Research Base	Protocol #	Official Study Title	Indication/Disease	Planned Intervention	Abbreviated Eligibility Criteria Please refer to the official protocol document for the complete set of eligibility criteria	Primary Objective	Planned Start-up Date (Q1 or Q2)	N. NRG enrollment goal	Organizations Participating	Note
ALLIANCE	A231401CN	PANDDA: Randomized Controlled Trial of Continued Dose Modification Algorithm for FOLFOX Chemotherapy to Prevent Unplanned Delays	Gastrointestinal Cancer	Registration and randomization happen approximately 2 weeks after participation is complete after the first of 2) completion of day 1 of cycle 2 of FOLFOX-based chemotherapy as determined by the treating physician, or 3) completion of day 1 of cycle 3 of FOLFOX-based chemotherapy. The timeline of treatment after completion of study participation is at the discretion of the treating physician. Patients will be followed. Blood pressure, hypertension, or ankle/leg swelling, abdomen comes first. Please refer to the full protocol text for a complete description of the eligibility criteria and treatment plan.	**PAN' Initial Eligibility** **Histologic Documentation:** Histologic confirmation of invasive cancer that is planned to be treated with a minimum of four cycles (eight weeks) of FOLFOX-based chemotherapy is an appropriate initial systemic therapy. * Stage: Any stage or clinical setting. * Tumor Site: Eligible primary tumor sites include the esophagus, gastroesophageal junction, stomach, small intestine, ampulla of Vater, appendix, colon rectum, and pancreatic adenocarcinoma only with surgical GE origin. **Treatment Setting:** Cycle 1, day 1 of FOLFOX-based chemotherapy must be completed 1 to 8 days prior to randomization. * Cycle 2, day 1 of FOLFOX-based chemotherapy must include treatment-entered doses of oxaliplatin (85 mg/m2) and irinotecan (FT) (200 mg/m2-240 hours). Use of the 5-FU bolus is at the discretion of the treating physician. * Patients who receive primary prophylactic white blood cell growth factor with cycle 1 of FOLFOX chemotherapy due to high risk for fever and neutropenia are not eligible. * Patients who have received prior treatment with oxaliplatin (adjuvant, neoadjuvant, or in frontoneoadj. or in frontoneoadj and the recipients to their disseminations are not eligible. Age: ≥ 18 years. * Patients who have received prior treatment with oxaliplatin (adjuvant, neoadjuvant, or in frontoneoadj. or in frontoneoadj and the recipients to their disseminations are not eligible. Age: ≥ 18 years.	To compare the proportion of chemotherapy cycles with unplanned delays in patients receiving FOLFOX chemotherapy under standard care versus patients in accordance with the PANDDA dose/modification algorithm (intervention).		140/26	420/	
Wake Forest	NP/2106/CN	Pastoral Delivery of Geriatric Assessment in Community Oncology Settings (PGA)	Genetic assessment for adjusted chronological age to understand heterogeneity in aging/ therapy tolerance/ frailty/ resilience and function and identifying conditions that may be addressed prior to treatment	Any practice within their Community Oncology Research Program (NCORP) Network participating in the intervention listed below should complete the Interest Survey within the Recruitment Email to be considered. Any NCORP affiliate or any practice or cancer NCORP affiliate, or sub-affiliate, which have a common administrative structure and share resources and/or patients. Part 1: A survey will be distributed to identify surgeons performing gastrointestinal cancer surgery (original APPs) who cross-walk post-operative care for these patients within NCORP sites. Surgeons (original APPs) n = 300 (min) Sites n = 20 (min) Part 2: Surgeons (surgical APPs) that participated in Part 1 will be identified using prospective sampling to assess if their medical oncology colleagues (medical oncology original APPs) treating cancer within NCORP. Subset of surgeons (surgical APPs) from Part 1 for interviews n = 20 (min) Part 3: Medical oncologists that were self-identified in Part 1 will be chosen using prospective sampling to assess if their surgical colleagues (surgical APPs) have a common administrative structure and share resources (NCORP. Subset of medical oncologists (medical original APPs) from Part 1 for interviews n = 20 (min) Part 4: Medical oncologists that were self-identified in Part 1 will be chosen using prospective sampling to assess if their surgical colleagues (surgical APPs) have a common administrative structure and share resources (NCORP. Subset of medical oncologists (medical original APPs) from Part 1 for interviews n = 20 (min) Part 5: Pastoral Care providers (APPs) who assist with the delivery of pastoral care for these patients within the NCORP network				12/2/24	Carmelina (up to 5 clinics) Sites: 105 patients	
Wake Forest	NP/2106/CN	Surgical Thromboprophylaxis Practices in Oncology: Patients within the NCORP Network (STOP-VTE)	Surgeons who perform abdominal/pelvic cancer surgery (gynecologic, gastrointestinal (GI), genitourinary (GU), gynecologic (GYN)) or thoracic surgery in practice providers (APPs) who assist with the delivery of care for these patients within the NCORP network	**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's Community Engagement Team (CET). NCORP's mission is to provide feedback on our recruitment strategy and develop study related materials. The CET's role as a liaison is also appropriate for attracting and enrolling surgeons or surgical APP. participants from diverse populations and NCORP sites.	The purpose of the research study is to evaluate the consistent use of VTE prophylaxis practices for amended abdominal/pelvic cancers (hemithromboplexia (VTE)) prophylaxis (APPs) for patients after surgery, and to identify the commonly treating practice across the United States and its outcomes.		12/2/24	200 Practices 700 Sites Patients	
ALLIANCE	A231501CN	AFA Assess Study: An Enhanced eHealth and Chatbot Assisted Delivery Model for Genetic Services in Community AFA Cancer Patients	AFA cancer patients and survivors. This study includes patients at any stage of diagnosis (e.g., newly diagnosed, in treatment, in survivorship) and a subset of patients (including pediatric cancer) at any age ≥ 18 years old.	**Link to the Eligibility Verification Assessment (EVA) Screening Chatbot** will be provided to potential participants by text-enabled mobile. Paper versions are also available. **Arm 1: Standard Remote Genetic Services** **Arm 2: Genetic Journey Chatbot** (access to the Genetic Journey Chatbot digital patient education, and ongoing access to the chatbot.) Both arms will receive basic access to a digital patient education platform, genetic telemedicine, NGC genetic testing, individuals visit to review results of genetics testing.	**PVD 5/12/2025** All patients enrolled to this trial will receive genetic counseling and testing through the Pan Tangeneticn Program. Patients should be informed that they must forego local genetic counseling to participate in the study. The Eligibility Verification Assessment (EVA) screening chatbot or Pan Tangeneticn will confirm eligibility for genetic testing and notify the potential participant (via the EVA Screening Chatbot) and clinic of the eligibility for genetic testing. **Patient Eligibility** * Age: ≥18 years and ≤ 39 years * any stage of diagnosis (e.g., newly diagnosed, in treatment, in survivorship)	To evaluate the efficacy of an enhanced eHealth and chatbot assisted delivery model to increase uptake of genetic testing.	NCTN/NCORP	9/26/25	600 Patients 70 Sites patients	
ACCRU-ACRIN	A042201CN	Improving Mechanism Adherence in Metastatic Breast Cancer: A Randomized Controlled Continuous Platform (CONCIBeP)	Histologically proven HR+ HER2- metastatic breast cancer	**Arm A:** Patients receive Wordlog mediation dispenser and motivational materials (gift cards for at each **Arm B:** Patients receive the Wordlog mediation dispenser and motivational materials (gift cards for at each **Arm C:** Participants complete an interview over 15-20 minutes, post-first patient enrollment.	**PVD: 7/14/2025** Patient Eligibility: * Must be ≥ 18 * Must be fluent in English or Spanish * Must have new or established pathologically proven HR+ HER2- metastatic breast cancer * Patient must have initiated any of the CDK4/6 inhibitors (palbociclib or Ibrance, ribociclib or Kisqali, abemaciclib or Verzenio) or other anticancer treatment within 30 days prior to consenting to Step 0 or have received a prescription order with stated intent to initiate within 30 days following Step 0 registration. Patients who have been treated previously with anticancer treatments other than CDK4/6 inhibitors are eligible. See protocol for CDK4/6 prescription/supplier requirements. * Must not already be enrolled in a chemprotect clinical trial that monitors CDK4/6 inhibitors * Must have an email address and personal mobile phone to which they are able to send and receive messages * Must be able to understand and sign the ICF; patients requiring an legally authorized representative (LAR) are not allowed. * Must not be enrolled in Fulcrum's Pathwaysmart Platform. ? * Must not be enrolled in other trials offering financial assistance/gift cards for	To compare CDK4/6 adherence at 12 months after randomization between the Wordlog arm, Gain Ig and CONCIBeP (Arm B) arm	NCTN/NCORP	10/31/25	350 patients 32 providers from 10 sites who treated patients in Arm B	Pre-protocol for provider-to-patient interventions that are needed to achieve Study Goal #1 (To describe the patient and provider-to-patient interventions within the CONCIBeP intervention using the Wordlog mediation dispenser based on adherence rate and uses)
ACCRU-ACRIN	A042202CN	Observations of Out-of-Pocket Cost Communication and Financial Navigation (CostCOM) in Cancer Patients	Post diagnosis of any solid cancer of any stage	**Arm A:** Patients receive Patient Advocate Foundation (PAF) Incidental Wordlog financial navigation services **Arm B:** Patients receive usual financial navigation practice (standard of care and CostCOM financial counseling). Patients will be followed for 30 days after enrollment and at 3, 6 and 12 months.	**PVD: 7/28/2025** Patient Eligibility: * Be within 120 days of a new diagnosis of any solid cancer of any stage at the time of Step 0. Stage 0 or in situ are eligible if systemic therapy has been planned. Patients with a history of prior cancer diagnosis and/or treatment more than 24 months ago are eligible * Have never been a new recurrence of a primary * Patients with a history of prior cancer diagnosis and/or treatment in the previous 24 months are not eligible. Patients with prior non-melanoma, in-situ are eligible. * Have been or planned to be 1st cancer systemic therapy, define any time before Step 0 registration or planned cancer systemic therapy, either with stated intent to initiate within 30 days, following Step 0 registration. * Patients must not be receiving any of the following: sleep, palliative care, hospice care, neoadjuvant, or radiation therapy * Age ≥ 18 years * Must be able to understand and sign an English or Spanish ICF; use of an Legally Authorized Representative (LAR) is not allowed. * Must be able to read English or Spanish ICF * Must not be enrolled in PAF/ZEUS or a PAF/ZEUS given financial navigation is offered as part of these two trials. * Must not be enrolled in treatment clinical trials where cancer systemic therapy is provided at no cost to the patient. * Must not be enrolled in other trials offering financial assistance. The following are allowed: gift cards for surveys or parking, or financial counseling alone without financial navigation Pre-protocol for provider-to-patient interventions that are needed to achieve Study Goal #1	To compare patient-reported cost-related cancer care nonadherence at 12 months after randomization between the ESC and CostCOM arms,	NCTN/NCORP	7/29/26	350 patients 40 providers from 10 sites	Pre-protocol for provider-to-patient interventions that are needed to achieve Study Goal #1
SWOG	S1827CD	A Pragmatic Randomized Controlled Trial To Evaluate The Effectiveness of an Intervention Called Connect Together After Cancer (CTAC) to Promote Patient Engagement Colorectal Cancer Surveillance	Newly diagnosed surgically resected, Stage II or Stage III colorectal cancer	**Group 0:** Intervention Arm Connect Together After Cancer (CTAC) intervention - additional modules * Educational information about CRC surveillance * Tailored care navigation Involvement * Health communication training * Summary of supportive engagement **Group 2:** * Usual Arm Connect Together After Cancer (CTAC) intervention * Patients will be given access to information about cancer survivorship, resources to build core, and healthy living	**PVD: 6/12/2025** **Patient Eligibility:** * Have newly diagnosed surgically resected, Stage II or Stage III colorectal cancer * Have an adult in their life who supports them in their colorectal cancer journey * Must be ≥ 18 years of age at the time of registration/randomization * Have a Karnofsky performance score of 70.2 * Must be able to read English or Spanish * Must not be enrolled or be planning to enroll in a clinical trial of investigational treatment that includes imaging and/or laboratory monitoring for the duration of this trial. (Conditional: on other non-treatment trials are allowed) **Non-Patient (Supporter) Eligibility:** * Must be ≥ 18 years of age at the time of registration/randomization * Must be able to read English or Spanish * Must have been identified by the patient as a person who may be willing to join them in reviewing the educational website. This may be a spouse/partner, adult child, other adult family member, or a friend.	To evaluate whether the patients randomized to the Connect Together After Cancer (CTAC) intervention have higher rates of adherence to colorectal surveillance than those who have higher rates of guideline-concordant colorectal cancer (CRC) surveillance at 12 months after registration.	NCTN/NCORP	4/2/25	Patient: 450 Non-Patient: 450	
Wake Forest	NP/2108/CD	NP/2108/CD Implementation and Effectiveness Trial of IBS-STAR	Head and neck cancer (HNC) survivors and their practice	Head and Neck Survivorship Tool: Implementation Recommendations (HNSTAR) vs Usual Care	**PVD 05/28/2025** **Practice** * Willing to incorporate the web-based HNSTAR into their clinical practice * Capable of 12 newly diagnosed cases of head and neck cancer patients within the last 12 months * Can identify at least one designated clinician who is willing to be trained on and use HNSTAR as conduct usual care for enrolled survivors. **Clinician** * Age ≥18 years * MD, DO, NP, or PA. * Fluent in spoken and written English * Receive gynecologic care for cancer patients, or survivors. * Willing to complete study-specific trainings and incorporate HNSTAR or provide usual care in a routine follow-up care visit. **Patient** * Participant enrollment closed at this time.	Evaluate the impact of HNSTAR, compared to usual care, on patient-reported outcomes from baseline to one-year follow-up. The primary outcome is the change in overall quality of life as measured by the Trial Outcome Index from the Functional Assessment of Cancer Therapy – Head and Neck (FACT-H&N), and other endpoints include symptom burden, patient activation, and perceived quality of cancer care	NCTN/NCORP	9/30/26	200-400 Head and neck cancer survivors 40 providers documenting in 20-30 NCORP practices	Participant enrollment closed as of 5/28/2025, but practice (non-patient) enrollment reopened 2/28/2025
Wake Forest	NP/2106/CD	Multi-site Community Oncology Planning for the Care of Cancer Patients Targeting Long Cancer Caregivers	Long Cancer Caregiver	Caregivers will be randomized to one of the three groups: 1) Control Arm (Strengthy Stands Mobilization Tool (CONNECT)) 2) Usual Care 3) Generic Resource List	**PVD 04/28/2025** **Practice** * Cancer by ≥ 90 newly diagnosed (new or recurrent) stage II-IV lung cancer patients annually * Able to identify 1-2 Local Practice Referral Coordinators for this trial * Able to identify a research and/or clinical champion for the study, distinct from the Local Practice Referral Coordinator(s) **Caregiver** * Assumes the majority of surgical care during cancer treatment (self-reported) * ≥ 18 years of age * Must have access to the internet or be willing to use CONNECT at the clinic * Must have access to a telephone to complete sessions with the Cancer Caregiver Navigator **Patient** * Cancer diagnosis of new or recurrent stage II-IV lung cancer * Enrolled after the start of antecancer systemic therapy (+/- radiation therapy) and never have or have 3 weeks of planned systemic antecancer treatment remaining * Receiving surgical care from eligible caregiver (self-reported) * Performance status (e.g., ECOG or Karnofsky) more than 50% of waking hours * ≥ 18 years of age	To assess the multi-site feasibility of the CONNECT Intervention as measured by the retention of caregivers at 12 weeks for a randomized pilot trial (Arm 1 Control Arm (Strengthy Stands Mobilization Tool (CONNECT) or Arm 2 Usual Care, or Arm 3 Generic Resource List, or ARL)		7/2/24	300 patients and their caregiver 8-12 sites	Closed to accepting new sites. Contact Dan Klamik (cklamik@wakehealth.edu) to get on the waitlist.
Wake Forest	NP/2108/CD	Understanding and Implementing Enhanced Social Needs (IBHN) Screening Among Community Oncology Practices	SCIs	SCIs. Data will be collected using the Implementation Enhanced Social Needs (IBHN) processes.	**Enrolling by invitation only** **PVD 05/05/2025** **Part 1 Practice Requirements:** * Must be a NCORP practice (defined as site or more NCORP affiliates/sub-affiliates, that have a common administrative structure and share providers and/or patients) * Must have a Lead Practice Referral Coordinator and Practice Staff that are available and willing to participate on the Practice Internet Forum * Must have identified at least 1-3 outpatient oncology clinics willing to participate on the Practice Internet Forum. **Part 1 Clinic Requirements:** * 1-3 clinics within the practice, within the same physical location **Part 1 Practice Staff Requirements:** * Must choose in-person and documents 1-3 selected clinics within the practice * Must be willing to participate in monthly virtual and in-person trainings/interviews and applicable in-person workshops **Part 1 Clinic Key Informant Requirements (MD, social worker, navigator, clinic manager, etc.):** * Must be willing to participate in an in-person or remote interview * Must be willing to participate in a prescreen/pre-training * Must be willing to be recorded when participating in interviews and workshops	The primary objective of this study is to implement the Implementation Needs-enhanced Social Needs (IBHN) screening among NCORP community oncology practices and to test implementation of IBHN screening. The primary endpoint will be contextual understanding of IBHN implementation, with attention to variability by key clinic characteristics.		7/25/24	Part 1: * 20 practices 20 NCORP practices * 60 clinics * 60 clinic leaders * 60 clinicians Part 2: * 15 clinics from Part 1 Part 3: * 15 clinics from Part 1 Part 4: * 15 clinics from Part 1 * 6-10 workshop participants * 6-10 clinic providers, practice managers, etc.	Closed to accepting new sites. Contact Dan Klamik (cklamik@wakehealth.edu) to get on the waitlist.