RESECTABLE & BORDERLINE RESECTABLE		
Clinical Trial Name: Adaptive Modification of Neoadjuvant Therapy Based on Clinical Response in Patients with Localized Pancreatic Cancer (PANC Trial)		
pancreatic adenocarcinoma	ngle arm, Phase II clinical trial utilizing neoadjuvant therapy and surgery for patients with resectable and borderline resectable a which utilizes a total neoadjuvant therapy approach with adaptive modification of the chemotherapy regimen based on radiographic emical response (CA19-9 decline), and performance status (as measured by a short physical performance battery).	
NCT#: <u>NCT03322995</u>	<ul> <li>Key Inclusion</li> <li>ECOG performance status of &lt; 2</li> <li>Histologically confirmed adenocarcinoma of the pancreas</li> </ul>	
<b>Study PI:</b> Dr. Kathleen Christians	<ul> <li>Clinical stage resectable or borderline resectable pancreatic adenocarcinoma</li> <li>Must be CA19-9 producer (pretreatment CA19-9 &gt; 35 U/mL when total bilirubin ≤ 2 mg/dL)</li> <li><i>Key Exclusion:</i></li> <li>Received chemotherapy and/or radiation within 3 years prior to study enrollment</li> <li>History of prior malignancy except for adequately treated in situ cancer of the cervix or basal cell or squamous cell skin cancer or localized prostate cancer with a normal PSA within the last 3 years</li> </ul>	
Clinical Research Coordinator: Megan Graham Phone: 414-805-8921		

Clinical Trial Name: PurIST Classification-Guided Adaptive Neoadjuvant Chemotherapy by RNA Expression Profiling of EUS SAmples Study (PANCREAS)

**Study Design:** This is an open-label, single arm, phase II study in patients with resectable and borderline resectable pancreatic cancer. The study intervention involves molecular profiling Purity Independent Subtyping of Tumors (PurIST) subtyping of pretreatment Endoscopic Ultrasound Fine Needle Aspiration (EUS/FNA) samples to determine pancreatic cancer subtype. Neoadjuvant therapy is directed based on the molecular subtype (classical vs. basal). Patients with classical subtype will receive a standard chemotherapy (mFOLFIRINOX) and patients with basal subtype will receive an alternative standard therapy (gemcitabine/nab-paclitaxel).

NCT#: <u>NCT04683315</u>	<i>Key Inclusion</i> <i>Eligibility for screening consent:</i> • Suspicion of PDAC and plan for endoscopic biopsy or enough archival tissue to be requested from previous screening
<b>Study PI:</b> Dr. Kathleen Christians	<ul> <li>endoscopic biopsy. Agrees to additional EUS biopsy at the first restaging and tissue collection from surgical specimen</li> <li>CA19-9 level &gt;35 mg/dL regardless of total bilirubin level</li> <li><i>Eligibility for Treatment consent:</i></li> </ul>

<b>Research Coordinator:</b> Megan Graham <b>Phone:</b> 414-805-8921	<ul> <li>ECOG performance status &lt; 2</li> <li>Histologically confirmed adenocarcinoma. Biopsy must have been completed prior to start of treatment</li> <li>Clinical stage consistent with resectable or borderline resectable adenocarcinoma of the pancreas, based on CT or MRI findings</li> <li>Adequate organ and bone marrow function, as defined by: total leukocytes &gt;3 x103/µL; ANC &gt;1.5x 103/µL; HgB &gt;9 g/dL; platelets &gt;100 x 10e3/µL; creatinine clearance &gt;60 mL/min or creatinine &lt;1.5 mg/dL; bilirubin ≤2 mg/dL; AST/SGOT &amp; ALT/SGPT &lt;3 x ULN</li> <li>CA19-9 producer, as defined by a pretreatment CA 19-9 &gt; 35 U/mL, when total bilirubin ≤2 mg/dL.</li> <li><i>Key Exclusion:</i></li> <li>Received chemotherapy and/or radiation within three years prior to study enrollment</li> <li>Previous history of another malignancy w/in 3 years of study (other than cured basal or squamous cell carcinoma and other in situ carcinomas that were completely treated or localized prostate cancer with normal prostate specific antigen)</li> </ul>	
Clinical Trial Name: Stereotactic Body Radiation Therapy or Conventionally Fractionated Concurrent Chemotherapy and Radiation Therapy Preoperatively for Resectable or Borderline Resectable Pancreatic Adenocarcinoma (SOFT Trial)		
<b>Study Design:</b> This study is a prospective, open-label, randomized, parallel, two-arm, phase II clinical trial. Patients meeting the eligibility criteria will be randomized after a minimum of two months of induction chemotherapy. These patients will be required to have no biopsy-proven distant disease on repeat staging studies before randomization. Patients who have radiologically equivocal evidence of distant metastatic disease (small lung nodules, or liver lesions that cannot be definitively characterized, etc.) are also eligible for enrollment. Patients with biopsy-proven metastatic disease are not eligible.		
NCT#: <u>NCT03704662</u>	<ul> <li>Key Inclusion</li> <li>Confirmed, resectable/borderline resectable, locally advanced Type A pancreatic adenocarcinoma</li> <li>Patients with and without regional adenopathy are eligible</li> </ul>	
<b>Study PI:</b> Dr. William Hall	<ul> <li>No evidence of distant metastatic disease</li> <li>≥ 1 cycle of systemic chemotherapy without evidence of distant progression</li> </ul>	
	Key Exclusion:	
<b>Research Coordinator:</b> Kathryn Hallada	<ul> <li>Distant metastatic disease</li> <li>Prior invasive malignancy within the last 3 years</li> </ul>	
<b>Phone:</b> 414-805-0124	<ul> <li>Prior radiotherapy to the region of the study cancer that would result in overlap of radiation therapy fields</li> <li>Major surgery within 28 days prior to study entry</li> </ul>	