THORAX

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AMGEN 20220028	I	AMG 355 (Anti CCR8 monoclonal Ab)	A1 dose escalation	NSCLC		No limit for prior treatment
BI-1479-0009	II	BI 1810631	5	NSCLC	Her2 overexpressed/amplified	
BT8009	II	zelenectide pevedotin (BT8009) monotherapy	B9	NSCLC	negative for oncogenic driver mutations	at least 1 line of platinum-based chemotherapy and ≤ 1 prior taxane containing regimen in the metastatic setting and ≥ 3 months from most recent taxane
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
EP0031-101	I/II	EP0031-101	1A	NSCLC	RET fusion-positive NSCLC (prior SRI), monotherapy	Prior selective RET inhibitor and chemotherapy
			1C		RET fusion-positive NSCLC (prior SRI), chemotherapy combinaison	Prior Selective RET inhibitor
			2B		RET fusion-positive NSCLC, chemotherapy combinbaison	treatment naive
IMC-F106	I	IMC-F106C (IV)	22, 23, 40, 41	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.
		IMC-F106C + Docetaxel	36	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.
		IMC-F106C + Osimertinib	39	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.

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
RMC LUNG-101a	I	RMC-6291 + Pembrolizumab	Part2 cohort1	NSCLC	KRAS G12C and TPS >= 50%	No prior line
RMC LUNG-101b	I	RMC-6236 + Pembrolizumab	Part2 cohort1	NSCLC	RAS mut and TPS >= 50%	No prior line
RMC-6291	I	RMC6291 + RMC6236	Dose escalation	NSCLC	KRAS G12C	previously treated with a KRASG12C (OFF) inhibitor
					KRAS G12C	naïve to KRASG12C (OFF) inhibitors
			expansion	NSCLC	KRAS G12C	previously treated with a KRASG12C (OFF) inhibitor
					KRAS G12C	naïve to KRASG12C (OFF) inhibitors
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 EFGR Exon19 deletion or L858R mutation, prior osimertinib or other third generation TKI treatment is required

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
BI-1479-0009	II	BI1810631	8	Breast cancer	Her2 mut	
BT8009	II	zelenectide pevedotin (BT8009) monotherapy	B8	BC: RH+ HER2 neg and TNBC		<=3 lignes M+ (1)at least 1 line of chemotherapy in the metastatic setting and must have received sacituzumab govitecan OR trastuzumab deruxtecan per local standards 2) ≤ 1 prior taxane containing regimen in the metastatic setting and ≥ 3 months from most recent taxane
INCB123667-101	I	INCB123667	Part 1b Group 4	TNBC		2 prior lines of chemotherapy max
STX-478-101	I/II	STX-478	Part 1,1 A1	Breast cancer	PI3KαH1047X mutation or other kinase domain mutations, HR+/HER2-	Must have received for stage III or IV disease : ≥1 CDK4/6 inhibitor regimen ≥1 antiestrogen therapy including, but not limited to, SERDs (eg, fulvestrant), SERMs (eg, tamoxifen), and AIs (eg, letrozole, anastrozole, and exemestane) ≤2 prior systemic chemotherapy regimen No prior treatment with PI3K/AKT/mTOR inhibitor
		STX-478 + Fulvestrant	Part 2,1 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) ≤ 1 prior line of chemotherapy

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
STX-478-101	I/II	STX-478 + Fulvestrant + Ribociclib	C0	Breast cancer HR+/HER2– or HR+/HER2low measurable disease per RECIST 1.1	PI3Kα H1047X mutations, or other kinase and/or helical domain mutations	At least 1 but no more than 2 prior lines of therapy: • CDK4/6 inhibitor, unless the participant is deemed by the investigator intolerant to or ineligible for these agents • Antiestrogen therapy (see inclusion criterion 13) for additional details) • ≤1 prior line of chemotherapy Or, participants can be treatment-naïve in the metastatic breast cancer setting
		STX-478 + Fulvestrant + Palbociclib	Part 3,1 cohorte D0	Breast cancer HR+/HER2- or HR+/HER2 low, measurable disease per RECIST 1,1	PI3Kα H1047X mutations or other kinase domain mutations	At least 1 but no more than 2 prior lines oftherapy, including the following: Must have progressed on a CDK4/6 inhibitor or deemed by the investigator tobe intolerant to or not eligible for such therapy. Must have progressed on, is intolerant to, or deemed ineligible for anantiestrogen therapy including, but not limited to SERDs, SERMs (e.g.,tamoxifen), and AIs (e.g., letrozole, anastrozole, exemestane) ≤1 Prior line of chemotherapy OR No prior systemic treatment for metastatic breast cancer except for neoadjuvant oradjuvant therapy

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DERMATOLOGY

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AMGEN 20220028	I	AMG 355 (anti CCR8 monoclonal Ab)	A1 dose escalation	Melanoma		
R7075-ONC-2009	I/II	REGN7075 + Cemiplimab	B	Cutaneous squamous cell carcinoma	Metastatic CSCC or locally advanced CSCC	Anti-PD-1/PD-L1 naive

ORL

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
R7075-ONC-2009	I/II	REGN7075 + Cemiplimab	D	Head and neck squamous cell carcinoma	locally advanced or metastatic HNSCC PD-L1 expression of CPS ≥1% on a specimen collected within the past 3 months	anti-PD-1/PD-L1 naïve Have received no prior systemic treatment for recurrent or metastatic HNSCC (adjuvant or neoadjuvant systemic treatments will not be counted as a prior line)
STX-478-101	I/II	STX-478	Part 1,2A3	HNSCC	PI3Kα H1047X mutations, or other kinase and/or helical domain mutations	No prior treatment with PI3K/AKT/mTOR inhibitor

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UROLOGY

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AGADIR	II	Atezolizumab + BDB001 + radiothérapie	5	UBC	Refractory anti PD-1/L1	
BI-1479-0009	II	BI1810631	1	urothelial	Her2 overexpressed/amplified	
			7	urothelial	Her2 mutated	
D926UC0001	II	6D : Dato-DXd + Cisplatine ou Carboplatine	6	6D : Advanced or metastatic urothelial carcinoma (transitional cell and mixed transitional/non-transitional cell histologies) of the urothelium (including renal pelvis, ureters, urinary bladder, and urethra) that progressed on prior EV/pembrolizumab.	No specific molecular alteration	6C : at least 1 prior line of therapy including an immune checkpoint inhibitor
LOXO-FG3-22001	I	Loxo 435 + Pembrolizumab	A2	Urothelial	FGFR3 alteration	must have received at least one prior regimen, prior FGFR inhibitor treatment is permitted, but not required

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
PanSOHO/ 22752 / Bayer / BAY 2927088	**II**	**BAY 2927088 (per os) : 20mg 2x/j**	**3**	Documented histologically or cytologically confirmed locally advanced, unresectable or metastatic bladder and urothelial tract cancer, including renal pelvis, ureter, urinary bladder or urethra carcinoma.	**HER2 activating mutation**	Patients considered at the time of evaluation to be eligible for immunotherapy and/or platinum treatment should have received a checkpoint inhibitor with or without enfortunab vedotin and/or a platinum based regimen

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GYNECOLOGY

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
BI-1479-0009	II	BI1810631	3	Uterine carcinoma	Her2 overexpressed/amplified	
			4	cervical	Her2 overexpressed/amplified	
INCB123667-101	I	INCB123667	Part 1b grp 2	endometrial/uterine cancer	CCNE1 amplification	3 prior lines of systemic therapy max
IMC-F106C	I	IMC-F106C (IV)	34	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.
		IMC-F106C + Gemcitabine	35	Ovarian and uterine/endo	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
		IMC-F106C + Carboplatin / Paclitaxel	37	Ovarian and uterine/endo	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
		IMC-F106C + Bevacizumab	38	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.

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
PanSOHO/ 22752 / Bayer / BAY 2927088	**II**	**BAY 2927088 (per os) : 20mg 2x/j**	**4**	Documented histologically or cytologically confirmed locally advanced, unresectable or metastatic cervical cancer.	**Activating HER2 mutation**	Patients considered at the time of evaluation to be able to receive chemotherapy and/or immunotherapy must have received a platinum based regimen with or without taxane and/or immunotherapy
			5	Documented histologically or cytologically confirmed locally advanced, unresectable or metastatic endometrial cancer	**Activating HER 2 mutation**	Patients considered at the time of evaluation to be able to receive chemotherapy and/or immunotherapy must have received carboblatin and taxane regimen with or without HER2-directed therapy, and/or immunotherapy or hormonal therapies, as appropriate for their disease

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AMGEN 20220028	I	AMG 355 (anti CCR8 monoclonal Ab)	A1 dose escalation	CRC (MSS)		
		AMG 355 (anti CCR8 monoclonal Ab)	A1 dose escalation	Gastric cancer		
BI-1479-0009	II	BI1810631	2	Biliary tract / Hepatocellular	Her2 overexpressed/amplified	
			9	GEAC	Her2 mutated	
INCB123667-101	I	INCB123667	Part1b group 3	Gastric, GEJ and esophageal adenocarcinomas	CCNE1 amplification	3 prior lines of systemic therapy max
LOXO-RAS-20001	Ib expansion	LY3537982 monotherapy	F1	Pancreas	KRAS G12C TUMOR TISSUE OR LIQUID BIOPSY	Patient must have progressed/be intolerant/ineligible for immunotherapy and platinium based therapy No mutation : EGFR, ALK, BRAF (V600), MET (exon 14), ROS1, RET or NTRK 1/2/3
MK-345-158	II	Pembrolizumab	K	Gastric	MSI-high	At least one line
				Small intestine		
				Billary		

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
PanSOHO/ 22752 / Bayer / BAY 2927088	II	BAY 2927088 (per os) : 20mg 2x/	1	locally advanced, unresectable or metastatic colorectal carcinoma	Activating HER 2 mutation	Patients considered at the time of evaluation to be able to receive chemotherapy must have received fluoropyrimidine-, oxaliplatin-, and irinotecan-containing therapy, with or without anti-VEGF directed therapy or anti-EGFR directed therapy, as appropriate
			2	locally advanced, unresectable or metastatic biliary tract cancers, including gallbladder cancers, intrahepatic and extrahepatic cholangiocarcinoma.	Activating HER 2 mutation	Patients considered at the time of evaluation to be medically fit for combination treatment should have received the combination of gemcitabine, platinum and immunotherapy or a gemcitabine or fluorouracil containing regimen.
RMC-6291	I	RMC6291 + RMC6236	Expansion	CRC	KRAS G12C	naïve to KRASG12C (OFF) inhibitors

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SARCOMAS

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
Multisarc	II	Olaparib-Durvalumab		STS	Unresecable, 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)

SNC

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
F8394-201	II	FORE8394 900mg	Subproto A	SNC +/- metastasis or progressive SNC tumor with BRAF fusion	BRAF fusion (tumor tissue or liquid biopsy)	At least one standard line
			Subproto B	Recurring SNC tumor	BRAF V600E mutation	At least one prior line, radiotherapy included
M23-385	I	ABBV-706	4a	CNS tumors		

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Solid tumors

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
ANV600-001	I/II		Phase I	Resistantes solid tumors	Pancreas	Progressive disease after or during standard of care
BAY 21820	I	BAY 3375968	1A	Solid tumors	Monotherapy	preferably ICI-sensitive tumor types
			1B	Solid tumors	Combination with pembrolizumab	
BI1456-0001	I/II	BI 1831169 IT	Arm A	Solid tumors	At least two accessible lesions, one with a minimum lesion diameter for injection of BI 1831169, and one which is amenable to biopsy	At least one line
		BI 1831169 IV	Arm B	Solid tumors	At least two accessible lesions, one with a minimum lesion diameter for injection of BI 1831169, and one which is amenable to biopsy	At least one line
		BI 1831169 IV + IT	Arm C	Solid tumors	At least two accessible lesions, one with a minimum lesion diameter for injection of BI 1831169, and one which is amenable to biopsy	At least one line
BI-1479-0009	II	BI 1810631	10	Solid tumors	Her2 mut	

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CHRO761A1201	I	HRO761 monothérapie cohorte 6B --> 900mg QD cohorte 8 --> 450mg BID	A	MSIhi or dMMR* Solid tumors	MSIhi or dMMR* Solid tumors	Patient should have received all available lines of standard of care therapy, including chemotherapy and/or targeted therapy, and prior immune check point inhibitor therapy.
		HRO761 + Pembrolizumab cohorte 1 : HRO761 300mg QD + pembrolizumab 200mg Q3W	B	MSIhi or dMMR* Solid tumors	MSIhi or dMMR* Solid tumors	Patient should have received standard of care therapy, i.e., chemotherapy and/or targeted therapy. Patient should have received checkpoint inhibitor therapy for advanced disease as prior treatment or should be expected to benefit from anti-PD1 checkpoint inhibitor therapy as part of the HRO761 in combination with tislelizumab. Prior adjuvant therapy is allowed

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CP-START-001	II	STAR0602	1	TMB-H (≥ 10mut/Mb)		
			2	TMB-H (≥ 10mut/Mb) that have not received CPI		
			3	MSI-H/dMMR cancers		
ELVN-002-001	Ib	ELVN-002	Dose expansion	NSCLC	HER2 mutation documented	Progressed after receiving at least 1 prior systemic therapy including a platinum based
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	II	FORE8394 (900mg) +/- Cobicistat	Subproto C	Rare solid tumors (except SNC)	BRAF V600 mutated	Must have received standard therapy Or intolerant to available treatment
			Subproto D	Metastatic melanoma and thyroid cancer	BRAF V600E mutation	Intolerant to a prior BRAF inhibitor for melanoma no MAPK inhibitor treatment for thyroid cancer
IDE397-001	I	IDE397 monotherapy	Part 2 dose expansion	• Lung (squamous and adenocarcinoma) • 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)
		IDE397 + Sacituzumab govitecan	Part 5 dose escalation	Urothelial cancers (bladder and upper urinary tract)	homozygous loss of MTAP or MTAP deletion	Treatment with no more than 3 prior treatment regimens in the setting of advanced or metastatic disease
KN-8701	Ib	KIN-2787	B1	Solid tumors	BRAF class II	received prior locally approved standard of care appropriate for their tumor type and stage of disease

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
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 tissus 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
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	Imunogenic, MSI high Except lung, urothelial, head, neck and CNS cancers	At least one line and max 2 lines

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
PanSOHO/ 22752 / Bayer / BAY 2927088	II	BAY 2927088 (per os) : 20mg 2x/j	6	Documented histologically or cytologically confirmed locally advanced, unresectable or metastatic solid tumor cancer (excluded colorectal, bilary tract, bladder, cervical and endometrial cancer) Sarcoma and Gist	Activating HER2 mutation	Patients who have received prior standard therapy appropriate for their tumor type and stage of disease, or who have no satisfactory alternative treatments or in the opinion of the investigator
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
RMC 6291	I	RMC6291 + RMC6236	Dose escalation	Solid tumors exclude NSCLC and CRC	KRAS G12C	Standard therapy
			expansion	Solid tumors	KRAS G12C	naïve to KRASG12C (OFF) inhibitors
TAPISTRY	II	Entrectinib	B	Solid tumors	NTRK1/2/3 fusion-positive TUMOR TISSUE OR LIQUID (VALIDATION NEEDED)	

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