				All /	ctive and Encolling Cancer Care Delivery Research (CCDR) Trials as of October 26 Abbreviated Literbilly Criteria	25	Clinical Trials, eer	CTSU	Approx	
ALLIANCE	Protocol # A232501CD	Official Study Title AYA Access Study: An	AYA cancer patients and	Planned Intervention A link to the Highlity	Please refer to CTSU for the most recent version of the protocol. PVD 5/12/2025	To evaluate the efficacy of an	NCT # NCT07091617	Pute 9/26/25	Target Accessal 465 Patients	Nete
ALLIAN. I	ALJEMICE	AYA Access Study: An Enhanced elleabh and Char- liet Enabled Delivery Medel for Clinical Genetic Services	ATA cancer patients and survivors. This includes patients at any stage of diagnosis (e.g., nowly diagnosed, in treatment, in survivorship) and a emeer diagnosis (including pediate)	A link to the Highbliny Verification Associates (EVA) Screening Chatbot will be provided to potential participants by site neurach stuff. Paper versions are also available.		To evaluate the efficacy of an enhanced effeath and chathet enabled delivery model to increase uptake of genetic counseling.	<u> </u>	*2023	70 Non-outlests	
		for Clinical Genetic Services in Community AYA Cancer	diagnosis (e.g., newly diagnosed, in trustment,	provided to potential participants by site research	Penn Telegenetics Program. Patients should be informed that they must forego local sensetic counseling to narticione in the study. The Eligibility Verification Assessment	increase uptake of genetic counseline.				
		Patients	in survivorship) and a cancer diagnosis	staff. Paper versions are also available.	All patients consider to this test will neceive posteric consending and towing through the Pann Telegenster Deposter. Patients should be informed that they areset freepy local genetic counseling to participate in the study. The Highlity Verdiscine Assessment (FAN) exemung darbet or Pann Telegenstees will confirm dighthing for genetic intellige and mostly the potential participant (via the EVA Senseting Chathor) and sister of the dighthing to genetic testing.					
			(including pediatric cancers) at any age ≤ 39 years old.	Arm 1: Standard Remote Genetic Services		To evaluate the efficacy of an enhanced effeaith and charbot enabled delivery model to increase uptake of genetic testing.				
			years old.		Patient Eligibility * Age ≥ 18 years and ≤ 39 years	increase uptake of genetic testing.				
				Arm 2: Genetic Journey Chathot (access to the Genetic Journey Chathot, digital pro-test education, and ongoing access to the chathot.)	 any stage of diagnosis (e.g., newly diagnosed, in teatment, in survivorship) must be able to speak and read English or Spanish 					
				Journey Charbot, digital pro-test education, and engoing access	Non-Patient:					
					Non-Patient: Occology providers, one team and clinic staff, genetic connectors and insurers (i.e., people who work in financial survices and/or for insurance companios) that participate in the genetic survices among AYA in the concensualty for this study that are willing to sign consent and participate in interviews					
				access to a genetics counselor for motors amortic ofsection	in the generic services among ATA in the community for this study that are willing to sign consent and participate in interviews					
				Both arms will receive have access to a genetics counselor for pentics genetic education, SOC genetics testing, telebuilth visit to review results of genetics testing.						
				genetics testing.						
ECOG-ACRIN	EAQ221CD	Improving Medication Adherence in Metastatic	Pathologically proven HR+ HER2- metastatic	Arm A: Patients use the Wiseling medication dispenser and receive access to educations	PVID: 7/14/2025	To compare CDK-4/6 adherence at 12 months after randomization	NCT06112613	39/31/23	390 pations	See protected for providerisite
		Adherence in Metastatic Breast Cancer Using a Connected Contemized	brost cascar	and receive access to educational materials of weeks for a year.	Patient Eligibility: * Must be \geq 18	To compare CDK-06i adherence at 12 months after randomination captured using electronic monitoring between the EUC (Arm A) and CONCURAP (Arm B) arms.			20 providers from 10 sites	providersate requirements that are needed to achieve
		Connected Customized Treatment Platform (CONCURAP)		Arm B: Patients use the Wiselflag medication dispenser and receive personalized messages as part of the CONCURAP platform over 12 months.	* Must be 2 IS * Must be fluor in English or Spanish * Must have new or ostablished pathologically proven HR+ HER2-metastatic brase	CONCURAP (Am II) ams.			who treated patients in Arm	negatives that are needed to achieve Study Goal #3 (To describe the patient and provider experience with the CONCUEXP intervention using mixed methods hased on afference me and mee.)
				and receive personalized	cancer * Partient must have initiated any of the CKD4/6 inhibitors (pulbociclib or Brance, elbociclib or Kinnili inhumoristik) or Versmini or other antismour treatment within 30.					experience with the
				CONCURSP platform over 12 months	days prior to consuming to Stop 0 or have received a prescription order with stated intent to initiate within 30 days following Step 0 consent. Patients who have been					intervention using mixed methods
				Arm C: Participants complete	search "Artister ment have initiated any of the CCDN's inhibition (quithocistle or fluence, ethocistle or Kingell, dominacistle or Varzanio) or other artistnoor treatment within 26 days priet no tonestimp is 50/10 of how nevertical passorption or devid stand insure to initiate within 26 days liftoning Stop 0 consust. Passints who have been stand priceously with artistnoor treatment of them CLDCH's inhibition are displained Stop personal in CCEAN's prescription supplier neutrons are little or consistent of the control of the control of the control of the control of the Stop personal for CCEAN's prescription supplier neutrons are stopped to the control of the control of the control of the control of the little control of the control of the control of the control of the control of the control of the control of the control of the control of the control of control of the control of the control of control of					based on adherence rate and race.)
				Arm C: Participants complete an interview over 15-39 month post-fint parient carollment.	* Must not already be enrolled in a thempeutic clinical trial that monitors CDK4/6 inhibitor					
					inhibitor * Must have an omail address and personal mobile phone in which they are able to send and receive messages					
					* Must be able to understand and sign the K.F. patients requiring an legally authorized representative (LAR) are not eligible.					
L			<u> </u>	<u> </u>	• Note there are entail accrete and personal modest peace in which they are used to and and records reasonage. • Must be able to unclemental and sign the KF: parisants requiring an longity authorized appropriation (no. 100) are set displicit. — The control of the control o			L	<u></u>	<u> </u>
ECOG-ACRIN	EAQ222CD	Diffectiveness of Out-of- Product Cost COMmunication and Financial Navigation (CostCOM) in Cancer Protests	New diagnosis of any solid cancer of any stage	Arm A: Patients receive Patient Advocate Foundation (PAF) brochure describing financial navigation services.	PVD 7/28/28/25	To compare patient-reported con- related cancer care nonadherence at	NCT06295367	2/29/24	720 pations	New sites must socios approval prior
1		and Financial Navigation (CostCOM) in Cancer	1	brochure describing financial navigation services.	For SAZEMEN The stripliships: The critical The delivery The critical The delivery The critical The critical The delivery The delivery The critical The critical The delivery The critical The critical The delivery The critical The critical The delivery The delivery The critical The critical The critica	12 months after randomization between the EUC and CostCOM study arms.			40 providers from 15 sites	to initiating any study start-up
1		Panaex		Arm B: Patients receive usual financial care per practice standard of care and CostCOM financial counseling sessions over 1 hour within 30 days after smellment and at 3, 6 and 12 meeths.	Doup U. Mage to or structure eligible if systemic thempy has been planned. Patients with a history of prior cancer diagnosis and/or treatment more than 24 months ago are elicible.	study attis.				activities.
1			1	standard of care and CostCOM flannish compatition	* Must not have a new recurrence of a primary * Projects with a history of prior cases of a					1
1				over I hour within 30 days after enrollment and = 1.6 mm ² 1.7	r means were a motory of prior cancer caugeous and/or manness in the provious 24 months are not digible. Parients with prior non-melanoma, in-situ are digible. * Must have initiated only or IV cancer systems thereon either non-situation.					
1			1	months.	registration or have received a prescription order with stated intent to initiate within 30 days following Sup 0 registration.					1
1			1		* Patients must not be receiving any of the following along: pulliative care, hospice care, curative surgery, or radiation therapy				1	
					* Must be ≥ 18 * Must be able to understand and sign as English or Spanish ECF; use of as Legaly					
					Authorized Representative (LAR) is not allowed. * Must not have an ECOG Performance Status ≥ 3.					
					* Must not be excelled in EAQC21CD or S1912CD given financial navigation is offered as part of those two trials.					
					* Must not be encolled in treatment clinical trials where cancer systemic therapy is provided at no cost to the patient.					
					* Mose not have an ECOX Parliamons States ≥ 1. * Mose not be modeled in EAQUIZION of 1992. The given financial motipation is utilized as part of these two trades in EAQUIZION of 1992. The given for the state is restricted in numerar classical stade where cancer systemic therapy is purched at no cost to the guintum. The state of the models in order that of the state of t					
					See personal for provider/site requirements that are needed to achieve Study Goal #5 PVD: 6/12/2025					
swog	\$2417CD	A Pragmatic Randomized Controlled Trial To Evaluate The Effectiveness of an	Newly diagnosed surgically resected, Stage II or Stage III	Group I: Intervention Arm Current Together After Cancer (CTAC) website + additional		To evaluate whether the parients maderaled to the Current Together After Cancer (CTAC) intervention website compared to the CTAC control website have higher mose of guideline-concordant colorectal	NCT07018869	8425	Patient: 654	
		The Effectiveness of an Intervention called Current Together After Cancer (CTAC) to Promote	Stage II or Stage III colorectal cancer	(CTAC) website + additional modules	Patient Eligibility: * Must have newly diagnosed surgically resected, Stage II or Stage III colonical cancer	After Cancer (CTAC) intervention website compared to the CTAC			Non-Patient: 393	
		Together After Cancer		Educational information about	* Must have an adult in their life who supports them in their coloractal cancer journey.	control website have higher rates of				
				 Educational information about 	* Must be 2 18 years of age at the time of registration randomication.	guiddine-concordant coloractal				
		Guideline-Concordant Colonectal Cancer		Educational information about CRC surveillance Preferences for supporter	* Must be 2 in years of age at the time of registration randomization. * Must have Zabrod Performance Status of 0-2 * Must be able to read English or Spanish	guiddine-concordant coloractal cancer (CRC) surveillance at 12 months after registration.				
		Guideline-Concordant Colorectal Cancer Surveillance		CRC surveillance • Preferences for supporter involvement • Dradic communication	Padent Explitig: When how early diagnosed engically researed, Stage II or Stage III colorected cursor. State how early diagnosed engically researed, Stage II or Stage III colorected cursor is state to the stage II or the colorected cursor journey. State he has 2 thou engine at the time of registration studentisation. **More have Zishned Performance States of D-2 **More have Cashed and Cashed	guiddine-concordant coloractal cancer (CRC) surveillance at 12 months after registration.				
		Coloccide Concordant Coloccide Cancer Surveillance		CRC surveillance • Preferences for supporter involvement	transment that includes imaging under laboratory menioring for the duration of this trial. (Co-oncollment on other non- transment trials are allowed).	guideline-concordant colorectal cancer (CRC) surveillance at 12 moeths after registration.				
		Color Familia Guideline Concontant Colorectal Cancer Surveillance		CRC surveillance * Preferences for supporter involvement * Dyadic communication training * Summary of supporter engagement	transment that includes imaging under laboratory menioring for the duration of this trial. (Co-oncollment on other non- transment trials are allowed).	guidaline-concondum colonexal concor (CAC), surveillance at 12 months after registration.				
		Color of Panalon Guideline Concondust Coloretal Cascor Surveillance		CRC surveillance Preferences for supporter involvement Dyadic communication training Summary of supporter ingagement Group 2: Control Arm	transment that includes imaging under laboratory menioring for the duration of this trial. (Co-oncollment on other non- transment trials are allowed).	guideline-occordant coloratal concer (CRC) usuvillance a 12 morths after registration.				
		Colocida Cascodari Coloccid Casco Survillace		CRC servedilmen Preference for supporter involvement Dyadic communication training Summary of supporter compagnment Group 2: Control Arm Current Togother After Cancer (CTAC) static website	"Matter Ley 'S year's can get after the engineerine encounteration." Market by dail's to and Targitals or Spousio. Market by and its constituted by Spousion (and the engineering the engineering to engineering the engineering to engineering the engineering the engineering to engineering the engineering to engineering the engineerin	guideline-occondust coloratal concer (CRC) usuelline or 12 morths after registration.				
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Wake Forest	WY-1805CD	Guiddine-Concondant Colouxed Cancer Surveillance	Hand and nuck cancer (INC) survives and their nextice	CRC serveillance Preference for exporter Involvement 1 Dyadic communication training 5 Summay of supporter engagement George 2: Control Jens Current Together After Cancer (CTAC) static wobsite * Patients will be given access	incomment that can deliver and we consider the weath of the constitution is order neu- monators take as delivered to the constitution in order neu- monators take as delivered to the constitution of the cons	oncer (CRC) surveillance at 12 months after aggintation.	NCT04208490	N 10/20	298-400 Head and neck cancer survivous	Participant emoliment closed as e2(21):2025.
Wake Forest	WY-1805CD	Guideline Consonlant Colonneal Cincor Surveillance WY-1805CD: Implementation and United Vision Table of UNITED INC.	Hand and nock cancer (ENC) survives and their practice	CRC servedilmen Preference for supporter involvement Dyadic communication training Summary of supporter compagnment Group 2: Control Arm Current Togother After Cancer (CTAC) static website	incomment that can deliver and we consider the weath of the constitution is order neu- monators take as delivered to the constitution in order neu- monators take as delivered to the constitution of the cons	oncer (CRC) surveillance at 12 months after aggintation.	NCT0428490	N 10-20	298-400 Head and neck cancer stavivous presenting to 20. 36 NCORP	Fasicipare consilirare closed as of 2132025, but practice (son-patient) consilirare consilirare consilirare
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