

PROTOCOL	P	BI	SLR	DISEASE	TREATMENT	ELIGIBILITY
BREAST						
Chadha 001	II	OPEN	N/A	Recurrent	Lump plus Brachy	Local recurrence < 2cm, negative margins after lump.
Accelerated RT	N/A	OPEN	N/A	early stage, localized	Acc. RT to examine toxicity & tolerability	Stage Tis and T1N0, unifocal, neg. margins per NSABP, no collagen vascular disease
Ductoscopy	N/A	OPEN	N/A	High-risk or nipple DC	ductal endoscopy & intra ductal biopsy	Spont. nipple DC or BRCA1 and BRCA2 mutations, or history or family history, 5-year Gail risk of 1.7% or >
Columbia Cognitive Test	N/A	OPEN	OPEN	early stage, localized	N/A	premenopausal women, ages 21-50 undergoing BC surgery and adjuvant chemo
NCI 7868	I/II	OPEN	OPEN	Stage IIB-IIIc Breast Cancer	R115777 + Taxol + Dose-Dense Doxorubicin & Cyclophos.	estrogen and/or progesterone receptor +, Her2/neu -; no prior chemo, irradiation, or definitive therapeutic surgery
ACOSOG Z1031	III	Suspended	Suspended	Sig I/III Estrogen Receptor B C	Exemestane (25 mg daily), letrozole (2.5 mg), or anastrozole (1 mg)	postmenopausal, ECOG PS ≤ 2, T2-T4c, any N, M0 breast ca, primary tumor palpable & 2cm by caliper measurements
TAILORx (PACCT-1)	N/A	OPEN	OPEN	tumor 1.1-5 cm, node negative	Oncotyping to select therapy, hormonal +/- chemo	ER/PR +,HER2neu neg., candidate for adjuvant cytotoxic therapy + hormonal therapy
BETH (BCIRG 011)	III	OPEN	OPEN	HER2-Positive, T1-3	Docetaxel/carboplatin/trastuzumab's.docetaxel/trastuz.	FISH-positive and/or IHC 3+ must have total mastectomy or lumpectomy.
ECOG 5103	III	OPEN	OPEN	LN + & High Risk LN neg	Doxorubicin + Cyclophosphamide followed by Taxol with +/-Bev	neg margin, HER2 + (3+ by IHC or FISH+) are NOT eligible.
Lilly S379	II	OPEN	OPEN	HER2-Neg. metastatic BC	A Phase 2 Study of Gemcitabine and Bevacizumab as First-Line Treatment in HER2 Negative, Locally Recurrent or Metastatic Breast Cancer Previously Treated with Taxanes	Must have received a taxane as non-adjuvant and/or adjuvant therapy with a ≥12-month disease-free interval from completion of the therapy
EXIBT Registry: Electronic Xoft	N/A	OPEN	N/A	Resected breast cancer.	Collection of data relevant to the evaluation of the efficacy and safety of the Axxent System in providing radiation therapy to	
BSGI vs. MRI	N/A	OPEN	N/A	Newly diagnosed breast cancer	Breast Specific Gamma Imaging vs Breast MRI-How do they compare in the detection of mammographically occult breast	Newly diagnosed patient who underwent needle biopsy, if excisional biopsy then they are excluded from the trial
DUNE	N/A	OPEN	OPEN	non-palpable malignant lesions	N/A (device for intraoperative assessment)	non-palpable malignant lesions requiring image guided localization Undergoing lumpectomy (partial mastectomy) procedure
GLEETOLON						
Hepatocellular-Pfizer	III	OPEN	N/A	Locally advanced or met	Sunitinib vs sorafenib	ECOG 0-1; no prior sunitinib or sorfenib, at least 1 target lesion w/ no rt or surg
Oxali/ Rectal	II	OPEN	OPEN	locally advanced rectal	neo-adjuvant CRT oxali&5FU/adjuvant FOLFOX	hist. confirmed rectal cancer w/ no distant mets; no prior chemo or RT; ECOG 0-1
ECOG 5202	III	OPEN	OPEN	Stage II Colon Cancer at High Risk	Comparing 5-FU, Leucovorin and Oxaliplatin versus 5-FU,	histologically confirmed adenocarcinoma of the colon,Stage II carcinoma (T3-4 N0 M0)
FolFox6	II	OPEN	OPEN	T3N0M0, T1-3 N1M0	Neo-adjuvant-modified FOLFOX6/TME/adjuvant FOLFOX 6	T3N0M0, T1-3 N1M0 assessed by clinical exam, TRUS, MRI and CT;proximal border of the tumor -12cm, distal border -6 cm
reGISTry	N/A	OPEN	OPEN	G1 stromal tumors	observational database	current diagnostic/therapeutic management of pts with GIST
NCCTG/ CTSU N0147	III	OPEN	OPEN	Sig III Colon Cancer	Oxali + 5-FU/LV with or without Cetuximab	adenocarcinoma, no evidence of residual involved lymph node disease, PS 0-2
NCI 7881	I/II	OPEN	N/A	Loc. Adva/Metastatic Colorectal Cancer	Pertuzumab with cetuximab	disease progression after 6 weeks of Oxaliast Avastin dose should be greater than 4 weeks. EF >50%. Excluded with prior therapy of agents against EGFRand/ or HER2. No more than one regimen for metastatic disease.
Exercise Trial	N/A	OPEN	OPEN	Sig II & III Colorectal Cancer	Eval of Adherence to Recommended Activity Regimen	WHO performance of 2 or better, no evidence of recurrent disease
GYN						
NCI 6317	II	OPEN	N/A	Previously treated Ovarian CA	Oxaliplatin + Continuous Infusion Topotecan	hist or cyto proven ovarian, fallopian tube, peritoneal CA, measurable or evaluable disease, previously treated w/ Itaxane or platinum
Morphotek	II	OPEN	OPEN	Platinum-Resistant or Refractory Relapsed Ovarian CA	MORAB-003 (farletuzumab) in Combination with Paclitaxel	non-mucinous EOC measurable by CT or MRI relapsed within 6 months of 1st or 2nd-line platinum-containing chemotherapy, included a taxane.
HEAD & NECK						
H&N Guided Imagery	N/A	OPEN	N/A	H&N cancer	Guided vs Non-Guided Imagery in Pts w/ RT; Chemo	history of concomitant chemo/RT, receiving active RT, must not be cognitive impaired
RTOG 0514/Tissue Bank	N/A	OPEN	N/A	H&N cancer	Biopsy or Surgical Resection of H&N cancer	Suspected or confirmed H&N cancer; recurrent at the primary site; PS 0-1
Amifostine Unilateral	III	OPEN	N/A	Squamous Cell Carcinoma	Unilateral RT +/- subq Amifostine	sq. cell of oral cavity or oropharynx; prim. lesion >1 cm from midline; no contralateral met
PARTNER	II	OPEN	N/A	Stage IV	Chemo w/ or w/out panitumumab	SCCHN,met or recur dz,PS 0-1,NO CNS met, NO interstitial lung disease
University of Stanford	II	OPEN	N/A	Stage III-IV	lapatinib and radiation therapy	no prior radiation, newly diagnosed stage III-IV HNSCC, no evidence of distant metastasis
ActoGenix	Ib	OPEN	N/A	H&N Cancer	AG013 in pts with induction chemo for SCC of H&N	Atleast 2 cycles of induction Chemo, SCC of H & N, Oral mucositis exclusion.
Swallowing study	N/A	OPEN	N/A	H&N cancer	Functional assessment in Pt getting chemoradiation	Pt getting chemoradiation for functional assessment of swallowing
IMC-A12	II	OPEN	N/A	Recurrent or Metastatic SCC	IMC-A12 with or without Cetuximab	Disease progression during treatment with or within 90 days after last Platinum based chemotherapy.
Caphsol	N/A	OPEN	N/A	Newly diagnosed SCC of H & N	Caphsol Rinse	newly-dx, no prior chemo/ RT,
SciClone/Mucositis	II	OPEN	N/A	H&N cancer	SCV-07 to delay the onset of Oral Mucositis	eligible for concomitant chemo/RT, wt <150KG
LUNG						
ECOG 5597	III	OPEN	OPEN	Stage I	Selenium +/-	resection of NSCLC T1N0 or T2N0 6-36 months
ImClone CP-02-0452	III	OPEN	OPEN	Recurrent or progressive NSCLC	docetaxel or pemetrexed +/- cetuximab	2nd line after failure of a single platinum-based regimen, KPS>=60
SWOG 0424	N/A	OPEN	OPEN	NSCLC	Molecular Epidemiology	newly-dx, Stage I, II, IIB (T4 or N3, excluding pts w/malignant pleural effusion); no prior chemo/ RT
RTOG 0813		OPEN	OPEN	Small Cell Lung Cancer (NSCLC) in Medically Inoperable Patients	Stereotactic Lung Radiotherapy (SBRT)	Pathologically (histologically or cytologically) proven diagnosis of non-small cell lung cancer (NSCLC), Stage T1-2, N0, M0 (AJCC Staging, 6th Ed.), tumor size ≤ 5 cm, prior to registration
Evans 171	N/A	OPEN	OPEN	NSCLC Stage I	Interstitital Brachytherapy.	Stage I Non-Small Cell Lung Cancer
Evans 169	I	OPEN	OPEN	NSCLC Stage IIA	Correlation Of Pathology And FLT-1/PET Post Induction Therapy	Potentially Resectable Stage IIA Non-Small Cell Lung Cancer
LYMPHOMA						
SG040-0005	II	OPEN	OPEN	Diffuse Large B-Cell Lymphoma	Random Placebo-controlled of R-ICE +/- SGN-40 (anti-CD40 humanized monoclonal antibody) for Second-line Treatment	at least four cycles of first-line therapy with R-CHOP or equivalent first-line therapy including rituximab, cyclophosphamide, anthracycline or anthracenedione, and steroid with or without additional chemotherapy agent(s).
PANCREATIC						
RT-FIP	I-II	OPEN	OPEN	Pancreas	CPT-11/FULV/Gem/Cis/RT	potentially resect/locally advanced
GlobelImmune	II	OPEN	N/A	Resectable Panc Ca w/ Ras mutation	GI-4000 or placebo, + gemcitabine	Resectable pancreas cancer w/ confirmation of ras mutations & negative scratch test to S. Cerevisiae
Aflibercept (EFC 10547)		OPEN	OPEN	Metastatic Pancreatic Cancer	Aflibercept or Placebo, + Gemcitabine	Metastatic adenocarcinoma of exocrine pancreas, with no prior chemotherapy for pancreatic disease.
GenVec	II-III	OPEN	N/A	Unresectable pancreas	TNFradele injection + 5-FU + Radiation	unresectable locally advanced; Karnofsky > or = 70; life expectancy > 3 mos; measurable disease; >= 18 years old
PROSTATE						
Viagra	Prosp	OPEN	OPEN	Localized Prostate Cancer	Prophylactic and On Demand Viagra during RT	RT-external beam or brachytherapy; domain score of ≤17
Ennis FM vs. US IG	N/A	N/A	N/A	prostate cancer	3-D Ultrasound IG Localization for EBRT	Any patient with EBRT, no anti-coagulation
SWOG 0421	III	OPEN	OPEN	Hormone Refractory Prostate	Docetaxel & Atrasentan vs. Docetaxel & placebo	histologic prostate adenocarcinoma , any stage T/N/M1b, bone mets, refractory, castrated
Ennis - USA	I/II	N/A	OPEN	Prostate	brachytherapy; Eval. ultrasound tissue-typing	stage < T2b,Gleason ≤ 6; PSA ≤ 10 ng/ml. No prior hormone therapy, radiotherapy
RTOG 0534	III	N/A	OPEN	Prostate	Short Androgen Depr + RT Pelvic Lymph Node or Prostate Bed only.	T3N0/Nx; Any type of radical prostatectomy; Gleason score of 8 or less; PS 0-1; No distant metastases; PSA Doubling Time of > 6 months prior to registration
Bayer/Sorafenib	I/II	OPEN	OPEN	High-Risk Localized Prostate Cancer	combined androgen blockade+RT+Sorafenib	interned T2b/c tumors Gleason 7 or PSA 10-20 or high risk T3-4, Gleason 8 or higher or PSA greater than 20.
Ennis-SSA	N/A	N/A	Open	Prostate	Brachytherapy; Eval. ultrasound images	Any patient undergoing prostate brachytherapy is eligible
IMC-A12	II	Open	Open	Prostate	IMC-A12 or IMC-1121B Plus Mitoxantrone and Prednison	refractory to hormone therapy;Progressive measurable disease;Increasing PSA ≥ 2 ng/mL; Ps 0-2; a life expectancy > 3 months
RENAL/Urothelium						
ECOG 2805	III	OPEN	OPEN	Renal Cell Carcinoma	adjuvant Sunitinib or Sorafenib or Placebo	pT1bNany (resectable) M0; no prior therapy; 18 years old; ECOG PS 0-1
Fox Chase	II	OPEN	OPEN	Advanced Urothelial Cancer	Cetuximab +/- weekly Paclitaxel	any histology carcinoma bladder, renal pelvis, ureter, one prior regimen PS 0-2
OTHERS						
BIFI 1200.26	N/A	OPEN	OPEN	Upper GI, TCC blad., All Gyn	BIBW 2992.	tumors harboring EGFR and/or HER2 gene amplification
HEMATOLOGY						
ITP	II	OPEN	OPEN	Immune Thrombocytopenic Purpura	Anti-D antibody + Danazol	ITP Rb-positive; Karnofsky > 60; Platelet less 30,000; No IgA deficiency; No porphyria
ITP	II	OPEN	OPEN	Thrombotic Thrombocytopenic	plasma exchange and corticosteroids + danazol	ITP with PLT less than 100,000 and microangiopathic hemolytic anemia
SWOG 0777	III		OPEN	Previously Untreated Multiple Myeloma	CC-5013 (Lenalidomide, NSC-703813) and Low Dose Dexamethasone (L.D) Versus Bortezomib (PS-341, NSC-681239)	Newly diagnosed multiple myeloma, all three required: a) monoclonal plasma cells in bone marrow ≥ 10% and/or presence of a biopsy-proven plasmacytoma; b) monoclonal protein present in the serum and/or urine; c) myeloma-related organ dysfunction (1 or more)