METASTATIC

PHASE I/II STUDIES

Clinical Trial Name: A Phase 1/1b Study of ASP2138 in Participants with Metastatic or Locally Advanced Unresectable Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma or Metastatic Pancreatic Adenocarcinoma (ASTELLAS).

Study Design: A Phase 1/1b Study of ASP2138 in Participants with Metastatic or Locally Advanced Unresectable Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma or Metastatic Pancreatic Adenocarcinoma Whose Tumors Have Claudin (CLDN) 18.2 Expression.

NCT #:

NCT05365581

Study PI: Dr. Mandana Kamgar

Research Coordinator:
Morgan Ward

Phone:

414-805-6345

Key Inclusion:

- Tumor sample is positive for claudin (CLDN)18.2 expression by central immunohistochemistry (IHC) testing.
- Radiographically-confirmed, locally advanced, unresectable or metastatic disease within 28 days prior to the first dose of study intervention
- Measurable disease according to Response Evaluation Criteria in Solid Tumors (RECIST) 1.1 within 28 days prior to the first dose of study intervention. For participant with only 1 measurable lesion and prior radiotherapy, the lesion must be outside the field of prior radiotherapy or must have documented progression following radiation therapy.
- QT interval by Fredericia (QTcF) =< 470 msec.
- Participant has ECOG performance status of 0 or 1.
- Disease Specific Criteria: Pancreatic Cancer
    - Participant has histologically or cytologically confirmed pancreatic adenocarcinoma.
    - Participant with pancreatic adenocarcinoma who has progressed, is intolerant, has refused, or for whom there is no standard approved therapies that impart significant clinical (no limit to the number of prior treatment regimens).

Key Exclusion:

- Prior severe allergic reaction or intolerance to known ingredients of ASP2138 or other antibodies, including humanized or chimeric antibodies.
- Received systemic immunosuppressive therapy, including systemic corticosteroids 14 days prior to first dose of study intervention.
- Complete gastric outlet syndrome or a partial gastric outlet syndrome with persistent/recurrent vomiting.
- Gastric bleeding and/or untreated gastric ulcers that exclude the participant from participation.
- Symptomatic CNS metastases or participant has evidence of unstable CNS metastases even if asymptomatic.
- Known HIV infection.
- Participant is known to have active hepatitis B (positive hepatitis B surface antigen [HBsAg]) or hepatitis C infection. Testing is required for known history of these infections or as mandated by local requirements.
- Negative for HBsAg, but hepatitis B core antibody (HBc Ab) positive, a hepatitis B virus (HBV) deoxyribonucleic acid (DNA) test will be performed and if positive the participant will be excluded.
- Positive hepatitis C virus (HCV) serology, but negative HCV ribonucleic acid (RNA) test results are eligible.
- Treated for HCV with undetectable viral load results are eligible.
- Within 6 months prior to first dose of study intervention any of the following: unstable angina, myocardial infarction, ventricular arrhythmia requiring intervention or hospitalization for heart failure.
- Active infection requiring systemic therapy that has not completely resolved within 7 days prior to the start of study intervention.

	• Active autoimmune disease that has required systemic immunosuppressive treatment within the past 1 month prior to the start of study intervention. • Major surgical procedure 28 days before start of study intervention and has not fully recovered. • Received radiotherapy for locally advanced unresectable or metastatic gastric or GEJ or metastatic pancreatic adenocarcinoma 14 days prior to start of study intervention and has NOT recovered from any related toxicity. • Received an CLDN18.2-targeted investigational agent (e.g., zolbetuximab or chimeric antigen receptor CLDN18.2-specific T cells) prior to first dose of study intervention administration is not eligible for dose escalation cohorts. However, a participant who has received an CLDN18.2-targeted investigational agent greater than 28 days or 5 half-lives (whichever is longer) prior to first dose study intervention administration is eligible for dose expansion cohorts only, except for participants who have experienced Grade >= 3 gastrointestinal (GI) toxicity after receiving an CLDN18.2-targeted investigational agent. • History or complication of interstitial lung disease.

Clinical Trial Name: A Phase Ib/II Study of the Microenvironment Modifier L-DOS47 Plus Doxorubicin for the Treatment of Patients with Previously Treated Advanced Pancreatic Cancer (HELIX-LDOS006).	
Study Design: This is a open-label, single arm study that includes an initial three cohort dose escalation phase with 3, 6 and 9 µg/kg of L-DOS47 in combination with doxorubicin.	
NCT #: NCT04203641 **Study PI:** Dr. Ben George **Research Coordinator:** Catherine Feffer **Phone:** 414-805-8838	***Key Inclusion****:* • ≥1 metastatic tumors measurable on CT scan per RECIST version 1.1 and screening FDG-PET scan with maximum standardized uptake value (SUV max) ≥ 5.5 for at least one lesion consistent with pancreatic cancer. • Karnofsky performance status ≥ 70%. • Acceptable liver function: Bilirubin ≤ 1.5 times upper limit of normal; Aspartate aminotransferase (AST), alanine aminotransferase (ALT) and Alkaline phosphatase (ALP) ≤ 2.5 times upper limit of normal (ULN; if liver metastases are present, then ≤ 5 x ULN is allowed); Acceptable renal function as defined by creatinine ≤1.5x institutional upper limits of normal, or calculated creatinine clearance ≥ 60 mL/min/1.73 m2 for patients with creatinine levels above institutional normal; Acceptable hematologic status: Granulocyte ≥ 1500 cells/mm3; Platelet count ≥ 100,000 (plt/mm3); Hemoglobin ≥ 9g/dL • Urinalysis: No clinically significant abnormalities. • Acceptable coagulation status: Prothrombin time within 1.5x of normal limits; Partial thromboplastin time (PTT) within 1.5x of normal limits. • Normal ejection fraction on ECHO or MUGA. ***Key Exclusion****:* • New York Heart Association Class III or IV, cardiac disease, myocardial infarction within the past 6 months, unstable arrhythmia, or evidence of ischemia on ECG. • Abnormal ejection fraction on ECHO or MUGA. • Active, uncontrolled bacterial, viral, or fungal infections requiring systematic therapy. • Treatment with radiation therapy, surgery, chemotherapy, or investigational therapy within 3 weeks prior to study entry. • Serious nonmalignant disease (eg hydro nephrosis, liver failure, or other conditions) that could compromise protocol objectives in the opinion of the investigator and/or the sponsor. • Patients with marked screening prolongation of QT/QTc interval (e.g. repeated demonstration of a QTc interval > 480 milliseconds (CTCAE grade 1) using Fredericia's QT correction formula.

Clinical Trial Name: Tumor-Agnostic Precision Immuno-oncology and Somatic Targeting Rational for You (TAPISTRY) Phase II Platform Trial

Study Design: A study to evaluate the efficacy and safety of multiple therapies that are selected using somatic alterations and potential predictive biomarkers identified via NGS assays in patients with solid tumors.

NCT #:

NCT04589845

Study PI:

Dr. Ben George

Research Coordinator:

Nick Pucek

Phone:

414-805-3158

Key Inclusion:

- Histologically or cytologically confirmed diagnosis of advanced and unresectable or metastatic solid malignancy.
- Measurable disease as defined by Response Evaluation Criteria in Solid Tumors, Version 1.1 (RECIST v1.1), Response Assessment in Neuro-Oncology (RANO) criteria, or International Neuroblastoma Response Criteria (INRC).
- Performance status as follows: Participants aged >= 18 years: ECOG=0-2; Participants aged 16 to < 18 years: Karnofsky score >= 50%; Participants aged < 16 years: Lansky score >= 50%
- For participants aged >= 18 and <18 years: adequate hematologic and end-organ function
- Disease progression on prior treatment, or previously untreated disease with no available acceptable treatment
- Adequate recovery from most recent systemic or local treatment for cancer
- Life expectancy >= 8 weeks
- Ability to comply with the study protocol, in the investigator's judgement
- For female participants of childbearing potential: Negative serum pregnancy test <= 14 days prior to initiating study treatment; agreement to remain abstinent or use single or combined contraception methods that result in a failure rate of < 1% per year for the period defined in the cohort-specific inclusion criteria; and agreement to refrain from donating eggs during the same period
- For male participants: Willingness to remain abstinent or use acceptable methods of contraception as defined in the cohort-specific inclusion criteria
- In addition to the general inclusion criteria above, participants must meet all the cohort-specific inclusion criteria for the respective cohort

Key Exclusion:

- Any anticancer treatment within 2 weeks or 5 half-lives prior to start of study treatment.
- Whole brain radiotherapy within 14 days prior to start of study treatment.
- Stereotactic radiosurgery within 7 days prior to start of study treatment.
- History of or concurrent serious medical condition or abnormality in clinical laboratory tests that, in the investigator's judgment, precludes the participant's safe participation in and completion of the study or confounds the ability to interpret data from the study.
- Incomplete recovery from any surgery prior to the start of study treatment that would interfere with the determination of safety or efficacy of study treatment.
- Significant cardiovascular disease, such as New York Heart Association cardiac disease (Class II or higher), myocardial infarction, or cerebrovascular accident within 3 months prior to enrollment, unstable arrhythmias, or unstable angina.
- History of another active cancer within 5 years prior to screening that may interfere with the determination of safety or efficacy of study treatment with respect to the qualifying solid tumor malignancy.

Clinical Trial Name: Nab-Paclitaxel and Gemcitabine With or Without SBP-101 in Pancreatic Cancer (PANBELLA-CL-SBP-101-04)

Study Design: The study is a randomized, double-blind, placebo-controlled, multicenter study of standard treatment with nab-paclitaxel and gemcitabine with or without SBP-101 in subjects previously untreated for metastatic pancreatic ductal adenocarcinoma (PDA), including subjects who have received prior neoadjuvant or adjuvant treatment.

NCT #:
NCT05254171

Study PI:
Dr. Mandana Kamgar

Research Coordinator:
Barb Dion

Phone:
414-805-4639

Key Inclusion:

- Histologically or cytologically confirmed metastatic pancreatic ductal adenocarcinoma. Subjects with pancreatic acinar cell carcinoma may also be included.
- Previously untreated for metastatic pancreatic ductal adenocarcinoma; metastatic disease must have been diagnosed within the past 3 months; and subject is expected to receive standard treatment with gemcitabine and nab-paclitaxel. Subjects who have had planned or prior surgery, such as a Whipple procedure, with or without neo-adjuvant/adjuvant chemotherapy may be included.
- Life expectancy ≥ 3 months.
- Measurable disease on computed tomography (CT) or magnetic resonance imaging (MRI) scan by RECIST v1.1 criteria.
- ECOG Performance Status= 0-1.
- Adequate bone marrow, hepatic and renal function as outlined in protocol.
- Corrected QT interval (QTc); QTc interval ≤ 470 msec at Baseline.

Key Exclusion:

- BRCA (BReast CAncer gene antigen) positive.
- Subjects taking metformin. Diabetic subjects on treatment with metformin, or any other derivative thereof, must discontinue it while on study (other diabetic medications are allowed).
- History of retinopathy or macular degeneration.
- Presence of islet-cell or pancreatic neuroendocrine tumor or mixed adenocarcinoma-neuroendocrine carcinoma.
- CNS malignancy or metastasis. Screening of asymptomatic subjects without history of CNS metastases is not required.
- Serum albumin < 30 g/L (3.0 g/dL).
- Occurrence of deep vein thrombosis (DVT) or portal vein occlusion, pulmonary embolism (PE), or other thromboembolic event during screening.
- Presence of interstitial lung disease, pulmonary fibrosis, or pulmonary hypersensitivity reaction.
- Myocardial infarction within the last 12 months, severe/unstable angina, symptomatic congestive heart failure New York Heart Association (NYHA) class III or IV.
- Any history of hydroxychloroquine use (Plaquenil® and other brand names).

Clinical Trial Name: MRTX1719 in Patients With Advanced Solid Tumors With Homozygous MTAP Deletion (MIRATI 1719-001)

Study Design: The study is a Phase 1/2, open-label, multicenter, study of the safety, tolerability, PK, PD, and anti-tumor activity of MRTX1719 patients with advanced, unresectable or metastatic solid tumor malignancy with homozygous deletion of the MTAP gene.

NCT #:
NCT05245500

Key Inclusion:

- Histologically confirmed diagnosis of a solid tumor malignancy with homozygous deletion of the MTAP gene detected in tumor tissue or ctDNA
- Unresectable or metastatic disease

Study PI: Dr. Ben George **Research Coordinator:** Nicholas Pucek **Phone:** 414-805-4639	• Patients must have received standard therapies appropriate for their tumor type and stage with disease progression on or after the most recent treatment ▪ Phase 1 dose escalation, RECIST 1.1 measurable or evaluable disease ▪ Phase 1b and Phase 2 cohorts, RECIST 1.1 measurable disease • Presence of a tumor lesion amenable to mandatory biopsy for pharmacodynamic evaluation at baseline and on-study unless Sponsor-confirmed as medically unsafe or infeasible • ECOG: 0 or 1 ***Key Exclusion:*** • Prior treatment with a PRMT5 or MAT2A inhibitor therapy. • Active brain metastases or carcinomatous meningitis. • History of significant hemoptysis or hemorrhage within 4 weeks of the first dose of study treatment. • Major surgery within 4 weeks of first dose of study treatment. • History of intestinal disease, inflammatory bowel disease, major gastric surgery, or other gastrointestinal conditions (eg, uncontrolled nausea, vomiting, malabsorption syndrome) likely to alter absorption of study treatment or result in inability to swallow oral medications • Cardiac abnormalities

Clinical Trial Name: Study of safety, tolerability, and effect of TAK- 280 in unresectable, locally advanced or metastatic cancer (TAKEDA-TAK-280-1501)	
Study Design: This study is a Phase 1/2, First-in-Human, Open-Label, Dose-Escalation Study of TAK-280 in Patients With Unresectable Locally Advanced or Metastatic Cancer.	
NCT #: NCT05220098 **Study PI:** Hui-zi Chen **Research Coordinator:** Colleen Cotter **Phone:** 414-805-8839	***Key Inclusion:*** • Age greater than or equal to (>=)18 years or >= the local legal age of majority, as applicable • Criteria for disease state in dose escalation and cohort expansion ▪ Tumor histologies during dose escalation: Dose escalation will begin by initially enrolling participants with histologically or pathologically confirmed, unresectable, locally advanced or metastatic cancers ▪ Tumor histologies during cohort expansion: Participants will be eligible if they have histologically proven, unresectable, locally advanced or metastatic malignant neoplasms • ECOG: <= 1 • Measurable disease per RECIST V1.1 by investigator except for participants with mCRPC with bone metastases only (these participants are allowed in the study). Lesions in previously irradiated areas (or other local therapy) should not be selected as measurable/target lesions, unless treatment was >=6 months prior to start of treatment or there has been demonstrated progression with a clear margin to measure in that particular lesion ***Key Exclusion:*** • QTcF >480 ms, history of congenital long QT syndrome • Ongoing or active infection grade >/=2 • History of any of the following </=6 months before first dose: CHF grade III or IV, unstable angina, myocardial infarction, unstable symptomatic ischemic heart disease, uncontrolled hypertension, ongoing symptomatic cardiac arrhythmias grade >2, pulmonary embolism, CVA or any other serious cardiac condition • Oxygen saturation <92% on room air

	• Bone marrow transplant within the last 5 years • Solid organ transplant and use of immunosuppressive agents • Second primary invasive malignancy not in remission for >/=3 years • HIV, Hep B and hep C positive patients. Some exceptions for hep B and C • Use of corticosteroids or other immunosuppressive mediation concurrently or within 14 days first dose of study drug