weeks prior to randomization. **Exclusion Criteria:** Patients currently using medicinal or recreational cannabis. Patients with active central nervous system (CNS) metastases. Patients are eligible if CNS metastases are adequately treated and neurologically stable at baseline (except for residual signs or symptoms related to the CNS treatment) for at least 2 weeks prior to enrollment. In addition, patients must be either off corticosteroids, or on a stable or decreasing dose of ≤ 10 mg daily prednisone (or equivalent). Patients with life expectancy of <3 months. Patients with other active malignancies requiring concurrent intervention. Patients with previous malignancies (except non-melanoma skin cancers and the following in situ cancers: bladder, gastric, colon, cervical/dysplasia, endometrial, melanoma, or breast) are excluded unless a complete remission was achieved at least 2 years prior to trial entry AND no additional therapy is required or anticipated to be required during the trial period. Patients that have received therapy with anti-tumor vaccines or other immunostimulatory antitumor agents. Patients that have received therapy with anti-PD-1, anti-PD-L1, anti-PD-L-2, anti-CD-137, and/or anti CTLA-4 antibodies (including ipilimumab or any other antibody or drug specifically targeting T cell co-stimulation or checkpoint pathways). Patients not completely recovered from the effects of major surgery or significant traumatic injury at least 14 days before the first dose of trial treatment.	

CHOA Clinical Trial Master List

SMALL CELL LUNG CANCER- (SCLC)

DIV-SCLC-301: Two-Part, Open-Label, Randomized, Phase II/III Study of Dinutuximab (Unituxan) and Irinotecan versus Irinotecan for Second Line Treatment of Subjects with Relapsed or Refractory Small Cell Lung Cancer	
Sponsor: United Therapeutics **Group A: Irinotecan** **Group B: Dinutuximab plus Irinotecan** **Group C: Topotecan**	Therapy Line: **2nd Line** Drug Classification: **Monoclonal Antibody**
Principal Investigator: David M. Ellison , MD	**CRC:** Stephanie Patel ext. 212
Basic Enrollment Information Criteria: Have no curative therapy available. Have a life expectancy of at least 12 weeks. (ECOG) performance status of 0 or 1. **Exclusion Criteria:** Candidate for re-treatment with original platinum-based regimen as second-line therapy. Prior treatment with irinotecan, topotecan or Dinutuximab. Have active brain metastases. Subjects with brain metastases are allowed if they completed definitive brain therapy, are asymptomatic and radiologically stable, and if they are not currently receiving corticosteroids or radiation. Subjects in whom steroids are being tapered may be eligible with prior approval of the Medical Monitor. Have a previous or concurrent cancer that is distinct in primary site or histology from the cancer being evaluated in this study, except cervical carcinoma in situ, treated basal cell carcinoma, superficial bladder tumors (Ta and Tis [carcinoma in situ]) or any previous cancer curatively treated <3 years ago. Exposure to any investigational agent within 21 days of enrollment (Part 1) or randomization (Part 2). Exposure to any systemic chemotherapy or therapeutic radiation within 21 days of enrollment (Part 1) or randomization (Part 2). Exposure to strong CYP3A4 and/or UGT1A1 inhibitors and strong CYP3A4 inducers within 14 days of enrollment (Part 1) or randomization (Part 2).	