

PROTOCOL	P	BI	SLR	DISEASE	TREATMENT	ELIGIBILITY
<b>BRAIN</b>						
RTOG -0825	III	OPEN	Hold	Newly Diagnose Glioblastoma	Concurrent Chemo/RT and Adjuvant Temzolamide+Bevacizumab vs conventional concurrent Chemo/RT and Temzolamide	Confirmed GBM WHO grade IV, Central Pathology review before step 2 of registration shows GBM, Must be Supratentorial, KPS >70, Exclusions: Recurrent or multifocal Glioma, Prior Chemo RT for h & N cancers,
<b>BREAST</b>						
Chadha 001	II	OPEN	N/A	Recurrent	Lump plus Brachy	Local recurrence < 2cm, negative margins after lump.
Accelerated RT	N/A	OPEN	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	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 >
Columbia Cognitive	N/A	OPEN	OPEN	early stage, localized	N/A	premenopausal women, ages 21-50 undergoing BC surgery and adjuvant chemo
NCI 7868	I/II	OPEN	OPEN	Stage IIB-IIIC Breast Cancer	R115777 + Taxol + Dose-Dense Doxorubicin & Cyclophos.	estrogen and/or progesterone receptor +, Her2/neu -; no prior chemo, irradiation, or definitive therapeutic surgery
ACOSOG Z1031	III	OPEN	OPEN	Stg II/III Estrogen Receptor B C	exemestane (25 mg daily), letrozole (2.5 mg), or anastrozole (1 mg)	postmenopause, ECOG PS≤ 2, T2-T4c, any N, M0 breast ca, primary tumor palpable & 2cm by caliper measurements
TAILORx (PACCT-1)	N/A	OPEN	OPEN	tumor 1.1-5 cm, node negative	Oncotyping to select therapy, hormonal +/- chemo	ER/PR +,HER2neu neg., candidate for adjuvant cytotoxic therapy + hormonal therapy
BETH (BCIRG 011)	III	OPEN	OPEN	HER2-positive ,T1-3	docetaxel/carboplatin/trastuzumab (+or- Bevacizumab)	FISH-positive and/or IHC 3+ must have total mastectomy or lumpectomy.
ECOG 5103	III	OPEN	OPEN	LN + & High Risk LN neg	Doxorubicin + Cyclophosphamide followed by Taxol with +/-Bev	neg margin, HER2 + (3+ by IHC or FISH+) are NOT eligible.
BSGI vs. MRI	N/A	OPEN	N/A	Newly diagnosed breast cancer	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
Novartis CRAD001J2301	III	OPEN	OPEN	locally advanced or Metastatic	A Randomized Double-Blind, Study of Everolimus in Combination with Trastuzumab and Paclitaxel	Her2+, Either no prior treatment w/Trastuzumab or if Tx then >12 mos prior to Rand, Prior Tx w/ Endocrine therapy allowed
Novartis CRAD001Y2301	III	OPEN	OPEN	Locally advanced or Metastatic	A Randomized Double-Blind, Study of Everolimus in Combination with Exemestane	ER+, IHC 3+ staining or in situ hybridization positive, Clinical evidence of recurrence or progression on last systemic therapy prior to randomization
<b>GI-COLON</b>						
NCI 8376,	II	OPEN	OPEN	Advanced Gastric and GEJ Ca	Folfox plus minus GDC-0449	Measureable 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,
E5202	III	OPEN	OPEN	Colon	5-FU, LV, Oxali vs. 5-FU, LV, Oxali, Bevacizumab	>12 cm from the anal verge, adenocarcinoma, Stage II
FolFox6	II	OPEN	OPEN	T3N0M0, T1-3 N1M0	Neo-adjuvant-modified FOLFOX6/TME/adjuvant FOLFOX 6	T3N0M0, T1-3 N1M0 assessed by clinical exam, TRUS, MRI and CT:proximal border of the tumor -12cm, distal border -6 cm
reGISTry	N/A	OPEN	OPEN	GI stromal tumors	observational database	current diagnostic/therapeutic management of pts with GIST
NCCTG/ CTSU N0147	III	OPEN	OPEN	Stg III Colon Cancer	Oxali + 5-FU/ LV with or without Cetuximab	adenocarcinoma, no evidence of residual involved lymph node disease, PS 0-2
HCC/Pfizer	III	OPEN	N/A	Loc.advanced/Metastatic HCC	Sunitinib at 37.5 mg daily vs. Sorafenib at 400mg x2 daily	measurable disease according to RECIST, NO Prior systemic treatment for HCC, including sunitinib, sorafenib.
NCI 7881	I/II	Suspended		Loc. Adva/Metastatic Colorectal Ca	Pertuzumab with cetuximab	disease progression after 6 weeks of Oxali.last Avastin dose should be greater than 4 weeks. EF >50%. Excluded with prior therapy of agents against EGFRand /or HER2, No more than one regimn for metastaic disease.
EZN-2208-04	II	OPEN	OPEN	mCRC	EZN-2208 (PEG-SN38) With or Without Cetuximab	dz progression after no more than 2 regimens; NO PRIOR EGFR;
Whelan - Cetuximab	prosp	N/A	OPEN	Colon stage I,II, III	Cetuximab pre and post sergery	adencarc at least 2 cm; PS0,1; wild type KRAS
<b>GYN</b>						
NCI 6317	II	OPEN	OPEN	Previously treated Ovarian CA	Oxaliplatin + Continuous Infusion Topotecan	hist or cyto proven ovarian, fallopian tube, peritoneal CA, measurable or evaluable disease, previously treated w/ Itaxane or platinum
Morphotek	II	OPEN	OPEN	Platinum-Resistant or Refractory Relapsed Ovarian CA	MORAB-003 (farletuzumab) in Combination with Paclitaxel	non-mucinous EOC measurable by CT or MRI relapsed within 6 months of 1st or 2nd-line platinum-containing chemotherapy, included a taxane.
<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
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
University of Stanford	II	OPEN	N/A	Stage III-IV	lapatinib and radiation therapy	no prior radiation, newly diagnosed stage III-IV HNSCC, no evidence of distant metastasis
IMC-A12	II	OPEN	N/A	Recurrent or Metastatic SCC	IMC-A12 with or without Cetuximab	Deisease progression during treatment with or within 90 days after last Platinum based chemotherapy.
Actogenix	Ib	OPEN	N/A	H&N Cancer	AG013 in pts with induction chemo for SCC of H&N	Atleast 2 cycles of induction Chemo, SCC of H & N, Oral mucositis exclusion.
Swallowing study	N/A	OPEN	N/A	H&N Cancer	Functional swallowing assessment in Pt getting chemoradiation	pt getting chemoradiation for functional assessment of swallowing
Caphosol	NA	OPEN	N/A	Newly diagnosed SCC of H & N	Caphosol Rinse	newly-dx, no prior chemo/ RT,
ECOG 1305	III	OPEN	N/A	Recurrent Or Metastatic Head And Neck Cancer	Chemotherapy with or without Bevacizumab	SCCHN from any primery site. No Prior Chemo for Recuurent cancer

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<b>LUNG</b>						
SWOG 0424	N/A	OPEN	OPEN	NSCLC	Molecular Epidemiology	newly-dx, Stage I, II, IIIB (T4 or N3, excluding pts w/malignant pleural effusion); no prior chemo/ RT
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	Hold	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
RTOG 0617	III	Hold	OPEN	Stage IIIA-B NSCLC	Comparasion of standard dose RT (60 GY) versus high dose 74 Gyconformal RT with concurrent and consolidated Carbo/Paclitaxel+/-Cetuximab.	Unresectable, Stage IIIA & B no distant Mets, measureable ds, Exclusion: N3 supraclavicular, COPD exacerbation or other respiratory illnesses. Unctrolled neuropathy g2 or above
<b>LYMPHOMA</b>						
Millennium C05013	II	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	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.
<b>PANCREATIC</b>						
RT-FIP	I-II	OPEN	OPEN	Pancreas	CPT-11/FULV/Gem/Cis/RT	potentially resect/locally advanced
GlobeImmune	II	OPEN	OPEN	Resectable Panc Ca w/ Ras mutation	GI-4000 or placebo, + gemcitabine	Resectable pancreas cancer w/ confirmation of ras mutations & negative scratch test to <i>S. Cerevisae</i>
<b>PROSTATE</b>						
Viagra	Prosp	OPEN	OPEN	Localized Prostate Cancer	Prophylactic and On Demand Viagra during RT	RT-external beam or brachytherapy; domain score of ≤17
SWOG 0421	III	OPEN	OPEN	Hormone Refractory Prostate	Docetaxel & Atrasentan vs. Docetaxel & placebo	histologic prostate adenocarcinoma , any stage T/N/M1b, bone mets, refractory, castrated
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
Bayer/Sorafenib	I/II	OPEN	OPEN	High-Risk Localized Prostate Cance	combined androgen blockade+RT+Sorafenib	intermed T2b/c tumors Gleason 7 or PSA 10-20 or high risk T3-4, Gleason 8 or higher or PSA greater than 20.
Ennis-SSA	N/A	N/A	OPEN	Prostate	Brachytherapy; Eval. ultrasound images	Any patient undergoing prostate brachytherapy is eligible
Tumor Cell Response	N/A	OPEN	OPEN	Prostate	Analysis of circulating tumor cells in Prostate CA predicting Response to Textoree	Metastatic Prostate Ca by CT or MRIor 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.
<b>RENAL/Urothelium</b>						
ECOG 2805	III	OPEN	OPEN	Renal Cell Carcinoma	adjuvant Sunitinib or Sorafenib or Placebo	pT1bNany (resectable) M0; no prior therapy; 18 years old; ECOG PS 0-1
Fox Chase	II	OPEN	OPEN	Advanced Urothelial Cancer	Cetuximab +/- weekly Paclitaxel	any histology carcinoma bladder, renal pelvis, ureter, one prior regimen PS 0-2
<b>OTHERS</b>						
Xoft NMSC	N/A	OPEN	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).
BIPI 1200.26:	N/A	OPEN	OPEN	Upper GI, TCC blad., All Gyn	BIBW 2992.	tumors harboring EGFR and/or HER2 gene amplification
<b>HEMATOLOGY</b>						
ITP	II	OPEN	OPEN	Immune Thrombocytopenic Purpura	Anti-D antibody + Danazol	ITP Rh-positive; Karnofsky > 60; Platelet less 30,000; No IgA diciency; No porphyria
TTP	II	OPEN	OPEN	Thrombotic Thrombocytopenic Purpura	plasma exchange and corticosteroids + danazol	TTP with PLT less than 100,000 and microangiopathic hemolytic anemia
SWOG 0777	III	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



