

THORAX

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AGADIR	II	Atezolizumab + BDB001 + radiothérapie	3	NSCLC	Refractory anti PD-1/L1	
CFT1946-1101	I/II	CFT1946	Phase 1 (escalade de dose)	NSCLC	BRAFi, platinum-based therapy (if eligible), and an immunotherapy regimen including ICI (in any sequence or in combination)	If the immunotherapy regimen (or the immunoncology combination) was given in the neoadjuvant or adjuvant setting, subjects are eligible if they progressed either on treatment or within the 6 months following completion.
DS8201-A-U106	Ib	Trastuzumab + Deruxtecan IV + Pembrolizumab iV	3	NSCLC	HER2-expression (IHC 1+, 2+, or 3+)	Patients must not have received prior treatment with anti-PDL-1, anti-PD-1, or anti-HER2
IMC-F106	I	IMC-F106C (IV)	Part 1 Arm A-1	NSCLC	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
Regomune	II	Regorafenib + Avelumab	P	Malignant pleural mesothelioma		At least one line and max 1 line of PD(L)1/CTLA-4 mAb (received at least 4 month), anti PDL1 not mandatory



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R7075-ONC-2009	I/II	REGN7075 + Cemiplimab+chimiotherapie	C	NSCLC	Advanced or metastatic NSCLC do not have previously documented targetable molecular alterations (eg, ALK, ROS1, EGFR, Met Ex14, etc)	anti-PD-1/PD-L1 naïve no prior systemic treatment for recurrent or metastatic NSCLC (adjuvant or neoadjuvant systemic treatments will not be counted as a prior line)
		REGN7075 + Cemiplimab+chimiotherapie	G	EGFR-mutant NSCLC post third generation TKI	NSCLC that harbors EGFR Exon 19 deletion - NSCLC that harbors EGFR L858R mutation - NSCLC with activating EGFR exon20 insertion- NSCLC with exon 18/21 atypical mutations, Stable CNS disease allowed, Small cell transformation is excluded	anti-PD-1/PD-L1 naïve Chemotherapy naïve Have received treatment with a third generation TKI : For patients whose tumors harbor previously documented EGFR Exon19 deletion or L858R mutation, prior osimertinib or other third generation TKI treatment is required
		REGN7075 + Cemiplimab	H	EGFR-mutant NSCLC post TKI	locally advanced or metastatic non-squamous NSCLC, NSCLC that harbors EGFR Exon 19 deletion - NSCLC that harbors EGFR L858R mutation - NSCLC with activating EGFR exon20 insertion- NSCLC with exon 18/21 atypical mutations	anti-PD-1/PD-L1 naïve Have received treatment with a third generation TKI : For patients whose tumors harbor previously documented EGFR Exon19 deletion or L858R mutation, prior osimertinib or other third generation TKI treatment is required Have received treatment with platinum-doublet chemotherapy
TNG908-C101	II	TNG908	1	Locally advanced or metastatic MTAP-deleted NSCLC squamous or non squamous		Received at least 1 standard-of-care targeted therapy(ies) for the known alteration
			2	Locally advanced or metastatic MTAP-deleted mesothelia		



Senology

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
INCB123667-101	I	INCB123667	Part 1b Group 4	TNBC		2 prior lines of chemotherapy max
REGOMUNE	II	Regorafenib + Avelumab	L	TNBC		At least one line and max 1 line of PD(L)1 mAb (received at least 4 month) anti PDL1 mandatory
RLY 2608-101	I	RLY-2608 + Fulvestrant	2	group 1a : Advanced/metastatic breast cancer PIK3CAmut	PIK3CAmut, HR+, HER2-RP2D1 (600mg BID) Expansion	with NO prior PI3K alpha inhibitor RP2D1 (dose recommended 1)
		RLY-2608 + Ribociclib 400mg + Fulvestrant	1	Advanced/metastatic breast cancer	PIK3CAmut HR+ HER2-Dose escalation	with NO prior PIK3CA α inhibitor
		RLY-2608 + Ribociclib 600mg + Fulvestrant	1	Advanced/metastatic breast cancer	PIK3CAmut HR+ HER2-Dose escalation	with NO prior PIK3CA α inhibitor
STX-487-101	I/II	STX-478	Part 1,2A1	Breast cancer	PI3KαH1047X mutation or other kinase domain mutations, HR+/HER2-	Must have received for stage III or IV disease : at least 1 CDK4/6 inhibitor regimen at least 1 anti-estrogen therapy and no more 2 prior systemic chemotherapy No prior treatment with PI3K/AKT/mTOR inhibitor
		STX-478 + Fulvestrant	Part 2 cohorte B	Breast cancer	PI3Kα H1047X mutations or other kinase domain mutations	No prior treatment with PI3K/AKT/mTOR inhibitor Have received CDK4/6 inhibitor, unless the participant is deemed by the investigator intolerant to these agents Antiestrogen therapy (see inclusion criterion 13)



Thyroid

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CFT1946-1101	I/II	CFT1946 + Tramétinib	Arm B (CFT1946 + trametinib)	ATC	SoC therapy options per their physician's best judgment	All subjects must have received ≥1 prior line of SoC therapy for their unresectable locally advanced or metastatic disease,

DERMATOLOGY

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CFT1946-1101	I/II	CFT1946	Phase 1 (dose escalation)	Melanoma	BRAFi and an immunotherapy regimen including ICI (in any sequence or in combination). <i>NOTE : experimental small molecule checkpoint/BRAF inhibitors given in the context of a clinical trial are acceptable.</i>	All subjects must have received ≥1 prior line of SoC therapy for their unresectable locally advanced or metastatic disease, with disease progression on or after last prior treatment.
EVICTON-ICT-01-101	I/IIa	ICT01 + Pembrolizumab	G	Melanoma CPI-refractory	Circulating γ962 T cell count ≥ 20000 cells/mL Pembro Combo	At least one line
KN-8702	Ib	KIN-2787 + BINIMETINIB	A2	Melanoma	NRAS mut	received prior locally approved standard of care appropriate for their tumor type and stage of disease
R7075-ONC-2009	I/II	REGN7075 + Cemiplimab	B	Cutaneous squamous cell carcinoma	Metastatic CSCC or locally advanced CSCC	Anti-PD-1/PD-L1 naive

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UROLOGY

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AGADIR	II	Atezolizumab + BDB001 + radiothérapie	5	UBC	Refractory anti PD-1/L1	
REGOMUNE	II	Regorafenib + Avelumab	J	Urothélial		At least one line and max 1 line of PD(L)1 mAb (received at least 4 month), anti PDL1 not mandatory
			O	Non clear-cell renal carcinoma		

GYNECOLOGY

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CPI-0209	II	CPI0209	M2	Ovarian clear cell carcinoma	ARIDA1 mutated	Previous treatment with EZH2 inhibitor forbidden
			M3	Endometrial carcinoma	ARIDA1 mutated	Previous treatment with EZH2 inhibitor forbidden
INCB123667-101	I	INCB123667	Part 1b grp 1	Ovarian/fallopian/primary peritoneal cancer	CCNE1 amplification	With advanced platinum-based chemotherapy-refractory or resistant + max 4 lines of systemic therapy for advanced or metastatic disease
			Part 1b grp 2	endometrial/uterine cancer	CCNE1 amplification	3 prior lines of systemic therapy max
IMC-F106C	I	IMC-F106C (IV)	Part 1, Arm A1	High Grade Serous Ovarian Carcinoma	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
STX-487-101	I/II	STX-478	Part 1,2A2	Endometrial cancer, ovarian cancer and cervical cancer	PI3Kα H1047X mutations or other kinase domain mutations	No prior treatment with PI3K/AKT/mTOR inhibitor



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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CFT1946-1101	I/II	CFT1946	Arm A (CFT1946 monotherapy)	CRC	Systemic chemotherapy based regimen per SoC for unresectable locally advanced or metastatic disease, and a BRAFi in combination with an EGFR mAb. <i>NOTE : Both MSS and MSI-H CRC are eligible for inclusion in this study, although required prior therapy differs (MSI-H requires prior immunotherapy)</i>	Subjects with microsatellite instability-high (MSI-H) or mismatch repair-deficient (dMMR) CRC must have received immunotherapy. Subjects with microsatellite stable (MSS) CRC are eligible, provided they have received at least 2 prior treatments.
INCB123667-101	I	INCB123667	Part1b group 3	Gastric, GEJ and esophageal adenocarcinomas	CCNE1 amplification	3 prior lines of systemic therapy max
MK-345-158	II	Pembrolizumab	K	Gastric Small intestine Biliary	MSI-high	At least one line
REGOMUNE	II	Regorafenib + Avelumab	A'	Colorectal	Not MSI-high or MMR deficient (macrophage infiltrate)	At least one line



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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
R7075-ONC-2009	I/II	REGN7075 + Cemiplimab	F	Microsatellite stable colorectal cancer (MSS-CRC)	with metastatic CRC who have previously documented MSS No active metastases have been identified in the liver or peritoneum at the time of screening, Only sites of disease are present in lung(s) and/ lung or lymph nodes	anti-PD-1/PD-L1 naïve Have received at least one line of therapy in the relapsed/metastatic setting. Patients with previously documented RAS wild type disease must have received anti-EGFR therapy Patients must have received anti-VEGF therapy or have a documented reason why anti-VEGF therapy was not appropriate
TNG908-C101	II	TNG908	4	Locally advanced or metastatic MTAP-deleted pancreatic ductal adenocarcinoma or adenosquamous carcinoma with predominantly adenocarcinoma histology	Documented bi-allelic (homozygous) deletion of MTAP in a tumor detected by a validated NGS test, or absence of MTAP protein in a tumor detected by a validated IHC test.	



SARCOMAS

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
Multisarc	II	Olaparib-Durvalumab		STS	Unresectable, targetable alteration	At least one line for metastatic disease or locally advanced disease

NEUROLOGY

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
MegaMOST	II	Alectinib BID	C	Neuroblastoma	Activating ALK alterations : translocation, mutation	At least one line for metastatic disease, no previous ALK inhibitor (except crizotinib)
TNG908-C101	II	TNG908	6	MTAP-deleted R/R Glioblastoma		



Solid tumors

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CFT1946-1101	I/II	CFT1946 + Tramétinib	Arm B	Other [non-CNS] Solid tumors	including BRAFi if available and of benefit to the subject	With disease progression on or after last prior treatment
CO42800	I	Inavolisib + taxol	2	HNSCC	PI3KCA TUMOR TISSUE OR LIQUID BIOPSY	Must have received standard therapy
				Ovarian	PI3KCA TUMOR TISSUE OR LIQUID BIOPSY	Must have received standard therapy
EZH-1201	I	Tazemetostat	1	Solid Tumors	Moderate hepatic impairment (NCI-ODWG)	At least one line, no prior anti-EZH2
			2	Solid Tumors	Severe hepatic impairment (NCI-ODWG)	At least one line, no prior anti-EZH2
F8394-201	I/II	FORE8394 (900mg) + Cobicistat (150mg)	Subproto A	solid tumors with or without CNS metastases or recurrent/progressive primary CNS tumors	Fusion of BRAF in tumor tissue or liquid biopsy	At least on standard line
IDE397-001	I	IDE397 monotherapy	Part2/expansion	Lung (squamous and adenocarcinoma) and urothelial cancers (bladder and upper urinary tract)	Homozygous loss of MTAP or MTAP deletion	At least 1 line and no more 3 prior lines (no more 2 prior lines of cytotoxic chemotherapy)
IMMUNE 132-15	I	Sacituzimab Govitecan		Advanced or metastatic solid tumors and moderate liver impairment	Histologically confirmed advanced or metastatic solid tumor . Creatinine clearance ≥ 30 mL/min, $1.5 \times$ ULN < Total Bilirubin < $3 \times$ ULN	Histologically confirmed advanced or metastatic solid tumor for which no standard therapy is available (TNBC must have received 2 or more prior systemic therapies, including at least 1 for advanced disease)



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KN-8701	Ib	KIN-2787 + Binimetinib	A2	Solid tumor	BRAF class II	received prior locally approved standard of care appropriate for their tumor type and stage of disease
M21-404	I	ABBV400	5	Solid tumour MET amplified		At least 1 line or no alternative
MegaMOST	II	Cabozantinib QD	B	Solid Tumors	AXL, MET, VEGFR, VEGF, RET, ROS1, MER, TRKB, TIE-2 and/or Tyro3 activating mutations/amplification, and/or NTRK translocation TUMOR TISSUE OR LIQUID BIOPSY	At least one line for metastatic disease
		Alectinib BID	C	Solid Tumors	Activating ALK alterations : translocation, mutation	At least one line for metastatic disease, no previous ALK inhibitor (except crizotinib)
		Regorafenib 3 weeks on / 1 week off	D	Solid Tumors	Activating mutation and/or amplification of VEGFR1-3, TIE-2, KIT, RET, RAF1, BRAF (other than V600 mutations), CRAF, HRAS, KRAS, PDGFR, FGFR1-2, FLT3 and/or CSFR1 ; amplification of the ligands ; biallelic inactivation of SMAD4 TUMOR TISSUE OR LIQUID BIOPSY	At least one line for metastatic disease
		Trametinib QD + Dabrafenib BID	F	Solid Tumors	BRAF V600 mutation, tumor tissue or liquid biopsy Except melanoma, lung and CRC	At least one line for metastatic disease
MK-7339-002	II	Olaparib	3	Solid tumors	HRD positif Except ovarian and sarcoma	At least one line and max 2 lines, platine-sensitive if applicable



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MOST PLUS	II	Nilotinib		PVNS	ABL1, KIT, PDGFRA, PDGFRB, DDR1, DDR2, CSF1R mutations	At least one line
		Olaparib		Solid tumors	HDR pathway mutations	At least one line
		Durvalumab + Tremelimumab		Solid tumors	Immunogenic, MSI high Except lung, head, neck and CNS cancer	At least one line and max 2 lines
PMV586-101	I/II	Olaparib	3	Solid tumors	HRD positif except ovarian and sarcoma	At least one line and max 2 lines, platine-sensitive if applicable
PRT3789-01	Ia	PRT3789	Dose escalation	Solid tumors	SMARCA4	Participants with NSCLC with driver mutations in oncogenes (e.g., EGFR, MET, RET, ALK, BRAF, KRAS, ROS1, etc.) are eligible after progression on approved targeted therapies
REGOMUNE	II	Regorafenib + Avelumab	M	Solid tumors	TMB-H (>16 mut/mgb on tissue or blood sample)	At least one line and max 1 line of PD(L)1 mAb (received at least 4 month) anti PDL1 not mandatory
			N	Solid tumors	MSI-H	At least one line, anti PDL1 not mandatory
STX-487-101	I/II	STX-478	Part 1,2A4	Other solid tumors	PI3Kα H1047X mutations or other kinase domain mutations other than the tumor types permitted in Cohorts A1, A2, and A3Disease	No prior treatment with PI3K/AKT/mTOR inhibitor
TAPISTRY	II	ALECTINIB	C	Solid tumors	ALK fusion-positive (except NSCLC) TUMOR TISSUE OR LIQUID (VALIDATION NEEDED)	

