

PROTOCOL	P	BI	SLR	West	DISEASE	TREATMENT	ELIGIBILITY
<b>BREAST</b>							
ECOG 2108	III	OPEN	OPEN	OPEN	Intact primary (non recurrent) invasive carcinoma of the breast.	Early Local Therapy for Intact Primary Tumor	Male or female patients who have an intact primary (not recurrent) invasive carcinoma of the breast. Patients with synchronous contralateral breast cancer are excluded. Patients should have at least one site of distant metastatic disease.
ECOG 3108	II	OPEN	OPEN	OPEN	Metastatic Breast Cancer with CYP2D6 Activity	Single Agent Tamoxifen	Measurable or non-measurable Stage III/locally advanced or metastatic carcinoma of the breast where surgery is not possible. Estrogen and/or progesterone receptor positive histologically confirmed. Age > 18 years.
SWOG 1007	III	OPEN	OPEN	OPEN	1-3 + nodes, hormone receptor + and HER2- breast cancer with recurrence score of 25 or less	Standard Adjuvant Therapy +/- Chemotherapy	Newly diagnosed Node positive (1-3) , hormone receptor + , HER2 - and oncotype score = or < than 25; No chemo or endocrine therapy prior to registration ; no inflammatory dz
NCI MA.32	III	OPEN	OPEN	OPEN	Early stage	Metformin Versus Placebo	Age < 75 and life expectancy of at least 5 years. Invasive breast cancer that has been diagnosed and completely resected within 12 months prior to randomization. Sentinel node biopsy and/or full axillary lymph node dissection.
Chadha 001	II	OPEN	N/A	N/A	Recurrent	Lump plus Brachy	Local recurrence < 2cm, negative margins after lump.
Accelerated RT	N/A	OPEN	N/A	N/A	early stage, localized	Acc. RT to examine toxicity & tolerability	Stage Tis and T1N0, unifocal, neg. margins per NSABP, no collagen vascular disease
Ductoscopy	N/A	OPEN	N/A	N/A	High-risk or nipple D/C	ductal endoscopy & intraductal biopsy	Spont. nipple D/C or BRCA1 and BRCA2 mutations, or history or family history. 5-year Gail risk of 1.7% or >
BSGI vs. MRI	N/A	OPEN	N/A	Open	Newly diagnosed breast ca	Breast Specific Gamma Imaging vs Breast MRI-How	Newly diagnosed patient who underwent needle biopsy, if excisional biopsy then they are excluded from the trial
PT-304	N/A	OPEN	N/A	Open	T1c-T4, M0 BC	neo-adjuvant-ACT or TC follow by surgery	T1c-T4 with interval between initial cytologic or histo diagnosis of BC and registration no more than 5 weeks. Her -2 positive is the exclusion
D-Care	III	OPEN	N/A	OPEN	Early Stage Breast Cancer	Denosumab	stage II or III breast ca; high risk of recurrence; must be receiving or be scheduled to receive standard of care adjuvant or neoadjuvant chemotherapy and/or endocrine therapy and/or HER-2 targeted therapy
<b>GI</b>							
IMCL CP12-0919	III	OPEN	OPEN	OPEN	HCC: Second-line Treatment Following First-line Therapy With Sorafenib	Ramucirumab (IMC-1121B) Drug Product and Best Supportive Care (BSC) versus Placebo and BSC	Barcelona Clinic Liver Cancer (BCLC) stage C with possibility of stage B if he/she has disease that is not amenable to locoregional therapy or is refractory to locoregional therapy. Must have received sorafenib as first-line systemic treatment, and must have discontinued sorafenib prior to entering the study. At least 1 measurable or evaluable lesion that is viable (ie, is vascularized), and has not been previously treated with locoregional therapy.
HDRBT	II	OPEN	OPEN	OPEN	Rectal ca	Preoperative High-dose-rate Endorectal Brachytherapy (HDRBT) FOLFOX Chemotherapy	Adenocarcinoma; T2/3 tumors at ≤ 12cm from the A-V margin; No previous history of pelvic radiation or chemotherapy
RTOG 0436	III	Open	Open		Esophageal cancer	Addition of Cetuximab to Paclitaxel, Cisplatin and Radiation	Histologically proven Squamous cell or adenocarcinoma of esophagus, Zubrod performance 0-2
RTOG 1010	III	OPEN	OPEN	OPEN	Esophageal Adenocarcinoma	RT+Paclitaxel+Carboplatin+Trastuzumab vs. RT+Paclitaxel+Carboplatin	Esophageal Adenocarcinoma; T1N1-2, or T2-3N0-N2. Zubrod PS 0-2. No Cervical Esophageal Carcinoma. No Prior RT or Chemotherapy for Esophageal Carcinoma. No Prior Chest Radiotherapy. No Prior Anthracycline or Taxane. No Prior Trastuzumab. No Tracheoesophageal Fistula or Invasion into Trachea or Major Bronchi.
CALGB 80802	III	OPEN	OPEN	OPEN	HCC	Sorafenib Tosylate With Versus Without Doxorubicin Hydrochloride	Locally Advanced or Metastatic Hepatocellular Carcinoma; No prior sorafenib or raf/VEGF inhibitors
ECOG 1208	III	OPEN	OPEN	OPEN	HCC	Doubleblind Chemoembolization with or without Sorafenib	HCC limited to the liver; previously attempted curative liver resection; Child-Pugh score of A or B7
NCI 8376	II	OPEN	OPEN		Advanced Gastric and GEJ Ca	Folfox plus minus GDC-0449	Measurable disease, No prior therapy for advanced Cancer. Regular menses, No prior surgery and Chemo within 6 months, pt unable to swallow, no active liver disease.
CALGB 80702	III	OPEN	OPEN	OPEN	STAGE III resected	Adjuvant- FOLFOX Plus Celecoxib or Placebo	Complete resection; tumor > 12cm from anal verge; At least 1 positive LN
<b>GYN</b>							
Montefiore (Almita/Carbo)	II	OPEN	OPEN	OPEN	Platinum-sensitive Recurrent Ovarian, Primary Peritoneal and Fallopian Tube Carcinoma	Almita and carboplatin	measurable disease, Previously treated Ovarian cancer with Taxane and Platinum.
GOG 0623	III	Open	Open	N/A	Stage I/IIA Cervical Cancer	Adjuvant Radiation versus Chemoradiation	Should be Randomized b/w 3-8 weeks of surgery, patient must have stage I/II primary cervical cancer, should not have involvement of LN, Parametria, extra uterine site with +ve margins.
<b>HEAD AND NECK</b>							
H&N Guided Imagery	N/A	OPEN	N/A		H&N cancer	Guided vs Non-Guided Imagery in Pts w/ RT ± Chemo	history of concomitant chemo/RT, receiving active RT, must not be cognitive impaired
Oncothyreon PX -866	II	OPEN	OPEN	OPEN	Stage IV SCCHN	Docetaxel vs Docetaxel + PX-866 (oral)	1 or more prior systemic for adv, rec or met; measurable dz, ECOG 0 OR 1; Excludes previous docetaxel UNLESS as adjuvant and >12months; previous p1-3k inhibitor; brain mets
Adjuvant taxotere trial	I	OPEN	N/A		N2b-3 Squamous Cell Carcinoma	Adjuvant Cetuximab and Taxotere	h/o of N2b/3 HNSSC that have definitive Chemo RT and neck dissection, no evidence distant metastasis.
Amifostine Unilateral	III	OPEN	N/A		Squamous Cell Carcinoma	Unilateral RT +/- subq Amifostine	sq. cell of oral cavity or oropharynx; prim. lesion >1 cm from midline; no contralateral met
PEG Trial	NA	OPEN	NA		H&N Cancer	CHEMO RT	patient with H & N cancer, treated with Chemo RT
RTOG 0920	III	OPEN	N/A		Locally-Advanced Resected Head and Neck Cancer	Postoperative Radiation Therapy (IMRT) +/- Cetuximab	Pathologically Proven Sq.cell carcinoma, Gross total resection of the primary tumor with curative intent must be completed within 7 weeks of registration
SciClone 2b study	II	OPEN	N/A	N/A	head and Neck cancer	Concurrent Chemo/RT with SCV07/placebo	non-metastatic SCC of of oral cavity, oropharynx, hypopharynx or larynx. Exclusion are baseline OM, receiving erbitux, HIV, HCV, tumor of lips, sinus and salivary gland.
RTOG 1008	II	OPEN	N/A		Salivary Gland Tumors	Adjuvant Concurrent Chemorad vs. Radiation Alone	Patients with resected high-risk (T3/4 or N1-3 or T1/2N0) malignant salivary gland tumors. Free of distant metastasis. No prior systemic chemotherapy or radiation treatment to the salivary glands. (Prior chemotherapy for a different cancer is allowed)
ECOG 1305	III	OPEN	N/A		Recurrent Or Metastatic Head And Neck Cancer	Chemotherapy with or without Bevacizumab	SCCHN from any primary site. No Prior Chemo for Recurrent cancer
<b>LUNG</b>							
Lilly JVBA	III	OPEN	OPEN	OPEN	Stage IV NSCLC	Docetaxel and Ramucirumab versus Docetaxel and Placebo	only one prior first-line platinum-based regimen for advanced/ metastatic disease; excludes pts with TKI as the only prior treatment for advanced disease
Oncothyreon PX -866	II	OPEN	OPEN	OPEN	Stage IV NSCLC	Docetaxel vs Docetaxel + PX-866 (oral)	1 prior systemic for adv, rec or met; measurable dz, ECOG 0 OR 1; Excludes previous docetaxel UNLESS as adjuvant and >12months; previous p1-3k inhibitor; brain mets

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Evans 171	N/A	OPEN	OPEN		NSCLC Stage I	Sublobar Lung Resection And Intraoperative Permanent Interstitial Brachytherapy	Stage I Non-Small Cell Lung Cancer
RTOG 0813	I/II	Hold	OPEN		Early stage NSCLC	Stereotac lung radiotherapy	T1-2, N0, M0, tumor size <5cm, potentially gross resection with -ve margin, Exclusion: prior RT, prior Chemotherapy, plans for pt to receive Chemo, standard fractioned RT &/or surgery.
Evans 169	I	OPEN	OPEN		NSCLC Stage IIIA	Correlation Of Pathology And FLT-PET Post Induction Therapy	Potentially Resectable Stage IIIA Non-Small Cell Lung Cancer
CT lung Screening	N/A	OPEN	OPEN	OPEN	LUNG CA screening	Screening for Lung Cancer	No Previous abnormal CXR or CT chest, 10 pack yr h/o of Smoking, Age >50 Exclusions No symptomatic pt
IHCP (Connery)	N/A	N/A	OPEN		Advanced Pleural Malignancies	Surgical Cytoreduction +Intraoperative Intrathoracic Hyperthermic Chemotherapy (Cisplatin) Perfusion	18-75 years old, KPS ≥ 60 confirmed mesothelioma, mets ovarian, uterine or thymic cancer or pseudomyxoma
<b>LYMPHOMA</b>							
Millennium C05013	II	OPEN	OPEN	OPEN	Non-Germinal Center B-Cell-like Diffuse Large B-Cell Lymphoma	RCHOP With or Without VELCADE	Previously Untreated Patients; At least 1 measurable tumor mass; Availability of paraffin block for central laboratory analysis; PS ≤ 2; No Major surgery within 2 weeks before Day 1, No Peripheral neuropathy of Grade 2 or greater; LVEF more 45%
SWOG 0816	II	OPEN	OPEN	OPEN	Stage III-IV Hodgkin Lymphoma	Using Early Interim FDG-PET Imaging	Stage III or IV classical Hodgkin lymphoma (nodular sclerosing, mixed cellularity, lymphocyte-rich, or lymphocyte depleted). Nodular lymphocyte predominant Hodgkin Lymphoma is not eligible.
Pfizer B1931008	III	OPEN	OPEN	OPEN	Relapsed or refractory CD22-positive aggressive non-HL	Inotuzumab Ozogamicin with Rituximab compared to defined investigator's choice therapy	CD20 and CD22-positive aggressive NHL; must have received prior rituximab; up to 3 prior regimens; Age 18 years or older; At least 1 measurable disease lesion
Calistoga	II	OPEN	OPEN	OPEN	Indolent B-Cell Non-Hodgkin Lymphoma	CAL-101	Indolent B-Cell Non-Hodgkin Lymphoma Refractory to Rituximab and Alkylating Agents; • Histologically confirmed diagnosis of B-cell iNHL; • Follicular lymphoma (FL) Grade 1, 2, or 3a; • Prior treatment with ≥2 prior chemotherapy; • Prior treatment with rituximab and with an alkylating agent; • Occurrence of progressive disease (PD) within 6 months of the completion of a regimen of rituximab therapy
<b>GU</b>							
ECOG 4805	II	OPEN	N/A	N/A	Metastatic Renal Cell Carcinoma	Effect of 2 Different Doses of AVE0005 (VEGF Trap)	Histologically confirmed metastatic or unresectable RCC; conventional clear cell carcinoma or have a component of clear cell carcinoma, measurable lesions according to the RECIST criteria, ECOG performance status 0-2, Patients with true papillary, sarcomatoid features without any clear cell component, chromophobe, oncocytoma, collecting duct tumors and transitional cell carcinoma are NOT eligible.
XL 184-900		N/A	OPEN	N/A	Maintenance study		
GSK VEG113387	III	OPEN	OPEN	N/A	Renal	pazopanib or placebo at 800mg daily continuously for 12 months	surgical resection of all RCC;KPS) of ≥ 80 No prior treatment
Ennis-Renal SBRT	I	OPEN	OPEN	N/A	Renal	SBRT	RCC; PS 0-2; Creatinine clearance values of at least 50 ml/min are required
RTOG 0926	II	Open	OPEN	N/A	T1 Urinary Bladder	Radiation concurrent with Cisplatin Chemotherapy	T1N0M0 transitional cell Bladder Cancer, patient must have adequately , tumor related hydronephrosis
ECOG 1808	II	OPEN	Pending	N/A	Renal	combination of sunitinib and gemcitabine and sunitinib alone	histologically confirmed renal cell carcinoma (of any subtype) containing any sarcomatoid features; must have measurable advanced disease, that is not resectable by surger; ECHO or MUGA of ≥ 50%;
<b>PROSTATE</b>							
ECOG 2809	II	OPEN	N/A	OPEN	Prostate	MK-2206 - Bicalutamide Combination	must have had surgery or radiation therapy or cryoablation. No metastatic disease; testosterone level > 150 ng/dL within 12 weeks prior to randomization; baseline PSA must be at least 2 ng/mL and no greater than 50 ng/mL; • Patient must have hormone-sensitive prostate cancer
Ennis - USA	I/II	N/A	OPEN		Prostate	brachytherapy; Eval. ultrasound tissue-typing	stage ≤ T2b, Gleason ≤ 6; PSA ≤ 10 ng/ml. No prior hormone therapy, radiotherapy
RTOG 0534	III	N/A	OPEN		Prostate	Short Androgen Depr + RT Pelvic L N or Prostate Bed only	T3N0/Nx; Any type of radical prostatectomy; Gleason score of 8 or less; PS 0-1; • No distant metastases; • PSA Doubling Time of > 6 months prior to registration
Tumor Cell Response	N/A	OPEN	OPEN		Prostate	Analysis of circulating tumor cells in Prostate CA predicting Response to Taxotere	Metastatic Prostate Ca by CT or MRI or Bone scan, castrate resistant, PSA >1, Exclusion: Noprior Chemo, active serious infection, CNS mets
IG-IMRT	N/A	N/A	OPEN		Prostate	Image-Guided Intensity-Modulated Radiotherapy	All patients receiving external beam intensity modulated radiotherapy for prostate cancer are eligible.
ISIS 183750-CS3	I/II	OPEN	OPEN	OPEN	Prostate	Docetaxel and Prednisone with/without ISIS 183750	castrate-resistant metastatic; 1 no more than 1 chemo; PSA >2ng/ml
<b>Pancreatic</b>							
PCYC-1001	III/IV	OPEN	OPEN	OPEN	met or local adv.	PCI-27483 + Gemzar vs Gemzar alone	diagnosed ≤ 3 months prior to enrollment; No prior RT ; no coagulation rx at least two months prior
CapOxIri	II	OPEN	OPEN	OPEN	Loc Adv	Capcetabine+Oxali+Irinotecan	interval of diagnosis is ≤ 42 days, measurable disease, Resectable/partially Resectable/or loc adv Adenocarcinoma of Pancreas, no prior therapy, no extra pancreatic spread,
<b>OTHERS</b>							
ECOG 1609	III	OPEN	OPEN	OPEN	Resected High-Risk Melanoma	Adjuvant Ipilimumab Anti-CTLA4 Therapy Versus High-Dose Interferon α-2b	Disease that is completely surgically resected. primary cutaneous melanoma that belong to one of the following AJCC stages. Patients with stage IV melanoma must have normal LDH and either distant skin, subcutaneous, lymph node or lung metastases, but no other visceral metastases.
Amgen 20062004	II	OPEN	N/A	OPEN	giant cell tumor	denosumab	Active disease, KPS 50% or better, ECOG 0, 1, or 2; Exclusion: concurrent bisphosphonate
Xoft NMSC	N/A	OPEN	N/A	N/A	resected, early stage	safety & performance of Xoft Treatment Sys.	Pathological diagnosis confirmed of squamous cell or basal cell carcinoma; Clinical Staging Tis, T1, or T2 (Must be ≤ 4 cm in diameter).
Robotic Thymectomy	N/A	N/A	OPEN		Myasthenia Gravis	Robotic Thymectomy	18 and older with myasthenia gravis with active symptoms
Good Dog	N/A	OPEN	N/A	N/A	All cancers except brain	Animal Assisted Visits	Concurrent Chemoradiation
<b>HEMATOLOGY</b>							
TTP	II	OPEN	OPEN	OPEN	Thrombotic Thrombocytopenic Purpura	plasma exchange and corticosteroids + danazol	TTP with PLT less than 100,000 and microangiopathic hemolytic anemia
CYCLACEL	III	OPEN	OPEN	OPEN	Acute Myeloid Leukemia	Oral Sapacitabine	Age ≥ 70 years. Confirmed diagnosis of AML and for whom the treatment of choice is low-intensity therapy by investigator assessment or who are not willing to receive intensive induction therapy recommended by investigator. The subject must have not been treated by any systemic therapy administered orally, intravenously or subcutaneously (except hydroxyurea).
SWOG 0777	III	OPEN	OPEN	OPEN	Untreated Multiple Myeloma	Lenalidomide and Low Dose Dexamethasone vs. Bortezomib, Lenalidomide and Low Dose Dexamethasone	newly diagnosed with measurable disease no prior chemotherapy, RT; ≥ 18 years of age; PS of 0 - 3; must not be Hepatitis B, Hepatitis C or HIV positive
E2903	II	OPEN	N/A	OPEN	Relapsed / Refractory CLL	Pentostatin, Cyclophosphamide and Rituximab (PCR) Followed By Campath-1H	Previously Treated Relapsed or Refractory CLL; normal creatinine, bilirubin; ECOG 0-2.
BMS CA204004	III	N/A	OPEN	N/A	Relapsed or Refractory Multiple Myeloma	Lenalidomide/dexamethasone +/- Elotuzumab	progression from most recent line of therapy; 1 to 3 prior lines of therapy; measurable disease; Age ≥ 18; ECOG ≤ 2