NCI Designated High Priority Trials as of 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	Note
URCC	URCC-24060	Impact of Targeted Therapy on Cancer-Related Cognitive Impairment	CML/CLL	Recruit patients with chronic myelogenous leukemia (CML) or chronic lymphocytic leukemia (CLL) about to begin TKI therapy or that have just begun TKI therapy to complete assessments before starting TKIs (Assessment 1) as well as 6 and 12 months later (Assessments 2 and 3). Controls will complete assessments at similar intervals. Each assessment will include a saliva sample, patient-reported outcomes (PROs), a neuropsychological battery, and ecological momentary assessment (EMA) of CRCI for 1 week.	**PVD: 7/11/2025:** 6.1 Inclusion Criteria: TKI recipients 6.1.1 Participants must have a diagnosis of CML or CLL. 6.1.2 Participants must be scheduled to receive their first dose of TKI therapy for CML or CLL within 30 days or have received their first dose of TKI therapy for CML or CLL within the previous 30 days. 6.1.3 Participants must be ≥ 18 years of age. 6.1.4 Participants must be able to speak and read English. 6.1.5 Participants must be able to understand and willing to sign an informed consent document. 6.2 Inclusion Criteria: Cancer-Free Individuals Serving as Controls 6.2.1 Participants must be ≥ 18 years of age. 6.2.2 Participants must be able to speak and read English. 6.2.3 Participants must be able to understand and willing to sign an informed consent document. 6.2.4 Each participant must be matched to a TKI recipient participant based on sex and age ±5 years (i.e., must be no more than 5 years older or younger than the TKI recipient participant).	Primary Aim: Characterize differences in subjective CRCI longitudinally among patients receiving TKIs for CML or CLL. Hypothesis 1: TKI recipients will exhibit greater longitudinal declines in subjective CRCI relative to controls. Secondary Aims: Characterize differences in objective CRCI longitudinally among patients receiving TKIs for CML or CLL.		9/30/25	400	
ALLIANCE	A232402CD: PAGODA	Randomized trial of a proactive graduated dose modification algorithm for FOLFOX chemotherapy to prevent unplanned delays	Gastrointestinal Cancer	Arm A - Standardized usual care In the standardized usual care arm, protocol treatment with FOLFOX chemotherapy may proceed on day 1 of a given cycle as long as the ANC is ≥1000/mm3 and the platelet count is ≥75,000/mm3 . Decisions about chemotherapy delays and dose modifications (e.g., dose modifications for symptoms and toxicities other than neutropenia and thrombocytopenia) should be taken at the discretion of the treating clinician, following usual care. Arm B - PAGODA dose modification algorithm In the intervention arm, decisions about chemotherapy delay	**PVD: 10/09/2025** -Histologic Documentation: Histologic confirmation of invasive cancer that is confirmed or suspected to arise from the gastrointestinal (GI) tract, and for which 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 cancers of unknown primary with suspected GI origin.	Primary Objective To compare the proportion of chemotherapy cycles with unplanned delays in patients receiving FOLFOX chemotherapy under standardized usual care (control) vs according to the PAGODA dose modification algorithm (intervention).		1/6/26	210	
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	**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	

surgeons practicing within NCORP based on the Part 1 surgeon survey.