Treatment Trials Activated March 2026

Research Base	Protocol #	Official Study Title	Indication/Disease	Planned Intervention	Abbreviated Eligibility Criteria Please refer to CTSU for the most recent version of the protocol.	Primary Objective	ClinicalTrials.gov NCT #	CTSU Activation Date	Approx. Target Accrual
NRG	NRG-CC017	A Randomized Phase III Study Comparing Temporally-Modulated Pulsed Radiation Therapy (TMPRT) Versus Standard Radiation Therapy with Temozolomide for Adults with Newly Diagnosed MGMT-Unmethylated Glioblastoma	CNS Cancer (Primary tumor)	Arm 1 Radiation Therapy (RT) with Concomitant and Adjuvant Temozolomide Arm 2 Temporally Modulated Pulsed Radiation Therapy (TMPRT) with Concomitant and Adjuvant Temozolomide	**PVD: 03/16/2026** Patients must have adequate health that permits completion of the study requirements and the required follow-up. • For patients with known HIV, HBC, and/or HCV: o HIV-infected patients on effective anti-retroviral therapy with undetectable viral load within 6 months are eligible for this trial. o For patients with evidence of chronic hepatitis B virus (HBV) infection, the HBV viral load must be undetectable on suppressive therapy, if indicated. o Patients with a history of hepatitis C virus (HCV) infection must have been treated and cured. For patients with HCV infection who are currently on treatment, they are eligible if they have an undetectable HCV viral load. • Patients with a prior or concurrent malignancy whose natural history or treatment does not have the potential to interfere with the safety or efficacy assessment of the investigational regimen are eligible for this trial. • Participants of childbearing potential (participants who may become pregnant or who may impregnate a partner) must be willing to use highly effective contraceptives during therapy and for up to 6 months after completing study therapy because the treatment in this study may be significantly teratogenic (See protocol section 9 for definition of highly effective contraception).	To determine whether TMPRT concurrently with TMZ can significantly improve time to NCF failure compared to standard RT with temozolomide for patients with MGMTunmethylated GBM.	n/a	4/1/26	398
	NRG-GY035	A Randomized Phase III Trial of Carboplatin, Paclitaxel, Pembrolizumab Versus Carboplatin, Paclitaxel, Bevacizumab Versus Carboplatin, Paclitaxel, Pembrolizumab, Bevacizumab in the Treatment of pMMR, TP53 Mutated Advanced or Recurrent Endometrial Cancer	Female Reproductive System Cancer	Arm 1 Paclitaxel + Carboplatin + Pembrolizumab every 3 weeks for 6-10 cycles Pembrolizumab maintenance every 6 weeks for 14 additional cycles See Section 5.1 Arm 2 Paclitaxel + Carboplatin + Bevacizumab (or anti-VEGF antibody biosimilar) every 3 weeks for 6-10 cycles Bevacizumab maintenance every 3 weeks for 28 additional doses See Section 5.1 Arm 3 Paclitaxel + Carboplatin + Pembrolizumab + Bevacizumab (or anti-VEGF antibody biosimilar) every 3 weeks for 6-10 cycles Pembrolizumab maintenance every 6 weeks for 14 additional cycles and Bevacizumab maintenance every 3 weeks for 28 additional doses See Section 5.1	**PVD: 10/09/2025** Stage III and Stage IVA endometrial cancer (with measurable disease), • Stage IVB endometrial cancer (with or without measurable disease), or • Recurrent endometrial cancer (with or without measurable disease) See Appendix I for FIGO 2009 Staging In patients with measurable disease, lesions will be defined and monitored by RECIST 1.1. Measurable disease (RECIST 1.1) is defined as at least one lesion that can be accurately measured in at least one dimension (longest diameter to be recorded). Each lesion must be ≥ 10 mm when measured by CT or MRI. Lymph nodes must be ≥ 15 mm in short axis when measured by CT or MRI. Histologic confirmation of the original primary tumor is required (submission of pathology report(s) is required). Patients with the following histologic types are eligible: endometrioid, serous, dedifferentiated/undifferentiated, clear cell, mixed epithelial, carcinosarcoma, adenocarcinoma not otherwise specified (N.O.S.) Patients must have: • Tumoral mismatch repair proficient (pMMR) disease as assessed by immunohistochemistry (IHC) AND • P53 IHC with aberrant staining pattern (aberrant p53 expression is consistent with mutant TP53). TP53 mutation by next-generation sequencing will also be accepted. A pathology report demonstrating results of institutional MMR IHC and p53 IHC and/or TP53 by next-generation sequencing.	To demonstrate that bevacizumab, an anti-VEGF antibody therapy, (or an anti-VEGF antibody biosimilar) in combination with carboplatin, paclitaxel, and pembrolizumab is superior to carboplatin, paclitaxel, and pembrolizumab (the control arm) or carboplatin, paclitaxel, and bevacizumab in prolonging PFS in patients with pMMR, TP53 mutated advanced stage (III or IV) or recurrent endometrial cancer.	NCT07198074	**1/12/26**	**255**
	NRG-HN015	A Phase II Randomized Trial of Neoadjuvant Chemotherapy or Chemo-Immunotherapy in Patients with Recurrent/Persistent PD-L1 Enriched Squamous Cell Carcinoma of the Head and Neck Undergoing Salvage Surgery (NEOPOLIS)	Head and Neck Cancer	STRATIFY • Primary tumor site (Oropharynx or oral cavity vs. Larynx or hypopharynx) • Stage (rT4a or rN3a vs. other) • Prior use of iPD1/PDL1 inhibitors in the definitive setting (yes vs. no) Arm 1 Salvage Surgery (SS) Arm 2 Carboplatin + Paclitaxel + SS Arm 3 Carboplatin + Paclitaxel + Cemiplimab (REGN2810) + SS	**PVD: 10/10/2025** Patients must have adequate health that permits completion of the study requirements and required follow up. • Patients with HIV, HBV, and/or HCV infection: o HIV-infected patients on effective anti-retroviral therapy with undetectable viral load within 6 months are eligible for this trial. o For patients with evidence of chronic hepatitis B virus (HBV) infection, the HBV viral load must be undetectable on suppressive therapy, if indicated. o Patients with a history of hepatitis C virus (HCV) infection must have been treated and cured. For patients with HCV infection who are currently on treatment, they are eligible if they have an undetectable HCV viral load. • Patients with a prior or concurrent malignancy whose natural history or treatment does not have the potential to interfere with the safety or efficacy assessment of the investigational regimen are eligible for this trial. Persistent Grade 3-4 (CTCAE version 5.0) electrolyte abnormalities must be reversible with replacement.	Primary Objective To assess and compare investigator-assessed event-free survival (EFS) of patients treated with chemotherapy (carboplatin + paclitaxel) or chemo-immunotherapy (carboplatin + paclitaxel + cemiplimab [REGN2810]) prior to salvage surgery (SS) versus patients undergoing standard of care SS.	NCT07195734	**1/12/26**	180
	NRG-GI012	Phase III Randomized Trial of IO-Based Systemic Treatment +/- Liver SBRT in Hepatocellular Cancer with Macrovascular Invasion (HELIO-RT)	Gastrointestinal Cancer	Patients will recieve MD's choice of Neoadjuvant Therapy (NAT). After Central Radiation plan approval, bladder radiotherapy will commence, followed by x12 months of Pembro (MK-3475).	**PVD 9/10/2025** **Must have:** Patients must have adequate health that permits completion of the study requirements and required follow-up. • For patients with known HIV, HIV-infected patients on effective anti-retroviral therapy with undetectable viral load within 6 months are eligible for this trial. • Patients with a prior or concurrent malignancy whose natural history or treatment does not have the potential to interfere with the safety or efficacy assessment of the investigational regimen are eligible for this trial. **Must not have:** * No prior systemic therapy or transarterial radioembolization (TARE) for HCC. • No history of liver transplantation. * No prior radiotherapy to the region of the study cancer that would result in significant overlap of radiation therapy fields that would lead to excessive cumulative toxicity at the discretion of the investigator. * No medical contraindication to the standard of care immunotherapy. • For patients to be treated with atezolizumab/bevacizumab: - No history of a GI bleed or other clinically significant bleeding event within 6 months prior to study registration.	To determine if liver SBRT in combination with IO-based systemic therapy improves survival compared to IO-based systemic therapy alone, in patients with hepatocellular cancer with macrovascular invasion.	NCT07166406	10/7/25	478
SWOG	S2433	Randomized Phase III Study of Second-Line Chemotherapy with or Without Panitumumab for KRAS Wild Type, Locally Advanced or Metastatic Pancreatic Adenocarcinoma	Gastrointestinal Cancer	Arm A Panitumumab + Chemotherapy Arm B Chemotherapy	**PVD: 10/10/2025** a. Participants must have a histologically or cytologically confirmed diagnosis of ductal adenocarcinoma of the pancreas. b. Participants must have previously documented KRAS wild type (i.e., absence of any KRAS mutation) and BRAF V600E wild type (i.e., absence of a BRAF V600E mutation) status determined by tumor tissue-based NGS assay. The testing must be done within a laboratory with CLIA, ISO/IEC, CAP, or similar certification status. Sites must confirm eligibility criterion 5.1. b. with at least one of the study chairs via email to S2433SC@swog.org prior to registration. See Section 18.7 for the study chair approval process. NOTE: Blood-based NGS assays, such as circulating tumor DNA (ctDNA) or liquid biopsies, will not be accepted for meeting eligibility criteria. c. Participants must have documented unresectable and/or metastatic disease on CT or MRI imaging completed prior to randomization. Imaging must have been completed within 28 days prior to randomization for participants with measurable disease. CT scans or MRIs used to assess non-measurable disease must have been completed within 42 days prior to randomization. All disease must be assessed and documented on the Baseline Tumor Assessment Form. d. Participants must not have known mutations in PTEN, NRAS, EGFR extracellular domain exons 1-16, no amplifications of HER2 and MET, and no gene fusions of RET, NTRK1, and ALK by tumor tissue-based NGS analysis. e. Participants must not have known brain metastases or cranial epidural disease unless adequately treated with radiotherapy and/or surgery and stable for at least 28 days before randomization.	To compare overall survival (OS) between participants with locally advanced or metastatic KRAS wild type (WT) pancreatic ductal adenocarcinoma (PDA) randomized to panitumumab plus second-line cytotoxic chemotherapy (5FU- or gemcitabine-based) versus chemotherapy alone.	NCT06998940		94
ECOG	EA1241	Extended Clinical Follow up and Biospecimen Collection for Patients Enrolled in TAILORx and RxPONDER: A Companion Protocol	Breast Cancer	After registration, primary tumor and relapse tumor specimens must be submitted and shipped to the ECOG-ACRIN Central Biorepository and Pathology Facility (CBPF) within 30 days of the date of registration as outlined in Sections 7 and 9. Patients enrolled on this study will receive standard of care therapy as determined by their treating physician. Patients will be followed for recurrence and survival data for 5 years according to the schedule outlined in Section 7.	**PVD: 10/1/2025** Cohort 1: Previously enrolled on TAILORx (PACCT-1) with recurrence score (RS) 0-100 AND had a biopsyconfirmed locoregional, distant, or both locoregional and distant recurrence prior to registration on this protocol. Cohort 2: Previously enrolled on Step 2 of RxPONDER (S1007) with a recurrence score (RS) of 0-25 AND had a biopsy-confirmed locoregional, distant, or both locoregional and distant recurrence prior to registration on this protocol. Cohort 3: Previously enrolled on Step 1 of RxPONDER and found to have a high Oncotype DX RS 26-100. NOTE: Only for patients enrolled at US sites. NOTE: To facilitate accrual, a list of potentially eligible participants who enrolled on TAILORx or RxPONDER, who meet Cohort 1-3 requirements, are last reported to be alive in follow-up will be provided to all currently active sites that open EA1241 and who enrolled patients on TAILORx or RxPONDER.	To assess patterns of clonal evolution and the landscape of somatic alterations in paired primary tumor samples and recurrence samples (Cohorts 1, 2, and 3). To determine prevalence of the integrative cluster (IntClust) and intrinsic (PAM50) subtypes and of subtype switching in paired primary tumor samples and recurrence samples (Cohorts 1, 2, and 3). To identify molecular signatures, including the SET 2/3 RNA expression assay, of primary tumor specimens associated with recurrence in patients with high genomic risk and high clinical risk (Cohort 3) who received adjuvant chemotherapy plus endocrine therapy. This may ultimately identify those identify individuals at highest recurrence risk and thus most likely to benefit from a 2-3 year course of currently approved adjuvant CDK 4/6 inhibitors.	NCT06786585	12/4/25	600
	EA6232	A Phase II Double-Blind Trial of Sulforaphane for Therapeutic Prevention of Melanoma in Patients with Multiple Atypical Nevi and a Prior History of Melanoma	Skin Cancer	Experimental: A Three tablets of Avmacol® Extra Strength [Nutramax] by mouth, once daily, for 12 months Placebo Comparator: B Placebo - Three tablets by mouth, once daily, for 12 months	**PVD: 1/13/26** **Inclusion Criteria:** Patient must have ≥ 3 clinically atypical nevi, assessed within 30 days prior to randomization, that are consistent with the International Agency for Research on Cancer (IARC) definition as follows.27 Must have a diameter of ≥ 5mm in one dimension Must include a macular component in at least one area Must have at least two of the following features: ill-defined borders, color variegation, uneven contour, and erythema Patient must have a prior diagnosis of early-stage melanoma, defined as either melanoma in situ, localized resected stage I-II node negative melanoma, or resected node positive stage III melanoma who in the assessment of their physician have a low risk of relapse of their prior melanoma within one year of randomization. Patient must not be currently on targeted or checkpoint immunotherapy or treated within 365 days prior to randomization. Patient must be ≥ 18 years of age. Patient must have the ability to understand and the willingness to sign a written informed consent document. Patients with impaired decision-making capacity (IDMC) who have a legally authorized representative (LAR) or caregiver and/or family member available will also be considered eligible. Human immunodeficiency virus (HIV)-infected patients on effective anti-retroviral therapy with undetectable viral load within 6 months of randomization are eligible for this trial. For patients with evidence of chronic hepatitis B virus (HBV) infection, the HBV viral load must be undetectable on suppressive therapy, if indicated. Patients with a history of hepatitis C virus (HCV) infection must have been treated and cured. For patients with HCV infection who are currently on treatment, they are eligible if they have an undetectable HCV viral load. Patients with a prior or concurrent malignancy (other than the melanoma for which they are on this study) whose natural history or treatment does not have the potential to interfere with the	To evaluate the effects of oral sulforaphane vs placebo on change in the total area of atypical and common pigmented nevocellular nevi on the posterior trunk at 12 months after randomization as assessed by digital photographic imaging and analysis using Derma-AI image analysis software, specifically assessed in patients treated for the entire 12-month treatment period (per-protocol analysis).	NCT07040280	2/20/26	120
	EA6244	A Randomized Phase III Study of Management of Treatment Naive Primary Melanoma in Elderly Patients	Skin Cancer	Participant Group/Arm Intervention/Treatment Active Comparator: Arm A WLE and SLN biopsy with surveillance of nodal basin Procedure: Sentinel Lymph Node and Wide Local Excision A wide local excision (WLE) is a surgical procedure performed to cut out an abnormal lesion and some surrounding normal tissue. This is sometimes followed by a sentinel lymph node (SLN) biopsy, in which lymph nodes that cancer cells could spread to are removed as well. Experimental: Arm B WLE only, with surveillance of nodal basin Procedure: Wide local Excision A wide local excision (WLE) is a surgical procedure performed to cut out an abnormal lesion and some surrounding normal tissue.	**PVD: 3/12/2026** Inclusion Criteria: Patient must be ≥ 75 years of age. Patient must have ECOG Performance Status of 0-2. Patient must have the ability to understand and the willingness to sign a written informed consent document. Patients with impaired decision-making capacity (IDMC) who have a legally authorized representative (LAR) or caregiver and/or family member available will also be considered eligible. Patient must have newly diagnosed primary cutaneous melanoma with wide local excision (WLE) and sentinel lymph node (SLN) biopsy indicated per the treating physician, pending definitive surgical management. Patient must be eligible for WLE and SLN biopsy. Patients for whom SLN biopsy would be contraindicated, difficult to perform (i.e., after prior surgery in the draining basin) or impossible (i.e., after prior lymphadenectomy for another cause) are not eligible. Patient must be eligible for surgery and not have uncontrolled medical condition that in the opinion of the medical or surgical oncologist precludes surgical management. Patient must be English or Spanish speaking to be eligible for this study in order to complete the patient-reported outcomes (PROs). Patients who speak only French can be enrolled in Canada and appropriate documents will be made available by the study team. Exclusion Criteria: Patient must not have an active infection that precludes enrollment to this study in opinion of treating investigator. Human immunodeficiency virus (HIV)-infected patients on effective anti-retroviral therapy with undetectable viral load within 6 months of randomization are eligible for this trial. Patients with a prior or concurrent malignancy whose natural history or treatment does not have the potential to interfere with the safety or efficacy assessment of the investigational regimen are eligible for this trial.	To evaluate and compare 2-year recurrence-free survival (RFS) rates in both study arms. To evaluate patient-reported outcomes (PRO) at 2 years (as measured by the change in FACT-M total score) in both study arms.	NCT07068074	3/12/26	428
	EA8231	A Phase III Randomized Trial of Pembrolizumab in Combination with Sacituzumab Govitecan vs Standard of Care in Anti-PD(L)1-Resistant Advanced Urothelial Cancer	Urothelial/ Bladder Cancer	**Arm A: TPC (Therapy per Physician Choice)** - SOC 1 cycle = 21 days (+/- 3 days) 1. Platinum doublet a) Carboplatin AUC 4-5 Day 1 + Gemcitabine 1000mg/m2 Days 1 and 8 every 21 days. Continue treatment until a maximum of 6 cycles. b) Cisplatin 70mg/m2 Day 1+ Gemcitabine 1000mg/m2 Days 1 and 8 every 21 days. Continue treatment until a maximum of 6 cycles. 2. Docetaxel 75mg/m2 Day 1 every 21 days. Continue treatment until disease progression6 or unacceptable toxicity. 3. Paclitaxel 80mg/m2 Days 1 and 8, every 21 days. Continue treatment until disease progression6 or unacceptable toxicity. **Arm B: Sacituzumab (SG) + Pembrolizumab** 1 cycle = 21 days (+/- 3 days) Sacituzumab govitecan (SG) 10 mg/kg on Days 1 and 8 + Pembrolizumab 200mg on Day 1 every 21 days.5 Continue treatment until disease progression6 or unacceptable toxicity	**PVD 7/29/2025** **Must have:** 1. Locally advanced (unresectable) or metastatic urothelial carcinoma 2. Bellmunt score 0-2 3. Prior exposure to anti-PD(L)1therapy required1,2 4. Patients must have had line of systemic therapy given in the advanced/metastatic disease setting. For tumors with FGFR3(+) susceptible alteration (for FGFR inhibitor), patients must have received a prior FGFR inhibitor unless contraindicated per physician discretion. 5. Patients must have not had progression to prior anti-PD(L)1 within 12 weeks from therapy start per physician discretion. 6. Prior exposure to enfortumab vedotin unless contraindicated? **Stratification Factors:** 1. Bellmunt Score (0-1 vs 2) 2. Prior lines of therapy (≤ 2 lines vs > 2 lines) 3. Prior exposure to platinumbased chemotherapy? (yes prior exposure vs. no, prior exposure and platinumeligible per physician's discretion vs. no, prior exposure and not platinumineligible per physician's discretion) 4. Duration of prior exposure to anti-PD(L)1 therapy **Must not have:** 1. Patient must have had no prior exposure to sacituzumab govitecan or other TROP-2 directed therapies or antibody-drug conjugate that contains topo-isomerase I inhibitor, e.g. trastuzumab deruxtecan. 2. Patient must not have any history of Grade 3 or higher immunerelated adverse events on prior anti-PD1/L1, except for endocrinopathies on adequate hormone therapy repletion and clinically insignificant laboratory abnormalities. 3. Patient must not be pregnant or breast-feeding due to the potential harm to an unborn fetus	To compare overall survival (OS) between the Therapy of Physician Choice (TPC) arm and the sacituzumab govitecan + pembrolizumab arm.	NCT06524544	10/23/25	320
ALLIANCE	A212101	Evaluation of Provider vs. Patient Mediated Cascade Genetic Testing of First-Degree Relatives of Patients With Newly Diagnosed Colorectal Cancer	Gastrointestinal Cancer	Experimental: Step 1 (biospecimen collection, genetic testing) Probands undergo collection of blood samples and genetic testing on study. Active Comparator: Step 2, Arm A (proband-mediated) FDRs receive proband-mediated communication about the proband's genetic testing results. Experimental: Step 2, Arm B (provider-mediated) FDRs receive provider-mediated communication about the proband's genetic testing results.	**PVD: 01/06/2026** Proband Eligibility Criteria – Step 1 (see Section 3.1) • Age ≥ 18 years • New diagnosis of primary colorectal adenocarcinoma, Stage I to IV (See §3.1.2) • No Stage 0 or in-situ colorectal cancer • Patients who have had prior malignancies are eligible, including non-invasive cancers • Patients with synchronous second malignancies are eligible • No prior germline testing in the 2 years prior to enrollment or known hereditary colon cancer syndromes • Have at least two first-degree relatives (FDRs), ≥ 18 years of age, who have not previously received germline genetic testing, with whom the patient is willing to share their cancer diagnosis (See §3.1.7) • Ability to speak and read English or Spanish (See §3.1.8) • Patients with impaired decision-making capacity are not eligible for this study (See §3.1.9) Proband Randomization Criterion – Step 2 (see Section 3.2) Positive for a pathogenic (PGV) or likely pathogenic germline variant in a cancer susceptibility gene. First-Degree Relative (FDR) Eligibility Criteria (see Section 3.3) • Age ≥ 18 years • No prior germline testing or known hereditary colon cancer syndromes • Reside in the U.S. (See §3.3.3) • Ability to speak and read English or Spanish (See §3.3.4)	I. To compare the proportion of first-degree relatives (FDRs) of probands with Lynch Syndrome who undergo germline testing in the provider-mediated arm (Arm B) versus the proband-mediated (Arm A) at 6 months. II. To compare the proportion of FDRs of proband with a non-Lynch pathogenic germline variant who undergo germline testing in the provider-mediated arm (Arm B) versus the proband-mediated arm (Arm A) at 6 months.	NCT07141487	3/5/26	4186
	A042302	Phase III Evaluation of Fixed Duration Zanubrutinib Plus Sonrotoclax-Based Therapy Compared to Continuous Zanubrutinib in Previously Untreated Older Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)	Leukemia;Lymphoma	ARM 1: Patients receive zanubrutinib orally (PO) twice daily (BID) on days 1-28 of each cycle. Cycles repeat every 28 days in the absence of disease progression or unacceptable toxicity. Patients undergo restaging starting at cycle 15 day 1. Patients with at least partial remission continue therapy as described above. Patients with progressive disease proceed to follow up. Patients undergo computed tomography (CT) scan, bone marrow aspiration and blood sample collection throughout the study. ARM 2: Patients receive zanubrutinib PO BID on days 1-28 of each cycle. Starting cycle 4 day 1 patients also receive sonrotoclax PO daily (QD) on days 1-28 of each cycle. Cycles repeat every 28 days in the absence of disease progression or unacceptable toxicity. Patients undergo restaging starting at cycle 15 day 1. Patients with undetectable MRD and a response of PR, partial response with persistent lymphocytosis (PR-L), CR, CCR or CRi stop therapy at cycle 15 day 28 and proceed to follow up. Patients with detectable MRD and an objective response to therapy are re-randomized to arm 2B or arm 2C. ARM 2B: Patients continue zanubrutinib PO BID sonrotoclax PO QD on days 1-28 of each cycle. Cycles repeat every 28 days for an additonal 12 cycles in the absence of disease progression or unacceptable toxicity. ARM 2C: Patients discontinue therapy starting at cycle	**PVD: 3/6/2026** • Diagnosis of CLL according to IWCLL 2018 criteria • Patients must meet criteria for treatment as defined by IWCLL 2018 guidelines • No prior therapy for CLL • Treatment with rituximab and/or high-dose corticosteroids for autoimmune complications of CLL must be completed prior to enrollment • Age ≥ 65 years • ECOG Performance Status ≤ 2 • No active systemic anticoagulation with warfarin • No major surgery within 7 days of enrollment, or minor surgery within 5 days of enrollment • No known medical condition causing an inability to swallow oral formulations of agents	I. To compare the progression free survival (PFS) between minimal residual disease (MRD)-guided zanubrutinib sonrotoclax therapy to continuous zanubrutinib as control. II. To determine the PFS comparing fixed duration zanubrutinib sonrotoclax therapy to continuous zanubrutinib as control.	NCT07321652	3/6/26	650
	A072301	Phase III Trial of Radiotherapy Followed by Adjuvant Temozolomide in Combination with the IDH Inhibitor Vorasidenib vs Placebo in IDH-Mutated Newly-Diagnosed Grade 3 Astrocytomas	CNS Cancer (Primary tumor)	Placebo Comparator: Arm I (temozolomide, placebo) Patients receive IMRT/VMAT or PBS or IMPT QD on Monday-Friday for 33 fractions. Starting 4 weeks after radiotherapy, patients receive temozolomide PO QD on days 1-5 and placebo PO QD on days 1-28 of each cycle. Cycles of combination treatment repeat every 28 days for up to 12 months and placebo alone repeats every 28 days in the absence of disease progression or unacceptable toxicity. Additionally, patients undergo blood sample collection and MRI throughout the study. Experimental: Arm II (temozolomide, vorasidenib) Patients receive IMRT/VMAT or PBS or IMPT QD on Monday-Friday for 33 fractions. Starting 4 weeks after radiotherapy, patients receive temozolomide PO QD on days 1-5 and vorasidenib PO QD on days 1-28 of each cycle. Cycles of combination treatment repeat every 28 days for up to 12 months and vorasidenib alone repeats every 28 days in the absence of disease progression or unacceptable toxicity. Additionally, patients undergo blood sample collection and MRI throughout the study.	**PVD: 12/15/2025** Pre-Registration Eligibility Criteria (See Section 3.2) -Histologic dx of astrocytoma, IDH-mutant (CNS WHO grade 3) -Available diagnostic slides for central review -Tissue available for central biomarker testing (CDKN2A/B and1p/19q co-deletion [all patients], and IDH1/IDH2 [if needed]). Registration Eligibility Criteria (See Section 3.3) -Centrally-confirmed diagnosis of astrocytoma, IDH-mutant (CNS WHO grade 3) -Presence of IDH1 p.R132 or IDH2 p.172 mutation, confirmed by central review of IHC stain or molecular testing results, with central confirmation of equivocal results -Absence of CDKN2A/B homozygous deletion and whole arm 1p/19q co-deletion (i.e. intact 1p/19q) by central testing -No evidence of spinal or leptomeningeal disease - No prior chemotherapy, cranial irradiation, IDH-inhibitor therapy, radiotherapy, vaccine therapy, small-molecule therapy, or laser ablation. -Prior diagnostic surgery/resection/biopsy ≤ 8 weeks of registration. -Planned radiotherapy and adjuvant chemotherapy. -Age ≥ 12 years -ECOG Performance Status ≤2 (or KPS ≥ 60%)	I. To determine if vorasidenib citrate (vorasidenib) and adjuvant temozolomide following radiation therapy improves progression-free survival (PFS) per blinded independent review in patients with newly-diagnosed IDH-mutant astrocytoma (World Health Organization [WHO] grade 3) compared to placebo given with adjuvant temozolomide following radiation therapy.	NCT07215910	3/6/26	408
	A092204	A Phase II Study of Cabozantinib in Combination with Cemiplimab (REGN2810) (Cabo-Cemiplimab (REGN-2810)) Versus Cabozantinib Alone in Adolescents and Adults with Advanced Adrenocortical Cancer	Endocrine Cancer	**Arm 1 (control):** CCRT Cisplatin (40 mg/m2) QW for 5 weeks + EBRT followed by BT + pembrolizumab (200mg) q3W for 5 cycles + Pembrolizumab (200mg) for 5 cycles Q3W Pembrolizumab maintenance (400mg) Q6W for 15 cycles doses #6-20 **Arm 2:** Induction QW carboplatin AUC2 and paclitaxel (80mg/m2) for 6 weeks+ Pembrolizumab (200mg) Q3W for 2 cycles CCRT Cisplatin (40 mg/m2) QW for 5 weeks + EBRT followed by BT + pembrolizumab (200mg) q 3W for 5 cycles + Pembrolizumab (200mg) Q3W for 5 cycles Pembrolizumab maintenance (400mg) Q6W for 14 cycles doses# 8-21 Concurrent chemoradiation therapy (CCRT) External beam radiation therapy (EBRT) Brachytherapy (BT)	**PVD 7/14/2025** **Must have:** Histologically or cytologically documented adrenocortical carcinoma. -Locally advanced unresectable or recurrent/metastatic disease. -Measurable disease as defined in Section 11.0. -No more than 3 prior lines of systemic therapy allowed in the unresectable/recurrent/metastatic setting. -Treatment naive patients are allowed. -Completed all prior anti-cancer treatment, (except prior mitotane) including radiation, ≥ 14 days prior to registration. -Patients who received mitotane therapy ≤ 6 months prior to registration must have discontinued mitotane at least 28 days prior to registration AND have a mitotane level < 2 mg/L prior to registration (See Section 3.2.3). -Age 12 years and above, and BSA ≥1.2m2 - -ECOG Performance Status 0 – 2 (age ≥ 18 and above); for patients ≥ 12 - <16 years of age assessed by Lansky scale (score ≥50), ≥ 16 - < 18 years, PS assessed by the Karnofsky scale (score ≥ 50). **Must not have:** *No known history of congenital long QT syndrome. *No known history of myocarditis *No MI or unstable angina within 6 months of registration. *No clinically significant gastrointestinal abnormalities that may increase the risk for gastrointestinal bleeding within 6 months of registration including, but not limited to: active peptic ulcer, known endoluminal metastatic lesion(s) with history of bleeding, inflammatory bowel disease, or other gastrointestinal conditions with increased risk of perforation.	To determine whether the combination of cabozantinib plus cemiplimab (REGN2810) (CaboCemiplimab (REGN2810)) improves progression-free survival (PFS) per RECIST v1.1 relative to Cabozantinib alone in patients with locally advanced unresectable or recurrent/metastatic advanced adrenocortical cancer.	NCT06900595	10/22/25	48
	A032304	Radioligand Efficacy Comparison by Initial PSA-Response Outcome in Metastatic CRPC with Lutetium 177Lu PSMA RLT (RECIPROCAL)	Male Reproductive System Cancer	Standard Dosing (ARM 1): 177Lu PSMA RLT Standard Schedule 1. Schedule next dose of Lu177 PSMA RLT in 3 weeks 2. Subsequent doses administered every 6 weeks (±1 week) for doses 3 through 6. Adaptive Dosing (ARM 2): 177Lu PSMA RLT Adaptive Schedule 1. Check PSA every 3 weeks beginning at Cycle 2, Day 42 (±7 days). 2. If no criteria* are met, continue to check PSA every 3 weeks. 3. If any criteria* are met (PSA rise or clinical progression), next dose of 177Lu PSMA RLT is scheduled for 3 weeks later (±1 week). 4. After each administered dose, resume PSA monitoring every 3 weeks to reassess eligibility for the next dose. 5. This process continues until the patient receives all remaining doses (Doses 3–6) or experiences disease	**PVD: 9/26/2025** Step 0 Registration Criteria - Confirmation of prostate adenocarcinoma histology - Positive PSMA PET/CT scan - PSA level >2.0ng/ml - Progressive mCRPC per PCWG3 criteria - Prior treatment per Section 3.2 - Age >18 years - ECOG Performance status 0-2 - No biliary obstruction - CNS metastases permitted if treated, off corticosteroids and asymptomatic - Must have undetectable viral load within 6 months of step 0 registration if known HIV positive status - Must have undetectable viral load if chronic HBV or HCV infection, either completed or on treatment - No history of MI, CABG or angina pectoris within 6 months prior to step 0 registration - No concurrent malignancy expected to alter life expectancy - Ability to read and comprehend English or Spanish Step 1 Registration Criteria - PSA decline ≥50% after 2 doses of 177Lu PSMA RLT compared to baseline PSA collected on C1D1 - Meets laboratory requirements - ECOG Performance status 0-2	To compare the overall survival (OS) of patients with mCRPC receiving PSA adaptive dosing of 177Lu PSMA RLT to that of patients receiving standard dose 177Lu PSMA RLT every 6 weeks. To compare quality of life, as measured by FACT-P Total scores averaged across the first 30 months, in patients with mCRPC who receive 177Lu PSMA RLT adaptive dosing versus standard dosing.	NCT07200830		838

COG	AEWS2431	Randomized Phase 2/3 Trial of Vincristine-Irinotecan-Regorafenib in Combination with Vincristine-Doxorubicin-Cyclophosphamide (VDC) and Ifosfamide-Etoposide (IE) in Patients with Newly Diagnosed Metastatic Ewing Sarcoma	Bone Cancer	Overview of Treatment Plan All patients will initiate treatment with interval compressed Induction Therapy with vinCRIStine-DOXOrubicin-cycloPHOSphamide/ifosfamide-etoposide (VDC/IE) for 6 cycles followed by investigator choice of local control and then Consolidation I with an additional 4 cycles of interval compressed VDC/IE. After a total of 10 cycles of therapy, patients with central fusion testing consistent with a diagnosis of Ewing sarcoma will be randomized to either Regimen A or Regimen B. Regimen A will consist of 7 cycles of VC/IE lasting 14 weeks. Regimen B will consist of 6 cycles of vinCRIStine-irinotecanregorafenib (VIrR) lasting 18 weeks. Patients with central fusion testing consistent with a diagnosis of other eligible metastatic round cell sarcoma will be non-randomly assigned to Regimen A. Patients without an eligible translocation or inability to complete testing due to lack of adequate tissue will be removed from study. After systemic therapy is completed on both regimens, patients will receive metastatic site radiation and then be considered off protocol therapy.	**PVD 4/21/2025** **Important note:** The eligibility criteria listed below are interpreted literally and cannot be waived. All clinical and laboratory data required for determining eligibility of a patient enrolled on this trial must be available in the patient's medical/research record which will serve as the source document for verification at the time of audit. - Enrollment on APEC14B1 and Consent to Molecular Characterization All patients must be enrolled on APEC14B1 and consented to the Molecular Characterization Initiative (Part A) prior to enrollment and treatment on AEWS2431. - Patients must be ≥ 12 months to ≤ 50 years of age at time of enrollment. - Newly diagnosed Ewing sarcoma and other round cell sarcomas as follows. For the purposes of eligibility, the following pathology diagnoses are eligible and molecular confirmation is not required to enroll: • Histologically confirmed Ewing sarcoma • Suspected Ewing sarcoma with molecular confirmation pending • Suspected high grade round cell sarcomas/sarcomas with eligible molecular alterations as per Table 2.1 (see Section 2.3), pending molecular confirmation • Round cell sarcoma consistent with Ewing sarcoma • Round cell sarcoma not otherwise specified • Round cell sarcoma • Round cell sarcomas with EWSR1-non-ETS fusion • CIC-rearranged sarcoma • Sarcoma with BCOR genetic alterations	To determine if the event-free survival (EFS) in patients with newly diagnosed metastatic Ewing sarcoma is improved when treated with Vincristine-IrinotecanRegorafenib (VIrR) after initial treatment with Vincristine-DoxorubicinCyclophosphamide (VDC) and Ifosfamide-Etoposide (IE) compared to patients treated with 17 cycles of interval compressed VDC and IE chemotherapy.	NCT06820957	10/20/25	159	
Wake Forest	WF2501CD	Practical Delivery of Geriatric Assessment in Community Oncology Settings (PGA)	Geriatric assessment goes beyond chronological age to understand heterogeneity in aging2 through evaluation of diseases and function and identifying conditions that need to be addressed prior to treatment	Any practice within their Community Site interested in participating in the opportunities listed below should complete the Interest Survey within the Recruitment Email to be considered. For this study a practice is defined as one or more NCORP affiliates or sub-affiliates, which have a common administrative structure and share providers and/or patients.	**PVD: 10/27/2025** Oncology Clinician: 1) Oncology clinician (MDs, DOs, APPs (e.g. NP, PA)), 2) involved in the planning or delivery of new systemic therapies (e.g. chemotherapy, immunotherapy and/or targeted therapy) to patients including those age 65+. • Oncology Support Staff: Nurse, practice manager, or other oncology support staff who work with oncology clinicians who provide systemic therapy, help with office workflows for patient screeners, or help patients with referrals (including patients age 65 or older). May include staff that have a dual role in research and clinical support. • Patients: 1) ≥ 65 years of age, 2) Must have initiated a new line of chemo-/immuno- and/or targeted therapy in the last 12 months. • Caregivers: Must self-report as having cared for a patient age 65 or older who initiated systemic treatment (e.g. chemo-, immuno- and/or targeted therapy) in the last 12 months. To allow for differences in how the term "caregiver" is used, we will include any family member or friend who helps during their cancer treatment, regardless of whether they define themselves as a caregiver.	To refine proposed implementation strategies for delivering PGA through qualitative feedback from stakeholders.		12/2/25	3 practices (up to 3 clinics each) 105 patients	
Wake Forest	WF2502CD	Surgical Thromboprophylaxis Practices in Oncology Patients within the NCORP Network (STOP-VTE)	Surgeons who perform abdominopelvic cancer surgery (i.e., gastrointestinal (GI), genitourinary (GU), gynecologic (GYN)) or surgical advanced practice providers (APPs) who assist with post-operative care for these patients within the NCORP network	Part 1: A survey will be distributed to identify surgeons performing abdominopelvic cancer surgery or surgical APPs who assist with post-operative care for these patients within NCORP sites. Surgeons/surgical APPs: n = 100 (min) Sites: n = 25 (min) Part 2: A subset of surgeons and surgical APPs that participated in Part 1 will be identified using purposive sampling to ensure a cohort inclusive of key characteristics of surgeons and surgical APPs treating cancer within NCORP. Subset of surgeons/surgical APPs from Part 1 for interviews: n = 11 to 25 Part 3: A subset of practices that were self-identified in Part 1 will be chosen using purposive sampling to assess the feasibility of extraction of extended venous thromboembolism (VTE) prophylaxis (ePPx) utilization from the electronic health record (EHR) and to retrospectively assess adherence to ePPx after cancer surgery via EHR query. A practice is defined for this study as one or more NCORP affiliate/sub-affiliate sites, which have a shared instance of an electronic health record. Subset for practices identified in Part 1 for EHR query: n = 6 practices	**PVD 10/17/2025** Both men and women of all races and ethnic groups who understand English are eligible for this trial. We will work with our Wake Forest NCORP Research Base Community Engagement Core (WF NCORP RB CEC) leaders to receive feedback on our recruitment strategy and develop study related materials, (e.g., study flyer, etc.) that are appropriate for attracting and enrolling surgeon or surgical APP participants from diverse populations and NCORP sites	The purpose of the research study is to evaluate the consistent use of guidelines by surgeons for extended pharmacologic venous thromboembolism (VTE) prophylaxis (ePPx) for patients after major cancer surgery in community oncology practices across the United States and its territories.	NCT07215624	12/2/25	200 Practices 700 Non-Patients	