

# CLINICAL TRIALS & ENROLLMENT SUMMARY

Updated 6/21/2024

Trial	Inclusion/Exclusion	Study Arms	Locations
<b>FALLOPIAN TUBE/OVARIAN/PRIMARY PERITONEAL</b>			
<b>Front-line</b>			
<b>NRG-CC008</b> A Non-Randomized Prospective Clinical Trial Comparing the non-Inferiority of Salpingectomy to Salpingo-Oophorectomy to Reduce the Risk of Ovarian Cancer Among BRCA1 Carriers [SOROCK]	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>- Women ≥35 and ≤50 years of age</li> <li>- Documented <i>BRCA1</i> mutation</li> <li>- Defers RRSO (BLS cohort only)</li> <li>- At least one intact ovary + fallopian tube (prior hyst allowed if did not include bilateral salpx; prior tubal ligation allowed if one intact ovary and FT are present)</li> </ul> <b>Exclusion:</b> <ul style="list-style-type: none"> <li>- Prior history of ovca (incl LMP), perit ca, or FT ca</li> <li>- Abnormal TVUS or CA-125 suspicious for occult or gross pelvic malignancy or neoplasm within past 180 days</li> </ul>	After discussion and consult with GynOnc, patients choose between study groups:  <u>BS Cohort</u> – bilateral salpingectomy ± hysterectomy (can receive bilateral oophorectomy at any time)  <u>BSO Cohort</u> – bilateral salpingo-oophorectomy ± hysterectomy	<b>Providence</b> <b>OHSU</b> <b>Legacy</b>
<b>GY019</b> A randomized phase 3, two-arm trial of paclitaxel, carboplatin, maintenance letrozole versus letrozole monotherapy in patients with stage II-IV, primary low grade serous carcinoma of the ovary or peritoneum	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>- Newly dx stage II-IV LGSOC</li> <li>- Nonaberrant p53</li> <li>- Undergone attempt at maximal cytoreduction (optimal and suboptimal allowed)</li> </ul> <b>Exclusion:</b> <ul style="list-style-type: none"> <li>- NACT or Neoadjuvant RT</li> <li>- Prior hormone therapy for disease</li> </ul>	Arm 1: carbo/taxol x6 cycles-> letrozole daily maintenance Arm 2: letrozole daily	<b>Providence</b> <b>Legacy</b>
<b>Platinum-Sensitive Recurrence</b>			
<b>GLORIOSA</b> PhIII study to evaluate the safety and efficacy of mirvetuximab soravtansine as maintenance therapy in platinum sensitive ovarian cancer with high folate receptor-alpha expression	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>- High grade serous histology</li> <li>- FOLRa positivity ≥75% membrane staining at 2+ intensity</li> <li>- BRCA germline and somatic testing. If positive need to receive prior PARPi</li> <li>- Minimum of 4 cycles of chemo w/ recurrence</li> </ul> <b>Exclusion:</b> <ul style="list-style-type: none"> <li>- Endometrioid, clear cell, mucinous, sarcomatous histology</li> <li>- More than 1 prior line of therapy</li> </ul>	Arm 1: Mirvetuximab soravtansine 6mg/kg + bev 15mgk/d q21 days  Arm 2: Bev 15mg/kg q21 days	<b>OHSU</b>
<b>Platinum-Resistant Recurrence</b>			
<b>GOG3086 REFRaME-01/ENGOT-OV79</b> Phase II/III study evaluating efficacy and safety of luveltamab tazevibulin vs. Chemo in platinum resistant, FOLRa positive OvCa	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>- Platinum resistant up to 3 prior regimens</li> <li>- TPS&gt;=25% FOLRa expression</li> <li>- Measurable disease</li> </ul>	Arm 1: luvelta (4.3mg/kg or 5.2mg/kg) q3 weeks Arm 2: investigator's choice chemo	<b>Providence</b>

# CLINICAL TRIALS & ENROLLMENT SUMMARY

Updated 6/21/2024

	<ul style="list-style-type: none"> <li>- High grade serous histology</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Primary platinum refractory</li> <li>- Prior FOLRa ADC or ADC containing tubulin inhibitor</li> </ul>				
<p><b>ROSELLA/ GOG-3073</b> PhIII study of relacorilant in combination with nab-paclitaxel vs. Nab-paclitaxel alone in platinum resistant OvCa</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- High grade serous histology</li> <li>- Measurable disease</li> <li>- At least 1 but &lt;= 3 prior lines</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Low grade endometrioid, clear cell, mucinous, sarcomatous histology</li> <li>- Had not received prior bev</li> </ul>	<p>Arm 1: nab-paclitaxel 80mg/m<sup>2</sup> D1, 8,15 q28 days + relacorilant 150mg PO daily</p> <p>Arm 2: nab-paclitaxel 100mg/m<sup>2</sup> D1,8,15 q28 days</p>	<b>OHSU</b>		
<p><b>GOG 3082 / ACR-368</b> Ph1b/2 study to evaluate efficacy and safety of ACR-368 monotherapy or in combination with ultralow dose gemcitabine in platinum resistant ovarian, endometrial and urothelial carcinoma</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- High grade serous histology</li> <li>- Received at least 1 prior but &lt;6</li> <li>- Prior bev unless contraindicated</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Non-epithelial, clear cell, mucinous, germ cell, low grade serous</li> <li>- Clinically meaningful ascites</li> </ul>	<p>Oncosignature positive: ACR-368 (prexasertib) monotherapy IV q14 days</p> <p>Oncosignature negative: Prexasertib + ultra low dose gemcitabine IV q14 days</p>	<b>OHSU</b>		
<b>Endometrial</b>					
<b>Front-line</b>					
<p><b>Genentech C044195</b> Phase II single arm study of giredestrant in grade 1 endometrial cancer</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- Grade 1 endometrioid histology</li> <li>- MRI w/ &lt;50% myometrial invasion</li> <li>- MRI or CT no metastatic disease</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Non-endometrioid histology</li> <li>- Prior tx for endometrial cancer</li> </ul>	<p>Single arm: giredestrant 30mg oral daily D1-28 of each q28 cycle x6 cycles=&gt; choose to discontinue for additional 18 cycles or stop</p>	<b>Providence</b>		
<p><b>XPORT-EC-042</b> PhIII study of selinexor in maintenance therapy after systemic therapy for p53 wt advanced of recurrent endometrial carcinoma</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- Endometrioid, serous, undifferentiated, carcinosarcoma histology</li> <li>- TP53wt by NGS</li> <li>- Completed single line at least 12 week of platinum therapy (not including adjuvant or neoadjuvant for Stage I-III disease), achieved CR or PR</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Uterine sarcomas, clear cell, small cell, neuroendocrine</li> </ul>	<p>Arm 1: selinexor 60mg oral tablets once week D1, 8, 15, 22 q28d cycle</p> <p>Arm 2: placebo</p>	<b>Providence</b>		

# CLINICAL TRIALS & ENROLLMENT SUMMARY

Updated 6/21/2024

<p><b>GOG-3069</b> A Phase 2 study of alpelisib and fulvestrant for PIK3CA-mutated estrogen receptor (ER)-positive endometrioid endometrial cancers</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- Advanced (Stage III or IV), persistent, recurrent</li> <li>- Endometrioid histology with ER+ and PIK3CA mutation</li> <li>- Measurable disease</li> <li>- Prior adjuvant chemotherapy okay (only one line)</li> <li>- No diagnosis of DM I and DMII must be well controlled</li> <li>- No more than 3 prior lines</li> </ul>	<p>Single arm: alpelisib 300mg QD (oral) + fulvestrant (IM) q4 weeks (loading requires q2 weeks x2)</p>	<p><b>Legacy</b></p>
<p><b>Metastatic/Recurrent</b></p>			
<p><b>GY026</b> A phase II/III study of paclitaxel/carboplatin alone or combined with either trastuzumab and hyaluronidase-oysk (HERCEPTIN HYLECTA) or pertuzumab trastuzumab and hyaluronidase-zzfx (PHESGO) in HER2 positive, stage I-IV endometrial serous carcinoma or carcinosarcoma</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- Stage IA-IVB upfront HER2+ endometrial serous carcinoma or carcinosarcoma</li> <li>- Less than 10% nonserous histology allowed</li> <li>- Non-operative patients allowed</li> </ul> <p><b>Exclusion</b></p> <ul style="list-style-type: none"> <li>- Neoadjuvant chemotherapy</li> <li>- Pelvic EBRT (vaginal brachytherapy ok)</li> </ul>	<p>Arm 1: Carbo (AUC 5)/Taxol</p> <p>Arm 2: Carbo (AUC5)/Taxol/subq trastuzumab</p> <p>Arm 3: Carbo (AUC 5)/Taxol/sub trastuzumab and pertuzumab</p>	<p><b>OHSU Providence Legacy</b></p>
<p><b>GOG 3082 / ACR-368</b> Ph1b/2 study to evaluate efficacy and safety of ACR-368 monotherapy or in combination with ultralow dose gemcitabine in platinum resistant ovarian, endometrial and urothelial carcinoma</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- High grade endometrial adenocarcinoma including carcinosarcoma</li> <li>- No more than 3 prior lines in recurrent setting</li> <li>- Failed prior PDI1 inhibitor</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Low grade histology</li> </ul>	<p>Oncosignature positive: ACR-368 (prexasertib) monotherapy IV q14 days</p> <p>Oncosignature negative: Prexasertib + ultra low dose gemcitabine IV q14 days</p>	<p><b>OHSU</b></p>
<p><b>AFT-50</b> A phase IB/II multi-cohort study of targeted agents with atezolizumab for patients with recurrent or persistent endometrial cancer</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- Recurrent or persistent dz after at least 1, but no more than 2, prior lines of therapy (hormone therapy not counted)</li> <li>- Measurable disease</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Squamous, sarcoma histology</li> <li>- Synchronous primaries</li> </ul>	<p>Based on Foundation testing, will be assigned to targeted therapy + atezolizumab:</p> <p>Cohort 1: + Bev (unmatched)</p> <p>Cohort 2: + Ipatasertib (PIK3CA/AKT/PTEN altered)</p> <p>Cohort 3: + talazoparib (LOH high)</p> <p>Cohort 4: + Trastuzumab (ERBB2/HER2 amp)</p> <p>Cohort 5: +tiragolumab (MSI-H, TMB &gt;=10mut/mb)</p>	<p><b>Providence</b></p>
<p><b>ZN-C3-004/GOG3065/Teton</b></p>	<p><b>Inclusion:</b></p>	<p>Single arm: ZN-c3 (azenosertib) taken orally with food</p>	<p><b>Providence</b></p>

# CLINICAL TRIALS & ENROLLMENT SUMMARY

Updated 6/21/2024

<p>PhII study in women with recurrent or persistent uterine serous carcinoma</p>	<ul style="list-style-type: none"> <li>- Recurrent or persistent uterine serous carcinoma (or at least 5% for mixed histology)</li> <li>- Prior platinum, PDL1 inhibitor required</li> <li>- Prior HER2 targeted required for HER2+</li> <li>- Measurable disease</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Prior WEE1, ATR, CHK1/2 inhibitor</li> </ul>		
----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

## Cervical

### Early Stage

<p><b>GOG 3043 ROCC</b> A randomized controlled trial of robotic versus open radical hysterectomy for cervical cancer</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- Newly diagnosed FIGO 2018 IA2, IB1, IB2 radiographic evidence of definite parametrial, vaginal, lymph node, or distant metastases.</li> <li>- Uterine size less than 12 cm</li> </ul>	<p><b>Arm 1</b> Open radical hysterectomy +/- BSO with lymph node assessment</p> <p><b>Arm 2</b> Robotic radical hysterectomy +/- BSO with lymph node assessment</p>	<p><b>Providence</b></p>
-------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------

### Metastatic/Recurrent

<p><b>Phase 1, Multicenter, Open-Label Study of SQZ-AAC-HPV as Monotherapy and in Combination With Immune Checkpoint Inhibitors in HLA-A*02+ Patients With HPV16+ Recurrent, Locally Advanced or Metastatic Solid Tumors</b></p> <p><b>SQZ-AAC-HPV:</b> activating antigen carrier cell therapy, a therapeutic vaccine engineered from red blood cells manufactured with immunogenic epitopes of HPV16.</p>	<p><b>Inclusion:</b></p> <ul style="list-style-type: none"> <li>- HPV16+ incurable or metastatic solid tumors that have progressed after &gt;/=1 standard therapy, or has a tumor where no standard therapy exists</li> <li>- HLA-A*02+</li> <li>- At least 1 measurable lesion (RECIST 1.1)</li> <li>- Lesion that can be biopsied at baseline and cycle 2</li> </ul> <p><b>Exclusion:</b></p> <ul style="list-style-type: none"> <li>- Systemic treatment with either corticosteroids (&gt;10 mg of prednisone or the equivalent per day) or other immunosuppressive medications within 14 days prior to Cycle 1 Day 1</li> <li>- Patients with active, known, or suspected autoimmune disease may not be eligible and should be discussed with the Sponsor</li> <li>- History of interstitial lung disease requiring steroids</li> </ul>	<p><b>All cohorts:</b> Blood collection for manufacture of autologous SQZ-AAC-HPV</p> <p><b>Cohort 1:</b> SQZ-AAC-HPV monotherapy dose escalation HPV + ipilimumab <b>Cohort 2a:</b> SQZ-AAC-HPV + nivolumab <b>Cohort 2a:</b> SQZ-AAC-HPV + nivolumab + ipilimumab on</p>	<p><b>OHSU</b></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

## INSTITUTIONAL PHASE 1/MULTI-INDICATION TRIALS

# CLINICAL TRIALS & ENROLLMENT SUMMARY

Updated 6/21/2024

<ul style="list-style-type: none"> <li>- <b>EAY191-N4</b> A randomized trial of selumetinib and olaparib or selumetinib alone in patients with recurrent or persistent RA pathway mutant ovarian and endometrial cancers Target mutations: KRAS, NRAS, HRAS. BRAF, MEK1, MEK2, or inactivating mutations in NF1</li>   <li>- <b>EAY1910-E5:</b> A randomized Ph II study of AMG510 (sotorasib) with or without panitumumab in advanced solid tumors Target mutations: KRAS G12 targets</li>   <li>- EAY191-A3: Palbociclib and binimetinib in RAS mutant cancers Target mutations: KRAS, NRAS, non-BRAF V600E aMOIs or rare RAG fusions</li>   <li>- SGNDV-005: A PhII study of disitamab vedotin in platinum resistant ovarian cancers Target mutation: HER2 at least 1+</li> </ul>	<p><b>Providence</b></p>
<ul style="list-style-type: none"> <li>- AZD9574/ Certis1: A study of AZD9574 as monotherapy or in combination in advanced solid tumors Target mutations: BRCA1/2, PALB2, RAD51C/D, HER2</li>   <li>- FONTANA: A PhI/IIa study for AZD5335 single agent FOLRa TOP1 inhibitor in platinum resistant ovarian cancer Target mutation: none</li>   <li>- PMV: A study of PC14586 in combination with pembrolizumab Target mutation: p53 Y220C target</li>   <li>- FOG-001 A study of single agent direct inhibitor of b-catenin Target mutation: wnt pathway mutations APC loss, CTNNB1 gain, RNF42 and RSP03 etc.</li>   <li>- AZD3470 PRIMROSE: PRMT5 inhibitor for patients with MTAP loss</li>   <li>- Incyte IIT axatilimab in combination with retifanlimab and paclitaxel</li> </ul>	<p><b>OHSU</b></p>