RESECTABLE & BORDERLINE RESECTABLE

Clinical Trial Name: Adaptive Modification of Neoadjuvant Therapy Based on Clinical Response in Patients with Localized Pancreatic Cancer (PANC Trial)

Study Design: This is a single arm, Phase II clinical trial utilizing neoadjuvant therapy and surgery for patients with resectable and borderline resectable pancreatic adenocarcinoma which utilizes a total neoadjuvant therapy approach with adaptive modification of the chemotherapy regimen based on radiographic response (CT scan), biochemical response (CA19-9 decline), and performance status (as measured by a short physical performance battery).

NCT#: NCT03322995

Study PI: Dr. Kathleen Christians

Clinical Research Coordinator: Megan Graham

Phone: 414-805-8921

Key Inclusion

- ECOG performance status of < 2
- Histologically confirmed adenocarcinoma of the pancreas
- Clinical stage resectable or borderline resectable pancreatic adenocarcinoma
- Must be CA19-9 producer (pretreatment CA19-9 > 35 U/mL when total bilirubin ≤ 2 mg/dL)

Key Exclusion:

- Received chemotherapy and/or radiation within 3 years prior to study enrollment
- 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

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#: NCT04683315

Study PI: Dr. Kathleen Christians

Key Inclusion

Eligibility for screening consent:

- Suspicion of PDAC and plan for endoscopic biopsy or enough archival tissue to be requested from previous screening endoscopic biopsy. Agrees to additional EUS biopsy at the first restaging and tissue collection from surgical specimen
- CA19-9 level >35 mg/dL regardless of total bilirubin level

Eligibility for Treatment consent:

Research Coordinator: Megan Graham **Phone:** 414-805-8921	• ECOG performance status < 2 • Histologically confirmed adenocarcinoma. Biopsy must have been completed prior to start of treatment • Clinical stage consistent with resectable or borderline resectable adenocarcinoma of the pancreas, based on CT or MRI findings • Adequate organ and bone marrow function, as defined by: total leukocytes >3 x103/µL; ANC >1.5x 103/µL; HgB >9 g/dL; platelets >100 x 10e3/µL; creatinine clearance >60 mL/min or creatinine <1.5 mg/dL; bilirubin ≤ 2 mg/dL; AST/SGOT & ALT/SGPT <3 x ULN • CA19-9 producer, as defined by a pretreatment CA 19-9 > 35 U/mL, when total bilirubin ≤2 mg/dL. ***Key Exclusion:*** • Received chemotherapy and/or radiation within three years prior to study enrollment • 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)

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)

Study Design: 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#: NCT03704662 **Study PI:** Dr. William Hall **Research Coordinator:** Kathryn Hallada **Phone:** 414-805-0124	***Key Inclusion*** • Confirmed, resectable/borderline resectable, locally advanced Type A pancreatic adenocarcinoma • Patients with and without regional adenopathy are eligible • No evidence of distant metastatic disease • ≥ 1 cycle of systemic chemotherapy without evidence of distant progression ***Key Exclusion***: • Distant metastatic disease • Prior invasive malignancy within the last 3 years • Prior radiotherapy to the region of the study cancer that would result in overlap of radiation therapy fields • Major surgery within 28 days prior to study entry

Clinical Trial Name: Neoadjuvant Therapy Targeting the Adenosine Immunosuppressive Pathway in Combination with Immune Checkpoint Blockade and Radiation Therapy in patients with PDAC (COLUMBIA-AAAU4206-AIRPANC)

Study Design: A Phase 2, Open-Label, Multicenter, Randomized Study Evaluating Neoadjuvant Therapy Targeting the Adenosine Immunosuppressive Pathway in Combination with Immune Checkpoint Blockade and Radiation Therapy in Patients with Advanced PANCreatic Ductal Adenocarcinoma Who Are Candidates for Surgical Resection

NCT#: NCT06048484 **Study PI:** Dr. Ben George **Research Coordinator:** Grace Westerman **Phone:** 414-805-8986	***Key Inclusion:*** • Histological or pathological confirmation of pancreatic adenocarcinoma Cytologic or histologic proof of pancreatic ductal adenocarcinoma (PDAC) needs to be verified by the treating institution pathologist. A pathological report from non-treating institutions is sufficient to consent and to initiate investigational therapy if tissue sample is unavailable for evaluation at time of consent or enrollment. However, in such a case, PDAC diagnosis should be confirmed by the treating institution pathologist at a later time. • Completed 8 cycles of neoadjuvant modified FOLFIRINOX. Omission of oxaliplatin due to adverse events may be allowed in cycles 5-8 with consultation with the principal investigator. • Patients with surgically resectable PDAC who are considered appropriate to undergo the applicable operation. MCW's criteria of borderline resectable meets this inclusion criteria. • Eligible to undergo SBRT. • Measurable disease as per Response Evaluation Criteria in Solid Tumors (RECIST) 1.1. • No prior surgical, systemic, or radiotherapy for PDAC except for mFOLFIRINOX. • ECOG: 0 or 1. ***Key Exclusion***: • Prior treatment with T-cell co-stimulating or immune checkpoint blockade therapies, including but not limited to anti-CTLA-4, anti-PD-1, and anti-PD-L1 therapeutic antibodies. • Uncontrolled pleural effusion, pericardial effusion, or ascites. • Uncontrolled hypercalcemia (ionized calcium > 1.5 mmol/L, calcium > 12 mg/dL, or corrected serum calcium > ULN) or symptomatic hypercalcemia requiring continued use of bisphosphonate therapy. • Active or history of autoimmune disease or immune deficiency, including, but not limited to, myasthenia gravis, myositis, autoimmune hepatitis, systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease (Crohn's disease or ulcerative colitis), antiphospholipid antibody syndrome, Wegener granulomatosis, Sjögren's syndrome, Guillain-Barré syndrome, or multiple sclerosis (some exceptions permissible as outlined per protocol). • History of idiopathic pulmonary fibrosis, interstitial lung disease, organizing pneumonia (e.g., bronchiolitis obliterans), drug-induced pneumonitis, or idiopathic pneumonitis, or evidence of active pneumonitis on screening chest CT scan. • History of radiation pneumonitis in the radiation field (fibrosis) is permitted. • Positive HIV test at screening or at any time prior to screening. • Active hepatitis B virus (HBV) infection (chronic or acute), defined as having a positive hepatitis B surface antigen (HBsAg) test at screening. • Active hepatitis C virus (HCV) infection, defined as having a positive HCV antibody test followed by a positive HCV RNA test at screening. The HCV RNA test will be performed only for patients who have a positive HCV antibody test. • History of allergy or hypersensitivity to oxaliplatin, irinotecan, leucovorin, fluorouracil, pegfilgrastim, or any excipients. • History of Gilbert's disease or known genotype UGT1A1 *28/*28.

Clinical Trial Name: Molecular Profile-related Individualized Targeted Therapy in Resected Pancreatic Cancer with High-Risk of Cancer Recurrence (PROTECT-PANC)

Study Design: This is a prospective, open-label therapeutic interventional investigation designed to interrogate the efficacy and safety of individualized matched therapies in patients with pancreatic cancer at high risk of disease recurrence post-surgery.

NCT#: NCT06228599

Study PI: Dr. Mandana Kamgar

Clinical Research Coordinator:
Dawn Carini

Phone: 414-805-0789

Key Inclusion:

- Pathologically confirmed pancreatic cancer (excluding neuroendocrine histology).
- Pancreatic tumor is surgically removed and
  - Patient has received multimodal therapy (neoadjuvant, sandwich or adjuvant chemotherapy ± radiation) or
  - Patient is ineligible for or refuses multimodal therapy
- Patient has one of the following:
  - Post-surgical cancer antigen (CA) 19-9 elevation (> 35 U/mL at least 6 weeks post-surgical resection) in the setting of bilirubin < 2 mg/dL (unless bilirubin elevation is consistent with Gilbert's syndrome) OR
  - High-risk pathological features, defined as positive surgical margin or lymph node involvement in cancer.
- Patient has no definitive measurable disease recurrence or metastatic disease at the time of first post-surgical imaging (in those with high-risk pathological features) or within four weeks of elevated CA 19-9 value as evidenced by appropriate imaging
- Laboratory values:
  - Absolute neutrophil count (ANC) ≥ 1.0 × 109/L
  - Platelet count ≥ 75,000/mm^3 (125 × 109/L)
  - Hemoglobin (Hgb) ≥ 8 g/dL
  - aspartate aminotransferase (AST) serum glutamic-oxaloacetic transaminase (SGOT), alanine transaminase (ALT) serum glutamate-pyruvate transaminase (SGPT) ≤ 5 × upper limit of normal range (ULN)
- ECOG Performance Status < 3
- At the time of treatment, patient should be off other anti-tumor agents for at least five half-lives of the agent or three weeks from the last day of treatment, whichever is shorter
- Patient must be presented at the Molecular Tumor Board (MTB) and agree to receive the MTB-recommended therapy

Key Exclusion:

- CA 19-9 non-producers, unless high-risk pathological features present.
- Receiving concomitant investigational agent(s) for pancreatic ductal adenocarcinoma (PDAC)
- Radiographic evidence of metastatic disease
- Inability to ingest study drugs by mouth
- Diarrheal bowel movements > 6 per day postoperatively on maximal medical therapy
- Patient has active, untreated, or uncontrolled bacterial, viral, or fungal infection(s) requiring systemic intravenous therapy
- Patient has undergone or planned major surgery other than diagnostic surgery (i.e., surgery done to obtain a biopsy for diagnosis without removal of an organ) within four weeks prior to Day 1 of study therapy
- Uncontrolled concurrent illness, including, but not limited to, unstable angina pectoris, uncontrolled and clinically significant cardiac arrhythmia, or psychiatric illness/social situations that would limit compliance with study requirements

Clinical Trial Name: Study of ELI-002 7P in Subjects With KRAS/NRAS Mutated Solid Tumors (ELICIO-ELI-002-201)	
Study Design: This is a phase 1/2 study to assess the safety and efficacy of ELI-002 7P immunotherapy (a lipid-conjugated immune-stimulatory oligonucleotide [Amph-CpG-7909] plus a mixture of lipid-conjugated peptide-based antigens [Amph-Peptides 7P]) as adjuvant treatment in subjects with solid tumors with mutated KRAS/NRAS.	
NCT#: NCT05726864 **Study PI:** Dr. Ben George **Clinical Research Coordinator:** Colleen Cotter **Phone:** 414-805-8839	***Key Inclusion:*** • KRAS/NRAS mutated (G12D, G12R, G12V, G12A, G12C, G12S, G13D) solid tumor • Phase 1 only: positive for circulating tumor DNA and/or elevated serum tumor biomarkers (such as CA19-9 and CEA) despite prior standard therapy including surgery and chemotherapy/radiation therapy where applicable • Screening CT is negative for recurrent disease • ECOG= 0 or 1 ***Key Exclusion:*** • Presence of tumor mutations where specific therapy is approved • Known brain metastases • Use of immunosuppressive drugs