Acronym / Short	Acronym 2	Official Study Title	Indication Disease	Proposed Intervention	Eligibility Criteria (Primary criteria in CT.Gov, the complete inclusion criteria is in the protocol)	Primary Objective	Primary Endpoint Date (YYYY-MM-DD)	CT.Gov Indication Date	Page Number
NRG		A Randomized Phase III Trial of Platinum/Paclitaxel Versus Carboplatin/Paclitaxel, Cisplatin/Topotecan, Carboplatin/Paclitaxel/Bevacizumab, Bevacizumab/Topotecan, and Bevacizumab/Topotecan/Carboplatin in Recurrent Endometrial Cancer	Female Reproductive System Cancer	Arm 1: Paclitaxel + Carboplatin + Pembrolizumab every 3 weeks for 6 cycles Pembrolizumab maintenance every 6 weeks for 16 additional doses for Section 7.1 Arm 2: Paclitaxel + Carboplatin + Bevacizumab (or anti-VEGF antibody biosimilar) Bevacizumab maintenance every 3 weeks for 16 additional doses for Section 7.1 Arm 3: Paclitaxel + Carboplatin + Pembrolizumab + Bevacizumab every 3 weeks for 6 cycles Pembrolizumab maintenance every 6 weeks for 16 additional doses for Section 7.1 Bevacizumab maintenance every 3 weeks for 20 additional doses for Section 7.1	**PTP: DECEMBER** Drug-III-naïve Stage IVA endometrial cancers (with measurable disease) Stage IVB endometrial cancer (with or without measurable disease) or Recurrent endometrial cancer (with or without measurable disease) Measurable disease (RECIST 1.1) No prior chemotherapy for advanced/recurrent disease, but prior adjuvant chemotherapy is allowed if completed at least six months before the start of study treatment 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) as > 20 mm by chest x-ray or as > 10 mm when measured by CT or MRI; Lymph nodes must be > 15 mm in short axis when measured by CT or MRI scan Histology and/or cytology of the original primary tumor is required (otherwise of pathology reports is required). Patients with the following histologic types are eligible: endometrioid, serous, clear cell, mixed epithelial, undifferentiated, mixed epithelial, carcinosarcoma, adenosarcoma (or adenocarcinoma specified) (0-10.1) *Exclusion factors *Patients with other primary pathology (pMMR), disease as assessed by pathologist/radiologist (R) *Prior chemotherapy *FT1 IHC with disease sampling (unless deferred pT1 expression, is concurrent with current TP53); TP53 mutation by using comprehensive sequencing will also be accepted *Pathology report demonstrating results of mismatch repair (MMR) IHC and pT1 IHC analysis (0-10.1)	To demonstrate that bevacizumab, or, anti-VEGF antibody therapy, (or an anti-VEGF antibody biosimilar) in combination with carboplatin, paclitaxel, and pembrolizumab, or carboplatin, paclitaxel, and pembrolizumab (this control arm) or paclitaxel and carboplatin, improves progression-free survival (PFS) in patients with pMMR, TP53 normal advanced stage III or IV or recurrent endometrial cancer	2023-12-15[NCT04182568]		208
NRG		A Phase II/Randomized Trial of Oncoplasmic Chemotherapy or Oncoplasmic Chemotherapy with Bevacizumab Precision PDX (Patient-Derived Xenografts) Cell Co-Culture Assay Based and Tailoring Strategy for Large Operable, HER2Pos/HRNeg	Breast and Female Cancer	1 Eligibility - Primary tumor site (breast/nipple or axil only vs. other or hypothesis) - Tumor size (cT1 vs. cT2 vs. cT3) - Prior use of PDX PDL1 inhibitors in the ambulatory setting Arm 1 Arm 2 Arm 3 Surgery Surgery (BS) Arm 4 Lobeglitazone + Paclitaxel + EC Arm 5 Lobeglitazone + Paclitaxel + Bevacizumab (BEVACIZUM) + EC	**PTP: DECEMBER** Patients must have adequate health that permits, completion of the study requirements and required follow-up. • Patients with HER2 (IHC and/or ISH) C-ABBREVIATIONS • ER/PR-positive patients, no adjuvant antiretroviral therapy with undetectable viral load within 6 months are eligible for this trial • Patients with chronic or resolved hepatitis B virus (HBV) infection, the HBV viral load must be undetectable or congenital or therapy, if indicated • Patients with a history of hepatitis C virus (HCV) infection must have been treated and cured of HCV prior to study entry. Patients who are currently on treatment, they are eligible if they have an undetectable HCV viral *Exclusion • Patients with a prior or concurrent malignancy, since treated lesion or treatment does not have the potential to interfere with the safety or efficacy assessment of the investigational regimen are eligible for this trial Secondary Goal: LAST: To all various Ex-chemotherapy demonstrates must be Tumor Tissue and Blood	Primary Objective: To assess and compare investigator-assessed invasive disease-free survival (iDFS) between treatment groups, chemotherapy, (anthracycline + paclitaxel or taxane-anthracycline) (cumulative + Lobeglitazone) + Bevacizumab (BEVACIZUM) versus chemotherapy (anthracycline + paclitaxel or taxane-anthracycline) (cumulative) + Lobeglitazone (BEVACIZUM) versus chemotherapy (anthracycline + paclitaxel or taxane-anthracycline) (cumulative) in patients undergoing standard of care ER,	2023-12-15[NCT04774276]		209
FINEG	EGD	Randomized Phase III Study of Second-line Chemotherapy with Nivolumab Plus Ipilimumab Versus Two-Type Specific Second-line Chemotherapy (NIVOPLUS)	Gastrointestinal Cancer	Arm 1: Paclitaxel + Chemotherapy Arm 2: Chemotherapy	**PTP: DECEMBER** 1. Participants must have a histologically or cytologically confirmed diagnosis of altered adenocarcinoma of the pancreas. 2. Participants must have previously documented KRAS wt (G12 type) (i.e., absence of any KRAS mutation) and BRAF V600E wild-type (i.e., absence of a BRAF V600E mutation) tumor. Participants with a known mutation in KRAS or BRAF must be from within a dimensity with G12c, G12D, G12V, G12R, or a similar mutation status. Other tumor mutation eligibility criteria: 3. A.	To compare overall survival (OS) between participants with locally advanced or metastatic KRAS wild-type (WT) pancreatic ductal adenocarcinoma (PDAC) randomized to gemcitabine/nab-paclitaxel versus cytotoxic chemotherapy (FFX) or gemcitabine/nab-paclitaxel versus chemotherapy (FFX)			70
RTOG		Extended Clinical Follow-up and Nonprospective Collection for Patients Enrolled in TrioOncology and NOPHAMBER: A Companion Protocol	Other Cancer	After registration, primary tumor and relapse tumor specimen will be collected and assigned to the RTOG/ACRIN Central Biorepository and Pathology Facility Patients will be followed for the date of registration to death or last contact, Year 5 Patients enrolled on this study will receive standard of care treatment administered by their treating physician Patients will be followed for treatment and survival data Patients will be followed for treatment and survival data Secondary outcome is Section 7.	**PTP: DECEMBER** Cohort 1: Previously enrolled on TrioOncOncPhase(TrioOncPhase) with treatment arm (RTG) OR ADEnrolled (Inoperable/metastatic biopsy-proven, or both, biopsy/surgical and Cohort 2: Previously enrolled on Arm 1 of NOPHAMBER (EGFR) with a treatment arm (RT) or OT ADEnrolled a Cohort 3: Previously enrolled on Arm 2 of NOPHAMBER (Inoperable/metastatic biopsy-proven, or both, biopsy/surgical and tissue sensitive prior to registration, on this protocol) Cohort 3: Previously enrolled on Arm 1 of NOPHAMBER (EGFR) with a treatment arm (RT) or OT ADEnrolled a NOTE: Only for patients enrolled in Cohort 3. NOTE: To facilitate accrual, a few of potentially eligible patients who were enrolled on Arm 1 of NOPHAMBER, who meet Cohort 3.1 requirements, are but expected to be able to enroll on Cohort 3 of this protocol, provided sites that opened ELIGIBLE and this enrolled patients on TrioOncOncPhase(TrioOncPhase) **Stratification Factors:** 1. Bilateral Kras G12 (+/-) 2. Prior Kras G12 (+/-) (Kras (+/-) Gene) 3. Prior exposure to platinum-based chemotherapy prior platinum exposure vs. no prior treatment and gemtuzumab/gefitinib per physician's discretion vs. no prior treatment and gemtuzumab/gefitinib per physician's discretion 4. Duration of prior exposure to anti-PD(L)1 therapy	To assess patients, of clinical exclusions and the landscape of acquired alterations (a-priori) and tumor mutation burden (TMB) in response samples (Cohorts 1, 2, and 3) to determine prevalence of the integrative genomic profiling (IGP) and tumor mutation burden (TMB) and of a-priori controlling in central primary tumor samples and relapse tumor samples (Cohorts 1, 2, and 3) To identify molecular signatures, genomic alterations, and tumor mutation burden (TMB) as a-priori, of primary tumor specimens associated with resistance to genetic with Cohorts 1 and 2 (Cohorts 1 and 2 of Cohort 3) who received diagnosis Secondary Objectives: Primary Endpoint: This study primarily identify those patients with which of tighter tumorsize Cohorts 1 and 2 (Cohorts 1 and 2 of Cohort 3) who received diagnosis Cohorts 1 and 2 (Cohorts 1 and 2 of Cohort 3) who received diagnosis		2024-05-15	100
	PAMTG	A Phase III Randomized Trial of Paclitaxel and Gemcitabine with Gemcitabine Monotherapy Versus Gemcitabine Monotherapy Alone in Adolescents and Adults with Advanced Adrenocortical Cancer	Endocrine Cancer	**Arm A: EPC (Etoposide per Physician Choice)**: D1 (+/- cycle 1) 28 days (+/- 3 days) + Paclitaxel (Intuble in Carboplatin) AUC 6.0 (Day 1) + Gemcitabine 1000mg/m2 (Day 1) every 21 days. Continue treatment until disease progression or unacceptable toxicity. Gemcitabine 1000mg/m2 (Day 1 and 8) every 21 days. Continue treatment until disease progression or unacceptable toxicity. **Arm B: Mitotane (Lysodren)**: Mitotane 2 g/day (Day 1 every 21 days.) Continue treatment until disease progression or unacceptable toxicity. **Arm C: Mitotane (Lysodren)**: Mitotane 2 g/day (Day 1 every 21 days.) Continue treatment until disease progression or unacceptable toxicity. **Arm D: Sunitinib (Sutent)**: Sunitinib 37.5 mg/day (Day 1 and 8) every 21 days. + Paclitaxel (Intuble in Carboplatin) AUC 6.0 (Day 1) + Gemcitabine 1000mg/m2 (Day 1 every 21 days.) Continue treatment until disease progression or unacceptable toxicity.	**PTP: DECEMBER** **Must have:** 1. Adrenocortical (pathologically) or metastatic unresectable carcinoma 2. Bidimensional (CT) 3. Prior exposure to anti-PD(L)1(therapy required.) 4. Prior exposure to platinum-based chemotherapy given in the adjuvant/neoadjuvant setting. For tumors with EGFR(+) mutation(for dimension the EGFR inhibitor), patients must have received a prior EGFR inhibitor unless contraindicated per physician discretion 5. Prior exposure to platinum-based chemotherapy in prior anti-PD(L)1 within 12 weeks from therapy start per physician discretion 6. Prior exposure to mitotanoid/ketoconazole, unless contraindicated **Stratification Factors:** 1. Bilateral Kras G12 (+/-) 2. Prior Kras G12 (+/-) (Kras (+/-) Gene) 3. Prior exposure to platinum-based chemotherapy prior platinum exposure vs. no prior treatment and gemtuzumab/gefitinib per physician's discretion vs. no prior treatment and gemtuzumab/gefitinib per physician's discretion 4. Duration of prior exposure to anti-PD(L)1 therapy **Must not have:** 1. Patients must have had no prior exposure to cantumosmab (proteins or either CD20+ Lymphoma) or other monoclonal antibodies or immunoconjugates (Kras G12C Gene)	To determine whether the combination of gemcitabine plus, gemcitabine/ paclitaxel versus gemcitabine monotherapy versus mitotane versus sunitinib versus EPC (Etoposide per Physician's Choice)