

Recruitment Status	Condition	Intervention	Phase	Study type	Study design	Target size	Primary outcome	Secondary outcome	Date enrollement
Recruiting	Gastric Cancer	Drug: trelizumab;Drug: chemotherapy with oxaliplatin + heroda	Phase 2	Interventional	Allocation: Non-Randomized. Intervention model: Parallel Assignment. Primary purpose: Treatment. Masking: None (Open Label).	60	The 1-year DFS rate		01/04/2021

Not Recruiting	gastric cancer	patient group:immunotherapy;	Diagnosis: New Technique Clinical Study	Cause /Relative factors study	Case study	patient group: 50;	Progress Survival;Disease rate;adverse events;Lymphocyte subpopulations and cytokine levels;	Free control	29/03/2023
Recruiting	Esophagus Adenocarcinoma	Drug: Durvalumab; Drug: FLOT;Drug: mFOLFOX-6;Radiation: Radiotherapy	Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment.	32	Rate of clinical and pathologic complete response (cCR/pCR;)	Rate of (long term follow up);Subgroup analysis of cCR/pCR; Rate of salvage	01/08/2023

					Masking: None (Open Label).			surgery;M ortality;De terminatio n of the sites of tumor relapse;Saf ety Endpoints	
Recruiting	Immunothe rapy Gastric Cancer	Drug: Tislelizumab; Drug: apatinib;Dr g: oxaliplatin;Dr ug: S-1	Phase 2/Phas e 3	Interve ntional	Allocation: Randomize d. Intervention model: Parallel Assignment. Primary	130	Pathologic al complete response	Major pathologic al response;O bjective Response Rate (ORR)	10/05/2023

				purpose: Treatment. Masking: None (Open Label).				
Recruiting	Gastric Cancer Patients Received Immunothe rapy	Device: TIIC signature	Observ ational		300	TIIC signature		31/10/2022
Recruiting	Gastric Cancer	Drug: SOX plus Paclitaxel(albumin- bound) followed by PD-1 antibody	Observ ational		62	Event-free survival (EFS)	Major pathologic al response;O verall survival(O	01/05/2022

								S);R0	
								resection	
								rate;Adver	
								se events	
Not	Advanced	Drug:	Phase	Interve	Allocation:	59	Objective	Progressio	01/11/2022
recruiting	Gastric	or Serplulimab;	2	ntional	N/A.		response	n-free	
	Gastroesoph	Drug:			Intervention		rate (ORR)	survival	
	ageal	Lenvatinib;D			model:			(PFS);Over	
	Junction	rug:			Single			all survival	
	Adenocarci	Paclitaxel			Group			(OS);Disea	
	noma				Assignment.			se Control	
					Primary			Rate	
					purpose:			(DCR);Dur	
					Treatment.			ation of	
					Masking:			Overall	
					None (Open			Response	
					Label).			(DOR);Safe	

ty and
 tolerability
 based on
 incidence
 of
 treatment-
 emergent
 adverse
 events as
 assessed
 by CTCAE

Recruiting	Immunotherapeutic;Gastric Cancer;Rectal Cancer;Chemotherapy	Drug: Terelizumab; Drug: CapeOx; Drug: Trastuzumab;	Phase 2	Interventional	Allocation: Non-Randomized. Intervention model:	200	Pathological complete response;ORR (objective	Major pathologic response (MPR);Overall survival	01/09/2022
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Effect;Radio
therapy

Radiation:
Radiotherapy

Parallel
Assignment.
Primary
purpose:
Treatment.
Masking:
None (Open
Label).

response (OS);Disea
rate) per se-free
RECIST 1.1 survival
(DFS);R0
resection
rate

Not
recruiting

Phase
2

Interve
ntional

Allocation: 141
Randomize
d.
Intervention
model:
Parallel
Assignment.
Primary
purpose:

25/08/2022

Not Recruiting	Gastric cancer	Gold Standard:The effect of immunotherapy and chemotherapy by abdominal enhanced CT (according to RECIST V1.1 standard);Index	Diagnostic New Technique Clinical Study	Diagnostic test accuracy	Diagnostic test accuracy	Target condition:286; Difficult condition:0	Objective response rate after the second treatment period;	Objective response rate after fourth treatment period;Pat hological complete response rate;3 year overall survival rate;3 year	11/06/2022
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test:The effect of immunotherapy and chemotherapy by protein profiling;

disease-free survival rate; Disease control rate; 3 year progress-free survival rate;

Recruiting

Unresectable Gastric Cancer

Observational

100

Surgical conversion rate

R0 resection rate; Major pathological response (MPR); Overall

01/06/2022

							response rate (ORR);adverse event (AEs)	
Not recruiting	Advanced Gastric Carcinoma;Immunotherapy	Device: exosomal lncRNA-GC1 detection	Circulating [Patient Registry]	Observational		80	Levels of Survival circulating outcomes exosomal of lncRNA-circulating GC1;Level exosomal s of lncRNA- circulating GC1 exosomal lncRNA- GC1	01/11/2018
Recruiting	HER2 Positive	Procedure: Samples	N/A	Interventional	Allocation: Non-	100	Proportions of HER2 & PD-L1 positive	01/01/2019

Advanced including
Gastric blood and
Cancer tissue
collection;Pro
cedure: CTC
detection;Pro
cedure:
ctDNA
detection;Pro
cedure: 10 基因组学
single cell
RNA
sequence;Pro
cedure:
Whole exon
sequence;Pro

Randomize
d.
Intervention
model:
Parallel
Assignment.
Primary
purpose:
Screening.
Masking:
None (Open
Label).

CTC;Incidence rate of
ctDNA deletion,
amplification, insertion
and other types of
variation evaluated by
next generation
sequence(NGS).;Proportions of lymphocytes,
stromal cells, tumor cells
in tumor tissue assessed
by single cell
transcriptome
sequence.;Incidence rate
of gene deletion,
amplification, insertion
and other types of
variation of tumor

		cedure: Proteomics detection					evaluated by whole exon sequence(WES).;Tumor associated proteins expression level of tumor		
Recruiting	Immunother apy;Gastric t Cancer	Drug: Tislelizumab; Drug: Apatinib Mesylate;Dru g: oxaliplatin;Dr ug: Tegafur	Phase 2	Interve ntional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking:	40	Total/mod erate tumor regression rate under pathology	Objective Response Rate (ORR);Ove rall survival (OS)	31/10/2021

Recruiting	Gastric Cancer;Chemotherapy;Immunotherapy	Drug: Sintilimab 200 mg, intravenously (IV) every 3 weeks(Q3W)	Phase 2	Interventional	Allocation: 31 N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	Objective Response Rate (ORR)	Progression-free Survival (PFS);Disease Control Rate (DCR);Duration of Response (DoR);Adverse events (AEs)	15/02/2022
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Recruiting	Primary inoperable or advanced non-small cell lung cancer; Newly treated small cell lung cancer; Metastatic esophageal squamous cell carcinoma; Metastatic urothelial	Serious adverse reaction group:Liquid biopsy or puncture biopsy;hyper progressive group:Liquid biopsy or puncture biopsy;No serious adverse reactions or no super- progression	N/A	Observational study	Factorial	Serious adverse reaction group: 100;hyper progressive group: 100;No serious adverse reaction	Tumor growth rate;	time to progress;	01/11/2021
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	carcinoma; Advanced gastric cancer	group:Liquid biopsy or puncture biopsy;				ns or no super- progre ssion group: 100;			
Not Recruiting	gastric cancer	case series:Nil;	0	Observ ational study	Sequential	case series: 20;	68Ga-FAPI related parameters, PFS, OS;	PET/CT	01/12/2021
Recruiting	Advanced Solid Tumor;Unre sectable Solid Tumor;Clea r Cell Renal	Drug: MDNA11 Monotherapy ;Drug: Combination (MDNA11 +	Phase 1/Phas e 2	Interve ntional	Allocation: N/A. Intervention model: Sequential Assignment. Primary	115	Recommen ded Dose for Expansion (RDE) for MDNA11;I ncidence of	Pharmaco kinetic characteris tics on MDNA11 - Cmax (ug/mL);P	27/08/2021

Cell	pembrolizum	purpose:	Treatment	harmacoki
Carcinoma;	ab)	Treatment.	Related	netic
Triple		Masking:	Adverse	characteris
Negative		None (Open	Events	tics on
Breast		Label).	(TRAEs);In	MDNA11 -
Cancer;Non			cidence of	Tmax
-Small Cell			Treatment	(h);Pharma
Lung			Emergent	cokinetic
Cancer			Adverse	characteris
Squamous;			Events	tics on
Non-Small			(TEAEs)	MDNA11 -
Cell Lung				AUClast
Cancer Non-				(h.ug/mL);
squamous;C				Pharmaco
olorectal				dynamic
Cancer				effects of
(MSI-				MDNA11;

H);Gastric
Cancer;Cerv
ical
Cancer;Basa
l Cell
Carcinoma;
Bladder
Cancer;Mer
kel Cell
Carcinoma;
Squamous
Cell
Carcinoma
of Head and
Neck;Cutan
eous
Squamous

Anti-
tumor
activity of
MDNA11
(alone or in
combinatio
n with CPI)
- Overall
Response
Rate
(ORR);Ant
i-tumor
activity of
MDNA11
(alone or in
combinatio
n with CPI)

Cell
Carcinoma;
Pleural
Mesothelio
ma;Esophag
eal
Cancer;Hep
atocellular
Carcinoma;
Endometrial
Carcinoma;
Solid
Tumor;Solid
Tumor,
Adult;MSI-
H Solid
Malignant

- Disease
Control
Rate
(DCR);Ant
i-tumor
activity of
MDNA11
(alone or in
combinatio
n with CPI)
-
Progressio
n Free
Survival
(PFS)

Tumor;Cancer With A High Tumor Mutational Burden;Epithelial Ovarian Carcinoma; Primary Peritoneal Cancer;Gastroesophageal Junction (GEJ) Cancer;Acral Melanoma;

Mucosal
Melanoma;
Cutaneous
Melanoma;
DMMR
Solid
Malignant
Tumor;Fallopian Tube
Cancer

Recruiting

Advanced
Gastric
Adenocarcinoma;Immunotherapy

Device: EV-array

Observational

40

EV-Score

Survival
significance
of EV-Score

01/11/2018

Recruiting	Esophageal Cancer;Gast ric Cancer	Procedure: Surgery;Drug: Chemotherapy, anti- targeted agents and immunotherapy;Radia tion: Radiotherapy	Observ ational	10000	Diagnostic and therapeuti c approach	Epidemiol ogical profiles;Ris k factors;Pat hological features;Cl inical and diagnostic approach; Treatments adjusted to prognostic variables;V alidate and compare prognostic	27/04/2020
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						models;Pr ognostic factors;Cre ate and validate a predictive model	
Not recruiting	Gastric Cancer;Mag netic Resonance Imaging;To mography, X-Ray Computed; Neoadjuvan t	Drug: PD-1 inhibitor	Observational [Patient Registry]	200	Predictive value of CT and MRI after the neoadjuva nt treatment for developing	Predictive value of CT and MRI after the neoadjuva nt treatment for pathologic	01/06/2021

Immunothe
rapy;Neoadj
uvant
Chemothera
py

a pCR at T
surgery staging;Pre
dictive
value of
CT and
MRI after
the
neoadjuva
nt
treatment
for
pathologic
response
according
to the
Tumor
Regression

							Grading (TRG);Pre diction model based on CT and MRI of response in AGC	
Recruiting	gastric cancer, esophageal cancer	N/A	Observational	150	Multivariate discriminant models created by combination of plasma	Multivariate discriminant models created by combination of plasma	28/04/2021	

amino acid amino acid
and/or and/or
metabolite metabolite
concentrati concentrati
ons, which ons, which
are useful are useful
for for
predicting predicting
overall progressio
survival in n free
patients survival in
treated patients
with anti- treated
PD-1/PL- with anti-
L1 PD-1/PL-
antibody L1
antibody

Recruiting	Gastric Cancer;Colo- rectal Cancer	Drug: Tislelizumab; Drug: Anlotinib	Phase 2	Interve ntional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	40	objective response rate	progressio n-free survival;ov erall survival	01/03/2021
Recruiting	Gastric Cancer;Sto mach Neoplasm	Drug: XELOX or SOX;Drug: JS001+XELO X or SOX	Phase 2	Interve ntional	Allocation: Randomize d. Intervention	110	Major pathologic response (MPR)	Disease- free survival (DFS);Over	12/03/2021

					model: Parallel Assignment. Primary purpose: Treatment. Masking: Double (Care Provider, Outcomes Assessor).			all survival(O S);pCR;R0 resection rate;Adver se event incidence rate	
Recruiting	Gastric Adenocarci noma;Metas tatic Gastric Cancer;Met	Drug: Atezolizuma b + Ipatasertib;Dr ug:	Phase 2	Interve ntional	Allocation: Non- Randomize d. Intervention	60	Objective response rate	Overall survival;Pr ogression- free survival;Sa	19/03/2021

	astatic Adenocarci noma;Adva nced Gastric Carcinoma	Atezolizuma b + Bevacizumab			model: Parallel Assignment. Primary purpose: Treatment. Masking: None (Open Label).			fety, treatment- related adverse events	
Recruiting	gastric cancer	1:Anti PD-1 immunothera py;	0	Interve ntional study	Single arm 1:20;		overall survival;		31/12/2020
Recruiting	gastric cancer	patients recieve combination of immunothera	1	Interve ntional	single arm 12 study, open(maski ng not used),		safety progressio n free survival<b r>overall survival<b		22/02/2021

py
(Nivolumab)
and
radiotherapy

uncontrolled
control,
single
assignment,
treatment
purpose

response
rate
di
sease
control
rate
response rate
of non-
irradiated
lesion

Not recruiting	Stage IV Melanoma; Advanced Lung Cancer;Stage IV Non- Small Cell Lung	Other: Educational Video and QPL List;Other: Usual Care	N/A	Interventional	Allocation: 210 Randomized. Intervention model: Parallel Assignment. Primary	Feasibility - ;Feasibility , defined as completion of study activities;C	Change in participant anxiety, using the State Subscale of the State and Trait	23/01/2021
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Cancer;Unresectable
Non-Small Cell Lung
Carcinoma; Unresectable
Stage III Non-Small
Cell Lung Cancer;Small
Cell Lung Cancer
Extensive Stage;Stage
IV Merkel Cell
Carcinoma;

purpose: Health Services
Research. Masking:
None (Open Label).

change in Anxiety
participant Inventory;
knowledge Change in
, using the participant
Immunotherapy anxiety,
using the
Knowledge State
e Subscale of
Assessment the State
;Change and Trait
in Anxiety
participant Inventory;
knowledge Patient
, using the questions
Immunotherapy asked in
visit with
Knowledge oncologist

Stage IV

Cutaneous

Squamous

Cell

Carcinoma;

Stage IV

Basal Cell

Carcinoma;

Stage IV

Breast

Cancer;Stage

IV

Colorectal

Cancer;Stage

IV Gastric

Cancer;Stage

IV

e

Assessmen

t

Esophageal
Cancer;Stage
e IV
Hepatocellular
Cancer;Stage
e IV Renal
Cell
Carcinoma;
Stage IV
Bladder
Cancer;Stage
e IV Head
and Neck
Squamous
Cell
Carcinoma;

Stage IV

Cervical

Cancer;Stage

e IV

Endometrial

Cancer;Stage

e IV

Mesothelio

ma;Immuno

therapy;Im

mune

Checkpoint

Inhibitors

Recruiting

Gastric
cancer

experimental 4
group:
Sindilimuma
b combined

Interven
tional
study

Single arm

experimen
tal
group:
100;

ORR;

Incidence
of adverse
events and
serious

14/10/2020

		with						adverse	
		conventional						events;OS;	
		chemotherap						PFS;	
		y ;							
Recruiting	;Neoplasms	Drug : Study	Phase1	Interve	Primary	20	safety	objective	06/01/2021
		subjects will		ntional	Purpose :			response	
		receive		Study	Treatment,			rate	
		nivolumab			Intervention				
		240 mg			Model :				
		intravenously			Single				
		(IV) and			Group,				
		OTSGC-A24			Blinding/M				
		consisted of 1			asking :				
		碌 mol (~1			Open,				
		mg) of			Allocation :				
		OTSGC-A24-			Non-RCT				
		Fo, OTSGC-							

A24-De,
 OTSGC-A24-
 Ki, OTSGC-
 A24-VE1 and
 OTSGC-A24-
 Ur 1.0 碌 mol
 (as API)
 administered
 subcutaneous
 ly on Day 1
 and D15 each
 28 day cycle
 (q28d) for up
 to 24 months.

Not Recruiting	gastric cancer. Malign	Chimer Construction Design: using	44928	interve ntional	Randomizat ion: N/A, Blinding:	5	Side effect. Timepoint: 7 days.	Clinical and immune	20/01/2021
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antigenic epitopes of stomach neoplasm immunogenic epitopes of MAGEA4, LAGE1, and NY-ESO1 antigens, a chimeric molecule is prepared which, due to the pivotal role of dendritic cells in inducing an immune response, is sent into

Not blinded,
Placebo: Not used,
Assignment: Single,
Purpose: Treatment.

Method of measurement: clinical measurement.
Timepoint: one year.
Method of measurement: Flow cytometry - ELISA - Overall survival rate - Tumor-free survival rate.

these cells in
the form of
mRNA to
stimulate the
immune
system.

Provide

gastric cancer
patients. Due
to the
overexpressio
n of selective
markers

(MAGE-A4,
LAGE1, and
NY-ESO1) in
gastric tumor

cells
compared to
normal cells,
the structural
basis of the
construct
molecule was
based on
specific
sequences of
the same
genes. Our
goal is to
identify these
proteins to
lymphocyte
cells as tumor

markers.

Since it is difficult to transfer the complete gene or mRNA of all three markers to the antigen-supplying cells, parts of each protein were selected and synthesized together into

one
molecule. Construction of
contraceptive
mRNA by
Mmessage
Mmachin
kit:Plasmid
PGEM-4Z /
GFP / A64,
which has a
polymythine
sequence at
the end of the
transcription
region, is
used as the

target vector
for the
synthesized
construct.
Chimeric
Antigene
mRNA
amplification
is performed
using an in
vitro
transcription
reaction. Leuk
ophoresis and
isolation of
monocytes
from

peripheral
blood: Isolation
of diseased
monocytes
and
lymphocytes
from
peripheral
blood
mononuclear
cells (PBMC)
is performed
by
leukopheresis.
After
isolation of
monocytes

and
lymphocytes
by specific
leukophoresi
s kits, the cells
were
transferred to
the laboratory
to be
converted to
DC cells in
vitro. In order
to isolate T
lymphocytes,
which are
required in
the next

stages of the
test, using the
conventional
method of
attaching
monocyte
cells to the
bottom of the
culture flask,
the
unattached
cells are the
same T
lymphocytes
that are used
for the next
steps of the

test.

Placed. Production of dendritic immature cells (DC i

Not Recruiting	Gastric Cancer	Experimental group:reduced SOX+anti-PD-1;Control group:SOX;	2	Interventional study	Parallel	Experimental group:30;Control group:	ORR;R0 resection rate;3 year OS;	PFS;QOL;	01/10/2020
Not Recruiting	Gastric cancer	Wnt/catenin pathway activated and	- 0	Basic Science	Parallel	Wnt/catenin pathway	- Drug-sensitivity;		15/09/2020

		inactive				activated and		
		groups:Use of				inactivated		
		immunotherapy ;				groups		
						:100;		
Not Recruiting	stomach adenocarcinoma and esophageal squamous cell carcinoma	stomach adenocarcinoma group:PD-1 inhibitor and apatinib;esophageal squamous cell carcinoma group:PD-1	N/A	Observational study	Factorial	stomach adenocarcinoma group:	overall response rate;T cell receptor repertoire sequencing information;	08/10/2020
						60;esophageal squamous		

		inhibitor and anlotinib;				cell carcino ma group: 60;			
Not Recruiting	gastric cancer	control group:chemo therapy after surgery;Expe rimental group 1:radiotherap y combined with immunothera py before surgery;Expe	2	Interve ntional study	Case- Control study	control group: 20;Exp erimen tal group 1:20;Ex perime ntal group 2:20;	DFS;ct-DNA;T subsets;tumor microenvironment;PD- 1/PD-L1;cytokines;	cell immune	01/08/2020

rimental
 group
 2:radiotherap
 y ?
 chemotherap
 y combined
 with
 immunothera
 py before
 surgery;

Authorised	For patients	 Trade	Huma	Interve	Controlled:	60	Main	Secondary	21/01/2021
	with	Name:	n	ntional	no Ran		Objective:	end	
	advanced/ metastatic	Avastin Product	pharm	clinical	domised:		To assess	point(s): -	
	gastric	Name:	y	medici	n:		of	n-free	
	adenocarcin	Bevacizumab	(Phase	nal	yes Sing		personaliz	survival	
	omas in	 Product	I): no		le blind:		ed targeted	evaluated	

progression MedD RA version: 21.1 Level: LLT Classification code 10071114 Term: Metastatic gastric adenocarcin oma System Organ Class: 10000000486	Code: L01XC07 Pharmaceutic al Form: Concentrate and solvent for solution for infusion Product Name: ipatasertib 100mg Pr oduct Code: Therap RO5532961<b r>Pharmaceu tical Form:	Therap produc t e utic explor atory (Phase II): yes Therap eutic confir matory - (Phase III): no Therap eutic use	no Dou ble blind: no Paral lel group: no Cros s over: no Othe r: yes Oth er trial design description: Umbrella<b r>If controlled, specify comparator,	immunoth erapy combinatio ns in recurrent advanced/ metastatic gastric carcinoma patients, assessed by the objective response rate (ORR). ;Sec ondary	according to iRECIST criteria. >- Overall survival.< br>- Toxicity using NCI- CTCAE v5.0. - Translatio nal research: tumor immune gene expression
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4	Film-coated (Phase	Other	Objective: - (inflamed,
;Therapeutic	tablet <b	Medicinal	To assess excluded,
area:	r>Trade	Product:	other desert),
Diseases [C]	Name:	no Plac	efficacy tumor
- Cancer	Tecentriq<br	ebo:	parameters mutational
[C04]	>Product	no Othe	of load and
	Name:	r:	personaliz circulating
	atezolizumab	no Nu	ed targeted DNA
	 Product	mber of	immunoth mutational
	Code:	treatment	erapy load,
	RO5541267<b	arms in the	combinatio kinetics of
	r>Pharmaceu	trial: 3 	ns in circulating
	tical Form:		recurrent hPG80, gut
	Concentrate		advanced/ microbiom
	for solution		recurrent e flora.
	for		metastatic ;Time
	infusion 		gastric point(s) of

Product
Name:
ipatasertib
200mg
Pr
oduct Code:
RO5532961Pharmaceu
tical Form:
Film-coated
tablet

carcinoma evaluation
patients of this end
with point: The
survival whole
analyses treatment
(PFS, period or
OS)
- at the end
To assess of
the safety treatment
of
personaliz
ed targeted
immunoth
erapy
combinatio
ns in
metastatic

/advanced
gastric
carcinoma
patients,
assessed
by NCI-
CTCAE.Primary
end
point(s):
Objective
response
rate, using
iRECIST,
defined as
the
percentage

of patients
experienci
ng a
complete
response
or a partial
response,
as their
best tumor
responses
during the
whole
treatment
period.;Ti
mepoint(s)
of
evaluation

of this end
point: The
whole
treatment
period.

Recruiting	Gastric Cancer	A: chemotherap y combined with anti-pd1 immunothera py;B:Active supportive therapy;	0	Interve ntional study	Non randomized control	A:50;B: 30;	PFS; ORR;OS;Sa fety;	01/06/2020	
Recruiting	Locally Advanced Solid Tumor;Meta	Drug: ACE1702;Dru g: Cyclophosph	Phase 1	Interve ntional	Allocation: Non- Randomize d.	36	Adverse events, including Dose	Quantify NK cell persistence after	19/05/2020

	static Cancer;Solid Tumor;HER2- positive Gastric Cancer;HER2- positive Metastatic Breast Cancer	amide;Drug: Fludarabine			Intervention model: Sequential Assignment. Primary purpose: Treatment. Masking: None (Open Label).		Limiting Toxicities (DLTs) and Serious Adverse Events (SAEs);Phase Ib/II starting dose for ACE1702	administer ing ACE1702;E valuate immune function after administer ing ACE1702	
Recruiting	Gastric Cancer;Gastro- oesophageal Junction Cancer;Imm	Drug: Anlotinib Plus Toripalimab	Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group	30	objective response rate	Progress Free Survival;O verall Survival;D eepness of	10/02/2020

unotherapy;
Anlotinib;T
oripalimab

Assignment.
Primary
purpose:
Treatment.
Masking:
None (Open
Label).

response;D
isease
control
rate;advers
e events

Recruiting

Esophageal
Adenocarci
noma;Gastri
c
Adenocarci
noma
Drug: Nal-
IRI;Drug:
Oxaliplatin;D
rug: 5-
FU;Drug:
Trastuzumab;
Drug:
Pembrolizum
ab;Drug:
Nivolumab

Phase
2

Interve
ntional

Allocation: 52
Non-
Randomize
d.
Intervention
model:
Single
Group
Assignment.
Primary

52

Cohort 1:
Objective
Response
Rate
(ORR);Coh
ort 3:
Objective
Response
Rate
(ORR);Coh

Progressio
n Free
Survival
(PFS);Dise
ase Control
Rate
(DCR);Pro
gression
Free
Survival at

13/07/2020

purpose: ports 2 and 6
Treatment. 4: months;Pr
Masking: Incidence ogression
None (Open of Adverse Free
Label). Events Survival at
12
months;Co
ports 1 and
3:
Incidence
of Adverse
Events;Co
ports 2 and
4: Overall
Response
Rate

Not
recruiting

Advanced Genetic: Allogeneic Observ
Solid natural killer (NK) cell ational
Tumor;Lym
phoma;Gast
ric
Cancer;Colo
rectal
Cancer;Hea
d and Neck
Cancer;Squa
mous Cell
Carcinoma;
EGFR
Positive
Solid
Tumor;HER
2-positive

20

Overall
Survival
(OS) post-
Infusion

11/06/2019

Breast

Cancer;Hep

atocellular

Carcinoma;

Small-cell

Lung

Cancer;Rena

l Cell

Carcinoma;

Pancreas

Cancer;Mela

noma;NSCL

C;Urothelial

Carcinoma;

Cervical

Cancer;Micr

osatellite

Instability;
Merkel Cell
Carcinoma

Recruiting

Gastric
Cancer;Gast
roEsophage
al
Cancer;Ade
nocarcinom
a

Drug:
Pembrolizum
ab
Monotherapy
;Drug:
Ramuciruma
b;Drug:
Paclitaxel

Phase
2

Interve
ntional

Allocation: 58
Randomize
d.
Intervention
model:
Sequential
Assignment.
Primary
purpose:
Treatment.
Masking:
None (Open
Label).

58

Cohort 1: Cohort 1: 01/12/2020
Evaluate Compare
the best BORR
overall between
response Arm A and
rate Arm
(BORR) by B.;Cohort
pooling 1: Evaluate
Arm A and duration of
Arm response
B;Cohort 2: between
Evaluate Arm A and
Progressio B.;Cohort
n free 1: Evaluate

survival irPFS
(PFS) of between
Ramuciru Arm A and
mab B.;Cohort
(RAM) 1: Evaluate
plus overall
Paclitaxel survival
plus (OS)
Pembroliz between
umab Arm A and
(PEM) B.;Cohort
1:
Compare
progressio
n free
survival
[PFS]

between
Arm A vs
Arm
B; Assess
the
frequency
and
severity of
adverse
events

Not Recruiting	Gastric cancer	PSK(-) PSK(+): PSK was administered orally from 14 days after gastrectomy	Not selected	Interventional	Parallel Randomized	800	Five year overall survival after gastrectomy according	Overall survival according to HLA antigens.	01/02/1987
----------------	----------------	---	--------------	----------------	---------------------	-----	--	---	------------

at a dose of
3.0g/day and
at least at a
dose of over
270g.

Fluoropyrimi
dine prodru
(5-FU
150mg/day
or FT
(600mg/day
or HCFU
400mg/day)
was
administered
orally from 14
days after

to the
combinato
ry CEA
and APRs.

gastrectomy
over 1 year.
MMC was
injected
intravenously
20 mg
intraoperativ
ely and/or 10
mg on
postoperative
day 1.

CEA(-)A

PR(-)

CEA(-)A

PR(+)

CEA(+)

APR(-)

CEA(+)

APR(+)

T1:

Gastrectomy

alone or

Gastrectomy

+ PSK

T2-4:

Gastrectomy

+ MMC + F +

PSK

Not
recruiting

Gastric
Cancer;Adeno-
carcinoma of the
Esophagoga-

Drug:
Nivolumab;Drug:
relatlimab;Drug:
Oxaliplatin;D

Phase
2

Interve-
ntional

Allocation: 21
Randomize
d.
Intervention
model:
Parallel

Rate of
pathologic
complete
responses

Determina-
tion of
pathologic
al response
rate;Deter-
mination

26/09/2019

stric
Junction

rug:
Docetaxel;Dr
ug: 5-
Fluorouracil
(5-FU);Drug:
Folic acid
(FA)

Assignment.
Primary
purpose:
Treatment.
Masking:
None (Open
Label).

of Curative
(R0)
resection
rate;Assess
ment of
disease-
free
survival
rate;Assess
ment of
Survival
rate;Evalu
ation of
number of
patients
with
adverse

events
grade 1
through
grade 5
adverse
events
(AEs),
graded
according
to NCI
CTCAE
Version
5.0.;Assess
ment of
perioperati
ve
morbidity;

								Assessment of perioperative mortality; Time to relapse; Patient-reported outcome (PRO)	
Recruiting	Localized Oesogastric Adenocarcinoma; MSI and dMMR	Drug: Nivolumab 10 MG/ML; Drug: Ipilimumab	Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group	32	Complete pathologic al response (cPRR) rate	Disease-free survival (DFS); Overall Survival (OS); Num	23/10/2019

200 MG in 40
ML Injection

Assignment.
Primary
purpose:
Treatment.
Masking:
None (Open
Label).

ber of
participant
s with
treatment-
related
adverse
events;Ana
lyze MSI
status;Qua
ntification
of antigen-
specific
CD4+ T
cells as
biomarker
of anti-
PD1/PDL1

					immunotherapy in dMMR tumors; Number of Species of bacteria and yeast composition	
Recruiting	Stomach Neoplasms	Observational	200	the proportion of patients with positive serum	The proportion of ctDNA content decreased in patients with good	01/02/2019

Recruiting	Esophagus Cancer;Hep atoma;Glio ma;Gastric Cancer	Biological: CAR-T/TCR- T cells immunothera py	Phase 1/Phas e 2	Interve ntional	Allocation: 50 N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	ctDNA therapeuti that have c effect postoperat ive relapse	Number of Participant s With Adverse Events evaluated with NCI CTC AE, version 4.0	Clinical response	01/09/2019
------------	---	---	------------------------	--------------------	--	--	--	----------------------	------------

Authorised	oeso-gastric	 	Interve	 	32	Main	 	13/06/2019
	adenocarcin	Trade Name:	ntional	Controlled:		Objective:	Secondary	
	oma 	OPDIVO 	Huma	clinical	no 	To	end	
	MedDRA	Product	n	trial of	Randomised	evaluate	point(s): -	
	version: 20.0	Name:	pharm	medici	: no 	the rate of	DFS, 	
	Level: PT	nivolumab<b	acolog	nal	Open:	complete	- OS and	
		r>	y	produc	yes 	pathologic	safety	
		Pharmaceutic	(Phase	t	Single blind:	response	(NCI	
		al Form:	I): no		no 	rate (cPRR)	CTCAE	
	Classificatio	Solution for			Double	with	v5.0), 	
	n code	infusion 	Therap		blind:	nivolumab	- IHC	
	10001150	INN or	eutic		no 	and	evaluation	
		Proposed	explor		Parallel	ipilimuma	of MMR	
	Term:	INN:	atory		group:	b	proteins	
	Adenocarci	NIVOLUMA	(Phase		no 	combinatio	followed	
	noma	B 	II): yes		Cross over:	n in	by tumor	
	gastric	Other			no 	patients	BRAF	

	descriptive	Therap	Other:	with MSI analysis
System	name:	eutic	no 	and/or (germline
Organ	NIVOLUMA	confir	If	dMMR mutation)
Class:	B 	matory	controlled,	localized and/or
10029104 -	Concentratio	-	specify	oeso- MLH1
Neoplasms	n unit:	(Phase	comparator,	gastric promoter
benign,	mg/ml	III): no	Other	cancer;Pri hypermeth
malignant	milligram(s)/		Medicinal	mary end ylation
and	millilitre 	Therap	Product:	point(s): analysis
unspecified	Concentratio	eutic	no 	Complete (somatic
(incl cysts	n type:	use	Placebo:	pathologic mutation)
and polyps)	equal 	(Phase	no 	al response when
	Concentratio	IV): no	Other:	rate MLH1
;Therapeutic	n number: 10-		no 	(cPRR);Ti protein is
area:	 		Number of	mepoint(s) absent
Diseases [C]	Trade Name:		treatment	of (Lynch
	YERVOY 			evaluation versus

- Cancer >
[C04] Product
Name:
ipilimumab<
br>
Pharmaceutic
al Form:
Solution for
infusion

INN or
Proposed
INN:
IPILIMUMA
B

Other
descriptive
name:

arms in the
trial: 1

of this end sporadic
point: cases
cPRR will testing),<b
be defined r>
as - PD-1 and
complete PD-L1
tumor expression
disappeara evaluation
nce of (CPS in
tumor in addition to
the low TPS), (PD-
esophagus L1 [+]
or the expression
stomach cut-off
(from 1/3 =1% or
inferior of =5%),

the - CD3,

IPILIMUMA
B
Concentration
unit:
mg/ml
milligram(s)/
millilitre
Concentration
type:
equal
Concentration
number: 5-

oesophagus CD8,
to FOXP3
pylorus) expression
after- evaluation,
surgery
examination - Blood
samples :
Secondary Evaluation
Objective: - of the
To assess potential
disease- role of
free immune
survival checkpoint
(DFS),
- To assess PD-1, PD-
overall L1, PD-L2,
survival CTLA-4,

(OS),

 TIM-3,
- To LAG-3,
evaluate GAL9, and
the safety IDO using
(National nanostring
Cancer technology
Institute and IHC as
Common predictive
Terminolo markers of
gy Criteria patients
for 鈥?respons
Adverse e to
Events treatment,
[NCI

CTCAE] - blood
v5.0),
 samples :
- To ctDNA

evaluate evolution
the efficacy during
of treatment,
nivolumab MSI status
and and CD4+
ipilimumab T cells in
b regimen blood,

according -
to selected Microbiota
tumor - analysis.<b
biomarker r>
s:
 ;

鈇 ?MMR Timepoint(
proteins s) of
status evaluation
(Lynch of this end
versus point: -

sporadic),

DFS is defined as
the time from the
date of mutational
starting status
and/or treatment
to local recurrence
and/or metastases
or death
irrespective of cause
and PD-L1 expression
censored at
(combined the date of
positive

score [CPS] last
in addition contact.

to tumor >
proportion - OS is
score defined as
[TPS]), time
(=1% and between
=5% the date of
versus no the first
expression dose of
)
 study
鈇 ?CD3+, treatment
CD8+, and and the
FOXP3 death
(expressio date.

n versus no - AEs : at
expression every visit

),
 during
- To treatment
evaluate and at 3
whetherP months
D-L1, PD- after
L2, PD-1, (- treatment
4, TIM-3, ends(NCI-
LAG-3, CTCAE
GAL9, version
IDO, 5.0)

expression - MSI
could be and/or
predictive dMMR
of patients had to be
鈇?respons confirmed
e to these with an
molecules, archival or

 fresh
- Blood tumor
assessment FFPET
for ctDNA, block from
MSI status, the
and CD4+ primary
T tumor
cells,
 obtained at
- To the time of
investigate the initial
whether diagnosis<
the gut br>
microbiota - Blood
compositio Samples :
n is at baseline,
predictive C3D1 and
of toxicity C6D1 of

and neoadjuva
efficacy of nt
nivolumab treatment,
and/or at C1D1
ipilimumab after
b surgery,
treatment. and at the

 end of
treatment
visit

Fecal
sample: At
baseline
and 12
weeks.

>

Recruiting	Gastric Cancer	Drug: SHR1210;Drug: Apatinib;Drug: S1;Drug: Oxaliplatin	Phase 2	Interventional	Allocation: 30	Pathologic al remission rate (PRR) of PD-1 antibody monotherapy or in combination with anti-angiogenesis is VEGFR2-TKI apatinib <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/>	objective response rate (ORR) of PD-1 antibody monotherapy or in combination with anti-angiogenesis is VEGFR2-TKI apatinib <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> Oxaliplatin	01/04/2019
------------	----------------	---	---------	----------------	----------------	--	---	------------

Oxaliplatin in
in neoadjuva
neoadjuva nt
nt (preoperati
(preoperati ve)
ve) treatment
treatment of
of resectable
resectable locally
locally advanced
advanced gastric
gastric cancer.;pro
cancer.;Im gression
munothera free
py-related survival
biomarker (PFS)of
s PD-1

antibody
monothera
py or in
combinatio
n with
anti-
angiogenes
is
VEGFR2-
TKI
apatinib
☒ S1 ☒
Oxaliplatin
in
neoadjuva
nt
(preoperati

ve)
treatment
of
resectable
locally
advanced
gastric
cancer.;ove
rall
survival
(OS) of PD-
1 antibody
monothera
py or in
combinatio
n with
anti-

angiogenes

is

VEGFR2-

TKI

apatinib

☒ S1 ☒

Oxaliplatin

in

neoadjuva

nt

(preoperati

ve)

treatment

of

resectable

locally

advanced

gastric
cancer.;saf
ety as
measured
by the rate
of adverse
events
(AEs),
laboratory
abnormalit
ies, dose
adjustment
,
discontinu
ation of
administra
tion, early

Not recruiting	Esophageal Cancer;Biliary Tract Cancer;GastroEsophageal Cancer;Hepatobiliary Neoplasm	Drug: DKN-01;Drug: Atezolizumab;Drug: Paclitaxel	Phase 2	Interventional	Allocation: Randomized. Intervention model: Parallel Assignment. Primary purpose:	0	Objective response rate	Best overall response distribution;Immune objective response rate according	01/12/2019
----------------	---	--	---------	----------------	---	---	-------------------------	---	------------

discontinuation of the study drug, and delay to surgery.;R0 resection rate

Treatment.

Masking:

None (Open

Label).

to

iRECIST;D

uration of

response

using

RECIST 1.1

and

iRECIST;Pr

ogression

free

survival

according

to RECIST

1.1 and

iRECIST;O

ccurrence

of adverse

Recruiting	Gastric Cancer	Drug: OTSGC-A24; Drug: Nivolumab; Drug: Ipilimumab	Phase 1	Interventional	Allocation: Non-Randomized. Intervention model:	40	Adverse Event and Adverse Drug Reaction; Response	Rate of induction of specific CTL response; Progression- events; Overall survival (OS); Duration of stable disease using RECIST 1.1 and iRECIST	21/02/2019
------------	----------------	--	---------	----------------	---	----	---	--	------------

Authorised	Advanced	 	Interve	 	94	Main	 	27/11/2018
	gastric	or	ntional	Controlled:		Objective: -	Secondary	
	gastro-	Name:	Huma	clinical	yes 	Percentage	end	
	oesophageal	MEDI4736<b	n	trial of	Randomised	of patients	point(s):	
	junction	r>	pharm	medici	: yes 	alive and	Progressio	
	adenocarcin	Product	acolog	nal	Open:	without	n free	
	oma 	Code:	y	produc	yes 	progressio	survival	
		MEDI4736<b	(Phase	t	Single blind:	n at 4	(PFS)	
	MedDRA	r>	I): no		no 	months of	median:<b	

Parallel
Assignment.
Primary
purpose:
Treatment.
Masking:
None (Open
Label).

esponse
Rate
Survival;O
verall
Survival

version: 20.0	Pharmaceutic	Double	FOLFIRI	r>
	al Form: Therap	blind:	plus	Is defined
Level: LLT	Concentrate eutic	no 	durvaluma	as the time
	for solution explor	Parallel	b versus	between
Classificatio	for atory	group:	FOLFIRI	date of
n code	infusion (Phase	no 	plus	randomiza
10042080	INN or II): yes	Cross over:	durvaluma	tion and
	Proposed	no 	b plus	date of the
Term:	INN: Therap	Other:	tremelimu	first
Stomach	DURVALUM eutic	no 	mab in	radiologica
cancer	AB confir	If	patients	l
	CAS matory	controlled,	with	progressio
System	Number: -	specify	advanced-	n
Organ	1428935-60- (Phase	comparator,	stage	(according
Class:	7 III): no	Other	gastric or	to RECIST
10000000486	Current	Medicinal	gastro-	1.1) or
4	Sponsor code: Therap	Product:	oesophage	death

	MEDI4736	etic	yes	al junction	(from any
 	r>	use	Placebo:	adenocarci	cause),
	Concentratio	(Phase	no	noma and	whichever
MedDRA	n unit:	IV): no	Other:	who	occurs
version: 20.0	mg/ml		no	progressed	first.
	milligram(s)/		Number of	after a first	Patients
Level: LLT	millilitre		treatment	line	alive
	Concentratio		arms in the	chemother	without
Classificatio	n type:		trial: 2	apy (based	progressio
n code	equal			on RECIST	n will be
10026476	Concentratio			1.1 rating	censored at
	n number: 50-			scale	date of last
Term:	 			evaluated	news.
Malignant	Product			by the	
neoplasm of	Name:			investigato	Overall
stomach	tremelimuma			r).;Primary	Survival
	b			end	(OS):

System Product
 Organ Code:
 Class: MEDI1123
 10000000486
 4
 Pharmaceutical Form:
 ;Therapeutic Concentrate
 area: for solution
 Diseases [C] for
 - Cancer infusion
 [C04] INN or
 Proposed
 INN:
 TREMELIMU
 MAB
 CAS
 Number:

point(s): Is defined
 The as the time
 primary between
 endpoint is date of
 the randomiza
 percentage tion and
 of patients date of
 alive and death
 without (from any
 radiologica cause).
 1 Patients
 progressio alive will
 n be
 (according censored at
 to RECIST date of last
 1.1) at 4 news.
 months

745013-59-

6

Current

Sponsor code:

MEDI1123<b

r>

Other

descriptive

name:

MEDI1123<b

r>

Concentratio

n unit:

mg/ml

milligram(s)/

millilitre

Concentratio

after Time to

randomiza progressio

tion n

according (TTP):

to Is defined

investigato as the time

r. ;Timepoi between

nt(s) of date of

evaluation randomiza

of this end tion and

point: 4 the date of

months first

after the radiologica

last patient l

inclusion;< progressio

br> n

Secondary (according

n type:
equal
Concentratio
n number: 20-

Objective: - to RECIST
Percentage v1.1).
of patients Patients
alive and without
without progressio
progressio n will be
n at 4 censored at
months date of last
according news or
to date of
centralized death. The
review<br death will
> not be
- Overall considered
survival as an
(OS)
 event.

- Time to

strategy Best
failure Objective
> Response
- Safety rate
profile (BRR):
> >
- Quality of life Is defined as
(QoL) complete
- Time to progression or partial response at
n (TTP), the best
progression response
n-free evaluation
survival during the
(median treatment
PFS), best according

objective to RECIST
response v1.1.
<
rate (BRR) br>
and Disease
disease control
control rate (DCR)
rate (DCR) at each
according timepoint:
to the

investigato Is defined
r and as
centralized complete
review or partial
(according response
RECIST or stable
V1.1 and disease at
iRECIST the best

criteria) <b response
> evaluation
- Efficacy according
endpoints to RECIST
(OS, PFS, v1.1.
<
TTP, BRR br>
and DCR) Time to
according strategy
to the failure:<br
expression >
of PD-L1 Is defined
and others as the time
biomarker between
s (see randomiza
biological tion date
study)<br and date of
> death

(from any
cause) or
the date of
first
radiologica
l
progressio
n in the
FOLFIRI +
durvaluma
b arm or
date of the
second
radiologica
l
progressio
n after re-

introduction
of
tremelimumab in the
FOLFIRI
plus
durvalumab
plus
tremelimumab arm
or date of
definitive
discontinuation.

In case a
treatment
is stopped

for toxicity
reason but
re-
introduced
later for
progressio
n, then this
progressio
n will not
be
considered
for this
endpoint.<
br>

Safety
profile

Toxicities
will be
graded
according
to the NCI-
CTCAE
v4.0
classificati
ons.
<
br>
Quality of
life
(QoL)

Is
evaluated
using
EORTC

QLQ-C30
and the
STO22
questionna
ires.
<
br>
Centralize
d
evaluation
of PD-L1
expression

All efficacy
endpoints
(OS, PFS,
TTP, BRR
and DCR)

will be
evaluated
according
to the
expression
of PD-
L1.
<b
r>
Centralize
d
radiologica
l
assessment
s of
RECIST
v1.1
response

and
iRECIST
response
according
Seymour et
al. criteria
(22). For
exploratio
n,
secondary
endpoints
(OS, PFS,
TTP, BRR
and DCR)
will be
analysed
according

to this
 centralized
 review.

 ;Timepoint
 (s) of
 evaluation
 of this end
 point: One
 year after
 the last
 patient
 inclusion

Not recruiting	Peritoneal Carcinomat osis;Periton eal	Biological: anti-CEA CAR-T cells	Phase 1	Interve ntional	Allocation: N/A. Intervention model:	18	Safety of Intraperito neal CAR- T Cell	Progressio n-Free Survival;O verall	13/09/2018
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Metastases;
Colorectal
Cancer;Gastric
Cancer;Breast
Cancer;Pancreatic
Cancer;Carcinoembryonic
Antigen

Single
Group
Assignment.
Primary
purpose:
Treatment.
Masking:
None (Open
Label).

Infusions
as
Measured
by
Number of
Participant
s with
Adverse
Events
Survival;Bowel
Obstruction
Free
Survival;Changes
in
Quality of
Life;Response
by the
Peritoneal
Carcinomatosis
Index
(PCI);Radiographic
treatment
response
by

							MRI;Radio graphic treatment response by PET;Serolo gic response rates		
Not recruiting	Gastric Cancer;Canc er of the Stomach;Es ophagogastr ic Junction	Biological: BMS- 986213;Biolog ical: Nivolumab;D rug: XELOX;Drug:	Phase 2	Interve ntional	Allocation: 274 Randomize d. Intervention model: Parallel Assignment. Primary		BICR- Assessed Objective Response Rate (ORR) in Randomiz ed LAG-3	Objective Response Rate (ORR);Dur ation of Response (DOR);Ove rall	16/10/2018

FOLFOX;Dru

g: SOX

purpose:

Treatment.

Masking:

None (Open

Label).

Positive

(>=1 %)

Participant

s

Survival

(OS);Progr

ession-Free

Survival

(PFS);Num

ber of

Participant

s With

Adverse

Events

(AEs);Nu

mber of

Deaths;Nu

mber of

Participant

s With

Laboratory

Recruiting	B-cell Acute Lymphoblastic	Biological: CAR-T cell	Phase 1/Phase 2	Interventional	Allocation: N/A. Intervention	73	Number of Participants With	Abnormalities in Specific Liver Tests; Number of Participants With Laboratory Abnormalities in Specific Thyroid Tests	01/03/2018
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Leukemia;Lymphoma; Myeloid Leukemia;Multiple Myeloma;Hepatoma;Gastric Cancer;Pancreatic Cancer;Mesothelioma;Colorectal Cancer;Esophagus Cancer;Lung

immunotherapy

model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).

Adverse Events evaluated with NCI CTC AE, version 4.0 AR-T cells testing

Cancer;Glioma;Melanoma;Synovial Sarcoma;Ovarian Cancer;Renal Carcinoma

Not recruiting	Metastatic Gastric Cancer	Other: Immunotherapy responders/non-responders	Observational	50	Survival			04/07/2018	
Authorised	Histologically confirmed, resectable advanced gastric cancer GC	 Trade Name: OPDIVO (100mg/10ml) Pharmaceutical Form:	Human pharmaceutical (Phase I): no	Interventional clinical trial of medicinal products	Controlled: yes Randomised Open: yes Single blind: no	44	Main Objective: Primary endpoint is the rate of pathological	Secondary endpoint: point(s): Pathological response rate	23/05/2019

and	Concentrate	Therap	produc	Double	complete	(complete
adenocarcin	for solution	eutic	t	blind: no	responses	or subtotal
oma of the	for	explor		Parallel	(pCR) as	response
esophago-	infusion I	atory		group: yes	determine	pCR/pSR)
gastric	NN or	(Phase		Cross over:	d by	according
junction	Proposed	II): yes		no	pathologic	to the
 MedD	INN:	Therap		Other: no	al	Becker
RA version:	Nivolumab<	eutic		If	examinatio	criteria
21.1	br>Other	confir		controlled,	n of the	> 鈹 ?R0
Level: PT	descriptive	matory		specify	resected	resection
Classificatio	name:	-		comparator,	tumor	rate
n code	NIVOLUMA	(Phase		Other	following	鈹 ?Disease
10017758	B Concen	III): no		Medicinal	preoperati	-free
Term:	tration unit:	Therap		Product: yes	ve	survival
Gastric	mg/ml	eutic		Placebo: no	systemic	rate at 3
cancer	milligram(s)/	use		Other: no	therapy. A	years per
System	millilitre 			Number of	pCR rate of	RECIST

Organ	Concentration	(Phase	treatment	15%	is	1.1
Class:	n	type: IV): no	arms in the	expected	欵	?Overall
10029104	- equal Co		trial: 2	serves as	survival	
Neoplasms	ncentration			historical	rate at 3	
benign,	number: 10-			control,	years 	
malignant	 Pro			which	欵	?Safety
and	duct Name:			could be	and	
unspecified	Relatlimab<b			achieved	tolerability	
(incl cysts	r>Product			with the	 	
and polyps)	Code: BMS-			standard	欵	?Periope
	986016 P			FLOT	chemother	rative
 MedD	harmaceutica			apy based	morbidity	
RA version: 1	Form:			on the	and	
21.0	Solution for			results of	mortality	
Level: LLT	solution for			the FLOT4	 	
Classificatio	infusion I			trial. An	欵	?Feasibil
n	code NN	or				

10030151 Proposed
 Term: INN:
 Oesophagea Relatlimab

 l cancer r>Other
 System descriptive
 Organ name:
 Class: RELATLIMA
 10029104 - B
Concen
 Neoplasms tration unit:
 benign, mg/ml
 malignant milligram(s)/
 and millilitre

 unspecified Concentratio
 (incl cysts n type:
 and polyps) equal
Co
 ncentration

MedD number: 10-

increase to ity of
 35% in perioperati
 Arm B or D ve
 is assumed immunoth
 to be erapy and
 clinically immunoch
 relevant. ;S emotherap
 econdary y,
 Objective: completen
 鈇 ess of pre-
 etermina and
 tion of postoperat
 pathologic ive therapy
 al response

 rate 鈇 ?Patient
 (complete reported
 or subtotal outcomes

RA version:

Tra
21.0 de Name:
Level: LLT Fluorouracil-
Classificatio GRY 戸 50
n code mg/ml
P
10056267 roduct Name:
Term: 5-
Gastroesoph Fluorouracil<
ageal cancer br>Pharmace
System utical Form:
Organ Concentrate
Class: for solution
10029104 - for
Neoplasms infusion
I
benign, NN or
malignant Proposed
and INN:

response assessed
pCR/pSR) by Quality
according of Life
to the questionna
Becker ire

criteria<br 鈇 ?Transla
> 鈇 tional
urative endpoints:
(R0) tumor
resection sample,
rate
鈇 flow
ssessmen cytometry,
t of microbiom
disease- e analysis
free of gastric
Survival fluid and
(DFS) rate stool
;

unspecified Fluorouracil<
(incl cysts br>Other
and polyps) descriptive
;Therapeutic name: 5-
area: Fluorouracil<
Diseases [C] br>Concentra
- Cancer tion unit:
[C04] mg/ml
milligram(s)/
millilitre

Concentratio
n type:
equal
Co
ncentration
number: 50-

Tra
de Name:

at 3 years Timepoint(
per s) of
Response evaluation
Evaluation of this end
Criteria In point:
Solid Evaluation
Tumors s will be
(RECIST) done after
1.1
 鈥 鈥 reaching
valuation the
of overall correspon
survival ding end
(OS) rate at points.
3
years

鈥
ssessmen

Leucovorin
10
mg/ml
P
harmaceutica
l Form:
Concentrate
for solution
for
infusion
I
NN or
Proposed
INN:
CALCIUM
FOLINATE<
br>Other
descriptive
name: Folic

t of safety
and
tolerability

 鈦
eriperat
ive
morbidity
and
mortality

 鈦
easibility
of
perioperati
ve
immunoth
erapy and
immunoch

acid
Concentration
unit: mg/ml
milligram(s)/
millilitre

Concentration
type:
equal
Concentration
number: 10-

Trade Name:
Docetaxel-
ratiopharm 庐
20
mg/ml
Pharmaceutica

emotherapy,
completeness of pre-
and
postoperative
therapy
> 鈇 patient
reported
Quality of
Life
鈇
ranslational
endpoints
for
investigati

1 Form:
Concentrate
for solution
for
infusion
I
NN or
Proposed
INN:
Docetaxel
Other
descriptive
name:
DOCETAXEL
TRIHYDRAT
E
Concen
tration unit:
mg/ml

on of
immunom
odulatory
agents
alone and
in
combinatio
n with
cytotoxic
agents:<br
end
point(s):
Primary
endpoint is
the rate of
pCR as

milligram(s)/
millilitre

Concentration
type:
equal
Concentration
number: 20-

Trade Name:
ELOXATIN
片 5
mg/ml
Pharmaceutical
1 Form:
Concentrate
for solution
for

determine
d by
pathologic
al
examination of the
resected
tumor
following
preoperative
ve
systemic
therapy.

;
Timepoint(
s) of
evaluation

infusion
I

NN or

Proposed

INN:

OXALIPLATI

N
CAS

Number:

61825-94-

3
Concen

tration unit:

mg/ml

milligram(s)/

millilitre

Concentratio

n type:

equal
Co

ncentration

of this end

point:

Pathologic

al

examinatio

n of the

resected

tumor.

number: 5-

Not Recruiting	Advanced non-small-cell lung cancer and advanced gastric cancer which are indications for anti-cytotoxic T-lymphocyte-associated antigen-4, anti-programmed death-1, and anti-programmed death-ligand 1 antibodies.	Not applicable	Observational	Not selected	200	Primary outcomes: Subclinical or smoldering cardiac toxicity, defined as a composite of BNP elevation up to 200 pg/mL, positive	Secondary outcomes: (1) clinically apparent acute myocarditis; (2) acute heart failure, cardiogenic shock of unknown etiology, or symptoma	16/05/2018
----------------	---	----------------	---------------	--------------	-----	---	--	------------

troponin T, tic
elevated deteriorati
CK-MB, on in at
new-onset least one
morpholog New York
ical Heart
electrocard Associatio
iogram n
abnormalit functional
ies, or a class; (3)
reduction lethal
in the left arrhythmi
ventricular a,
ejection including
fraction of advanced
>10% or
complete

compared to baseline. AV block, ventricular tachycardia, or fibrillation;
(4) cardiac death, new-onset acute coronary syndromes, any coronary revascularization procedure;
(5) other

immune-
related
adverse
events,
including
dermatolo
gical,
ophthalmo
logical,
neurologic
al,
hematologi
cal,
gastrointes
tinal,
endocrine,
genitourin

ary,
 respiratory
 , and
 musculosk
 eletal
 adverse
 events; and
 (6) all-
 cause
 death.

Not Recruiting	Gastric or Gastroesoph ageal Junction Adenocarci noma	Product Name: Relatlimab/ Nivolumab 1:3 Dose	Fixed y	Human pharm acolog y	Interven ntional clinical trial of medici nal Randomised : yes	2420	Main Objective: - To compare OS of BMS- 986213	Secondary end point(s): 1/ Incidence of Adverse Events	06/07/2018
----------------	--	---	------------	-------------------------------	---	------	---	---	------------

MedDRA	Combination	(Phase	produc		combinatio	(AE)
version: 20.1	 	I): no	t	Open: no	n	with
	Product				chemother	2/
Level: PT	Code: BMS-	Therap		Single blind:	apy	with Incidence
	986213 	eutic		no	OS	of of Serious
Classificatio	Pharmaceutic	explor			chemother	Adverse
n code	al Form:	atory		Double	apy	alone Events
10017758	Solution for	(Phase		blind: yes	in	(SAEs)
	injection/inf	II): no			participant	
Term:	usion 			Parallel	s	with 3/
Gastric	INN	or Therap		group: yes	unresectab	Incidence
cancer	Proposed	eutic			le,	of AEs
	INN:	confir		Cross over:	untreated,	leading to
System	NIVOLUMA	matory		no	locally	discontinu
Organ	B 	-			advanced	ation
Class:	CAS	(Phase		Other: no	or	
10029104	- Number:	III):			metastatic	4/

Neoplasms benign, malignant and unspecified (incl cysts and polyps)	946414-94- 4 Current Sponsor code: BMS- 936558 Other descriptive name: MDX- 1106, ONO- 4538 Concentratio n unit: mg/ml milligram(s)/ millilitre Concentratio	yes Therap eutic use (Phase IV): no	If controlled, specify comparator, Other Medicinal Product: yes Placebo: no Other: no Number of treatment arms in the trial: 3	LAG-3 positive gastric or GEJ adenocarci noma - To compare PFS of BMS- 986213 in combinatio n with chemother apy with PFS of chemother	Number of deaths 5/ Incidence of laboratory abnormalit ies 6/ Objective Response Rate (ORR) 7/ Duration
---	--	--	--	--	--

10056267 n type:
equal

Term: Concentratio
Gastroesoph n number: 12-
ageal cancer

INN or
System Proposed
Organ INN:
Class: Relatlimab<b
10029104 - r>
Neoplasms Current
benign, Sponsor code:
malignant BMS-
and 986016

unspecified Other
(incl cysts descriptive
and polyps) name: anti-

apy alone of
as assessed Response
by Blinded (DOR)

Independe >
nt Central ;

Review Timepoint(
(BICR) in s) of
participant evaluation
s with of this end
unresectab point: 1/
le, Up to 5
untreated, years
locally

advanced 2/ Up to 5
or years
metastatic

LAG-3 3/ Up to 5

LAG-3
;Therapeutic Concentration
area: n unit:
Diseases [C] mg/ml
- Cancer milligram(s)/
[C04] millilitre
Concentration
n type:
equal
Concentration number: 4-

Pharmaceutical form of the
placebo:
Solution for
infusion

positive years
GC or GEJ

adenocarcinoma 4/ Up to 5
years

Secondary 5/ Up to 5
Objective: - years
To assess

the overall 6/ Up to 5
safety and years
tolerability

of BMS- 7/ Up to 5
986213 in years
combination

n with
chemotherapy with

Route of
administration
of the
placebo:

Intravenous
use

Pharmaceutic
al form of the
placebo:

Solution for
infusion

Route of
administration
of the
placebo:

Intravenous
use

chemother
apy alone
and in
treated
participant
s with
advanced
or
metastatic
GC or GEJ
cancer
tumors;

>

- To
compare
objective
response

Trade Name:
Opdivo (100
mg/10
ml)

Product
Name:
NIVOLUMA
B - 10ml vial-
COMMERCIAL
AL

Product
Code: BMS-
936558

Pharmaceutic
al Form:
Concentrate
for solution

rate (ORR)
of BMS-
986213 in
combinatio
n with
chemother
apy and
with ORR
of
chemother
apy alone
in
randomize
d
participant
s with
advanced

for
infusion

INN or
Proposed
INN:
NIVOLUMA
B

CAS
Number:
946414-94-
4

Current
Sponsor code:
BMS-
936558

Other
descriptive

or
metastatic
GC or GEJ
cancer, by
BICR and
by
investigato
r

- To
estimate
Duration
of
Response
(DOR) of
BMS-
986213 in
combinatio

name: MDX-
1106, ONO-
4538

Concentratio
n unit:
mg/ml
milligram(s)/
millilitre

Concentratio
n type:
equal

Concentratio
n number: 10-

Pharmaceutic
al form of the
placebo:

n with
chemother
apy and
with DOR
of
chemother
apy alone
in
randomize
d
participant
s with
advanced
or
metastatic
GC or GEJ
cancer, by

Solution for
infusion

Route of
administration
of the
placebo:

Intravenous
use

Pharmaceutic
al form of the
placebo:

Solution for
infusion

Route of
administration
of the
placebo:

BICR and
by

investigato
r

1)

unresectab

le,

untreated,

locally

advanced

or

metastatic

;

Primary

end

point(s): 1/

Intravenous
use

Overall
survival
(OS)

2/
Progressio
n Free
Survival
(PFS)

Timepoint(
s) of
evaluation
of this end
point: 1/
Up to 5
years

2/ Up to 5
years

Authorised	Advanced	 Product	Huma	Interve	Controlled:	83	Main	Secondary	24/10/2018
	gastrooesop	Name:	n	ntional	no Ran		Objective:	end	
	hageal and	Domatinostat	pharm	clinical	domised:		This trial is	point(s):	
	colorectal	 Product	acolog	trial of	no Ope		designed	Toxicity	
	cancer	Code:	y	medici	n:		to evaluate	and	
	 MedD	Domatinostat	(Phase	nal	no Singl		the safety	safety 	
	RA version:	 Pharmac	I): no	produc	e blind:		and	Progressio	
	20.0	eutical Form:	Therap	t	no Dou		efficacy of	n free	
	Level: PT	Tablet IN	eutic		ble blind:		administer	survival<b	
	Classificatio	N or	explor		no Paral		ing	r>Overall	
	n code	Proposed	atory		lel group:		Domatinos	survival<b	
	10009944	INN: (E)-N-	(Phase		no Cros		tat a r>Translati		
	Term: Colon	(2-	II): yes		s over:		histone	onal	
	cancer	aminophenyl	Therap		no Othe		deacetylate	endpoints;	
	System)-3-(1-(4-(1-	eutic		r: no If		lysine-	Timepoint(

Organ	methyl-1H-	confir	controlled,	specific	s)	of
Class:	pyrazol-4-yl)-	matory	specify	demethyla	evaluation	
10029104	- phenylsulfon	-	comparator,	se inhibitor	of this end	
Neoplasms	yl)-1H-	(Phase	Other	plus	point:	
benign,	pyrrol-3-yl)-	III): no	Medicinal	avelumab,	Toxicity	
malignant	acrylamide	Therap	Product:	an anti-	and safety	
and	tosylate	eutic	no Plac	PD-L1	will be	
unspecified	(IUPAC);	use	ebo:	monoclonal	assessed	
(incl cysts	proposed	(Phase	no Othe	l antibody	throughou	
and polyps)	INN:	IV): no	r: no 	in patients	t study on	
	domatinostat			with	an ongoing	
 MedD	 CAS			advanced	basis S	
RA version:	Number:			bowel,	urvival	
20.0	1186222-89-			stomach or	will be	
Level: LLT	8 Current			oesophage	assessed	
Classificatio	Sponsor code:			al	on an	
n code	4SC-			adenocarci	ongoing	

10042080 202
Othe
Term: r descriptive
Stomach name:
cancer None
Co
System ncentration
Organ unit: mg
Class: milligram(s)<
10029104 - br>Concentra
Neoplasms tion type:
benign, equal
Co
malignant ncentration
and number:
unspecified 100mg per
(incl cysts tablet-
and polyps)

Tra
de Name:

MedD Bavencio

noma who basis
have been
Transl
previously ational
treated endpoints
with will be
chemother based on
apy. This biopsy and
trial is in 2 plasma
stages: the samples at
first stage baseline,
(Phase IIA, C1 and C4.
safety run-
in) will
establish a
safe and
tolerated
dose of

RA version: Product
21.0 Name:
Level: PT Bavencio

Classification code al Form:
10030137 Concentrate
Term: for solution
Oesophagea for
1 infusion
I
adenocarcinoma NN or
System Proposed
Organ INN:
Class: Avelumab

10029104 - Number:
Neoplasms 1537032-82-
benign, 8
Other

Domatinos
tat in
combinatio
n with
avelumab
and the
second
stage
(Phase IIB,
efficacy)
will assess
the efficacy
of this
combinatio
n therapy
in
achieving

malignant descriptive
and name: Anti-
unspecified PD-
(incl cysts L1
and polyps) ntration unit:
;Therapeutic mg/ml
area: milligram(s)/
Diseases [C] millilitre
- Cancer Concentratio
[C04] n type:
equal
ncentration
number: 20
milligram-
millilitre

Product
Name:

radiologica
l response
according
to RECIST
1.1
criteria. ;Se
condary
Objective:
Assess
safety and
side effects
of
Domatinos
tat plus
avelumab
and impact
on survival

Domatinostat

Pharmac
eutical Form:
Tablet
IN
N or
Proposed
INN: (E)-N-
(2-
aminophenyl
)-3(1-(4-(1
methyl-1H-
p
CAS
Number:
1186222-89-
8
Current
Sponsor code:
4SC-

and
disease
control in
trial
population
. To
assess the
effect of
each drug
on the
cancer cells
in biopsies.
To assess
the effect
of therapy
on
survival. ;P

202
Other descriptive name:
None
Concentration
unit: mg milligram(s)
Concentration type:
equal
Concentration
number:
100mg per tablet-

primary endpoint(s):
Primary Objective
is to assess the efficacy of the addition of Domatinostat to avelumab therapy in patients with previously treated advanced

OGA and
CRC.

Outcome
me

asures:

ORR

according
to RECIST

1.1

measured

using CT
imaging.

Timepoint(
s) of

evaluation

of this

outcome

measure is
best
response at
6
months.Timepoi
nt(s) of
evaluation
of this end
point:
Primary
endpoint
of the main
study is
objective
response.
This will

be assessed
 on CT
 every 6
 weeks.
 Response
 will be best
 response
 assessed at
 any
 timepoint.

Not recruiting	Gastric and Esophagoga stric Junction Adenocarci noma	Drug: Nivolumab and Ipilimumab; Other: chemotherap y	Phase 2	Interve ntional	Allocation: Randomize d. Intervention model: Parallel Assignment.	197	Disease free survival (DFS)	Overall survival (OS);Loco- regional failure rates;Dista nt failure	17/07/2019
-------------------	--	--	------------	--------------------	---	-----	--------------------------------------	---	------------

Primary
purpose:
Treatment.
Masking:
None (Open
Label).

rates;Rate
of adverse
events
according
to NCI-
CTCAE;Q
uality of
life
assessed
with the
EORTC
Quality of
Life
Questionn
aire (QLQ-
C30)
version 3

Not Recruiting	Lung cancer, stomach cancer, hepatocellular cancer, pancreatic cancer, colorectal cancer, breast cancer	Experimental group: NK/NKT immunotherapy;	New Treatment Measure Clinical Study	Observational study	Case series	Experimental group: 180;	Tumor recurrence rate.; progression-free survival; overall survival;	01/03/2018
Not recruiting	Gastric Cancer	Biological: activated DCs; Procedure: radical surgery only	Phase 2	Interventional	Allocation: Non-Randomized. Intervention	120	progression-free survival recurrent rate; overall survival rate; immune-cells	01/07/2017

					model:			response;A		
					Parallel			dverse		
					Assignment.			event rate		
					Primary					
					purpose:					
					Treatment.					
					Masking:					
					None (Open					
					Label).					
Recruiting	Gastric	Drug:	5-	Phase	Interve	Allocation:	410	Percentage	Progressio	13/10/2017
	Adenocarci	Fluorouracil	1/Phas	ntional	Randomize			of	n-Free	
	noma or	(5-FU);Drug:	e 2		d.			Participant	Survival	
	Gastroesoph	Leucovorin;D			Intervention			s With	(PFS), as	
	ageal	rug:			model:			Objective	Determine	
	Junction	Oxaliplatin;D			Parallel			Response,	d by	
	Adenocarci	rug:			Assignment.			as	Investigato	
	noma or	Atezolizuma			Primary			Determine	r	

Esophageal Carcinoma	b;Drug: Cobimetinib; Biological: Ramuciruma b;Drug: Paclitaxel; Biological: PEGylated recombinant human hyaluronidase (PEGPH20); Drug: BL-8040; Drug: Linagliptin; Drug:	purpose: Treatment. Masking: None (Open Label).	d by Investigator According to RECIST v1.1; Overall Survival (OS); Percentage of Evaluation Participant Criteria in Solid Tumors (RECIST) Version 1.1 (v1.1); Percentage of Participant s with Adverse	According to RECIST v1.1; Overall Survival (OS); Percentage of Evaluation Participant s Who Are Alive at Month 6 and at Month 12; Duration of Response, as Determine
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Atezolizuma
b;Drug:
Cobimetinib;
Drug:
Cisplatin;Dru
g:
Tiragolumab;
Drug: 5-
Fluorouracil
(5-FU)

Events d by
(AEs);For Investigato
Arm 1L-A : r
Percentage According
of to RECIST
Participant v1.1;Perce
s with ntage of
Serious Participant
and Non- s With
serious Disease
Treatment- Control, as
related Determine
AEs d by the
Investigato
r per
RECIST
v1.1;Serum

Concentration of
Atezolizumab; Plasma

Concentration of
Cobimetinib; Plasma

Concentration of
PEGPH20; Plasma

Concentration of
BL-8040; Plasma

Concentration of
Linagliptin
;Percentage of
Participants
With
Anti-Drug
Antibody
(ADA) to
Atezolizumab;
Percentage of
Participants
With
ADA to
PEGPH20;

								Percentage of Participant s With ADA to BL-8040	
Not recruiting	Non-small Cell Lung Cancer;Small Cell Lung Cancer;Pancreas Cancer;Hepatocellular Carcinoma; Gastric Cancer;Renal	Biological: Infusion of iNKT cells and CD8+T cells	Phase 1/Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking:	40	Incidence of adverse events related to the infusion of cells;Objective Response Rate (ORR)	Hematologic analysis;Liver biochemical examination; Kidney biochemical examination	01/03/2017

Recruiting	1	Cell			None (Open			n;Tumor	
		Carcinoma			Label).			Marker	
	Colon	Biological:	Phase	Interve	Intervention	60	Toxicity	Survival	01/01/2017
	Cancer;Esop	CAR-T cell	1/Phas	ntional	model:		profile of	time of	
	hageal	immunothera	e 2		Single		the	anti-	
	Carcinoma;	py;Biological:			Group		EpCAM	EpCAM	
	Pancreatic	CAR-T cell			Assignment.		targeted	CAR T	
	Cancer;Pros	immunothera			Primary		CAR T cells in		
	tate	py;Biological:			purpose:		cells with	vivo;Anti-	
	Cancer;Gast	CAR-T cell			Treatment.		Common	tumor	
ric	immunothera			Masking:		Toxicity	efficacy of		
Cancer;Hep	py;Biological:			None (Open		Criteria for	CAR-T		
atic	CAR-T cell			Label).		Adverse	therapy by		
Carcinoma;	immunothera					Effects	Response		
Colon	py					(CTCAE)	Evaluation		
Cancer;Esop						version	Criteria In		
hageal						4.0;Toxicit	Solid		

Carcinoma;
Pancreatic
Cancer;Pros
tate
Cancer;Gast
ric
Cancer;Hep
atic
Carcinoma;
Colon
Cancer;Esop
hageal
Carcinoma;
Pancreatic
Cancer;Pros
tate
Cancer;Gast

y profile of Tumors
the (RECIST)
EpCAM v1.1
targeted
CAR T
cells with
Common
Toxicity
Criteria for
Adverse
Effects
(CTCAE)
version
4.0;Toxicit
y profile of
the
EpCAM

ric
Cancer;Hep
atic
Carcinoma;
Colon
Cancer;Esop
hageal
Carcinoma;
Pancreatic
Cancer;Pros
tate
Cancer;Gast
ric
Cancer;Hep
atic
Carcinoma

targeted
CAR T
cells with
Common
Toxicity
Criteria for
Adverse
Effects
(CTCAE)
version 4.0

Recruiting	gastric cancer	NRT group:NRT immunotherapy;	I+II (Phase I+Phase II)	Observational study	Case series	NRT group: 40;	mDFS;immunology indexes;	Serum markers;safety;	05/12/2016
Not recruiting	Gastric Cancer, Metastatic	Procedure: neoadjuvant chemoimmunotherapy	Phase 2	Interventional	Allocation: Randomized, Endpoint Classification: Efficacy Study, Intervention Model: Parallel Assignment, Masking: Open Label, Primary	150	Overall 2-year survival	Portability of the systemic therapy methods; Mortality; Downstaging tumor;Morbidity;Quality of life	01/12/2016

					Purpose:			
					Treatment			
Not recruiting	Breast Cancer; Lung Cancer; Pancreatic Cancer; Head and Neck Cancer; Ovarian Cancer; Colorectal Cancer; Gastric Cancer; Esophageal	Biological: INO-1400; Biological: INO-9012; Biological: INO-1401	Phase 1	Interventional	Allocation: Non-Randomized. Intervention model: Single Group Assignment. Primary purpose: Prevention. Masking: None (Open Label).	93	Adverse events graded in accordance with "Common Terminology Criteria for Adverse Events (CTCAE)", NCI version 4.03; Injection site reactions including, but not necessarily limited to, local skin erythema, induration, pain and tenderness at administration site; Changes in safety laboratory parameters	01/12/2014

Recruiting	Cancer;HepatoCellular Carcinoma	Precision Cell Immunotherapy;Advanced Gastric Cancer;Precision Cell Immunotherapy;Advanced	Drug: Chemotherapy;Biological: Precision Cell Immunotherapy;Drug: Chemotherapy;Biological: Precision Cell Immunotherapy	Phase 1/Phase 2	Interventional	Allocation: Randomized, Endpoint Classification: Safety/Efficacy Study, Intervention Model: Parallel Assignment, Masking: Open Label, Primary	40	Overall survival;Progress-free survival;Quality of life;Overall survival;Progress-free survival;Quality of life	01/08/2016
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	Gastric				Purpose:			
	Cancer				Treatment			
Recruiting	Precision	Drug:	Phase	Interve	Allocation:	40	Overall	Quality of 01/08/2016
	Cell	Chemotherap	1/Phas	ntional	Randomize		survival;Pr	life
	Immunothe	y;Biological:	e 2		d, Endpoint		ogress-free	
	rapy;Chemo	Precision			Classificatio		survival	
	therapy;Ad	Cells			n:			
	vanced				Safety/Effic			
	Malignancie				acy Study,			
	s				Intervention			
					Model:			
					Parallel			
					Assignment,			
					Masking:			
					Open Label,			
					Primary			

					Purpose:				
					Treatment				
Not recruiting	Colorectal Adenocarcinoma;Metastatic Cholangiocarcinoma;Metastatic Colorectal Carcinoma; Metastatic Digestive System Carcinoma; Metastatic Esophageal	Biological: Adoptive Immunotherapy;Biological: Aldesleukin; Drug: Cyclophosphamide;Other: Laboratory Biomarker Analysis;Biological: Pembrolizumab	Phase 1	Interventional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	1	Incidence of toxicity defined as grade 3 or 4 hematologic or grade 4 hematologic toxicity per Common Terminology Criteria for Adverse	Persistence of immune response defined by level of tetramer positive T cell population over time after T cell infusion;Persistence of an immune	09/08/2019

Carcinoma;
Metastatic
Gastric
Carcinoma;
Metastatic
Pancreatic
Adenocarci
noma;Stage
IV
Colorectal
Cancer
AJCC
v7;Stage IV
Esophageal
Cancer
AJCC
v7;Stage IV

Events response
version 4.0 defined by
T cell
interferon
gamma
release in
response to
selected
personaliz
ed peptide
antigens;P
ersistence
of an
immune
response
defined by
levels of

Gastric
Cancer
AJCC
v7;Stage IV
Pancreatic
Cancer
AJCC v6
and v7;Stage
IVA
Colorectal
Cancer
AJCC
v7;Stage IVB
Colorectal
Cancer
AJCC v7

intracellular
cytokine
staining of
T cells in
response to
stimulation
with
personalized
peptide
antigens;P
ersistence
of an
immune
response
defined by
detection
of antigen

spreading;
Proportion
of patients
who have
received T
cell
infusion
that is alive
and
progressio
n free
(complete
response
[CR] +
partial
response
[PR] +

stable
disease)
defined
based on
response
criteria
according
to
Response
Evaluation
Criteria in
Solid
Tumors
1.1;Time to
progressio
n;Respons
e rate (CR

Not Recruiting	gastric cancer	moxibustion treatment group:scarrin g moxibustion; Grain moxibustion combined with CIK group:Grain moxibustion combined with CIK treatment;CI	New Treatment Measu re Clinica l Study	Interven tional study	Parallel	moxibustion treatment group: 30;Grain moxibustion combined with CIK group:	White blood cells;lymphocyte;neutrophil;Platelet;CD19+;CD28+;CD8+/CD28-;CD3+/HLA-DR+;CD3+/HR-	+ PR);Overall survival	European Organization for Research and Treatment of Cancer Quality of Life Questionnaire;	08/06/2016
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K group:CIK
treatment;Bl
nk control
group:Don't
do anything
with normal
people;

30;CIK DR-;CD-
group: /CD16+56
30;Blan +;CD4+CD
k 25+;CD4+
control /CD29+;C
group: D4+/CD45
30; RA+;CD4+
/CD45RO
+;Different
ial
expression
analysis of
genes;GO
and KEGG
function
notes;rng-

Not recruiting	Gastric Cancer.	Biological: Autologous T cells-Based Immunotherapy	Phase 0	Interventional	Endpoint Classification: Safety/Efficacy Study, Intervention Model: Single Group Assignment, Masking: Open Label, Primary Purpose: Treatment	36	seq analysis; Progression-Free-Survival(PFS)	Incidences of adverse events or serious adverse events	01/03/2016
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Not recruiting	Stomach Neoplasms	N/A	Observational	Observational Model: Cohort, Time Perspective: Retrospective	250	overall survival		01/03/2010	
Recruiting	Liver Metastasis; Gastric Cancer	Biological: PIK-HER2;Biological: DC-PMAT	Phase 1/Phase 2	Interventional	Allocation: Randomized, Endpoint Classification: Safety/Efficacy Study, Intervention Model: Parallel	40	Overall survival	Progress-free survival;Quality of life	01/09/2015

Not recruiting	Gastric Cancer	Biological: CIK;Biological: T;Biological: CIK and ?d T	Phase 1/Phase 2	Interventional	Allocation: Randomized. Intervention model: Parallel Assignment. Primary purpose: Treatment. Masking:	120	Reduced size of the tumor.	Safety, as measured by the rate of adverse events and serious adverse events	01/12/2019
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Recruiting	gastric cancer	Simple chemotherapy group:chemotherapy ;Chemotherapy combined with immunotherapy group:Chemotherapy combined with	II (Phase II study)	Interventional study	Single (Investigator).	Randomized parallel controlled trial	Simple chemotherapy group: 40;Chemotherapy combined with immunotherapy	Progression free survival;overall survival;median survival time;	The disease control rate;Objective remission rate;molecular markers in serum;subsets of lymphocytes in PBMC;reg	11/02/2015
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		immunothera				group:		ulator T	
		py ;				40;		cell in	
								PBMC;sup	
								pressor T	
								cell in	
								PBMC;	
Recruiting	Breast	Biological:	Phase	Interve	Allocation:	54	Adverse	Time to	01/12/2014
	Cancer;Lun	INO-	1	ntional	Non-		events	progressio	
	g	1400;Biologic			Randomize		graded in	n;Antigen	
	Cancer;Panc	al: INO-9012			d, Endpoint		accordance	specific	
	reatic				Classificatio		with	cellular	
	Cancer;Hea				n:		"Common	immune	
	d and Neck				Safety/Effic		Terminolo	responses;	
	Squamous				acy Study,		gy Criteria	Antigen	
	Cell				Intervention		for	specific	
	Cancer;Ova				Model:		Adverse	ELISA;H&	
	rian				Single		Events	E stain;	

Cancer;Colo
rectal
Cancer;Gast
ric
Cancer;Esop
hageal
Cancer;Hep
atocellular
Cancer

Group
Assignment,
Masking:
Open Label,
Primary
Purpose:
Treatment

(CTCAE)", immunohi
NCI stochemist
version ry for
4.03;Injecti CD45,
on site CD3, CD8,
reactions FoxP3; and
including, TCRbeta
but not molecular
necessarily analysis of
limited to, baseline/a
local skin rchival
erythema, tumor
induration, tissue and
pain and relapsed
tenderness tumor
at tissue,
administra

Recruiting	Gastric Carcinoma	Biological: autologous gp96 vaccination;Drug: Oxaliplatin+S-1	Phase 1/Phase 2	Interventional	Allocation: Non-Randomized, Endpoint Classification: Safety/Efficacy Study, Intervention Model:	45	Disease free survival;Number of participants with adverse events related to gp96	Changes in antigen specific T cells;Overall survival	01/11/2014
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tion site when
 [;Changes possible.
 in safety
 laboratory
 parameters
 from
 baseline

Not recruiting	Metastatic Gastric Cancer;Metastatic Breast Cancer;Metastatic Colorectal Cancer;Met	Drug: OBI-833/OBI-821	Phase 1	Interventional	Allocation: 25	Parallel Assignment, Masking: Open Label, Primary Purpose: Treatment	immunotherapy	Safety and tolerability assessed by adverse events, changes in laboratory values, and changes in vital signs.	22/12/2015
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	astatic Lung Cancer				Treatment. Masking: None (Open Label).				
Not recruiting	Gastric Cancer	Biological: DC- CIK;Drug: S- 1;Drug: Cisplatin	Phase 1/Phase 2	Interven- tional	Allocation: 63 Non- Randomize d. Intervention model: Parallel Assignment. Primary purpose: Treatment. Masking:	63	Progressio n free survival(P FS)	Overall survival;R esponse rate;Adver se Events;Qu ality of life	01/02/2013

					None (Open Label).			
Not Recruiting	advanced gastric cancer	immunotherapy group:surgical resection, chemotherapy and immunotherapy;Control group:surgical resection, chemotherapy and immunotherapy;	II (Phase II study)	Observational study	Cohort study	immunotherapy group: 88;Control group: 266;	survival;	01/09/2005

Not Recruiting	Peritoneal carcinomatosis from colorectal and gastric cancer (adenocarcinoma) Cancer Malignant neoplasm of colon	Investigational medicinal product: trifunctional antibody catumaxomab (anti-EpCAM x anti-CD3) Application of medicinal product: intraperitoneal (i.p.) >Intervention	Phase II	Interventional	Phase II	40	1. Decrease of incidence of clinically significant malignant ascites >2. Decrease of the Incidence of intestinal obstruction with the need	1. Safety parameters : 1.1. The need to discontinue malignant catumaxomab infusion r>1.2. Frequency, relationship and intensity of clinically relevant	01/10/2011
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: Laparoscopy
or
laparotomy
and exact
staging of
peritoneal
carcinomatosi
s will be
mandatory.
Implantation
of an i.p.-port
or a catheter-
device will be
performed.
Patients with
laparoscopy
can be treated

surgical grade III
intervention and IV
n or adverse
parenteral events
nutrition < >2.
>3. Immunolo
Decrease gical
of the monitoring
incidence :
2.1.
of ECOG Induction
deteriorati of anti-
on
4. tumour
Decrease response <
of the br>2.2.
incidence Quality
of and
death
 quantity of

with the first dose of catumaxomab after 3 days. Patients with tumor debulking surgery or major resection (anterior resection, gastrectomy) can also be included. In this case,

5. Every epithelial parameter cell will be analysed separately (EpCAM)-in expression comparison

2.3.
n to Disseminated tumour cells and tumour stem cells within the peripheral blood during therapy

treatment starts at least 10 days after surgery. Further criteria for treatment include complete enteral nutrition and no postoperative problems (i.e. anastomotic leakage, abscess

>2.4. Anti-EpCAM and anti-HER2/neu humoral immune response
2.5. vascular endothelial growth factor (VEGF)-level during therapy
2.6.

formation
etc.). The 1st
cycle of
catumaxoma
b is
completed by
10-20-50-200
g on day 0-
3-7-10 after
start of
treatment.
Catumaxoma
b treatment is
followed by
intravenous
chemotherap
y within day

Induction
of human
anti-mouse
antibodies
(HAMA)
<2.7.
>2.7.
Systemic
levels of
catumaxo
mab after
i.p.
therapy

30 to 90. A regimen of oxaliplatin, leucovorin, and 5-fluorouracil (FOLFOX4, FOLFOX6, or FOLFIRI) for colorectal and fluorouracil, leucovorin, oxaliplatin (FLO) or fluorouracil, leucovorin, oxaliplatin,

and docetaxel
(FLOT) for
gastric cancer
is
recommende
d, but any
other
chemotherap
y according to
previous
chemotherap
y and
decision of
the medical
oncologist is
allowed. This
is followed by

a second cycle
of
catumaxoma
b i.p.
immunothera
py between
day 91 and
120; followed
by another
i.v.-
chemotherap
y between
day 121 and
day 180.
Multimodal
chemotherap
y including

biological
 modifiers (i.e.
 Cetuximab,
 Bevacizumab,
 Trastuzumab
 or others) is
 not
 permitted.

Not Recruiting	stage stomach cancer	I-III	Control group PS K before surgery group 3 times per day (3g) 2 weeks p.o. daily	Not selecte d	Interve ntional	Parallel Randomize d	50	Immunosu ppressive parameter(IL-6, IL-10, TGF- beta) E ach parameter is	Incidence of Surgical Site Infections< br>Surgica l stress marker (MCP-1; Monocyte	01/01/2010
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measured Chemoattr
to the actant
following Protein-
timing.<br 1)
Seru
>Before m
PSK albumin<b
administra r>Perioper
tion before ative
surgery<br changes of
>After PSK CRP

administra Withdraw
tion before al rate of
surgery<br clinical
>Within 3 path
P
days after eriod of
surgery<br hospitaliza
>3 weeks tion

								after surgery		
Not Recruiting	colon cancer, stomach cancer	Vaccination with peptide-pulsed dendritic cells	Phase I,II	Interventional	Single arm Non-randomized	10	Safety	Immunological and clinical efficacy	01/04/2005	
Not recruiting	Breast Cancer;Colorectal Cancer;Gall bladder Cancer;Gastric Cancer;Head and Neck Cancer;Liver	Biological: TRICOM-CEA(6D)	Phase 1	Interventional	Endpoint Classification: Safety Study, Intervention Model: Single Group Assignment, Masking: Open Label,	14	Safety	Immune response	01/01/2002	

	Cancer;Ovarian				Primary Purpose:				
	Cancer;Pancreatic				Treatment				
	Cancer;Testicular Germ Cell Tumor								
Not recruiting	Breast Cancer;Gastric Cancer;Lung Cancer;Ovarian Cancer;Unspecified Adult Solid	Biological: MVF-HER-2(628-647)-CRL 1005 vaccine	Phase 1	Interventional	Allocation: Non-Randomized, Endpoint Classification: Safety/Efficacy Study, Intervention Model:	0	Determine the optimum biologic dose of MVF-HER-2 (628-647)-CRL 1005 vaccine	Characterize the nature and severity of toxicity of this drug in these patients.;Document any clinical	01/03/2000

	Tumor, Protocol Specific				Single Group Assignment, Masking: Open Label, Primary Purpose: Treatment		that will responses induce to this snit-HER-2 drug in antibody these in patients patients. with metastatic or recurrent cancer	
Not recruiting	Breast Cancer;Gast ric Cancer;Ova rian Cancer	Biological: HER-2/neu intracellular domain protein;Biolo gical: therapeutic	N/A	Interve ntional	Endpoint Classificatio n: Safety Study, Intervention Model: Single	3	Safety	01/02/2000

		autologous			Group				
		dendritic cells			Assignment,				
					Masking:				
					Open Label,				
					Primary				
					Purpose:				
					Treatment				
Not	Breast	Biological:	Phase	Interve	Endpoint	24	Safety	Immune	01/02/1997
recruiting	Cancer;Colo	CEA RNA-	1	ntional	Classificatio			response	
	rectal	pulsed DC			n: Safety				
	Cancer;Extr	cancer			Study,				
	ahepatic Bile	vaccine			Intervention				
	Duct				Model:				
	Cancer;Gall				Single				
	bladder				Group				
	Cancer;Gast				Assignment,				
	ric				Masking:				

Cancer;Head and Neck
Cancer;Liver
Cancer;Lung
Cancer;Metastatic
Cancer;Ovarian
Cancer;Pancreatic
Cancer;Testicular Germ
Cell Tumor

Open Label,
Primary
Purpose:
Treatment

COMPLETE	Advanced	BIOLOGICA	EARL	INTER	Allocation:	9	Objective	Duration	2018/2/9
D	Gastroesoph	L:	Y_PH	VENTI	NA Interve		response	of	
	ageal	Pembrolizum	ASE1	ONAL	ntion		rate (ORR),	response,	
	Junction	ab			Model:		Defined as	Based on	
	Adenocarci				SINGLE_G		the	assessment	
	noma Clini				ROUP Mas		proportion	s by MD	
	cal Stage III				king:		of the	Anderson	
	Esophageal				NONE Pri		subjects in	radiology	
	Adenocarci				mary		the	per	
	noma AJCC				Purpose:		analysis	RECIST	
	v8 Clinical				TREATME		population	1.1.	
	Stage III				NT		who have a	Summary	
	Gastric						complete	statistics	
	Cancer						response	using	
	AJCC						(CR) or	Kaplan-	
	v8 Clinical						partial	Meier	
	Stage IV						response	method, if	

Esophageal
Adenocarci
noma AJCC
v8 | Clinical
Stage IV
Gastric
Cancer
AJCC
v8 | Clinical
Stage IVA
Esophageal
Adenocarci
noma AJCC
v8 | Clinical
Stage IVA
Gastric
Cancer

(PR). sample
Responses size
are based permits.,
on From first
assessment documente
s by the d evidence
blinded of CR or
MD PR up to 4
Anderson years |Dise
radiology ase control
per rate,
Response Defined as
Evaluation the
Criteria in percentage
Solid of subjects
Tumors who have
(RECIST) achieved

AJCC
v8 | Clinical
Stage IVB
Esophageal
Adenocarci
noma AJCC
v8 | Clinical
Stage IVB
Gastric
Cancer
AJCC
v8 | Gastroes
ophageal
Junction
Adenocarci
noma | Meta
static

1.1. Exact CR, PR, or
method stable
based on disease
binomial (SD) for at
distributio least 24
n weeks
(Clopper- based on
Pearson assessment
method)., s by MD
Up to 4 Anderson
years radiology
per
RECIST
1.1. Exact
method
based on
binomial

Gastroesophageal
Junction
Adenocarcinoma | Pathologic Stage
III
Esophageal
Adenocarcinoma AJCC
v8 | Pathologic Stage III
Gastric
Cancer
AJCC
v8 | Pathologic Stage

distribution
(Clopper-Pearson
method),
Up to 4
years | Time
to
progression,
Assessed
per
RECIST 1.1
based on
assessments by MD
Anderson

IIIA
Esophageal
Adenocarci
noma AJCC
v8 | Patholo
gic Stage
IIIA Gastric
Cancer
AJCC
v8 | Patholo
gic Stage
IIIB
Esophageal
Adenocarci
noma AJCC
v8 | Patholo
gic Stage

radiology.
Summary
statistics
using
Kaplan-
Meier
method.,
From the
first day of
study
treatment
up to 4
years | Pro
gression-
free
survival
per

IIIB Gastric
Cancer
AJCC
v8 | Patholo
gic Stage
IIIC Gastric
Cancer
AJCC
v8 | Patholo
gic Stage IV
Esophageal
Adenocarci
noma AJCC
v8 | Patholo
gic Stage IV
Gastric
Cancer

RECIST 1.1
based on
assessment
s by MD
Anderson
radiology,
Summary
statistics
using
Kaplan-
Meier
method.,
From the
first day of
study
treatment
to the first

AJCC
v8 | Pathologic Stage
IVA
Esophageal
Adenocarcinoma AJCC
v8 | Pathologic Stage
IVB
Esophageal
Adenocarcinoma AJCC
v8 | Postneoadjuvant
Therapy
Stage III

documented disease progression up to 4 years | Overall survival, Summary statistics using Kaplan-Meier method., From first dose of study medication

Gastric
Cancer
AJCC
v8 | Postneo
adjuvant
Therapy
Stage IV
Gastric
Cancer
AJCC
v8 | Unresect
able
Gastroesoph
ageal
Junction
Adenocarci
noma

up to 4
years | Inci
dence of
adverse
events,
Defined by
National
Cancer
Institute
Common
Terminolo
gy Criteria
for
Adverse
Events
(CTCAE),
version 4.0.

Adverse
events will
be
assessed.
Specific
events will
be
collected
and
designated
as events
of clinical
interest
(ECIs)., Up
to 30 days
post
treatment

ACTIVE_NO	Non-Small	DRUG: N-803	PHAS	INTER	Allocation:	147	Objective	Disease-	2018/12/11
T_RECRUITI	Cell Lung	+	E2	VENTI	NON_RAN		Response	specific	
NG	Cancer Sm	Pembrolizum		ONAL	DOMIZED		Rate,	Survival,	
	all Cell Lung	ab DRUG:			Intervention		Assess	Assess	
	Cancer Uro	N-803 +			Model:		ORR,	time from	
	thelial	Nivolumab			PARALLEL		defined as	first	
	Carcinoma	DRUG: N-803			Masking:		Investigato	treatment	
	Head and	+			NONE Pri		r-assessed	to death	
	Neck	Atezolizuma			mary		CR + PR,	resulting	
	Squamous	b DRUG: N-			Purpose:		per	from	
	Cell	803 +			TREATME		RECIST	cancer., 24	
	Carcinoma	Avelumab D			NT		1.1., 24	months O	
	Merkel Cell	RUG: N-803 +					months	verall	
	Carcinoma	Durvalumab						Survival,	
	Melanoma	DRUG: N-						Assess	
	Renal Cell	803 +						time from	
	Carcinoma	Pembrolizum						first	

Gastric Cancer | Cervical Cancer | Hepatocellular Carcinoma | Microsatellite Instability | Mismatch Repair Deficiency | Colorectal Cancer

ab + PD-L1 t-
haNK | DRU
G: N-803 +
Nivolumab +
PD-L1 t-
haNK | DRU
G: N-803 +
Atezolizuma
b + PD-L1 t-
haNK | DRU
G: N-803 +
Avelumab +
PD-L1 t-
haNK | DRU
G: N-803 +
Durvalumab

treatment
to death
resulting
from any
cause., 24
months | Ti
me to
Response,
Assess
time to
response,
24
months | D
uration of
Response,
Assess
duration of

+ PD-L1 t-
haNK

response,
24
months | In
cidence of
Adverse
Events,
Assess
incidence
of adverse
events., 24
months | Q
uality of
Life (QOL),
Compare
changes in
QOL
scores

from
baseline,
24
months | Pr
ogression
Free
Survival,
Assess
time from
first
treatment
to disease
progressio
n or death
from any
cause,
whichever

time of maintain a
surgery minimum
time limit.

It includes
the cases of
CR and
PR., From
the
initiation
date of first
cycle (each
cycle is 21
days) to
the date of
first
documente
d

progression
or date of
death from
any cause,
whichever
came first,
assessed
up to 3
years | pCR
,
Pathologic
al
complete
response,
From the
initiation
date of first

cycle (each cycle is 21 days) to the date of operation, an average of 12 weeks | Disease-free survival (DFS), The time from the beginning of randomization to the

recurrence
of the
disease or
the death
of the
patient due
to disease
progressio
n,
3years | Ov
erall
survival(O
S), The
Kaplan-
Meier
survival
from the

initiation
date of first
cycle until
death from
any cause
or the last
follow-up
date., From
the
initiation
date of first
cycle to the
date of first
documente
d
progressio
n or date of

death from
any cause,
whichever
came
first,assess
ed up to 3
years |OSR
, overall
survival
rate, 3years

RECRUITIN G	Lung Cancer, Nonsmall Cell Renal Cell Carcinoma Melanoma	DIAGNOSTI C_TEST: Blood screening DI AGNOSTIC_ TEST: Tissue screening	PHAS E1 PH ASE2	INTER VENTI ONAL	Allocation: 200 RANDOMIZ ED Interv ention Model: PARALLEL Masking:	Differentia lly expressed genes in circulating immune cells	Associatio n of pre- treatment BMI, neutrophil -to- lymphocyt	2020/12/15
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Gastric	NONE Pri	between	e ratio and
Cancer He	mary	patients	other
patocellular	Purpose:	with and	clinical
Carcinoma	DIAGNOST	without	parameters
Endometrial	IC	irAEs.,	with
Cancer Mes		This	irAEs.,
othelioma		objective	Week 0-48
		will be	
		achieved	
		through	
		single-cell	
		sequencing	
		., Week 0-	
		48 Expres	
		sion of	
		TIM-3,	
		LAG3,	

VISTA and
other
inhibitory
checkpoint
molecules
on
tumour-
infiltrating
T cells., In
order to
ascertain
this result,
our
objective is
to utilize
spatial
transcripto

mics and
mass
spectromet
ry., Week
0-48

UNKNOWN	Advanced Gastric Cancer Ad vanced Gastroesoph ageal Junction Adenocarci noma	DRUG: PD-1 inhibitor(Tisl elizumab) ,S OX(S-1+ Oxaliplatin)	PHAS E2	INTER VENTI ONAL	Allocation: 20 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose: TREATME NT	Objective response rate (ORR), Defined as the proportion of patients whose tumors shrink for a certain period of	Disease control rate (DCR), Defined as the proportion of patients whose tumors shrink or remain stable for a	2021/1/15
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time, From certain
the period of
initiation time, From
date of first the
cycle (each initiation
cycle is 21 date of first
days) to cycle (each
the date of cycle is 21
first days) to
documente the date of
d first
progressio documente
n or date of d
death from progressio
any cause, n or date of
whichever death from
came first, any cause,

assessed
up to 1
years

whichever
came first,
assessed
up to 1
years | pCR
rate,
Pathologic
al
complete
response,
From the
initiation
date of first
cycle (each
cycle is 21
days) to
the date of

operation,
an average
of 12
weeks. | R0
resection
rate, Rate
of
microscopi
cally
margin-
negative
resection,
From the
initiation
date of first
cycle (each
cycle is 21

days) to
the date of
operation,
an average
of 12
weeks. | po
stoperative
complicati
ons,
Complicati
ons refer to
the
occurrence
of another
or several
diseases
related to

the
therapeuti
c behavior
of this
disease
during the
treatment
of a certain
disease,
Investigato
r
assessment
,from the
initiation
date of the
operation
day,

UNKNOWN	Stomach Neoplasms	BIOLOGICAL: EPCAM-targeted CAR-T cells	NA	INTERVENTIONAL	Allocation: 19 NA Intervention Model: SINGLE_GROUP Masking: NONE Primary Purpose: TREATMENT	19	Disease control rates, 0 to 180 days	Duration of remission, 0 to 180 days	Nov-15	assessed up to 1 years.
---------	----------------------	--	----	----------------	---	----	--------------------------------------	--------------------------------------	--------	-------------------------

RECRUITIN G	Metastatic Esophageal Cancer Met astatic Gastric Cancer	DRUG: Atezolizuma b	PHAS E1 PH ASE2	INTER VENTI ONAL	Allocation: 52 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose: TREATME NT	Safety run- in phase: To recommen d a safe and tolerable dose of combinatio n DKN-01 and atezolizum ab for use in the main (Phase IIB efficacy) phase of	The safety of DKN-01 plus atezolizum ab will be assessed in the Safety Population (SFP) according to the National Cancer Institute Common Terminolo gy Criteria	2020/2/11
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this trial, for
Progression Adverse
through Events
dose levels (NCI-
will be CTCAE)
determine version 5.0,
defined by the Up to 135
occurrence days after
of dose the last
limiting dose | Prog
toxicities in session
the study free
population survival
, The DLT (PFS)
period is according
28 days to RECIST
from the 1.1, PFS

start of the will be
combinatio estimated
n of DKN- in the
01 and mITT
atezolizum population
ab for any using the
given Kaplan
patient (i.e. Meier
from C2 method
D1)|Main and
phase IIB presenting
(efficacy) median
phase: Best survival
objective with 95%
response confidence
rate (ORR) intervals. 6
using month and

RECIST 1.1 1 year PFS
criteria, will also be
ORR will reported.
be defined PFS will be
in the defined as
mITT time from
population first drug
as the administra
proportion tion
of patients (C1D1) to
who have clinical/ra
achieved diological
CR or PR progressio
(as n or death
assessed from any
according cause., Up
to RECIST to 24

1.1 criteria) months | O
as their overall
best survival,
overall OS will be
response estimated
during in the
treatment. mITT
The rate population
will be using the
presented Kaplan
as a Meier
proportion method
with an and
exact 95% presenting
confidence median
interval., survival
24 months with 95%

confidence intervals. 6 month and 1 year OS will also be reported. PFS will be defined as time from first drug administration (C1D1) to clinical/radiological progression or death

from any
cause and
OS will be
defined
time from
first drug
administra
tion
(C1D1) to
date of
death from
any cause.,
Up to 24
months

RECRUITIN G	Advanced Gastric	DRUG: Paclitaxel D RUG:	PHAS E2	INTER VENTI ONAL	Allocation: 36 NA Interve ntion	Overall survival (OS), OS	The number of patients	2020/7/31
----------------	---------------------	---------------------------------	------------	------------------------	---	---------------------------------	------------------------------	-----------

Adenocarci
noma Olaparib | DR
 UG:
 Pembrolizum
 ab

Model:
SINGLE_G
ROUP | Mas
king:
NONE | Pri
mary
Purpose:
TREATME
NT

will be experienci
measured ng study
from the drug-
time of related
drug toxicities.,
administra Number of
tion at patients
Cycle 1, experienci
Day 1 until ng study
death due drug-
to any related
cause. All adverse
subjects adverse
who events
receive at Grade 3 or
least one higher as
dose of the defined by

3-drug CTCAE
combinatio v5.0., 4
n will be years
included.
Subjects
who
discontin
e treatment
prior to
Cycle 2
will not be
included in
the
analysis.
Any
patient not
known to

have died
at the time
of analysis
will be
censored
based on
the last
recorded
date on
which that
patient
was
known to
be alive.
Estimation
based on
the

RECRUITING	Gastric Cancer	DRUG: Sintilimab DRUG: Albumin-Paclitaxel DRUG: Capecitabine DRUG: Oxaliplatin RADIATION: Radiation PROCEDURE: Radical	PHASE2 PHASE3	INTERVENTIONAL	Allocation: 60 NA Intervention Model: SINGLE_GROUP Masking: NONE Primary Purpose: TREATMENT	1 year	R0 surgical resection percentage, Approximate 2 years after the first participant is included Operative conversion	2021/8/7
------------	----------------	--	-----------------	----------------	---	--------	--	----------

Kaplan-Meier curve., 4 years

gastric cancer

surgery

percentage

,

Approxim

ately 2

years after

the first

participant

is

included |

Overall

survival

(OS),

Approxim

ately 4

years after

the first

participant

is included |
Number of
participant
s
experienci
ng clinical
and
laboratory
adverse
events
(AEs),
Approxim
ately 4
years after
the first
participant

is included | Percentage of pathologic complete response(p CR), Approximately 2 years after the first participant is included

COMPLETE D	Esophagoga stric	DRUG: Telomelysin	PHAS E2	INTER VENTI ONAL	Allocation: 17 NA Intervention	Overall response rate, as	Disease control rate, as	2019/5/9
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Adenocarci
noma

Model: assessed assessed
SINGLE_G by by
ROUP | Mas radiograph radiograph
king: ic imaging, ic imaging,
NONE | Pri Examinati Examinati
mary on of on of
Purpose: patients subjects
TREATME with a with stable
NT partial disease, a
response partial
or response,
complete or
response., complete
2 year response.,
1
year | Dura
tion of

response,
as assessed
by
radiograph
ic imaging,
Defined as
the
duration
that
subjects
who have
responded
to
combinatio
n therapy
remain
without

disease
progressio
n., 1
year | Over
all
survival, as
assessed
by
survival,
Defined as
the time
from
registratio
n to death
from any
cause., 1
year | Prog

ression
free
survival, as
assessed
by
radiograph
ic imaging
and
survival.,
Defined as
the time
from
registratio
n to cancer
progressio
n or death
due to any

								cause, 1	
								year	
RECRUITIN	Gastric	DRUG:	PHAS	INTER	Allocation:	60	Progressio	Overall	Apr-23
G	Cancer	Fruquintinib	E2	VENTI	NA Interve		n free	survival	
		+PD-1		ONAL	ntion		survival	(OS),	
					Model:		(PFS),	Tumor	
					SINGLE_G		Tumor	assessment	
					ROUP Mas		assessment	will be	
					king:		will be	performed	
					NONE Pri		performed	using	
					mary		using	radiograph	
					Purpose:		radiograph	y method	
					TREATME		y method	every 8	
					NT		every 8	weeks	
							weeks,	until the	
							until the	occurrence	
							occurrence	of	

of progressive disease (PD), using RECIST v 1.1, from randomization until death due to any cause, EOT due to any cause, up to 3 years | Objective response rate (ORR), Tumor

assessment
will be
performed
using
radiograph
y method
every 8
weeks
until the
occurrence
of
progressiv
e disease
(PD), using
RECIST v
1.1, from
randomiza

tion up to
progressiv
e disease or
EOT due to
any cause,
assessed
up to 2
year | Disea
se control
rate (DCR),
Tumor
assessment
will be
performed
using
radiograph
y method

every 8
weeks
until the
occurrence
of
progressiv
e disease
(PD), using
RECIST v
1.1, from
randomiza
tion up to
progressiv
e disease or
EOT due to
any cause,
assessed

up to 2
year | Safet
y and
tolerance
evaluated
by
incidence,
severity
and
outcomes
of AEs,
Safety and
tolerance
will be
evaluated
by
incidence,

severity
and
outcomes
of AEs and
categorize
d by
severity in
accordance
with the
NCI CTC
AE
Version
5.0, from
first dose
to 30 days
post the
last dose

TERMINATE	Advanced	DRUG:	PHAS	INTER	Allocation:	409	Number of	Cmax	of	2015/11/9
D	Cancer	Avelumab D	E1 PH	VENTI	RANDOMI		participant	avelumab		
		RUG:	ASE2	ONAL	ZED Interv		s with	(MSB00107		
		Utomilumab			ention		Dose-	18C),		
		DRUG: PF-			Model:		Limiting	Cmax		
		04518600 DR			Masking:		Toxicities	defined as		
		UG: PD			NONE Pri		(DLT), For	the		
		0360324 DR			mary		Phase 1b:	maximum		
		UG: CMP-001			Purpose:		DLTs for	plasma		
					TREATME		Combinati	concentrati		
					NT		on A	on of		
							(avelumab	avelumab		
							and PF-	(MSB00107		
							05082566)	18C), Pre-		
							or	dose and 1		
							Combinati	hour post-		
							on B	dose on		

(avelumab Days 1, 8,
and PF- and 15 of
04518600) Cycle 1,
or then on
Combinati Day 1 of
on C Cycles 2, 4,
(avelumab 6, and
and PD 10 | Cmax
0360324) or of PF-
Combinati 05082566,
on D Cmax
(Avelumab defined as
and the
utomiluma maximum
b and PF- plasma
04518600)o concentrati
ccurring on of PF-

during the 05082566,
first 8 Pre-dose
weeks of and 1 hour
treatment post-dose
(first 2 on Days 1,
cycles). For 8, and 15 of
Phase 1b: Cycle 1,
DLT for and then
Combinati on Day 1 of
on F Cycles 3, 5,
(avelumab 8, and
plus CMP- 12 | Ctroug
001 and h of
utomiluma avelumab
b or PF- (MSB00107
04518600) 18C),
occurring Ctrough is

during the defined as
first 4 the trough
weeks of plasma
treatment concentrati
(first on at the
cycle), end of an
First 8 avelumab
weeks of dosage
treatment interval,
(Combinat Pre-dose
ion A-D) and 1 hour
First 4 post-dose
weeks of on Days 1,
treatment 8, and 15 of
(Combinat Cycle 1,
ionF) | Obje then on
ctive Day 1 of

Response - Cycles 2, 4,
Number of 6, and
Participant 10 | Ctroug
s With h of PF-
Objective 05082566,
Response, Ctrough is
For Phase defined as
2: Number the trough
of plasma
participant concentrati
s with on at the
objective end of a
response PF-
(ie, 05082566
confirmed dosage
complete interval.,
or partial Pre-dose

response and 1 hour
according post-dose
to RECIST on Days 1,
Version 8, and 15 of
1.1)., Cycle 1,
Baseline and then
up to on Day 1 of
approximately Cycles 3, 5,
24 8, and
months 12 | Anti-
Drug
Antibody
(ADA)
levels of
avelumab
(MSB00107
18C),

Immunogenicity
assessment
of
avelumab
(MSB00107
18C)., Pre-
dose on
Day 1 of
Cycles 1, 2,
4, 6, and
10 | Anti-
Drug
Antibody
(ADA)
levels of
PF-

05082566,
Immunoge
nicity
assessment
of PF-
05082566.,
Pre-dose
on Day 1 of
Cycles 1, 3,
5, 8, and
12 | Time to
Tumor
Response
(TTR),
Time to
Tumor
Response

(TTR) is defined for patients with confirmed objective response (CR or PR) as the time from the date of randomization to (NSCLC) or date of first dose of study

treatment
(melanoma
and
SCCHN) to
the first
documenta
tion of
objective
tumor
response.,
Baseline
up to
approxima
tely 24
months |D
uration of
Response

(DR),
Duration
of
Response
(DR) is
defined for
patients
with
confirmed
objective
response
(CR or PR)
as the time
from the
first
documenta
tion of

objective
tumor
response to
the first
documenta
tion of
objective
tumor
progressio
n or to
death due
to any
cause,
whichever
occurs
first,
Baseline

up to approximately 24 months | Progression-Free Survival (PFS), Progression-Free Survival (PFS) is defined as the time from the date of randomiza

tion
(NSCLC)
or date of
first dose
of study
treatment
(melanoma
and
SCCHN) to
the date of
disease
progressio
n by
RECIST
v1.1 or
death due
to any

cause,
whichever
occurs
first,
Baseline
up to
approximately 24
months | Overall
Survival
(OS),
Overall
Survival
(OS) is
defined as
the time

from the
date of
randomiza
tion
(NSCLC)
or date of
first dose
of study
treatment
(melanoma
and
SCCHN) to
the date of
death,
Baseline
up to
approxima

tely 24
months | T
umor
tissue
biomarker
s, Tumor
tissue
biomarker
s,
including,
but not
limited to,
PD-L1
expression
and tumor
infiltrating
CD8+ T

lymphocytes,
Baseline | C
max of PF-
04518600,
Cmax
defined as
the
maximum
plasma
concentration
of PF-
04518600,
Pre-dose
and 1 hour
post-dose
on Days 1,

8, and 15 of
Cycle 1,
then on
Day 1 of
Cycles 2, 4,
6, and
10 | Anti-
Drug
Antibody
(ADA)
levels of
PF-
04518600,
Immuno-
genicity
assessment
of PF-

04518600.,
Pre-dose
on Day 1 of
Cycles 1, 2,
4, 6, and
10 | Ctroug
h of PF-
04518600,
Ctough is
defined as
the trough
plasma
concentrati
on at the
end of a
PF-
04518600

dosage interval, Pre-dose and 1 hour post-dose on Days 1, 8, and 15 of Cycle 1, then on Day 1 of Cycles 2, 4, 6, and 10

RECRUITIN	Advanced	DRUG:	PHAS	INTER	Allocation:	91	Number of patients	2023/3/8
G	Cancer Ad	Fosifloxuridi	E1 PH	VENTI	NON_RAN		tolerating dose levels	
	vanced	ne	ASE2	ONAL	DOMIZED		(maximum tolerated	
	Solid	Nafalbenami			Intervention		dose; MTD) in each of	
	Tumor Neo	de DRUG:			Model:		the combinations, MTD	

plasm	Leucovorin	PARALLEL	of NUC-3373 in each of
Malignant	DRUG:	Masking:	the combinations in each
Metastatic	Pembrolizum	NONE Pri	patient, Assessed from
Cancer Mel	ab DRUG:	mary	baseline to 30 days after
anoma Clas	Docetaxel	Purpose:	last dose of study
sical		TREATME	drug Number of
Hodgkin		NT	patients reporting
Lymphoma			treatment-emergent
Non Small			adverse events (TEAEs)
Cell Lung			in each of the
Cancer Ren			combinations, TEAEs in
al Cell			each patient, including
Carcinoma			clinically significant
Urothelial			laboratory changes, and
Carcinoma			changes in physical
Head and			exam, vital signs and
Neck			serial

Squamous
Cell
Carcinoma |
Subungual
Squamous
Cell
Carcinoma |
Oesophagea
l
Carcinoma |
MSI-H
Colorectal
Cancer | Gas
tric
Cancer | Tri
ple Negative
Breast

electrocardiograms
(ECGs), Assessed from
baseline to 30 days after
last dose of study
drug | Number of
patients achieving a
reduction in tumour
volume (Objective
response rate; ORR),
ORR, defined as the
percentage of patients
achieving a confirmed
complete or partial
response to treatment,
based on Response
Evaluation Criteria in
Solid Tumours (RECIST)

	Cancer Endometrial Carcinoma Pleural Mesothelioma						v1.1 criteria or immune-related RECIST criteria (iRECIST)., Assessed from baseline to 30 days after last dose of study drug	
UNKNOWN	Breast Cancer Gastric Cancer	DRUG: Trastuzumab + NK cells	PHASE: PHASE 1 PHASE 2	INTERVENTION: INTERVENTION	Allocation: 29	Model: SINGLE_GROUP Masking: NONE Primary Purpose:	Number of Participants with Serious and Non-Serious Adverse Events, During cycle 1 (21 days) and for at least 21 days following a second NK cell infusion if administered: - Patients will be reviewed twice a week	Jan-14

TREATME

with

NT

* Limited physical examination to include blood pressure, heart rate, weight

* Full blood count, renal function and liver function tests

* Toxicity rating using the NCI CTC scale

* Concomitant medication notation and number of units required for transfusions

Any significant

abnormalities or significant toxicities have to be followed until recovery to baseline or 30 days after patient withdraws from the study, whichever occurs later.

During other cycles when only trastuzumab is administered (without NK cells infusion or IL-2) Patients will be reviewed once every cycle of every 3-weekly cycle, Up to 12-18

weeks | Duration of
Tumor Response
Measure, Among tumor
responders, the duration
of tumor response is
measured from the date
of enrolment until the
first date of documented
disease progression or
death due to any cause,
whichever occurs first.
Duration of tumor
response will be
censored at the date of
the last follow-up visit
for tumor responders
who are still alive and

who have not progressed., Up to 36 months | Time-to-Event Outcome Measure, Time to documented disease progression is defined as the time from the date of enrolment to the first date of documented disease progression. Time to documented disease progression will be censored at the date of death for patients who have not had documented disease progression. For patients

who are still alive at the time of analysis and who have not had documented disease progression, time to documented disease progression will be censored at the date of the last follow-up visit., Up to 36 months

ACTIVE_NO	Solid Tumor	DRUG:	PHAS	INTER	Allocation:	165	Number of	Efficacy of	2019/9/5
T_RECRUITI		Durvalumab	E4	VENTI	NON_RAN		participant	durvaluma	
NG				ONAL	DOMIZED		s with	b in terms	
					Intervention		adverse	of Overall	
					Model:		events as	Response	
					PARALLEL		assessed	Rate (ORR)	
					Masking:		by	in patients	

NONE | Pri
mary
Purpose:
TREATME
NT

Common who
Toxicity undergo
Criteria for retreatmen
Adverse t with
Events durvaluma
(CTCAE b, The
v5.0), analysis of
Type, ORR will
frequency be based
and on
severity of investigato
adverse r
events assessment
(including s using
those RECIST
treatment 1.1, 3
and post- years | Effic

treatment acy of
periods) durvaluma
will be b in terms
listed of
according Duration
to CTCAE of
v5.0, Response
Estimated (DOR) in
to be up to patients
3 years who
undergo
retreatmen
t with
durvaluma
b, The
analysis of
DOR will

be based
on
investigato
r
assessment
s using
RECIST
1.1, 3
years |Ove
rall
Survival
(OS),
Assessmen
ts of
Overall
Survival
will be

								made at	
								periodic	
								time points	
								until	
								death, 3	
								years	
RECRUITIN	Gastric	DRUG:	PHAS	INTER	Allocation:	25	Effect of	Overall	2021/11/5
G	Adenocarci	Capecitabine	E2	VENTI	NA Interve		chemo-	survival,	
	noma Esop	DRUG:		ONAL	ntion		and	Determine	
	hageal	Oxaliplatin			Model:		immunoth	overall	
	Adenocarci	DRUG:			SINGLE_G		erapy on	survival of	
	noma	Retifanlimab			ROUP Mas		the	patients	
					king:		interferon	within the	
					NONE Pri		gamma	study, 60	
					mary		expression	months O	
					Purpose:		signature	verall	
							in the	survival,	

TREATME	tumor	Compare
NT	microenvi	overall
	ornment,	survival
	RNA	with a
	expression	propensity
	analysis	score
	(Nanostrin	matched
	g)	to cohort, 60
	determine	months Pr
	changes in	ogression
	Interferon	free
	gamma	survival
	expression	(PFS),
	signature	Assess the
	before and	PFS of
	during	patients
	treatment,	within the

40 study, 60
months | Ef months | Pr
fect of ogression
chemo- free
and survival
immunoth (PFS),
erapy on Compare
the PFS with a
immune propensity
infiltrate in score
the tumor matched
microenvir cohort, 60
onment, months | R
Flow response
cytometry rate,
to Determine
determine response

changes in rate by
immune comparing
infiltrate in RECIST
the tumor evaluation
before and of CT scans
during before and
treatment, during
40 treatment,
months | Ef 60
fect of months | A
chemo- dverse
and events, To
immunoth determine
erapy on adverse
the events of
immune CapOx and
infiltrate retifanlima

on the b, 60
tumor months | M
microenvir easure
onment, PROMs via
Multicolor established
immunohi PROFILES,
stochemstr Patient
y to reported
determine outcome
changes in measures
immune (PROMs)
infiltrate in are
the tumor measured
before and with the
during established
treatment, PROFILES
40 months infrastruct

ure
(Patient
Reported
Outcomes
Following
Initial
treatment
and Long
term
Evaluation
of
Survivorsh
ip).
PROMs
will be
assessed
and

compared
at baseline
and
throughou
t
treatment,
60
months | P
ercentage
subsequen
t treatment
lines, The
percentage
of patients
proceeding
to
subsequen

UNKNOWN	Gastric Cancer	DRUG: Paclitaxel + S-1 + anti-PD-1 antibody (Peritoneal metastasis) DRUG: SOX regimen + anti-PD-1 antibody (Liver	PHAS E2	INTER VENTIONAL	Allocation: 60 NA Intervention Model: SINGLE_GROUP Masking: NONE Primary Purpose:	60	R0 resection rate, Defined as no residue under the microscope after resection, 6 months 2-year	Objective response rate, Defined as the proportion of patients whose tumors have shrunk to a	2020/12/30
---------	----------------	---	---------	-----------------	---	----	--	--	------------

metastasis,
para-aortic
lymph node
metastasis)

TREATME
NT

survival certain
rate, degree and
Defined as maintaine
the ratio of d for a
patients certain
surviving period of
two years time,
after including
randomiza CR+PR., 2
tion., 2- years |Path
years ologic
complete
response,
Defined as
the
number of
people

who have
achieved
complete
pathologic
al
remission
accounted
for the
proportion
of people
who met
the plan., 6
months |O
verall
survival,
Defined as
the time

from the start of randomization to the death of the patient., 2 years

ACTIVE_NO	HER2-	DRUG: ZW49	PHAS	INTER	Allocation:	174	Incidence	Serum	2019/4/15
T_RECRUITI	expressing		E1	VENTI	NA Interve		of dose-	concentrati	
NG	Cancers			ONAL	ntion		limiting	ons of	
					Model:		toxicities	ZW49, End	
					PARALLEL		(DLTs),	of infusion	
					Masking:		Number of	concentrati	
					NONE Pri		participant	on,	
					mary		s who	maximum	
					Purpose:		experience	serum	

TREATME
NT

d a DLT. concentrati
DLTs are on, and
events that trough
occur concentrati
following on of
administra ZW49, Up
tion of any to 7
amount of months |In
ZW49 and cidence of
are anti-drug
considered antibodies
related to (ADAs),
ZW49 per Number of
the participant
investigato s who
r. DLTs develop
will ADAs, Up

include to 7
only months | O
events bjective
considered response
related to rate (ORR),
ZW49., Up Number of
to 4 participant
weeks | Inc s who
idence of achieved a
adverse best
events, response of
Number of either
participant complete
s who or partial
experience response
d an during
adverse treatment

event, Up according
to 7 to the
months | In Response
cidence of Evaluation
lab Criteria in
abnormalit Solid
ies, Tumors
Number of (RECIST)
participant version 1.1,
s who Up to 6
experience months | D
d a isease
maximum control
severity of rate,
Grade 3 or Number of
higher participant
post- s who

baseline achieved a
laboratory best
abnormality, response of
y, complete
including response,
either partial
hematology response,
y and or stable
chemistry. disease
Grades are during
defined treatment
using according
National to the
Cancer Response
Institute's Evaluation
Common Criteria in
Terminology Solid

gy Criteria Tumors
for (RECIST)
Adverse version 1.1,
Events Up to 6
(CTCAE), months |D
version uration of
5.0., Up to response,
7 Median
months |In duration of
cidence of response
electrocard (in
iogram months)
(ECG) and and range
left (minimum,
ventricular maximum)
ejection , Up to 2
fraction years |Pro

(LVEF) progression-
abnormalities, free
survival,
Number of Median
participants who progression-
free survival
experience survival
d an (in
abnormal months)
ECG or and range
LVEF, Up (minimum,
to 7 maximum)
months|In , Up to 2
incidence of years|Over
dose rall
reductions survival,
of ZW49, Median

Number of overall
doses survival
reduced (in
and months)
number of and range
participant (minimum,
s who maximum)
require a , Up to 2
dose years
reduction,
Up to 7
months

RECRUITIN	Gastric	DRUG: PRL3-	PHAS	INTER	Allocation: 30	Objective response rate, 2019/9/3
G	Cancer He	zumab	E2	VENTI	NA Interve	From start of treatment
	patocellular			ONAL	ntion	to first occurrence of
	Carcinoma				Model:	disease progression or
					SINGLE_G	death, up to 2

Advanced
Solid Tumor

ROUP | Mas
king:
NONE | Pri
mary
Purpose:
TREATME
NT

years | Number of
patients that do not have
disease progression at 16
weeks from start of
treatment, Clinical
benefit rate at 16 weeks,
16 weeks after start of
treatment | Treatment
related adverse events
rate, From start of
treatment to 30 days
after last dose of study
drug

COMPLETE
D

Gastric
Cancer

DRUG: PD-1
antibody,
paclitaxel or
irinotecan,

PHAS
E2

INTER
VENTI
ONAL

Allocation: 30
NA | Interve
ntion
Model:

The Overall
Overall survival,
Response Time from
Rate, The the start of

2019/5/30

Apatinib
mesylate

SINGLE_G
ROUP | Mas
king:
NONE | Pri
mary
Purpose:
TREATME
NT

proportion treatment
of CR and to the
PR, From occurrence
date of of death,
randomiza From date
tion until of
the date of randomiza
first tion until
documente the date of
d death from
progressio any cause
n or date of or the last
death from visit date,
any cause, whichever
whichever came first,
came first, assessed
assessed up to 60

up to 24 months | Disease progression
months | Progression Control
Free rate, The Survival, proportion
Time from of CR, PR the start of and SD, treatment
From date to the of progression
randomization until disease, the date of
From date first of documente
randomized tion until progression
the date of n or date of

first death from
documented any cause,
d whichever
progression came first,
n or date of assessed
death from up to 24
any cause, months | a
whichever dverse
came first, events, The
assessed incidence
up to 36 of various
months adverse
events,
Until 3
months
after the

							end of the treatment		
TERMINATE D	Carcinoma, Squamous Cell of Head and Neck Gastr ic Adenocarci noma Gastr oesophageal Junction Adenocarci noma Non- small Cell Lung Cancer	BIOLOGICA L: ilixadencel D RUG: Pembrolizum ab	PHAS E1	INTER VENTI ONAL	Allocation: RANDOMIZ ED Interv ention Model: SEQUENTI AL Maskin g: NONE Pri mary Purpose: TREATME NT	21	Frequency of adverse events (AEs) (Phase 1b), Number of adverse events, Up to Week 27 Severit y of adverse events (AEs) (Phase 1b),	Antitumor Objective Response Rate (ORR) RECIST 1.1 (Phase 1b and Phase 2), Antitumor activity of ilixadencel plus CPI (checkpoin t inhibitor) in each	2019/1/14

Grading tumor
per type,
Common investigato
Terminolo r and
gy Criteria centrally
for assessed
Adverse using
Events RECIST
(CTCAE) (Response
v5.0, Up to Evaluation
Week Criteria in
27|Numbe Solid
r of Dose Tumors)
Limiting v1.1, Up to
Toxicities Week
(DLTs) 27| Antitu
(Phase 1b), mor

Dose Objective
Limiting Response
Toxicities Rate (ORR)
measured iRECIST
using (Phase 1b
CTCAE and Phase
v5.0 and 2),
protocol Antitumor
DLT activity of
definition., ilixadencel
Up to plus CPI
Week (checkpoin
27|Number t inhibitor)
r of in each
subjects tumor
with type,
clinically investigato

significant laboratory test abnormalities (Phase 1b), Grading per Common Terminology Criteria for Adverse Events (CTCAE) v5.0, Up to Week 27 | Clinical Benefit Rate (Phase 1b and Phase 2), Rate of

27 | Number of complete
of and partial
subjects response
with vital and stable
sign disease by
abnormalities investigated
ies (Phase 1 and
1b), Vital signs centrally
signs assessed
grading RECIST
per (Response
Common Evaluation
Terminology Criteria in
Criteria Solid
for Tumors)
Adverse v1.1, Up to
Events Week

(CTCAE) 27 | Durati
v5.0, Up to on of
Week response
27 | Antitu (Phase 1b
mor and Phase
Objective 2),
Response Measured
Rate (ORR) in weeks.
(Phase 2), Assessed
Antitumor using
activity of RECIST
ilixadencel v1.1 and
plus CPI iRECIST,
(checkpoin Up to 24
t inhibitor) months
in each after Cycle
tumor 1 Day

type, centrally assessed using RECIST (Response Evaluation Criteria in Solid Tumors) v1.1, Up to Week 27

1 | Time to Progression (TTP) (Phase 1b and Phase 2), Measured in weeks. Assessed using RECIST v1.1 and iRECIST, Up to 24 months after Cycle 1 Day

1 | Progress
ion-free
Survival
(PFS)
(Phase 1b
and Phase
2),
Measured
in weeks.
Centrally
assessed
using
RECIST
v1.1, Up to
24 months
after Cycle
1 Day

1 | Overall
Survival
(OS)
(Phase 1b
and Phase
2),
Measured
in months,
Up to 5
years | Freq
uency of
adverse
events
(AEs)
(Phase 2),
Number of
adverse

events, Up
to Week
27 | Severit
y of
adverse
events
(AEs)
(Phase 2),
Grading
per
Common
Terminolo
gy Criteria
for
Adverse
Events
(CTCAE)

v5.0, Up to
Week
27 | Number of Dose
Limiting
Toxicities
(DLTs)
(Phase 2),
Dose
Limiting
Toxicities
measured
using
CTCAE
v5.0 and
protocol
DLT

definition,
Up to week
27 | Numbe
r of
subjects
with
clinically
significant
laboratory
test
abnormalit
ies (Phase
2), Grading
per
Common
Terminolo
gy Criteria

for
Adverse
Events
(CTCAE)
v5.0, Up to
Week
27 | Numbe
r of
subjects
with vital
sign
abnormalit
ies (Phase
2), Vital
signs
grading
per

Common
Terminology
Criteria
for
Adverse
Events
(CTCAE)
v5.0, Up to
Week 27

RECRUITING	Advanced Esophageal Adenocarcinoma Advanced Gastric Adenocarcinoma Advanced Gastric Adenocarci noma Adv anced	DRUG: Fluorouracil DRUG: Leucovorin Calcium DR UG: Oxaliplatin DRUG:	PHASE 3	INTERVENTIONAL	Allocation: 382 RANDOMIZED Intervention Model: PARALLEL Masking: NONE Pri	Overall survival (OS), Will compare the distributio ns of OS between	Progression-free survival (PFS), PFS will be evaluated as a time to event	2023/1/23
------------	---	---	---------	----------------	--	---	---	-----------

Gastroesoph
ageal
Junction
Adenocarci
noma | Clini
cal Stage III
Esophageal
Adenocarci
noma AJCC
v8 | Clinical
Stage III
Gastric
Cancer
AJCC
v8 | Clinical
Stage III
Gastroesoph

Irinotecan | BI
OLOGICAL:
Nivolumab |
PROCEDUR
E: Magnetic
Resonance
Imaging | PR
OCEDURE:
Computed
Tomography
| PROCEDU
RE:
Biospecimen
Collection | O
THER:
Questionnair
e

mary
Purpose:
TREATME
NT

the two outcome
treatment and
arms to compared
determine in a
if patients secondary
treated manner
with between
modified the two
fluorouraci treatment
l, arms.
leucovorin Patients
calcium, who are
oxaliplatin, alive and
and progressio
irinotecan n-free at
(mFOLFIR their last
INOX) evaluation

ageal Administrati
Junction on
Adenocarci
noma AJCC
v8 | Clinical
Stage IV
Esophageal
Adenocarci
noma AJCC
v8 | Clinical
Stage IV
Gastric
Cancer
AJCC
v8 | Clinical
Stage IV
Gastroesoph

(with or will be
without censored at
nivolumab that time
) have an point., The
OS benefit time from
compared registratio
to those n to the
treated time of
with documente
fluorouraci d
l, progressio
leucovorin, n and/or
and death,
oxaliplatin assessed
(FOLFOX) up to 3
(with or years |Ove
without rall

ageal
Junction
Adenocarci
noma AJCC
v8 | Metastat
ic
Esophageal
Adenocarci
noma | Meta
static
Gastric
Adenocarci
noma | Meta
static
Gastroesoph
ageal
Junction

nivolumab response
) . Kaplan- rate, The
Meier best
methodolo response
gy will be achieved
used to after
estimate initiation
the of therapy
distributio on
ns for the protocol
treatment will also be
arms. To assessed
compare based on
the OS the
distributio Response
ns between Evaluation
the two Criteria in

Adenocarci
noma | Unre
sectable
Esophageal
Adenocarci
noma | Unre
sectable
Gastric
Adenocarci
noma | Unre
sectable
Gastroesoph
ageal
Junction
Adenocarci
noma

treatment Solid
arms, we Tumors
will use a (RECIST)
one-sided 1.1 criteria
logrank and will be
test to summarize
evaluate if d by
mFOLFIRI treatment
NOX (with arm. The
or without overall
nivolumab response
) is rate will be
superior to calculated
mFOLFOX as the
(with or number of
without patients
nivolumab who

) based on achieve a
an response
intention (partial
to treat response,
analysis. complete
The hazard response)
ratio, divided by
median the total
OS, and number of
estimated patients
OS rates at randomize
1 and 2 d to the
years will correspon
be ding
estimated treatment
along with arm., Up to
correspon 3

ding 95% years | Dur
confidence ation of
intervals. Response,
Multivaria The time
ble Cox between
proportion each
al hazards patient's
models best tumor
will also be response
used to and
assess the progressio
impact of n (or date
treatment of last
arm on OS disease
when assessment
stratifying for patients
on the who die

stratification without
n factors., progression
Up to 2 n or are
years from lost to
the time of follow-up),
randomization. assessed
up to 3
years | Inci
dence of
adverse
events, The
toxicity
and
tolerability
of each of
these
regimens

will be
evaluated
and
captured
using the
National
Cancer
Institute
(NCI)
Common
Terminolo
gy Criteria
for
Adverse
Events
(CTCAE)
version (v.)

5, where
the type
and
severity
grade of
each
adverse
event will
be
collected
and
tabulated
within
each of the
treatment
arms.
Perceived

attribution
to study
treatment
will also be
captured.
Tolerabilit
y will
further be
assessed
by
summarizi
ng the
numbers of
patients
who
require
dose

modificati
ons or
delays, and
reasons for
patients to
go off
treatment.,
Up to 3
years | Pati
ent
reported
outcomes,
Patient-
reported
side effect
assessment
s (Patient

Reported
Outcomes
\[PRO\]-
CTCAE)
will also be
collected
before and
during
therapy
and will be
summarize
d within
and
compared
between
treatment
arms. To

evaluate
between-
arm
differences
in patient-
reported
symptoma-
tic adverse
events as
assessed
by the
PRO-
CTCAE,
the
frequency
and
proportion

of patients
with a
maximum
post-
baseline
score
greater
than 0 will
be
compared
across
arms using
a χ^2
test or
Fisher's
exact test
with a

nominal
significance
level of
alpha =
0.10.
Similarly,
the
frequency
and
proportion
of patients
with a
maximum
post-
baseline
score
greater

than or
equal to 3
will be
compared
across
arms using
a χ^2
test or
Fisher's
exact test
with a
nominal
significanc
e level of
alpha =
0.10., At
baseline,

day 1 of
 cycles 1-8
 and day 1
 of each
 odd-
 numbered
 cycle
 thereafter

NOT_YET_R ECRUITING	Clinical Stage IV Gastric Cancer AJCC v8 Gastric Adenocarci noma Gastr oesophageal	BIOLOGICA L: Aldesleukin PROCEDUR E: Biopsy PRO CEDURE: Biospecimen Collection P	PHAS E1	INTER VENTI ONAL	Allocation: 15 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary	Change of reduction in the peritoneal carcinomat osis index, About 90 days after last dose of	Histologic al response of the peritoneal metastasis, Will be assessed using the peritoneal	Nov-23
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Junction Adenocarcinoma | Metastatic Gastric Carcinoma | Metastatic Malignant Neoplasm in the Peritoneum

PROCEDURE:
Computed Tomography | PROCEDURE:
RE:
Diagnostic Laparoscopy | DRUG:
Fluorouracil | DRUG:
Leucovorin Calcium | PROCEDURE:
Magnetic Resonance Imaging | BIOLOGICAL:

Purpose:
TREATMENT

aldesleukin (IL-2) | Incidence of adverse events, About 90 days after last dose of aldesleukin (IL-2) regression grading score. Will be reported descriptively, including reporting of frequencies, percentages and 95% confidence intervals., About 90

Nivolumab |
DRUG:
Oxaliplatin | P
PROCEDURE:
Positron
Emission
Tomography

days after
last dose of
aldesleuki
n (IL-
2) | Progres
sion free
survival,
Summary
statistics,
including
the median
and other
various
timepoints
will be
reported as
well as

95%
confidence
intervals.,
From
study
entry to the
first of
either
disease
progressio
n or death,
assessed
up to 3
years |Ove
rall
survival,
Summary

statistics,
including
the median
and other
various
timepoints
will be
reported as
well as
95%
confidence
intervals.,
From date
of study
entry to
date of
death or

COMPLETE	HER2	DRUG:	PHAS	INTER	Allocation:	44	Incidence	Objective-	2018/1/18
D	Positive	FATE-	E1	VENTI	NON_RAN		of dose-	response	
	Gastric	NK100 DRU		ONAL	DOMIZED		limiting	rate (ORR),	
	Cancer Col	G:			Intervention		toxicity	Objective-	
	orectal	Cetuximab			Model:		(DLT), The	response	
	Cancer Hea	DRUG:			PARALLEL		incidence	rate (ORR):	
	d and Neck	Trastuzumab			Masking:		of dose-	defined as	
	Squamous				NONE Pri		limiting	the	
	Cell				mary		toxicity	proportion	
	Carcinoma				Purpose:		(DLT)	of patients	
	EGFR				TREATME		within	who	
	Positive				NT		each dose	achieve	

last follow
up,
assessed
up to 3
years

Solid	cohort	partial
Tumor Adv	within the	response
anced Solid	first 28	(PR) or
Tumors HE	days after	complete
R2-positive	FATE-	response
Breast	NK100	(CR) per
Cancer He	administra	Response
patocellular	tion (ie,	Evaluation
Carcinoma	Day 1	Criteria in
Non Small	through	Solid
Cell Lung	Day 29),	Tumors
Cancer Ren	28 days	(RECIST)
al Cell		1.1 at any
Carcinoma		time on
Pancreatic		study., 28
Cancer Mel		days, 57
anoma		days, 113

days, 169

days, 225

days, 281

days, 337

days, and

366

days. | Pha

rmacokinet

ics (PK) of

FATE-

NK100,

The PK of

FATE-

NK100, as

assessed

by the

proportion

of
lymphocyt
es in
peripheral
blood that
are of
donor/pro
duct origin
at the
specified
time
points., 0
days, 1
day, 3
days, 5
days, 8
days, 12

days, 15
 days, 22
 days, 29
 days, 43
 days, 57
 days, 85
 days, 113
 days

UNKNOWN	Hepatocellular Carcinoma Non-small Cell Lung Cancer Pancreatic Carcinoma Triple-	BIOLOGICAL: anti-MUC1 CAR-pNK cells	PHASE 1 PHASE 2	INTERVENTIONAL	Allocation: 10 NA Intervention Model: SINGLE_GROUP Masking: NONE Primary	Phase I: Adverse events attributed to administration of the anti-MUC1 CAR-pNK	Phase II: Objective Response Rate, The objective response rate (ORR) is defined as the	Jul-16
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Negative
Invasive
Breast
Carcinoma |
Malignant
Glioma of
Brain | Color
ectal
Carcinoma |
Gastric
Carcinoma

Purpose:
TREATME
NT

cells, proportion
Determine of patients
the toxicity who
profile of achieve
the MUC1 radiograph
targeted ic partial or
CAR-pNK complete
cells with response
Common (PR or CR)
Toxicity according
Criteria for to the
Adverse Response
Effects Evaluation
(CTCAE) Criteria in
version Solid
4.0., 2 years Tumors
(RECIST)

NOT_YET_RECRUITING	Gastric Cancer, HIPEC, Anti-PD-1 Antibody Camrelizumab (SHR-1210), Chemotherapy and Surgery	DRUG: HIPEC, anti-PD-1 antibody Camrelizumab (SHR-1210), Chemotherapy and Surgery	NA	INTERVENTIONAL	Allocation: 46 NA Intervention Model: SINGLE_GROUP Masking: NONE Primary Purpose: TREATMENT	46	R0 resection, the rate of R0 resection, 3 months	v1.1 guideline., 2 years Overall survival, the overall survival time, 3 years Disease-Free Survival, Disease-Free Survival of participants with	2021/7/31
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advanced
gastric
cancer
with
peritoneal
metastasis
followed
by surgery,
3
years | OR
R,
Objective
Response
Rate, 3
years | Adv
erse
Events,

severity of 3 only, 2
adverse years | Dur
events ation of
(AEs) and response,
serious defined as
adverse the time
events, from date
Parts 1, 2, of first
3, 4, and 5, response
2 (CR or PR),
years | Obj Parts 1 and
ective 3 only, 2
response years | Dise
rate, ase control
defined as rate,
confirmed defined as
Complete CR, PR, or

Response stable
(CR) or disease for
Partial at least 6
Response months,
(PR), Parts Parts 1, 2,
2, 4, and 5, 3, 4, and 5,
2 2
years | Dur years | Esti
ation of mates of
response, selected
defined as pharmacok
the time inetics
from date (PK)
of first parameters
response for
(CR or PR), SBT6050,
Parts 2, 4, Cmax:

and 5, 2 Parts 1, 2,
years 3, 4, and 5,
2
years | Esti
mates of
selected
pharmacok
inetics
(PK)
parameters
for
SBT6050,
AUC: Parts
1, 2, 3, 4,
and 5, 2
years | Inci
dence of

antidrug
antibodies
(ADA) to
SBT6050,
Parts 1 and
2, 2
years | Pro
gression
free
survival,
Parts 2, 4,
and 5, 2
years

COMPLETE	Gastric or	BIOLOGICA	PHAS	INTER	Allocation:	114	Number of	Percentage	2015/3/31
D	Gastroesoph	L: MEDI4736	E1 PH	VENTI	RANDOMI		Participant	of	
	ageal	+	ASE2	ONAL	ZED Interv		s With	Participant	
	Junction	tremelimuma			ention		Treatment-	s With	

tremelimuma

b

medical best
occurrence response
in a (CR, PR,
participant stable
who disease
received \[SD\
study drug progressiv
without e disease
regard to \[PD\
possibility and not
of causal evaluable)
relationshi among all
p. A overall
serious responses
adverse recorded
event from date
(SAE) is an of

AE resulting in the following outcomes or deemed significant for other reason: death; initial or prolonged inpatient hospitalization; randomization of participant(s) or date of first dose of study drug until progression, or last evaluable disease assessment or discontinuation from the study, whichever

threatening occurred
g first. CR:
experience disappearance
(immediate risk of target/non
dying); -target
persistent lesions; PR:
or at least
significant 30%
disability/ decrease in
incapacity; sum of
congenital diameters
anomaly. (SOD) of
TEAEs are target
defined as lesions
events from
present at baseline;

baseline SD: neither
that sufficient
worsened shrinkage
in intensity to qualify
after for PR nor
administra sufficient
tion of increase to
study drug qualify for
or events PD from
absent at smallest
baseline SOD on
that study; PD:
emerged at least
after 20%
administra increase in
tion of SOD of
study target

drug., Day lesions
1 up to 90 from
days after smallest
the last sum on
dose study (at
(approxim least
ately 4 5mm),
years and appearanc
one e of one or
month) | N more new
umber of lesions,
Participant substantial
s With worsening
Dose in non-
Limiting target
Toxicities disease,
(DLTs) in increase in

Phase 1b, tumor
A DLT was burden
defined as leading to
any Grade discontinu
3 or higher ation of
toxicity therapy.,
that occurs From Day
during the 1 up to End
DLT of the
evaluation Treatment
period (EOT), 90
(From first days post-
dose of EOT, every
Study drug 3 months
\\[Day 1\\] (Q3M)
through 28 after Day
days after 90 post-

the EOT up to
administra 12 months
tion of post-EOT,
MEDI4736 and every
and 6 months
tremelimu after
mab). The month 12
DLTs are: post-EOT
any Grade (approxim
4 immune- ately up to
related 4 years and
adverse one
event month) | D
(irAE), any uration of
Grade Stable
\>=3 non- Disease
irAE, \>= (DSD) in

Grade 3 Phase 1b,
colitis, The DSD
Grade 3 or was
4 defined as
noninfectio the time
us from the
pneumonit date of first
is dose of
irrespectiv study
e of treatment
duration, for Phase
Grade 2 1b until the
pneumonit first date of
is, liver documente
transamina d PD (per
se RECIST
elevation v1.1), or

\> 8 腦 death due
upper limit to any
of normal cause,
(ULN) or whichever
total occurred
bilirubin first. PD is
\> 5 腦 at least a
20%
ULN. increase in
Immune- sum of
related diameters
AEs are of target
defined as lesions
AEs of an from
immune smallest
nature (ie, sum on
inflammat study (at
ory) in the

absence of least
a clear 5mm),
alternative appearanc
etiology., e of one or
From first more new
dose of lesions,
Study drug substantial
(Day 1) worsening
through 28 in non-
days after target
the disease,
administra increase in
tion of tumor
MEDI4736 burden
and leading to
tremelimu discontinu
mab | Num ation of

ber of therapy.
Participant Kaplan
s With Meier
Clinical method
Laboratory was used
Abnormalities to evaluate
DSD.,
Reported From Day
as TEAEs 1 up to End
in Phase of the
1b, Treatment
Number of (EOT), 90
participant days post-
s with EOT, every
clinical 3 months
laboratory (Q3M)
abnormalities after Day

ies 90 post-
reported as EOT up to
TEAEs are 12 months
reported. post-EOT,
Clinical and every
laboratory 6 months
abnormalit after
ies are month 12
defined as post-EOT
any (approxim
abnormal ately up to
findings in 4 years and
analysis of one
serum month) | M
chemistry, edian Best
hematolog Percentage
y, and Change

urine., Day From
1 up to 90 Baseline of
days after the Sum of
the last Longest
dose Diameters
(approxim (SLD) of
ately 4 Target
years and Lesions in
one Phase 1b,
month) |N Best
umber of percentage
Participant change
s With from
Abnormal baseline of
Vital Signs the SLD of
and target
Physical lesions per

Examinati ons Reported as in 1b, Number of participant s abnormal vital signs reported as TEAEs are reported. Abnormal vital signs are defined

RECIST v1.1 was derived as the biggest decrease or the smallest increase from baseline on the SLD among all post-baseline disease assessment including

as any unscheduled
abnormal findings in assessment
the vital signs. Best
percent
parameters change is
(temperature, blood maximum
pressure reduction
[BP], from
pulse rate baseline or
[or pulse the
oximetry minimum
at increase
screening] from
, and baseline in
respiratory the

rate). absence of
Abnormal a
physical reduction.,
examination From Day
ns are 1 up to End
defined as of the
any Treatment
abnormal (EOT), 90
impact on days post-
measurement EOT, every
events of 3 months
height and (Q3M)
weight., after Day
Day 1 up to 90 post-
90 days EOT up to
after the 12 months
last dose post-EOT,

(approximately every 4 to 6 months and after one month post-EOT) | Number of Participant s With Abnormal Electrocardiograms Reported as TEAEs in Phase 1b, Number of participant in Phase 12 months post-EOT) | Approximately up to 4 years and one month | Percentage of Participant s With Disease Control at 16 Weeks in Phase

s with 1b, The
abnormal disease
electrocard control
iograms rate at 16
(ECGs) weeks was
reported as defined as
TEAEs are the
reported. percentage
Abnormal of
ECGs are participant
defined as s who
any achieved a
abnormal BOR of
findings in confirmed
heart rate, CR,
PR, RR, confirmed
QRS and PR, or had

QT SD with
intervals duration of
from the SD for a
primary minimum
lead of the duration of
digital 12- 110 days,
lead ECG., following
Day 1 up to the date of
90 days first dose
after the of study
last dose drug. The
(approxim DC was
ately 4 defined as
years and a BOR of
one confirmed
month) | Ea CR,
stern confirmed

Cooperative Oncology Group (ECOG) Performance Status at Baseline in Phase 1b, The ECOG scale of performance status describes the level of functioning of participant

PR or SD per RECIST v1.1. CR: disappearance of all target/non-target lesions; PR: at least 30% decrease in sum of diameters (SOD) of target lesions

s in terms from
of their baseline;
ability to SD: neither
care for sufficient
themselves shrinkage
, daily to qualify
activity, for PR nor
and sufficient
physical increase to
ability. qualify for
ECOG PD from
Performan smallest
ce Status SOD on
Scorings study.,
are: 0= From Day
fully 1 up to 16
active, able weeks | Per

to carry on centage of
all pre- Participant
disease s With
performan Disease
ce without Control at
restriction; 24 Weeks
1= in Phase
restricted 1b, The
in disease
physically control
strenuous rate at 24
activity but weeks was
ambulator defined as
y and able the
to carry percentage
out work of
of a light or participant

sedentary s who
nature (for achieved a
example, BOR of
light house confirmed
work, CR,
office confirmed
work); 2= PR, or had
ambulator SD with
y and duration of
capable of SD for a
all self-care minimum
but unable duration of
to carry 166 days,
out any following
work the date of
activities, first dose
up and of study

about drug. The
more than DC was
50% of defined as
waking a BOR of
hours; 3= confirmed
capable of CR,
only confirmed
limited PR or SD
selfcare, per
confined to RECIST
bed or v1.1. CR:
chair more disappeara
than 50% nce of all
of waking target/non
hours; 4= -target
completely lesions; PR:
disabled, at least

cannot 30%
carry on decrease in
any self- sum of
care, diameters
totally (SOD) of
confined to target
bed or lesions
chair; 5= from
dead. The baseline;
baseline SD: neither
performan sufficient
ce status of shrinkage
participant to qualify
s is for PR nor
presented., sufficient
Baseline increase to
(Day qualify for

1) | Percent PD from
age of smallest
Participant SOD on
s With study.,
Objective From Day
Response 1 up to 24
(OR) in weeks | Pro
Phase 2, gression
OR: best Free
overall Survival at
response 6 Month in
(BOR) of Phase 1b,
confirmed The PFS-6
complete is the 6-
response month
(CR) or progressio
partial n-free

response survival
(PR) per rate, which
RECIST was the
v1.1. BOR: percentage
best of
response participant
(CR, PR, s who were
stable progressio
disease n free and
\[SD\], alive at 6
progressiv months.
e disease PFS was
\[PD\], defined as
and not the time
evaluabile) from the
among all date of first
overall dose of

responses study drug
recorded for Phase
from date 1b
of participant
randomiza s to the
tion for earlier of
Arm A, B, the dates of
C the first
participant objective
s or date of documenta
first dose tion of
of study radiograph
drug for ic disease
Arms D, E progressio
participant n (per
s until RECIST
progressio v1.1) or

n, or last death due
evaluable to any
disease cause. PFS
assessment was
or censored at
discontinuation the date of
from their last
the study, evaluable
whichever tumor
occurred assessment
first. CR: . Kaplan
disappearance Meier
method
target/non was used
-target to evaluate
lesions; PR: PFS., From
at least Day 1 upto

30% decrease in sum of diameters (SOD) of target lesions from baseline; SD: neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for

6 months | N
umber of
Participant
s
With
Treatment-
emergent
Adverse
Events
(TEAEs)
and
Treatment
Emergent
Serious
Adverse
Events
(TESAEs)

PD from in Phase 2,
smallest An adverse
SOD on event (AE)
study; PD: is any
at least untoward
20% medical
increase in occurrence
SOD of in a
target participant
lesions who
from received
smallest study drug
sum on without
study (at regard to
least possibility
5mm), of causal
appearanc relationshi

e of one or p. A
more new serious
lesions, adverse
substantial event
worsening (SAE) is an
in non- AE
target resulting in
disease, any of the
increase in following
tumor outcomes
burden or deemed
leading to significant
discontinu for any
ation of other
therapy., reason:
From Day death;
1 up to End initial or

of the prolonged
Treatment inpatient
(EOT), 90 hospitaliza
days post- tion; life
EOT, every threatenin
3 months g
(Q3M) experience
after Day (immediat
90 post- e risk of
EOT up to dying);
12 months persistent
post-EOT, or
and every significant
6 months disability/
after incapacity;
month 12 congenital
post-EOT anomaly.

(approximately up to 4 years and one month) | Progression-free survival at 6 months (PFS-6) is the primary endpoint of the PFS-6 study. TEAEs are defined as events present at baseline that worsened in intensity after administration of the study drug or events absent at baseline that emerged

rate, which after
was the administra
percentage tion of
of study
participant drug., Day
s who were 1 up to 90
progressio days after
n free and the last
alive at 6 dose
months. (approxim
PFS was ately 4
defined as years and
the time one
from the month) |N
date of first umber of
dose of Participant
study drug s With

for Arm A, Clinical
B, and C Laboratory
participant Abnormali
s or the ties
date of first Reported
dose of as TEAEs
study drug in Phase 2,
for Arm D Number of
and Arm E participant
participant s with
s to the clinical
earlier of laboratory
the dates of abnormalit
the first ies
objective reported as
documenta TEAEs are
tion of reported.

radiograph Clinical
ic disease laboratory
progressio abnormalit
n (per ies are
RECIST defined as
v1.1) or any
death due abnormal
to any findings in
cause. PFS analysis of
was serum
censored at chemistry,
the date of hematolog
their last y, and
evaluabile urine., Day
tumor 1 up to 90
assessment days after
. Kaplan the last

Meier dose
method (approxim
was used ately 4
to evaluate years and
PFS-6., one
From Day month)|N
1 upto 6 umber of
months Participant
s With
Abnormal
Vital Signs
and
Physical
Examinati
ons
Reported
as TEAEs

in Phase 2,
Number of
participant
s with
abnormal
vital signs
reported as
TEAEs are
reported.
Abnormal
vital signs
are defined
as any
abnormal
findings in
the vital
signs

parameters
(temperature,
blood pressure
[BP],
pulse rate
[or pulse
oximetry at
screening],
and
respiratory
rate).

Abnormal
physical
examinations
are
defined as

any
abnormal
impact on
measurements
of
height and
weight,
Day 1 up to
90 days
after the
last dose
(approximately 4
years and
one
month) | Number of

Participant
s With
Abnormal
Electrocar
diograms
Reported
as TEAEs
in Phase 2,
Number of
participant
s with
abnormal
electrocard
iograms
(ECGs)
reported as
TEAEs are

reported.
Abnormal
ECGs are
defined as
any
abnormal
findings in
heart rate,
PR, RR,
QRS and
QT
intervals
from the
primary
lead of the
digital 12-
lead ECG.,

Day 1 up to
90 days
after the
last dose
(approxim
ately 4
years and
one
month) | Ea
stern
Cooperativ
e Oncology
Group
(ECOG)
Performan
ce Status at
Baseline in

Phase 2,
The ECOG
scale of
performan
ce status
describes
the level of
functionin
g of
participant
s in terms
of their
ability to
care for
themselves
, daily
activity,

and
physical
ability.
ECOG
Performan
ce Status
Scorings
are: 0=
fully
active, able
to carry on
all pre-
disease
performan
ce without
restriction;
1=

restricted
in
physically
strenuous
activity but
ambulator
y and able
to carry
out work
of a light or
sedentary
nature (for
example,
light house
work,
office
work); 2=

ambulator
y and
capable of
all self-care
but unable
to carry
out any
work
activities,
up and
about
more than
50% of
waking
hours; 3=
capable of
only

limited
selfcare,
confined to
bed or
chair more
than 50%
of waking
hours; 4=
completely
disabled,
cannot
carry on
any self-
care,
totally
confined to
bed or

chair; 5=
dead. The
baseline
performan
ce status of
participant
s is
presented.,
Baseline
(Day
1) | Percent
age of
Participant
s With
Disease
Control at
16 Weeks

in Phase 2,
The
disease
control
rate at 16
weeks was
defined as
the
percentage
of
participant
s who
achieved a
BOR of
confirmed
CR,
confirmed

PR, or had
SD with
duration of
SD for a
minimum
duration of
110 days,
following
the date of
randomiza
tion for
Arm A, B,
and C
participant
s and the
date of first
dose of

study drug
for Arm D
and E
participant
s. The DC
was
defined as
a BOR of
confirmed
CR,
confirmed
PR or SD
per
RECIST
v1.1. CR:
disappeara
nce of all

target/non

-target

lesions; PR:

at least

30%

decrease in

sum of

diameters

(SOD) of

target

lesions

from

baseline;

SD: neither

sufficient

shrinkage

to qualify

for PR nor
sufficient
increase to
qualify for
PD from
smallest
SOD on
study.,
From Day
1 up to 16
weeks | Per
centage of
Participant
s With
Disease
Control at
24 Weeks

in Phase 2,
The
disease
control
rate at 24
weeks was
defined as
the
proportion
of
participant
s who
achieved a
BOR of
confirmed
CR,
confirmed

PR, or had
SD with
duration of
SD for a
minimum
duration of
166 days,
following
the date of
randomiza
tion for
Arm A, B,
and C
participant
s and the
date of first
dose of

study drug
for Arm D
and E
participant
s. The DC
was
defined as
a BOR of
confirmed
CR,
confirmed
PR or SD
per
RECIST
v1.1. CR:
disappeara
nce of all

target/non

-target

lesions; PR:

at least

30%

decrease in

sum of

diameters

(SOD) of

target

lesions

from

baseline;

SD: neither

sufficient

shrinkage

to qualify

for PR nor
sufficient
increase to
qualify for
PD from
smallest
SOD on
study.,
From Day
1 up to 24
weeks | Du
ration of
Response
(DoR) in
Phase 2,
The DoR
was

defined as
the time
from the
date of first
documente
d response
(CR or PR)
until the
first date of
documente
d
progressio
n
according
to RECIST
v1.1 that
occurred

subsequen
tly after
response
or death
due to any
cause,
whichever
occurred
first. CR:
disappeara
nce of all
target/non
-target
lesions; PR:
at least
30%
decrease in

sum of
diameters
(SOD) of
target
lesions
from
baseline.
Kaplan
Meier
method
was used
to evaluate
DoR.,
From Day
1 up to End
of the
Treatment

(EOT), 90
days post-
EOT, every
3 months
(Q3M)
after Day
90 post-
EOT up to
12 month
post-EOT,
and every
6 months
after
month 12
post-EOT
(approxim
ately up to

4 years and
one
month) | Ti
me to
Response
(TTR) in
Phase 2,
TTR: time
from date
of
randomiza
tion of
participant
s for Arm
A, B, and C
or date of
first dose

of study
drug for
Arm D and
Arm E
until first
documente
d OR per
RECIST
v1.1. OR:
BOR of
confirmed
CR or PR
per
RECIST
v1.1. BOR:
best
response

(CR, PR,
SD, PD,
and not
evaluatable)
among all
overall
responses
recorded
from date
of
randomiza
tion/date
of first
dose of
study drug
until
progressio

n, or last
evaluable
disease
assessment
or
discontinu
ation from
the study,
whichever
occurred
first. CR:
disappeara
nce of all
target/non
-target
lesions; PR:
at least

30%
decrease in
SOD of
target
lesions
from
baseline;
SD: neither
sufficient
shrinkage
to qualify
for PR nor
sufficient
increase to
qualify for
PD from
smallest

SOD; PD:
at least
20%
increase in
SOD of
target
lesions
from
smallest
sum (at
least
5mm),
appearanc
e of one or
more new
lesions,
substantial

worsening
in non-
target
disease,
increase in
tumor
burden
leading to
discontinu
ation of
therapy.
Kaplan
Meier
method
used to
evaluate
TTR., From

Day 1 up to
End of the
Treatment
(EOT), 90
days post-
EOT, every
3 months
(Q3M)
after Day
90 post-
EOT up to
12 month
post-EOT,
and every
6 months
after
month 12

post-EOT
(approximately up to
4 years and
one
month) | D
uration of
Stable
Disease in
Phase 2,
The DSD
was
defined as
the time
from the
date of
randomiza

tion for
Arm A, B,
and C
participant
s or the
date of first
dose of
study drug
for Arm D
and Arm E
participant
s until the
first date of
documente
d PD (per
RECIST
v1.1), or

death due
to any
cause,
whichever
occurred
first. PD is
at least a
20%
increase in
sum of
diameters
of target
lesions
from
smallest
sum on
study (at

least 5
mm),
appearanc
e of one or
more new
lesions,
substantial
worsening
in non-
target
disease,
increase in
tumor
burden
leading to
discontinu
ation of

therapy.
Kaplan
Meier
method
was used
to evaluate
DSD.,
From Day
1 up to End
of the
Treatment
(EOT), 90
days post-
EOT, every
3 months
(Q3M)
after Day

90 post-
EOT up to
12 month
post-EOT,
and every
6 months
after
month 12
post-EOT
(approxim
ately up to
4 years and
one
month) | M
edian Best
Percentage
Change

From
Baseline of
the Sum of
Longest
Diameters
(SLD) of
Target
Lesions in
Phase 2,
Best
percentage
change
from
baseline of
the SLD of
target
lesions per

RECIST
v1.1 was
derived as
the biggest
decrease or
the
smallest
increase
from
baseline on
the SLD
among all
post-
baseline
disease
assessment
including

unschedul
ed
assessment
s. Best
percent
change is
the
maximum
reduction
from
baseline or
the
minimum
increase
from
baseline in
the

absence of
a
reduction.,
From Day
1 up to End
of the
Treatment
(EOT), 90
days post-
EOT, every
3 months
(Q3M)
after Day
90 post-
EOT up to
12 month
post-EOT,

and every
6 months
after
month 12
post-EOT
(approxim
ately up to
4 years and
one
month) | Pr
ogression
Free
Survival in
Phase 2,
The PFS
was
defined as

the time
from the
date of
randomiza
tion for
Arm A, B,
and C
participant
s or the
date of first
dose of
study
treatment
for Arm D
and E
participant
s to the

earlier of
the dates of
the first
objective
documenta
tion of
radiograph
ic disease
progressio
n (per
RECIST
v1.1) or
death due
to any
cause. PFS
was
censored at

the date of
their last
evaluable
tumor
assessment
. Kaplan
Meier
method
was used
to evaluate
PFS, From
Day 1 up to
End of the
Treatment
(EOT), 90
days post-
EOT, every

3 months
(Q3M)
after Day
90 post-
EOT up to
12 month
post-EOT,
and every
6 months
after
month 12
post-EOT
(approxim
ately up to
4 years and
one
month) | Pr

ogression
Free
Survival at
9 Month
(PFS-9) in
Phase 2,
The PFS-9
is the 9-
month
progressio
n-free
survival
rate, which
was the
percentage
of
participant

s who were
progressio
n free and
alive at 9
months.

PFS was
defined as
the time
from the
date of first
dose of
study drug
for Arm A,
B, C
participant
s or the
date of first

dose of
study drug
for Arm D
and E
participants
to the
earlier of
the dates of
the first
objective
documenta-
tion of
radiograph-
ic disease
progression
n (per
RECIST

v1.1) or
death due
to any
cause. PFS
was
censored at
the date of
their last
evaluative
tumor
assessment
. Kaplan
Meier
method
was used
to evaluate
PFS. From

Day 1 up to
9
months | Overall
Survival
(OS) in
Phase 2,
The OS
was
defined as
the time
from date
of
randomiza
tion for
Arm A, B,
and C

participant
s or the
date of first
dose of
study drug
for Arm D
and Arm E
participant
s until
death due
to any
cause. OS
was
censored at
last known
alive date.
Kaplan

Meier
method
was used
to evaluate
OS. Kaplan
Meier
method
was used
to evaluate
OS., From
Day 1 up to
End of the
Treatment
(EOT), 90
days post-
EOT, every
3 months

(Q3M)
after Day
90 post-
EOT up to
12 month
post-EOT,
and every
6 months
after
month 12
post-EOT
(approxim
ately up to
4 years and
one
month) | O
verall

Survival at
12 Months
in Phase 2,
The OS
was
defined as
the time
from date
of
randomiza
tion for
Arm A, B,
and C
participant
s or the
date of first
dose of

study drug
for Arm D
and Arm E
participants
until 12
months.

OS was
censored at
last known
alive date.

Kaplan

Meier

method

was used

to evaluate

OS. Kaplan

Meier

method
was used
to evaluate
OS and
95%
confidence
interval,
From Day
1 up to 12
months | P
ercentage
of
Participant
s With
Objective
Response
With

Positive
Interferon
Gamma
(IFN- γ)
Gene
Expression
in Phase 2,
Percentage
of
participant
s with OR
with
positive
IFN- γ
gene
expression
is reported.

OR: BOR
of
confirmed
CR or PR
per
RECIST
v1.1. BOR:
best
response
(CR, PR,
SD, PD,
and not
evaluable)
among all
overall
responses
recorded

from date
of
randomiza
tion for
Arm A, B,
C
participant
s or date of
first dose
of study
drug for
Arms D, E
participant
s until
progressio
n, or last
evaluable

disease
assessment
or
discontinu
ation from
the study,
whichever
occurred
first. CR:
disappeara
nce of all
target/non
-target
lesions; PR:
at least
30%
decrease in

sum of
diameters
(SOD) of
target
lesions
from
baseline;
SD: neither
sufficient
shrinkage
to qualify
for PR nor
sufficient
increase to
qualify for
PD from
smallest

SOD on
study; PD:
at least
20%
increase in
SOD of
target
lesions
from
smallest
sum on
study (at
least
5mm),
appearanc
e of one or
more new

lesions,
substantial
worsening
in non-
target
disease,
increase in
tumor
burden
leading to
discontinu
ation of
therapy.,
Day 1
through
Day 30
post EOT

(approximately 4 years and one month) | Percentage of Participants With Progression Free Survival (PFS) at 6 Month With Positive IFN- γ Gene

Expression
in Phase 2,
Percentage
of
participant
s with PFS
at 6 month
with
positive
IFN- 纬
gene
expression
is reported.
The PFS-6
is the 6-
month
progressio

n-free survival rate, which was the percentage of participants who were progression free and alive at 6 months. PFS was defined as the time from the date of first

dose of
study drug
for Arm A,
B, and C
participant
s or the
date of first
dose of
study drug
for Arm D
and Arm E
participant
s to the
earlier of
the dates of
the first
objective

documenta
tion of
radiograph
ic disease
progressio
n (per
RECIST
v1.1) or
death due
to any
cause. PFS
was
censored at
the date of
their last
evaluable
tumor

assessment
. Kaplan
Meier
method
was used
to evaluate
PFS-6.,
Day 1
through
Day 30
post EOT
(approxim
ately 4
years and
one
month) | Pe
rcentage of

Participants With Objective Response in Phase 2 by Programmed Death-ligand (PD-L1) Status, Percentage of participants with objective response in

Phase 2 by
programm
ed death-
ligand
(PD-L1)
status is
reported.
PD-L1 is a
protein
that may
be found
on some
normal
cells and in
higher-
than-
normal

amounts
on some
types of
cancer
cells. It
plays a role
in
regulating
the
immune
response
against
some types
of cancers
and
therefore,
is the

target for
some
anticancer
drugs. PD-
L1 status
was based
on the
percentage
of tumor
cells from
baseline
tumor
tissue
samples
with PD-
L1
membrane

staining:

PD-L1

high if \geq

1% tumor

cells (better

response),

PD-L1

low/neg if

$<$ 1%

tumor cells

(low

response),

Day 1

through

Day 30

post EOT

(approxim

COMPLETE	Ovarian M	BIOLOGICA	PHAS	INTER	Allocation:	12	To	ately	4	
D	elanoma Re	L:	E1	VENTI	RANDOMI		determine	years	and	
	nal Prostate	PSMA/PRA		ONAL	ZED Interv		the	one		
	Colorectal	ME BIOLOG			ention		immunolo	month)		
	Endometri	ICAL:			Model:		gic	levels	by	
	al	PSMA/PRA			SINGLE_G		response to	PCR		Feb-07
	Carcinoma	ME			ROUP Mas		the	analysis,		
	Cervical				king:		treatment	Every	6	
	Carcinoma				NONE Pri		with	Weeks me		
	Testicular				mary		MKC1106-	asure		
	Cancer Thy				Purpose:		PP	cytokine		
	roid				TREATME		regimen	levels,		
	Cancer Sm				NT		and 2) to	Every	6	

all Cell Lung
Carcinoma |
Mesothelio
ma | Breast
Carcinoma |
Esophageal
Carcinoma |
Gastric
Cancer | Pan
creatic
Carcinoma |
Neuroendoc
rine
Cancer | Liv
er
Cancer | Gall
bladder

determine Weeks | to
the safety describe
and any
adverse objective
event tumor
profile of responses
MKC1106- to the
PP, Every 6 treatment
Weeks with
MKC1106-
PP, Every 6
Weeks

Cancer | Bili
ary Tract
Cancer | Ana
l
Carcinoma |
Bone
Sarcomas | S
oft Tissue
Sarcomas | C
arcinoma of
Unknown
Origin,
Primary

RECRUITIN G	Lung Cancer Bro nchial Cancer No	DRUG: Recombinant oncolytic herpes	EARL Y_PH ASE1	INTER VENTI ONAL	Allocation: 24 NA Interve ntion Model:	Subject incidence of adverse t events, To	Disease Assessmen t for Disease	2023/3/30
----------------	---	---	----------------------	------------------------	---	--	--	-----------

n Small Cell Lung Cancer Small Cell Lung Cancer Sarcoma Colorectal Cancer Gastric Cancer Liver Cancer Breast Cancer Pancreatic Cancer Head and Neck	simplex virus type 1 (R130)	SINGLE_GROUP Masking: NONE Primary Purpose: TREATMENT	characterize the safety profile of R130 injection in patients with advanced solid tumors as measured by the incidence of Grade 3 or higher Common Terminology	Control Rate, Evaluate the efficacy endpoints of DCR by the investigator with RECIST v1.1 and iRECIST, Every 10 weeks for 12 months Disease
---	-----------------------------	---	---	---

Cancer | Ova
rian Cancer

gy Criteria Assessmen
for t for
Adverse Duration
Events, of
version 5.0 Response,
(CTCAE Evaluate
v5.0), Up the efficacy
to 6 endpoints
months |S of DOR by
subject the
incidence investigato
of r with
laboratory RECIST
abnormalit v1.1 and
ies, iRECIST,
Detection Every 10
of liver and weeks for

renal 12
function, months | Q
electrocard uality of
iogram, Life
routine Assessmen
blood t, Evaluate
examinatio with
n etc., Up EORTC
to 1 QLQ-C30,
month | Sy Every 6
stemic weeks for
Immune 12 months
Response,
Detection
of
increased
systemic

immune
Response
markers in
sera
(IL2,IL4,IL
6,IL8,IL10,
TNFa 镡孑
FN 纬, etc.)
and
peripheral
blood
mononucle
ar cells by
multi-
Color
fluorescen
ce-

activated
 cell sorting
 (FACS),
 Up to 6
 months

NOT_YET_R	HER2-	DRUG:	PHAS	INTER	Allocation:	44	Major	Pathologic	2022/4/1
ECRUITING	positive Lo	sintilimab D	E2	VENTI	RANDOMI		pathologic	al response	
	cally	RUG:		ONAL	ZED Interv		al response	rate (refer	
	Advanced	Trastuzumab			ention		rate	to Becker-	
	Solid	DRUG: S-1			Model:		(MPR),	TRG	
	Tumor Im	plus			PARALLEL		Proportion	evaluation	
	munotherap	oxaliplatin			Masking:		of subjects	standard),	
	y Sintilima				NONE Pri		with	TRG level	
	b S-				mary		residual	1-3:	
	1 Oxaliplati				Purpose:		tumor less		
	n Gastric or				TREATME		than 10%	1a: No	
	Gastroesoph				NT		or	tumor	

ageal
Junction
Adenocarci
noma

complete response,
Up to 6 months
remains at all
1b: Less than 10% of the tumor
remains 2: 10%-50% tumor
residual 3: More than 50% of the tumor
remains or there is no change in

the tumor,
Up to 3
years | Obj
ective
response
rate (ORR),
Proportion
of subjects
with initial
RECIST 1.1
measurabl
e disease
who have
complete
response
(CR) or
partial

response
(PR)
according
to
iRECIST,
Up to 3
years | Dise
ase-free
survival
(DFS),
Time from
Cycle 1
Day 1
treatment
administra
tion to the
first

documente
d event of:
disease
progressio
n, disease
recurrence
following
surgery
(preferably
biopsy
proven), or
death -
whichever
occurs
first., Up to
3
years |Ove

rall
survival
(OS), Time
from Cycle
1 Day 1
treatment
administra
tion to
death due
to any
cause., Up
to 3
years | Inci
cende of
Adverse
Events
(AEs),

Number of patients with AE, treatment-related AE (TRAE), immune-related AEs (irAE), AE of special interest (AESI), serious adverse event (SAE)

assessed
by CTCAE
v5.0., Up
to 3
years | Bio
marker
assessment
, To
analyze the
differences
of gene
and
immune
microenvi
ronment
biomarker
s among

patients
with
different
curative
effects, and
further
explore the
relationship
with the
efficacy of
clinical
treatment.

To analyze
the
correlation
between

peripheral
blood
indexes
and the
efficacy of
clinical
treatment.,
Up to 3
years

ENROLLING	Hepatocellular	OBSER	Observation	1000	Evaluate	Evaluate	2017/2/16
_BY_INVITA	Carcinoma Cholangiocarcinoma Gal	VATI	al Model:		the overall	the	
TION	bladder Cancer Biliary Tract	ONAL	Time		survival	recurrence	
	Cancer Gastric Cancer Colorectal		Perspective:		rate of all	free	
	Cancer		p		patients	survival	
					with	rate of	
					hepatobilia	patients	
					ry tumor,	with	

In order to identify the potential influence factors of hepatobiliary tumor patients survival, 5 years

hepatobiliary tumor, In order to identify the potential influence factors of hepatobiliary tumor patients recurrence samples from patients with hepatobiliary cancers,

5

years | Eval
uate the
cancer-
specific
survival
rate of
patients
with
hepatobilia
ry tumor,
In order to
identify
the
potential
influence
factors of
tumor-

induced
death in
patients
with
hepatobilia
ry tumors,
5
years | Eval
uate the
Progressio
n Free
Survival
rate of
patients
with
hepatobilia
ry tumor,

In order to identify the potential influence factors of tumor progression from patients with hepatobiliary cancers, 5 years

UNKNOWN	Gastric Cancer Colon Cancer	DRUG: adjuvant	NA	INTERVENTIONAL	Allocation: 120	NA Intervention	The change of diversity	The change of the number of	2019/12/20
---------	-------------------------------	----------------	----	----------------	-----------------	-------------------	-------------------------	-----------------------------	------------

chemotherapy

Model:
SINGLE_G
ROUP | Mas
king:
NONE | Pri
mary
Purpose:
OTHER

of Gastrin in
intestinal blood
flora in during
faeces chemother
during apy, the 1st
chemother day before
apy, The the start of
1st day each cycle
before the of
start of chemother
each cycle apy(each
of cycle is 21
chemother days, excep
apy, and t for the
the 1st day FOLFOX
after the regimen of
completion colon

of each cancer is 14
cycle of days), thro
chemother ough
apy(each chemother
cycle is 21 apy
days, excep completion
t for the , 6
FOLFOX months. | T
regimen of he change
colon of the
cancer is 14 number of
days), thro CD4+T cell
ugh and
chemother CD8+T cell
apy in blood
completion during
, six chemother

months. | T apy
he change chemother
of apy, the 1st
diversity day before
of urethral the start of
flora in each cycle
urine of
during chemother
chemother apy(each
apy, The cycle is 21
1st day days, excep
before the t for the
start of FOLFOX
each cycle regimen of
of colon
chemother cancer is 14
apy, and days),thro

the 1st day
after the chemotherapy
completion of each
cycle of , 6
chemotherapy months. | T
apy(each cycle is 21
days,except for the
t for the Interleukin
FOLFOX (IL)-
regimen of 2,Interleuk
colon in(IL)-
cancer is 14 4,Interleuk
days),through in(IL)-6, in
ugh blood
chemotherapy during

apy chemotherapy
completion apy, the 1st
, six day before
months. | T the start of
he change each cycle
of of
abundance chemother
of apy(each
intestinal cycle is 21
flora in days, excep
faeces t for the
during FOLFOX
chemother regimen of
apy, The colon
1st day cancer is 14
before the days), thro
start of ugh

each cycle chemother
of apy
chemother completion
apy, and , 6
the 1st day months. |T
after the he change
completion of the
of each number of
cycle of tumor
chemother necrosis
apy(each factor(TNF
cycle is 21)- 伪 in
days,except blood
t for the during
FOLFOX chemother
regimen of apy, the 1st
colon day before

cancer is 14 the start of
days),thro each cycle
ugh of
chemother chemother
apy apy(each
completion cycle is 21
, six days,excep
months.|T t for the
he change FOLFOX
of regimen of
abundance colon
of urethral cancer is 14
flora in days),thro
urine ugh
during chemother
chemother apy
apy, The

1st day completion
before the , 6 months.
start of
each cycle
of
chemother
apy, and
the 1st day
after the
completion
of each
cycle of
chemother
apy(each
cycle is 21
days,except
t for the

FOLFOX
regimen of
colon
cancer is 14
days), thro
ugh
chemother
apy
completion
, six
months. | T
he change
of
concentrati
on of
purine
metabolite

s in urine
during
chemother
apy, The
1st day
before the
start of
each cycle
of
chemother
apy, and
the 1st day
after the
completion
of each
cycle of
chemother

apy(each
cycle is 21
days,except
t for the
FOLFOX
regimen of
colon
cancer is 14
days),thro
ugh
chemother
apy
completion
, six
months. | T
he change
of

concentration of P-hydroxyphenylalanine metabolites in urine during chemotherapy, The 1st day before the start of each cycle of chemotherapy, and

the 1st day
after the
completion
of each
cycle of
chemother
apy(each
cycle is 21
days,excep
t for the
FOLFOX
regimen of
colon
cancer is 14
days),thro
ugh
chemother

s with PET, CEA
Adverse level, and
Events, To biopsy
determine
the safety 1. RECIST
and and
regimen immune
limiting related
toxicity response
(RLT) of a criteria
standard (MRI \&
of care PET)
treatment 2. By
with evidence of
Yttrium-90 tumor
Sir- necrosis
Spheres and

Microsphe fibrosis
res when (biopsy),
following 14
anti-CEA weeks | Ser
CAR-T um
hepatic cytokine
artery levels,
infusions Measurem
(HAI) for ent of
CEA- cytokines
expressing as
liver indicators
metastases of immune
, 14 weeks response,
14
weeks | CA
R-T

detection
in liver
tumors,
normal
liver, and
extrahepati
c sites,
Quantificat
ion of
CAR-T
cells in
biopsy and
blood
samples,
14 weeks

COMPLETE	Gastric	BIOLOGICA	PHAS	INTER	Allocation:	100	Objective	ORR	2018/3/26
D	Cancer	L:	E2	VENTI	NON_RAN		response	according	
		Pembrolizum		ONAL	DOMIZED		rate (ORR)	to	
		ab DRUG:			Intervention		according	immune-	
		Oxaliplatin			Model:		to	related	
		DRUG: TS-			PARALLEL		Response	Response	
		1 DRUG:			Masking:		Evaluation	Evaluation	
		Cisplatin			NONE Pri		Criteria In	Criteria In	
					mary		Solid	Solid	
					Purpose:		Tumors	Tumors	
					TREATME		version 1.1	(iRECIST)	
					NT		(RECIST	assessed	
							1.1)	by BICR,	
							assessed	For the	
							by Blinded	secondary	
							Independe	efficacy	
							nt Central	analysis,	

Review (BICR), For the primary efficacy analysis, ORR is defined as the percentage of participant s whose best response based on imaging is CR (disappearance of all lesions) or PR (≥90% decrease in

(CR: the SOD of
Disappear target
ance of all lesions,
target taking as
lesions) or reference
Partial the
Response baseline
(PR: At sum
least a 30% diameters)
decrease in according
the sum of to iRECIST
diameters as assessed
\[SOD\] by BICR.
of target iRECIST is
lesions, a
taking as modificati
reference on to

the RECIST
baseline that takes
sum into
diameters) account
per unique
RECIST 1.1 patterns of
as assessed atypical
by BICR, response in
Up to ~2 immunoth
years erapy and
enables
treatment
beyond
initial
radiograph
ic
progressio

n. At initial
Progressiv
e Disease
(PD) by
RECIST
1.1, if
participant
is clinically
stable the
investigato
r may
continue to
treat and
scan again
4-8 weeks
later to see
if PD

confirmed
by
iRECIST
criteria.,
Up to ~2
years | Dur
ation of
Response
(DOR)
according
to RECIST
1.1
assessed
by BICR,
For
participant
s who

demonstrate CR or PR according to RECIST 1.1 as assessed by BICR, DOR is defined as the time from the earliest date of qualifying response (CR or PR) until

earliest
date of
disease
progressio
n or death
from any
cause,
whichever
comes first.
DOR will
be
censored at
the last
tumor
assessment
date if a
responder

does not
have PD or
death., Up
to ~2
years | DO
R
according
to iRECIST
assessed
by BICR,
For
participant
s who
demonstra
te CR or PR
according
to iRECIST

as assessed
by BICR,
DOR is
defined as
the time
from the
earliest
date of
qualifying
response
(CR or PR)
until
earliest
date of
disease
progressio
n or death

from any
cause,
whichever
comes first.
DOR will
be
censored at
the last
tumor
assessment
date if a
responder
does not
have PD or
death.
iRECIST is
a

modificati
on to
RECIST
that takes
into
account
unique
patterns of
atypical
response in
immunoth
erapy and
enables
treatment
beyond
initial
radiograph

ic
progressio
n., Up to ~2
years | Dise
ase Control
Rate (DCR)
according
to RECIST
1.1
assessed
by BICR,
DCR is
defined as
the
percentage
of
participant

s in the
analysis
population
who have
CR
(disappear
ance of all
lesions),
PR (鉦?0%
decrease in
the SOD of
target
lesions,
taking as
reference
the
baseline

sum
diameters),
or stable
disease
(SD:
neither
sufficient
shrinkage
to qualify
for PR nor
sufficient
increase to
qualify for
PD).
Responses
are
according

to RECIST

1.1 as

assessed

by BICR,

Up to ~2

years | DC

R

according

to iRECIST

1.1

assessed

by BICR,

DCR is

defined as

the

percentage

of

participants in the analysis population who have CR (disappearance of all lesions), PR (鉿?0% decrease in the SOD of target lesions, taking as reference the

baseline
sum
diameters),
or stable
disease
(SD:
neither
sufficient
shrinkage
to qualify
for PR nor
sufficient
increase to
qualify for
PD).
Responses
are

according
to iRECIST
1.1 as
assessed
by BICR.
iRECIST is
a
modificati
on to
RECIST
that takes
into
account
unique
patterns of
atypical
response in

immunotherapy and enables treatment beyond initial radiographic progression, Up to ~2 years | Time to Response (TTR) according to RECIST 1.1

assessed
by BICR,
TTR is
defined as
the time
from the
date of
enrollment
day to the
first date of
confirmed
CR
(disappear
ance of all
lesions) or
PR (鉿?0%
decrease in

the SOD of
target
lesions,
taking as
reference
the
baseline
sum
diameters).
Responses
are
according
to RECIST
1.1 as
assessed
by BICR.,
Up to ~2

years | TTR
according
to iRECIST
1.1
assessed
by BICR,
TTR is
defined as
the time
from the
date of
enrollment
day to the
first date of
confirmed
CR
(disappear

ance of all
lesions) or
PR (鋳?0%
decrease in
the SOD of
target
lesions,
taking as
reference
the
baseline
sum
diameters).
Responses
are
according
to iRECIST

1.1 as
assessed
by BICR.
iRECIST is
a
modificati
on to
RECIST
that takes
into
account
unique
patterns of
atypical
response in
immunoth
erapy and

enables
treatment
beyond
initial
radiograph
ic
progressio
n., Up to ~2
years | Pro
gression-
free
Survival
(PFS)
according
to RECIST
1.1
assessed

by BICR,
PFS is
defined as
the time
from the
date of
enrollment
day to the
first
documente
d disease
progressio
n or death
due to any
cause,
whichever
occurs

first.

Responses

are

according

to RECIST

1.1 as

assessed

by BICR,

Up to ~2

years | PFS

according

to iRECIST

1.1

assessed

by BICR,

PFS is

defined as

the time
from the
date of
enrollment
day to the
first
documente
d disease
progressio
n or death
due to any
cause,
whichever
occurs
first.
Responses
are

according
to iRECIST
1.1 as
assessed
by BICR.
iRECIST is
a
modificati
on to
RECIST
that takes
into
account
unique
patterns of
atypical
response in

immunoth
erapy and
enables
treatment
beyond
initial
radiograph
ic
progressio
n., Up to ~2
years | Ove
rall
survival
(OS), OS is
defined as
the time
from the

date of
enrollment
day to
death due
to any
cause.

Participant
s without
documente
d death at
the time of
the final
analysis
will be
censored at
the date of
the last

follow-up,
Up to ~2
years | Adv
erse events
(AEs), The
number of
participant
s that
experience
an AE will
be
reported
for each
arm. An
AE is any
untoward
medical

occurrence
in a
participant
that is
temporally
associated
with the
use of
study
treatment,
whether or
not
considered
related to
the study
treatment.
An AE can

therefore
be any
unfavorabl
e and
unintende
d sign
(including
an
abnormal
laboratory
finding),
symptom,
or disease
(new or
exacerbate
d)
temporally

associated
with the
use of a
study
treatment,
From time
of
allocation
up to 30
days
following
cessation
of study
treatment
(up to ~2
years) | Tre
atment

discontinu
ations due
to AEs, The
number of
participant
s that
discontinu
e study
drug due
to an AE
will be
reported
for each
arm. An
AE is any
untoward
medical

occurrence
in a
participant
that is
temporally
associated
with the
use of
study
treatment,
whether or
not
considered
related to
the study
treatment.
An AE can

therefore
be any
unfavorabl
e and
unintende
d sign
(including
an
abnormal
laboratory
finding),
symptom,
or disease
(new or
exacerbate
d)
temporally

associated
with the
use of a
study
treatment,
From time
of
allocation
up to 30
days
following
cessation
of study
treatment
(up to ~2
years)

UNKNOWN	Esophageal Cancer Gas tric Cancer Pan creatic Cancer Liv er Cancer Gall bladder Cancer Bo wel Cancer	DRUG: Recombinant Human Interleukin- 2 DRUG: HER2Bi- Armed T Cells	PHAS E1	INTER VENTI ONAL	Allocation: 6 NON_RAN DOMIZED Intervention Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose: TREATME NT	Safety as measured by local and systemic toxicities, Up to 1 year	Changes in cytokine profiles and tumor markers in serum before and after treatment, Increases or decreases in the amount of cytokine produced from the	Feb-16
---------	--	---	------------	------------------------	---	--	--	--------

pre-
immunoth
erapy
baseline at
any time
point after
immunoth
erapy will
be
considered
as
continuous
outcomes.,
Baseline to
up to 12
months | C
hanges in

phenotypi
ng induced
by
immunoth
erapy in
peripheral
blood
mononucle
ar cells
(PBMC),
PBMC
from the
patients
will be
obtained
before and
after

immunotherapy to determine if there are any phenotype changes induced by immunotherapy. Paired t-test will be used to compare the difference between

baseline
and after
any time
point of
armed T
cells
treatment
in T cell
subpopula
tion
(FACS),
tumor
marker
(CBA/ELI
SA) and
tumor
killing

ability of
PBMC,
Baseline to
up to 12
months | Cl
inical
response
rate
(including
clinical
symptoms
and signs,
complete
response,
partial
response,
progressiv

e disease,
and stable
disease,
imaging
examination
of
pretherapy
and post-
treatment)
will be
measured
by follow-
up
investigati
on., Point
and exact
confidence

interval
estimates
will be
calculated
for
response
rate., Up to
12
months | O
verall
survival,
Will be
estimated
with the
standard
Kaplan-
Meier

method,
from
which
summary
statistics of
interest
(median, 6
month, 1-
year rate,
etc.) will be
derived.
Both point
and 95%
confidence
interval
estimates
will be

calculated.,
Up to 12
months | Pr
ogression
free
survival,
Will be
estimated
with the
standard
Kaplan-
Meier
method,
from
which
summary
statistics of

interest
(median, 6
month, 1-
year rate,
etc.) will be
derived.
Both point
and 95%
confidence
interval
estimates
will be
calculated.,
From the
beginning
of
immunoth

Gastric
Cancer | Gas
troEsophage
al Cancer

TREATME
NT

max
observatio
n period 48
months

Common
Terminolo
gy Criteria
for
Adverse
Events and
to the
obtained
data on
vital signs,
clinical
parameters
and
feasibility
of the
regimen,
48

months | Pr
ogression
Free
Survival,
Response
Evaluation
Criteria in
Solid
Tumors
(RECIST
1.1.), 48
months | R
esponse
Rate,
Response
Rate (RR)
according

to RECIST
v1.1, 15
months | H
ealth
related
Quality of
Life,
EORTC
QLQ-C30
(European
Organisati
on for
Research
and
Treatment
of Cancer -
Quality of

Life Core
Questionnaire (30
items)
Version
3.0. The
QLQ-C30
is
composed
of multi-
item scales
and single-
item
measures,
including
five
functional

scales,
three
symptom
scales, a
global
health
status /
QoL scale,
and six
single
items.

All of the
scales and
single-item
measures
have a

score range
from 0 to
100. A high
score
shows a
high
response
level. A
high score
for a
functional
scale
represents
a high /
healthy
level of
functionin

g, a high
score for
the global
health
status /
QoL
represents
a high
QoL, but a
high score
for a
symptom
scale /
item
represents
a high level
of

symptoma
tology /
problems,
48
months | H
ealth
related
Quality of
Life,
EORTC
STO-22
(European
Organisati
on for
Research
and
Treatment

of Cancer -
Quality of
Life
Questionn
aire Gastric
Module
(STO =
stomach)
(22 items),
comprisin
g five
multi-item
and four
single-item
subscales.
The multi-
item

subscales
include
questions
about
dysphagia
(4 items),
dietary
restriction
(5 items),
pain (3
items),
upper
gastro-
esophageal
symptoms
such as
reflux (3

items), and
emotional
problems
such as
anxiety (3
items). The
single-item
subscales
include
questions
related to
four gastric
cancer-
specific
symptoms:
dry mouth,
body

image, hair
loss, and
problems
with taste.
Items are
assessed
on a 4-level
numerical
scale with
1= "not at
all", 2= "a
little", 3=
"quite a
bit", and 4=
"very
much".
Scores are

linearly
converted
and
summed
into a
scaled
score from
0 to 100,
with a
higher
score
representi
ng a worse
QOL., 48
months | Tr
anslational
research

tumor
block,
Tumor-
infiltrating
lymphocyt
es (TiL)
repertoire
determinat
ion from
tumor, 48
months | Tr
anslational
research
blood -
immunopr
ofiling,
Liquid

biopsy
next-
generation
sequencing
(NGS)
immunopr
ofiling
(TCR 尾
& IgH)
before
treatment
initiation
and before
second
cycle to
determine
response

predictive
immune
signature,
Up to 7
weeks | Tra
nslational
research
blood -
circulating
Tumor
cells
(CTC),
CTC will
be
evaluated
for
changes in

HER2 and
PD-L1
status, 48
months | Tr
anslational
research
blood -
circulating
Tumor
DNA
(ctDNA),
ctDNA
will be
evaluated
for HER
signaling
alterations,

48

months | C

entral

Imaging

Review -

ORR,

Retrospecti

ve central

radiologica

l review of

ORR

according

to

modified

RECIST, 48

months | C

entral

Imaging
 Review -
 PFS,
 Retrospecti
 ve central
 radiologica
 l review of
 PFS
 according
 to
 modified
 RECIST, 48
 months

RECRUITIN	Gastric	DRUG:	PHAS	INTER	Allocation:	714	Progressio	Confirmed	2021/12/2
G	Neoplasms	Zanidatamab	E3	VENTI	RANDOMI		n-free	objective	
	Gastroesoph	DRUG:		ONAL	ZED Interv		survival	response	
	ageal	Tislelizumab			ention		(PFS) by	rate (ORR)	

Adenocarci	DRUG:	Model:	blinded	by	BICR,
noma Esop	Trastuzumab	PARALLEL	independe	Number of	
hageal	DRUG:	Masking:	nt central	patients	
Adenocarci	Capecitabine	NONE Pri	review	who	
noma	DRUG:	mary	(BICR),	achieved a	
	Oxaliplatin	Purpose:	The time	best	
	DRUG:	TREATME	from	overall	
	Cisplatin DR	NT	randomiza	response of	
	UG: 5-		tion to the	complete	
	Fluorouracil		date of	response	
	DIAGNOSTI		documente	(CR) or	
	C_TEST: In		d disease	(PR) as	
	situ		progressio	determine	
	hybridization		n (per d	per	
	(ISH)-based		Response	RECIST 1.1	
	companion		Evaluation	as assessed	
	diagnostic		Criteria in	by BICR,	

assay | DIAG
NOSTIC_TES
T:
Immunohisto
chemistry
(IHC)-based
companion
diagnostic
assay

Solid Tumors
Up to 2.5 years | Dur
ation of
[RECIST
version
response
1.1) as (DOR) by
assessed BICR, The
by BICR or time from
death from the first
any cause, objective
Up to 2.5 response
years | Ove (CR or PR)
rall per BICR
survival, to
The time documente
from d
randomiza progressiv
tion to e disease

death due per
to any RECIST 1.1
cause, Up as assessed
to 3.5 years by BICR or
death from
any cause,
Up to 2.5
years | PFS
per
Investigato
r
assessment
, The time
from
randomiza
tion to the
date of

documented disease progression (per RECIST 1.1) as assessed by Investigator or death from any cause, Up to 2.5 years | Confirmed ORR per Investigator

r
assessment
, Number
of patients
who
achieved a
best
overall
response of
CR or PR
as
determine
d per
RECIST 1.1
as assessed
by
Investigato

r, Up to 2.5
years | DO
R per
Investigato
r
assessment
, The time
from the
first
objective
response
(CR or PR)
per
Investigato
r to
documente
d

progressive disease
per RECIST 1.1
as assessed
by Investigator
or death
from any
cause, Up
to 2.5
years | Incidence of
adverse
events,
Number of
subjects

who
experience
d adverse
events or
serious
adverse
events, Up
to 2
years | Inci
dence of
clinical
laboratory
abnormalit
ies,
Number of
patients
who

experience
d a
maximum
severity of
Grade 3 or
higher
post-
baseline
laboratory
abnormalit
y,
including
either
hematolog
y or
chemistry.
Grades are

defined
using
National
Cancer
Institute's
Common
Terminolo
gy Criteria
for
Adverse
Events
(CTCAE),
version 5.0,
Up to 2
years | Hea
lth-related
quality of

life
(HRQoL)
as assessed
by the
European
Organisati
on for
Research
and
Treatment
of Cancer
(EORTC)
Quality of
Life
Questionn
aire (core
cancer

questionnaire) C30 (QLQ-C30), Changes from baseline in the EORTC QLQ-C30 scores, Up to 2.5 years | HR QoL as assessed by the EORTC Quality of

Life
Questionn
aire
(oesophag
o-gastric
module)
OG25
(QLQ-
OG25),
Changes
from
baseline in
the EORTC
QLQ-
OG25
scores, Up
to 2.5

years | HR
QoL as
assessed
by the
EuroQol 5-
dimension
s 5-levels
(EQ-5D-
5L)
questionna
ire,
Changes
from
baseline in
the EORTC
EQ-5D-5L
questionna

ire scores,
Up to 2.5
years | Seru
m
concentrati
on of
zanidatam
ab and
tislelizuma
b, Up to 2
years | Inci
dence of
anti-drug
antibodies
(ADAs),
Number of
patients

ACTIVE_NO	Clinical	DRUG:	PHAS	INTER	Allocation:	36	Incidence	Response	2019/1/7
T_RECRUITI	Stage	0	Fluorouracil	E2	VENTI	NA Interve	of adverse	rates,	
NG	Gastric		RADIATION:		ONAL	ntion	events, The	Response	
	Cancer		Intensity-			Model:	Bayesian	rates will	
	AJCC		Modulated			SINGLE_G	method of	be	
	v8 Clinical		Radiation			ROUP Mas	Thall,	estimated	
	Stage	0	Therapy BIO			king:	Simon and	along with	
	Gastroesoph		LOGICAL:			NONE Pri	Estey will	the	
	ageal		Ipilimumab			mary	be	correspon	
	Junction		BIOLOGICA			Purpose:	implement	ding exact	
	Adenocarci		L:			TREATME	ed for	95%	
	noma AJCC		Nivolumab			NT	toxicity	confidence	
	v8 Clinical		DRUG:				monitoring	interval.,	

who
develop
ADAs, Up
to 2 years

Stage I Oxaliplatin | P
Gastric ROCEDURE:
Cancer Therapeutic
AJCC Conventional
v8 | Clinical Surgery
Stage I
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Clinical
Stage IIB
Gastric
Cancer
AJCC
v8 | Clinical

. Safety Up to 5
data will years | Inci
be dence of
summarize adverse
d using events in
frequency patients
tables by with
organ resected
system, gastroesop
grade and hageal
attribution junction
for the (GEJ) or
neoadjuva gastric
nt period cancer, The
and Bayesian
adjuvant method of
period Thall,

Stage IIB
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Clinical
Stage III
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Clinical
Stage IVA
Gastric
Cancer

separately. Simon and
, Up to 30 Estey will
days be
implement
ed for
toxicity
monitoring
. Safety
data will
be
summarize
d using
frequency
tables by
organ
system,
grade and

AJCC
v8 | Clinical
Stage IVA
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Gastric
Adenocarci
noma | Local
ized Gastric
Carcinoma |
Localized
Gastroesoph
ageal
Junction

attribution
for the
neoadjuva
nt period
and
adjuvant
period
separately.
, Up to 5
years | Dise
ase-free
survival,
Will be
estimated
using the
method of
Kaplan

Adenocarci
noma | Path
ologic Stage
0 Gastric
Cancer
AJCC
v8 | Patholo
gic Stage 0
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Patholo
gic Stage I
Gastric
Cancer

and Meier.,
From the
date of
surgery
until
disease
relapse or
death,
whichever
occurred
first,
assessed
up to 5
years

AJCC

v8 | Patholo

gic Stage IA

Gastric

Cancer

AJCC

v8 | Patholo

gic Stage IA

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Patholo

gic Stage IB

Gastric

Cancer

AJCC

v8 | Patholo

gic Stage IB

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Patholo

gic Stage IC

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Patholo

gic Stage II

Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Patholo
gic Stage IIA
Gastric
Cancer
AJCC
v8 | Patholo
gic Stage IIA
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC

v8 | Patholo
gic Stage IIB
Gastric
Cancer
AJCC
v8 | Patholo
gic Stage IIB
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Patholo
gic Stage
IIIA Gastric
Cancer
AJCC

v8 | Pathologic Stage
IIIB
Gastroesophageal
Junction
Adenocarcinoma AJCC
v8 | Pathologic Stage
IVA
Gastroesophageal
Junction
Adenocarcinoma AJCC
v8

TERMINATE	Solid	DRUG:	PHAS	INTER	Allocation:	16	Recommen	Safety and	2018/9/11
D	Tumor Hep	Vorolanib D	E1	VENTI	NON_RAN		ded phase	toxicity of	
	atocellular	RUG:		ONAL	DOMIZED		II dose	vorolanib	
	Carcinoma	Nivolumab			Intervention		(RP2D) of	plus	
	Gastric	DRUG:			Model:		vorolanib	pembroliz	
	Cancer Gas	Pembrolizum			PARALLEL		plus	umab as	
	troesophage	ab			Masking:		pembroliz	measured	
	al Junction				NONE Pri		umab, -The	by the	
	Adenocarci				mary		maximum	number	
	noma				Purpose:		tolerated	and type of	
					TREATME		dose	adverse	
					NT		(MTD) is	events	
							defined as	experience	
							the dose d	by	
							level	participant	
							immediate	, -The	
							ly below	description	

the doses and level at grading which 2 scales patients of found in a cohort (of the revised 2 to 6 NCI patients) Common experience Terminology Criteria dose-limiting for toxicity Adverse during the Events first cycle. (CTCAE) Dose version 5.0 escalations will be will utilized for proceed all toxicity

for both reporting,
nivolumab 30 days
and after
pembroliz completion
umab until of
the MTD treatment
or highest (estimated
dose level to be 7
(level 2), months)|S
which is afety and
defined as toxicity of
RP2D., vorolanib
Completio plus
n of nivolumab
enrollment as
to Dose measured
Escalation by the

cohorts number
(estimated and type of
to be 13 adverse
months) | R events
ecommend experience
ed phase II d by
dose participant
(RP2D) of , -The
vorolanib description
plus s and
nivolumab grading
, -The scales
maximum found in
tolerated the revised
dose NCI
(MTD) is Common
defined as Terminolo

the dose level immediately below the dose level which patients a cohort (of 2 patients) experience dose-limiting toxicity during the first cycle. Criteria for Adverse Events (CTCAE) version 5.0 will be utilized for all toxicity reporting, 6 to 30 days after completion of treatment (estimated first cycle).

Dose to be 7
escalations months)
will
proceed
for both
nivolumab
and
pembroliz
umab until
the MTD
or highest
dose level
(level 2),
which is
defined as
RP2D.,
Completi

n of
 enrollment
 to Dose
 Escalation
 cohorts
 (estimated
 to be 13
 months)

RECRUITIN G	HER2+ Gastric Cancer/Gas troesophage al Junction Adenocarci noma	DRUG: SHR- A1811 铂 泮 HR-1701 铂 泮 apecitabine 铂 泮 axiplatin D RUG: SHR- A1811 铂 泮	PHAS E2	INTER VENTI ONAL	Allocation: 156 RANDOMI ZED Interv ention Model: PARALLEL Masking: NONE Pri mary	Phase Ib: 156 Dose limiting toxicity (DLT) rates, Occurrenc e of adverse	ORR 铂 泮 hase Ib 铂? An average of approxima tely 12 months D oR 铂 泮	2023/3/14
----------------	--	---	------------	------------------------	--	--	---	-----------

HR-1701 铂剂

apicitabine 铂

铂 xaliplatin

Purpose:

TREATME

NT

events have Ib 铂?

(AEs), and An

serious average of

adverse approxima

events tely 18

(SAEs), months | P

Safety will FS 铂 先

be assessed

for have Ib 铂?

approxima An

tely 24 average of

months approxima

from tely 18

informed months | O

consent | P S 铂 先 have

have II: Ib 铂? An

Objective average of

Response Rate (ORR) [Average of approximately 12 months]

Approximately 30 months | D

OR 先 还是 II 先?

An average of approximately 18 months | P

FS 先 还是 II 先?

An average of approximately 18 months

months | O

S 先 hase

II 先? An

average of

approxima

tely 30

months | O

ccurrence

of adverse

events

(AEs), and

serious

adverse

events

(SAEs) 先

先 hase II

鑄? Safety
 will be
 assessed
 for
 approxima
 tely 24
 months
 from
 informed
 consent]

COMPLETE	Neoplasms	DRUG:	PF-	PHAS	INTER	Allocation:	174	Number of	Objective	2015/4/23
D		04518600 DR	E1	VENTI	NON_RAN			Participant	Response	
		UG:	PF-	ONAL	DOMIZED			s With	Rate (ORR)	
		04518600 DR			Intervention			Dose	Assessed	
		UG:	PF-		Model:			Limiting	by	
		04518600 plus			SINGLE_G			Toxicities	Response	
		PF-			ROUP Mas			(DLTs) in	Evaluation	

05082566 | DR
UG: PF-
04518600 plus
PF-05082566

king:
NONE | Pri
mary
Purpose:
TREATME
NT

Part A1, Criteria in
DLT was Solid
defined as Tumor
any of the (RECIST)
following Version 1.1
adverse and
events Immune
occurring Related
in the first Response
two cycle Evaluation
of Criteria in
treatment Solid
(28 days), Tumors
unless (irRECIST)
there was a in Part A,
clear ORR was
alternative defined as

explanation the
n: percentage
hematologi of patients
c: grade 4 with best
neutropeni overall
a lasting response
>7 days, (BOR) of
febrile CR or PR
neutropeni relative to
a; grade the
鉅 ? appropriat
neutropeni e analysis
c infection; set.
grade 鉅 ?
CR:
thrombocy Complete
topenia response is
with

clinically defined
significant (per
bleeding or RECIST
requiring 1.1) as
medical disappeara
interventio nce of all
n; grade 4 target and
thrombocy non target
topenia; lesions.
grade 4 Any
anemia; pathologic
grade 鋳? al lymph
anemia nodes
related to (whether
hemolysis target or
or non target)
autoimmu must have

ne disease. reduction
non in short
hematologi axis to
c: grade \<10 mm.
錠 ?
toxicities PR: Partial
that were response is
considered difined
clinically (per
significant, RECIST
including 1.1) as at
cytokine least a 30%
release decrease in
syndrome, the sum of
infusion diameters
reactions of target
and lesions,

allergic reactions, except those that had been maximally treated or could easily be related to treated. The severity of adverse events was graded as per taking as reference the baseline sum diameters. Overall immune response (irCR): Complete disappearance of all lesions

common (whether
terminolog measurabl
y criteria e or not)
for adverse and no
events(CT new
CAE) lesions. All
version measurabl
4.03, and e lymph
there were nodes also
no DLTs must have
reported., a reduction
The first 2 in short
cycles of axis to
treatment \<10 mm.
(Day 1 up
to Day Overall
28) | Numb immune

er of related
Participant partial
s With All- response
Causality (irPR):
Treatment Sum of the
Emergent diameters
Adverse (longest for
Events(TE non nodal
AEs) and lesions,
Serious shortest for
Adverse nodal
Event(SAE lesions) of
s), target and
Treatment- new
Related measurabl
TEAEs and e lesions
SAEs in decreases

Part A, 20%,
Adverse Baseline
event (AE) up to 24
was months
graded by post first
the dose. | Kap
investigato lan-Meier
r according Estimate of
to CTCAE Median
version Progressio
4.03 and n-Free
coded Survival
using the (PFS) in
Medical Part A, PFS
Dictionary was
for defined as
Regulatory the time

Activities from
(MedDRA) randomiza
: Grade 3 tion date to
(Severe) date of first
events=un documenta
acceptable tion of
or progressiv
intolerable e
events. disease(PD
Grade 4) based on
(Life- RECIST,
threatenin irRECIST
g) events or death
caused due to any
participant cause.
to be in
imminent PD was

danger of progression
death. n
Grade 5 documented
(Death) after start
events=death date and
ath related not
to an AE. qualifying
Treatment- as CR, PR
emergent or SD per
events=between RECIST.,
first Baseline
dose of up to 24
study drug months
and up to post first
35 days dose | Kaplan
after last an-Meier
dose that Estimate of

were Median
absent Time to
before Progressio
treatment n (TTP) in
or that Part A,
worsened TTP was
relative to defined as
pretreatme the time
nt state. from start
TEAEs date to the
were date of the
defined as first
those with documenta
initial tion of PD.
onset or PD was
increasing documente
in severity d after start

after the date and
first dose not
of study qualifying
medication as CR, PR
. Serious or SD per
adverse RECIST.,
event Baseline
(SAE) was up to 24
an AE months
resulting post first
in any of dose|Num
the ber of
following Participant
outcomes s Having
or deemed Stable
significant Disease
for any (SD) in

other Part A, SD
reason: was
death; defined as
initial or persistence
prolonged of any non
inpatient target
hospitaliza lesions
tion; life- and/or
threatenin tumor
g marker
experience level above
(immediat the normal
e risk of limits.,
dying); Baseline
persistent up to 24
or months
significant post first

disability/ dose. | Kap
incapacity; lan-Meier
congenital Estimate of
anomaly., Median
AEs: The Duration
informed of
consent Response
date up to (DoR) in
the last Part A,
dosing DoR was
date + 28 defined as
days or all the time
drug- from first
related documenta
toxicities tion of PR
resolved or CR to
date. SAEs: date of first

The documenta
informed tion of PD
consent or death
date due to any
through cause for
first dosing patients
date + 98 with an
days or up objective
to the last response.
dosing
date + 60 CR was
days, and defined as
any post- complete
reporting disappeara
period. |N nce of all
umber of target
Participant lesions

s With with the
Laboratory exception
Test of nodal
Abnormali disease
ties in Part and all
A, target
Following nodes
parameters must
were decrease to
analyzed normal
for size (short
laboratory axis \<10
examinatio mm) and
n: all target
hematolog lesions
y must be
(hemoglob assessed.

in,
hematocrit PR was
, platelet defined as
count, greater
white than or
blood cell equal to
count, total 30%
neutrophil decrease
s, under
eosinophil baseline of
s, the sum of
monocytes diameters
, basophils, of all target
lymphocyt measurabl
es, partial e lesions.
thrombopl The short
astin time diameter is

(PTT), used in the
Prothromb sum for
in (PT), PT target
international nodes,
al ratio); while the
liver longest
function diameter is
(aspartate used in the
aminotran sum for all
sferase(AS other
T), alanine target
aminotran lesions and
sferase(AL all target
T), total lesions
bilirubin, must be
gamma- assessed.,
glutamyl Baseline

transpepti up to 24
dase(GT), months
alkaline post first
phosphata dose. | Kap
se, lan-Meier
albumin, Estimate of
total Median
protein); Overall
renal Survival
function (OS) in
(blood Part A, OS
urea was
nitrogen, defined as
creatinine, time in
uric acid); months
electrolyte from the
s (sodium, start of

potassium, study
chloride, treatment
calcium , to date of
phosphate, death due
magnesium to any
m); clinical cause. OS
chemistry was
(glucose, calculated
creatinine as the
kinase, death date
thyroxine or last
(T4), known
thyroid alive date
stimulation (if death
g date
hormone(T unavailabl
SH)), e) minus

Amylase, the date of
Lipase), first dose
urinalysis of study
(dipstick medication
\[protein, plus 1
blood\], divided by
microscop 30.44.,
y \[urine Baseline
red blood up to 24
cell (RBC), months
white post first
blood cell dose. |Ove
(WBC), rall
Epithelial Survival
Cells\], Rates at
miscellane Months 6,
ous 12, and 24

\[urine in Part A,
casts and Probability
bacteria\]) of survival
, The first at 6, 12,
dosing and 24
date to the months
earlier date after the
between first dose
the last of study
dosing treatment.,
date + 35 Baseline
days and up to 24
the first months
new anti- post first
cancer dose. | Max
therapy imum
date (if Serum

applicable) Concentrat
| Number ion (Cmax)
of of PF-
Participant 04518600
s With Following
DLTs in Single
Part B1, Dose on
DLT was Cycle 1
defined as Day 1
any of the (C1D1)
following and
adverse Steady-
events State
occurring Maximum
in the first Serum
two cycle Concentrat
of ion(Css, Ma

treatment x)
(28 days), Following
unless Multiple
there was a Doses on
clear Cycle 3
alternative Day 1
explanatio (C3D1) in
n: Part A,
hematologi Cmax was
c: grade 4 defined as
neutropeni maximum
a lasting observed
\>7 days, serum
febrile concentrati
neutropeni on and can
a; grade be
鉕 ? observed

neutropenic infection; directly from data.
grade 4?
thrombocytopenia was the
with Cmax on
clinically C3D1., For
significant Part A1,
bleeding or pre-dose,
requiring 1, 4, and 24
medical hours post
intervention; dose on
grade 4 C1D1, pre-
thrombocytopenia; dose, 1,
and 4
grade 4 hours post
anemia; dose on

grade 鋳? Day 1 of
anemia Cycles 3;
related to For Par A2,
hemolysis pre-dose,
or 1, and 4
autoimmu hours post
ne disease. dose on
non C1D1, pre-
hematologi dose and 1
c: grade hour post
鋳 ? dose on
toxicities Day 1 of
that were Cycles
considered 3. | Area
clinically Under the
significant, Concentrat
including ion-Time

cytokine Profile
release From Time
syndrome, 0 to Time
infusion Tau
reactions (AUCtau)
and of PF-
allergic 04518600
reactions, Following
except Single
those that Dose on
had not C1D1 and
been Following
maximally Multiple
treated or Doses on
could be C3D1 in
easily Part A,
treated. AUCtau

The severity of adverse events was graded as per common terminology criteria for adverse events (CTCAE) version 4.03, and there were no DLTs reported.

was defined as area under the curve from time 0 to end of dosing interval where dosing interval was 2 weeks. For Part A1, pre-dose,

The First 2 1, 4, and 24
Cycles of hours post
Treatment dose on
(Day 1 up C1D1, pre-
to Day dose, 1,
28) | Numb and 4
er of hours post
Participant dose on
s With All- Day 1 of
causality Cycles 3;
TEAEs and For Par A2,
SAEs, and pre-dose,
Treatment- 1, and 4
Related hours post
TEAEs and dose on
SAEs in C1D1, pre-
Part B, dose and 1

Adverse hour post
event (AE) dose on
was Day 1 of
graded by Cycles
the 3. | Area
investigato Under the
r according Concentrat
to CTCAE ion-Time
version Profile
4.03 and From Time
coded 0
using the Extrapolat
Medical ed to
Dictionary Infinite
for Time
Regulatory (AUCinf)
Activities of PF-

(MedDRA) 04518600
: Grade 3 Following
(Severe) Single
events=un Dose on
acceptable C1D1 and
or Following
intolerable Multiple
events. Doses on
Grade 4 C3D1 in
(Life- Part A,
threatenin AUCinf
g) events was
caused defined as
participant area under
to be in the plasma
imminent concentrati
danger of on versus

death. time curve
Grade 5 (AUC)
(Death) from time
events=de zero (pre-
ath related dose) to
to an AE. extrapolate
Treatment- d infinite
emergent time (0-
events=bet inf). It was
ween first obtained
dose of from AUC
study drug (0-t) plus
and up to AUC (t-
35 days inf)., For
after last Part A1,
dose that pre-dose,
were 1, 4, and 24

absent hours post
before dose on
treatment C1D1, pre-
or that dose, 1,
worsened and 4
relative to hours post
pretreatme dose on
nt state. Day 1 of
TEAEs Cycles 3;
were For Par A2,
defined as pre-dose,
those with 1, and 4
initial hours post
onset or dose on
increasing C1D1, pre-
in severity dose and 1
after the hour post

first dose dose on
of study Day 1 of
medication Cycles
. Serious 3. | Termin
adverse al Half-Life
event (t1/2) of
(SAE) was PF-
an AE 04518600
resulting Following
in any of Single
the Dose on
following C1D1 and
outcomes Following
or deemed Multiple
significant Doses on
for any C3D1 in
other Part A,

reason: $t_{1/2}$ was
death; defined as
initial or the time
prolonged measured
inpatient for the
hospitaliza serum
tion; life- concentrati
threatenin on to
g decrease
experience by one half
(immediat of the
e risk of initial
dying); concentrati
persistent on., For
or Part A1,
significant pre-dose,
disability/ 1, 4, and 24

incapacity; hours post
congenital dose on
anomaly., C1D1, pre-
AEs: The dose, 1,
informed and 4
consent hours post
date up to dose on
the last Day 1 of
dosing Cycles 3;
date + 60 For Par A2,
days or all pre-dose,
drug- 1, and 4
related hours post
toxicities dose on
resolved C1D1, pre-
date. SAEs: dose and 1
The hour post

informed dose on
consent Day 1 of
date Cycles
through 3. | Lowest
first dosing Serum
date + 98 Concentrat
days or up ion
to the last Observed
dosing During the
date + 60 Dosing
days, and Interval
any post- (Cmin) of
reporting PF-
period. | N 04518600
umber of Following
Participant Multiple
s With Doses on

Laboratory C3D1 in
Test Part A.,
Abnormalities in Part Cmin was
B, defined as
Lowest
Following concentrati
parameters on
were observed
analyzed during the
for dosing
laboratory interval
examination and can be
n: observed
hematology directly
y from data.,
(hemoglobin) For Part
in, A1, pre-

hematocrit dose, 1, 4,
, platelet and 24
count, hours post
white dose on
blood cell C1D1, pre-
count, total dose, 1,
neutrophil and 4
s, hours post
eosinophil dose on
s, Day 1 of
monocytes Cycles 3;
, basophils, For Par A2,
lymphocyt pre-dose,
es, partial 1, and 4
thrombopl hours post
astin time dose on
(PTT), C1D1, pre-

Prothromb dose and 1
in (PT), PT hour post
international dose on
al ratio); Day 1 of
liver Cycles
function 3. | Averag
(aspartate e Serum
aminotran Concentrat
sferase(AS ion Over
T), alanine the Dosing
aminotran Interval
sferase(AL (Cav) of
T), total PF-
bilirubin, 04518600
gamma- Following
glutamyl Multiple
transpepti Doses on

dase(GT), C3D1 in
alkaline Part A, Cav
phosphata was
se, defined as
albumin, average
total serum
protein); concentrati
renal on over the
function dosing
(blood interval.,
urea For Part
nitrogen, A1, pre-
creatinine, dose, 1, 4,
uric acid); and 24
electrolyte hours post
s (sodium, dose on
potassium, C1D1, pre-

chloride, dose, 1,
calcium , and 4
phosphate, hours post
magnesium dose on
m); clinical Day 1 of
chemistry Cycles 3;
(glucose, For Par A2,
creatinine pre-dose,
kinase, 1, and 4
thyroxine hours post
(T4), dose on
thyroid C1D1, pre-
stimulation dose and 1
g hour post
hormone(T dose on
SH)), Day 1 of
Amylase, Cycles

Lipase), 3. | Clearan
urinalysis ce (CL) of
(dipstick PF-
\[protein, 04518600
blood\], Following
microscop Multiple
y \[urine Doses on
red blood C3D1 in
cell (RBC), Part A,
white Drug
blood cell clearance
(WBC), was a
Epithelial quantitativ
Cells\], e measure
miscellane of the rate
ous at which a
\[urine drug

casts and substance
bacteria\]) is removed
. The first from the
dosing blood (rate
date to the at which a
earlier date drug is
between metabolize
the last d or
dosing eliminated
date + 35 by normal
days and biological
the first processes).
new anti- $CL = \text{Dose} /$
cancer $AUC_{ss, \tau}$
therapy , For Part
date (if A_1 , pre-
applicable) dose, 1, 4,

and 24
hours post
dose on
C1D1, pre-
dose, 1,
and 4
hours post
dose on
Day 1 of
Cycles 3;
For Par A2,
pre-dose,
1, and 4
hours post
dose on
C1D1, pre-
dose and 1

hour post
dose on
Day 1 of
Cycles
3. | Appare
nt Volume
of
Distributio
n at Steady
State (V_{ss})
of PF-
04518600
Following
Multiple
Doses on
C3D1 in
Part A.,

V_{ss} was defined as volume of distribution at steady state. For Part A1, pre-dose, 1, 4, and 24 hours post dose on C1D1, pre-dose, 1, and 4 hours post dose on Day 1 of

Cycles 3;
For Par A2,
pre-dose,
1, and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | Accum
ulation
Ratio (Rac)
of PF-
04518600

at C3D1
Following
Multiple
Doses on
C3D1 in
Part A,
Accumulat
ion ratio
was
calculated
as, Rac
obtained
from Area
Under the
Concentrat
ion Time
Curve

(AUC)
from Cycle
3 Day 1
divided by
AUC from
Cycle1 Day
1., For Part
A1, pre-
dose, 1, 4,
and 24
hours post
dose on
C1D1, pre-
dose, 1,
and 4
hours post
dose on

Day 1 of
Cycles 3;
For Par A2,
pre-dose,
1, and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | Numbe
r of
Participant
s With Anti

Drug
Antibody
(ADA) and
Neutralizing
Antibody
(NAb)
Against
PF-
04518600
in Part A,
ADA
never-
positive
was
defined as
no positive

ADA
results at
any time
point.

ADA ever-
positive
was

defined as
at least one
positive

ADA
result at
any time
point. nAb

never-
positive
was

defined as
no positive
nAb
results at
any time
point and
nAb ever-
positive
was
defined as
at least one
positive
nAb result
at any time
point.,
Baseline
up to end

of
treatment
(maximum
of 14
weeks). | M
ean
Unbound
Cell
Surface
OX40 in
Part A1,
Mean
unbound
cell surface
OX40 in
peripheral
blood was

measured
to
characteriz
e the
degree of
target
engageme
nt (TE) by
PF-
04518600
at baseline
and
multiple
doses., Pre-
dose, 4 and
24 hours
post dose

on Cycle 1
Day 1, and
Day 8 on
Cycles 1 to
3, then pre-
dose on
Cycles 4
and 7 and
end of
treatment
in Part
A1 | ORR
Assessed
by RECIST
Version 1.1
and
irRECIST

in Part B,
ORR was
defined as
the
percentage
of patients
with best
overall
response
(BOR) of
CR or PR
relative to
the
appropriat
e analysis
set.

CR:

Complete
response is
defined

(per

RECIST

1.1) as

disappeara

nce of all

target and

non target

lesions.

Any

pathologic

al lymph

nodes

(whether

target or
non target)
must have
reduction
in short
axis to
<10 mm.

PR: Partial
response is
defined
(per
RECIST
1.1) as at
least a 30%
decrease in
the sum of

diameters
of target
lesions,
taking as
reference
the
baseline
sum
diameters.

Overall
immune
related
complete
response
(irCR):
Complete

disappearance of all lesions (whether measurable or not) and no new lesions. All measurable lymph nodes also must have a reduction in short axis to <10 mm.

Overall
immune
related
partial
response
(irPR):
Sum of the
diameters
(longest for
non nodal
lesions,
shortest for
nodal
lesions) of
target and
new

measurabl
e lesions
decreases
鉞 70%,
Baseline
up to 24
months
post first
dose. | Kap
lan-Meier
Estimate of
Median
PFS in Part
B, PFS was
defined as
the time
from

randomization date to date of first documentation of progressive disease(PD) based on RECIST, irRECIST or death due to any cause.

PD was progression

n
documente
d after start
date and
not
qualifying
as CR, PR
or SD per
RECIST.,
Baseline
up to 24
months
post first
dose. | Kap
lan-Meier
Estimate of
Median

TTP in Part
B, TTP was
defined as
the time
from start
date to the
date of the
first
documenta
tion of PD.
PD was
documente
d after start
date and
not
qualifying
as CR, PR

or SD per
RECIST.,
Baseline
up to 24
months
post first
dose. | Nu
mber of
Participant
s Having
SD in Part
B, SD was
defined as
persistence
of any non
target
lesions

and/or
tumor
marker
level above
the normal
limits.,
Baseline
up to 24
months
post first
dose. | Kap
lan-Meier
Estimate of
Median
DoR in
Part B,
DoR was

defined as
the time
from first
documenta
tion of PR
or CR to
date of first
documenta
tion of PD
or death
due to any
cause for
patients
with an
objective
response.

CR was defined as complete disappearance of all target lesions with the exception of nodal disease and all target nodes must decrease to normal

size (short axis ≤ 10 mm) and all target lesions must be assessed.

PR was defined as greater than or equal to 30% decrease under baseline of

the sum of
diameters
of all target
measurabl
e lesions.
The short
diameter is
used in the
sum for
target
nodes,
while the
longest
diameter is
used in the
sum for all
other

target
lesions and
all target
lesions
must be
assessed.,
Baseline
up to 24
months
post first
dose. | Kap
lan-Meier
Estimate of
Median OS
in Part B,
OS was
defined as

time in
weeks or
months
from the
start of
study
treatment
to date of
death due
to any
cause. OS
was
calculated
as the
death date
or last
known

alive date
(if death
date
unavailabl
e) minus
the date of
first dose
of study
medication
plus 1
divided by
7 or 30.44 if
in months.,
Baseline
up to 24
months
post first

dose. | Overall
Survival
Rates at
Months 6,
12, and 24
in Part B,
Probability
of survival
at 6, 12,
and 24
months
after the
first dose
of study
treatment.,
Baseline

up to 24
months
post first
dose. | Cma
x of PF-
04518600
Following
Single
Dose on
C1D1 and
C_{ss},Max
Following
Multiple
Doses on
C3D1 in
Part B,
C_{max} was

defined as
maximum
observed
serum
concentrati
on and can
be
observed
directly
from data.

$C_{ss,max}$
was the
 C_{max} on
C3D1., For
Part B1,
pre-dose,

1, 4, and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1

hour post
dose on
Day 1 of
Cycles
3. | AUC_{tau}
u of PF-
04518600
Following
Single
Dose on
C1D1 and
Following
Multiple
Doses on
C3D1 in
Part B,
AUC_{tau}

was
defined as
area under
the
concentrati
on curve
from time
0 to end of
dosing
interval
where
dosing
interval
was 2
weeks., For
Part B1,
pre-dose,

1, 4, and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1

hour post
dose on
Day 1 of
Cycles
3. | AUCinf
of PF-
04518600
Following
Single
Dose on
C1D1 and
Following
Multiple
Doses on
C3D1 in
Part B,
AUCinf

was defined as area under the plasma concentration versus time curve (AUC) from time zero (pre-dose) to extrapolated infinite time (0-inf). It was obtained from AUC

(0-t) plus
AUC (t-
inf)., For
Part B1,
pre-dose,
1, 4, and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,

and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | t_{1/2} of
PF-
04518600
Following
Single
Dose on
C1D1 and
Following

Multiple
Doses on
C3D1 in
Part B, $t_{1/2}$
was
defined as
the time
measured
for the
serum
concentrati
on to
decrease
by one half
of the
initial
concentrati

on., For
Part B1,
pre-dose,
1, 4, and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post

dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | Cmin of
PF-
04518600
Following
Multiple
Doses on
C3D1 in
Part B,
Cmin was
defined as

Lowest
concentration
observed
during the
dosing
interval
and can be
observed
directly
from data.,
For Part
B1, pre-
dose, 1, 4,
and 24
hours post
dose on

C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of

Cycles

3. | Cav of

PF-

04518600

Following

Multiple

Doses on

C3D1 in

Part B, Cav

was

defined as

average

serum

concentrati

on over the

dosing

interval.,

For Part
B1, pre-
dose, 1, 4,
and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post

dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | CL of
PF-
04518600
Following
Multiple
Doses on
C3D1 in
Part B,
Drug
clearance

was a
quantitative
measure
of the rate
at which a
drug
substance
is removed
from the
blood (rate
at which a
drug is
metabolized
or
eliminated
by normal
biological

processes).

$CL = \text{Dose} /$

$AUC_{ss, \tau}$

, For Part

B1, pre-

dose, 1, 4,

and 24

hours post

dose on

C1D1, pre-

dose, 1

hour post

dose on

Day 1 of

Cycles 3;

For Part

B2, pre-

dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | Vss of
PF-
04518600
Following
Multiple
Doses on
C3D1 in

Part B, Vss
was
defined as
volume of
distributio
n at steady
state., For
Part B1,
pre-dose,
1, 4, and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of

Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | Rac of
PF-
04518600
Following

Multiple
Doses on
C3D1 in
Part B,
Accumulat
ion ratio
was
calculated
as, Rac
obtained
from Area
Under the
Concentrat
ion Time
Curve
(AUC)
from Cycle

3 Day 1
divided by
AUC from
Cycle1 Day
1., For Part
B1, pre-
dose, 1, 4,
and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part

B2, pre-dose, 1, and 4 hours post dose on C1D1, pre-dose and 1 hour post dose on Day 1 of Cycles 3. | Cmax of Utomilumab Following Single

Dose on
C1D1 and
C_{ss},Max
Following
Multiple
Doses on
C3D1 in
Part B,
C_{max} was
defined as
maximum
observed
serum
concentrati
on and can
be
observed

directly
from data.

C_{ss,max}
was the
C_{max} on
C3D1., For
Part B1,
pre-dose,
1, 4, and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of

Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | AUC_{ta}
u of
Utomilum
ab

Following
Single
Dose on
C1D1 and
Following
Multiple
Doses on
C3D1 in
Part B,
AUCtau
was
defined as
area under
the
concentrati
on curve
from time

0 to end of
dosing
interval
where
dosing
interval
was 2
weeks., For
Part B1,
pre-dose,
1, 4, and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on

Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | AUCinf
of
Utomilum

ab

Following

Single

Dose on

C1D1 and

Following

Multiple

Doses on

C3D1 in

Part B,

AUCinf

was

defined as

area under

the plasma

concentrati

on versus

time curve
(AUC)
from time
zero (pre-
dose) to
extrapolate
d infinite
time (0-
inf). It was
obtained
from AUC
(0-t) plus
AUC (t-
inf)., For
Part B1,
pre-dose,
1, 4, and 24

hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post

dose on
Day 1 of
Cycles
3. $t_{1/2}$ of
Utomilum
ab
Following
Single
Dose on
C1D1 and
Following
Multiple
Doses on
C3D1 in
Part B, $t_{1/2}$
was
defined as

the time
measured
for the
serum
concentrati
on to
decrease
by one half
of the
initial
concentrati
on., For
Part B1,
pre-dose,
1, 4, and 24
hours post
dose on

C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of

Cycles
3. | Cmin of
Utomilum
ab
Following
Multiple
Doses on
C3D1 in
Part B,
Cmin was
defined as
Lowest
concentrati
on
observed
during the
dosing

interval
and can be
observed
directly
from data.,
For Part
B1, pre-
dose, 1, 4,
and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;

For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | Cav of
Utomilum
ab
Following
Multiple

Doses on
C3D1 in
Part B, Cav
was
defined as
average
serum
concentrati
on over the
dosing
interval,
For Part
B1, pre-
dose, 1, 4,
and 24
hours post
dose on

C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of

Cycles

3. | CL of

Utomilum

ab

Following

Multiple

Doses on

C3D1 in

Part B,

Drug

clearance

was a

quantitativ

e measure

of the rate

at which a

drug

substance
is removed
from the
blood (rate
at which a
drug is
metabolize
d or
eliminated
by normal
biological
processes).
 $CL = \text{Dose} /$
 $AUC_{ss, \tau}$
, For Part
B1, pre-
dose, 1, 4,

and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-
dose and 1

hour post
dose on
Day 1 of
Cycles
3. | V_{ss} of
Utomilum
ab
Following
Multiple
Doses on
C3D1 in
Part B, V_{ss}
was
defined as
volume of
distributio
n at steady

state., For
Part B1,
pre-dose,
1, 4, and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post

dose on
C1D1, pre-
dose and 1
hour post
dose on
Day 1 of
Cycles
3. | Rac of
Utomilum
ab
Following
Multiple
Doses on
C3D1 in
Part B,
Accumulat
ion ratio

was
calculated
as, Rac
obtained
from Area
Under the
Concentration Time
Curve
(AUC)
from Cycle
3 Day 1
divided by
AUC from
Cycle 1 Day
1, For Part
B1, pre-

dose, 1, 4,
and 24
hours post
dose on
C1D1, pre-
dose, 1
hour post
dose on
Day 1 of
Cycles 3;
For Part
B2, pre-
dose, 1,
and 4
hours post
dose on
C1D1, pre-

dose and 1
hour post
dose on
Day 1 of
Cycles
3. | Numbe
r of
Participant
s With
ADA and
NAb
Against
PF-
04518600
in Part B,
ADA
never-

positive
was
defined as
no positive
ADA
results at
any time
point.
ADA ever-
positive
was
defined as
at least one
positive
ADA
result at
any time

point. nAb
never-
positive
was
defined as
no positive
nAb
results at
any time
point and
nAb ever-
positive
was
defined as
at least one
positive
nAb result

at any time
point,
Baseline
up to end
of
treatment
(maximum
of 14
weeks). | N
umber of
Participant
s With
ADA and
NAb
Against
Utomilum
ab in Part

B, ADA

never-

positive

was

defined as

no positive

ADA

results at

any time

point.

ADA ever-

positive

was

defined as

at least one

positive

ADA

result at
any time
point. nAb
never-
positive
was
defined as
no positive
 nAb
results at
any time
point and
 nAb ever-
positive
was
defined as
at least one

positive
 nAb result
 at any time
 point.,
 Baseline
 up to end
 of
 treatment
 (maximum
 of 14
 weeks).

RECRUITIN	Locally	DRUG: PD-1	PHAS	INTER	Allocation:	124	Major	Pathologic	May-21
G	Advanced	antibody	E2	VENTI	RANDOMI		pathologic	al	
	Gastric	combined		ONAL	ZED Interv		al	complete	
	Adenocarci	with			ention		response(response(p	
	noma	FOLFIRINOX			Model:		MPR),	CR),	
		regimen DR			PARALLEL		Surgery	Surgery D	

UG: PD-1
antibody
combined
with SOX
program

| Masking:
SINGLE
(INVESTIG
ATOR) | Pri
mary
Purpose:
TREATME
NT

isease-free
survival(D
FS) rate of
3 years,
Time to
relapse or
progressio
n of
disease
(PD) or
death from
any cause
within 3
years from
subject
screening
to first

recorded,
progressio
n of
disease
(PD) or
death from
any cause
within 3
years | Dise
ase-free
survival(D
FS) rate of
5 years,
Time to
relapse or
progressio
n of

disease
(PD) or
death from
any cause
within 5
years from
subject
screening
to first
recorded,
progressio
n of
disease
(PD) or
death from
any cause

								within 5	
								years	
COMPLETE	Gastric	DRUG: ASG-	PHAS	INTER	Allocation: 51	Incidence	Best		Jul-10
D	Neoplasms	5ME	E1	VENTI	NA Interve	of adverse	clinical		
	Pancreatic			ONAL	ntion	events and	response,		
	Neoplasms				Model:	laboratory	Every 2		
					SINGLE_G	abnormalit	months O		
					ROUP Mas	ies,	verall and		
					king:	Through 1	progressio		
					NONE Pri	month	n-free		
					mary	after last	survival,		
					Purpose:	dose	Every		
					TREATME		month		
					NT		until death		
							or study		
							closure C		
							oncentrati		

ons of
ASG-5ME
and
metabolite
s in blood,
Through 1
month
after last
dose | Incid
ence of
antitherap
eutic
antibodies
in blood,
Through 1
month

WITHDRAWN	Advanced Solid Tumor Metastatic Cancer HER2-positive Breast Cancer HER2-positive Gastric Cancer HER2 Protein Overexpression Esophageal	BIOLOGICAL: SNK01 DRUG: Trastuzumab DRUG: Cetuximab	PHASE 1 PHASE 2	INTERVENTIONAL	Allocation: 0 NON_RANDOMIZED Intervention Model: PARALLEL Masking: NONE Primary Purpose: TREATMENT	Phase 1 - Phase 2a - Mar-21 To determine the recommended Phase 2 dose (RP2D) of SNK01 in combination with trastuzumab in subjects with advanced	after last dose To assess the progression-free survival (PFS) of SNK01 in combination with trastuzumab in subjects with advanced
-----------	--	---	-------------------	----------------	---	--	---

Cancer Ovarian	HER2 cancers.,	HER2 cancers.,
Cancer Endometrium	Evaluated by the number of DLTs graded using NCI CTCAE v5.0., Up to 6 months Phase 1 - To determine recommended Phase 2 dose	Defined by the time of the date of first dose of study drug until confirmed disease progression based on investigator assessment per RECIST 1.1
Cancer Bladder		
Cancer Pancreatic		
Cancer Colorectal		
Cancer Non-Small Cell Lung		
Cancer EGFR Positive Non-Small Cell Lung		

Cancer | Head and Neck
Squamous Cell
Carcinoma |
Triple
Negative
Breast
Cancer | Cervical
Cancer | Sarcoma

(RP2D) of or death
SNK01 in from any
combination cause,
n with whichever
cetuximab comes
in subjects first., Up to
with 12
advanced months | P
EGFR have 2a -
cancers., To assess
Evaluated the
by the progression
number of n-free
DLTs survival
graded (PFS) of
using NCI SNK01 in
CTCAE combinatio

v5.0., Up to n with
6 cetuximab
months | P in subjects
Phase 2a - with
To assess advanced
objective EGFR
response cancers.,
rate (ORR) Defined by
of SNK01 the time of
in the date of
combination first dose
n with of study
trastuzumab drug until
ab in confirmed
subjects disease
with progressio
advanced n based on

HER2 investigator
cancers., r
Defined by assessment
percentage per
of subjects RECIST 1.1
with a best or death
response of from any
complete cause,
response whichever
(CR), comes
partial first., Up to
response 12
(PR) or months | P
stable hase 2a -
disease To assess
(SD) by the overall
investigato survival

r (OS) of
assessment SNK01 in
per combinatio
RECIST n with
1.1., Up to trastuzum
12 ab in
months | P subjects
hase 2a - with
To assess advanced
objective HER2
response cancers.,
rate (ORR) Defined as
of SNK01 time from
in first dose
combinatio of study
n with drug to
cetuximab death due

in subjects to any
with cause., Up
advanced to 24
EGFR months | P
cancers., hase 2a -
Defined by To assess
percentage the overall
of subjects survival
with a best (OS) of
response of SNK01 in
complete combinatio
response n with
(CR), cetuximab
partial in subjects
response with
(PR) or advanced
stable EGFR

disease cancers.,
(SD) by Defined as
investigato time from
r first dose
assessment of study
per drug to
RECIST death due
1.1., Up to any
12 months cause., Up
to 24
months | P
hase 2a -
To assess
the
duration of
response
(DOR) of

SNK01 in
combination
with
trastuzumab
in
subjects
with
advanced
HER2
cancers.,
Defined as
duration of
time from
initial
response
(complete
response

\[CR\] or
partial
response
\[PR\]) to
first
documenta
tion of
disease
progressio
n or death
from any
cause,
whichever
occurs
first., Up to
12
months | P

Phase 2a -
To assess
the
duration of
response
(DOR) of
SNK01 in
combination
with
cetuximab
in subjects
with
advanced
EGFR
cancers.,
Defined as
duration of

time from
initial
response
(complete
response
\\[CR\\] or
partial
response
\\[PR\\]) to
first
documenta
tion of
disease
progressio
n or death
from any
cause,

whichever
occurs
first., Up to
12
months | P
hase 2a -
To assess
the clinical
benefit rate
(CBR) of
SNK01 in
combinatio
n with
trastuzum
ab in
subjects
with

advanced
HER2
cancers.,
Defined as
proportion
of subjects
who
achieve an
overall
tumor
response
(complete
response
\[CR\] or
partial
response
\[PR\] or

stable
disease
\\[SD\\]),
Up to 12
months | P
hase 2a -
To assess
the clinical
benefit rate
(CBR) of
SNK01 in
combinatio
n with
cetuximab
in subjects
with
advanced

EGFR
cancers.,
Defined as
proportion
of subjects
who
achieve an
overall
tumor
response
(complete
response
\[CR\] or
partial
response
\[PR\] or
stable

disease
\\[SD\\]),
Up to 12
months | P
hase 2a -
Impact of
SNK01 in
combinatio
n with
trastuzum
ab on
quality of
life in
subjects
with
advanced
HER2

cancers
evaluated
using
European
Organizati
on for
Research
and
Treatment
of Cancer
(EORTC)
Quality of
Life
Questionn
aire Core-
30 (QLQ-
C30)., The

EORTC
QLQ-C30
questionnaire consists
of 30
questions,
24 of which
are
grouped
into nine
multi-item
scales (five
functioning
scales
[physical,
role,
cognitive,

emotional
and
social\],
three
symptom
scales
\[fatigue,
pain and
nausea/vo
miting\
and one
global
health
status
scale). The
remaining
six

questions
are single-
item scales
(dyspnea,
appetite
loss, sleep
disturbanc
e,
constipatio
n, diarrhea
and the
financial
impact)
and are
intended
to assess
symptoms.

All of the scales and single-item measures are scored on a scale from 0 to 100. A better state of the patient is denoted by a higher score for the functionin

g scales
and global
health
status,
while a
worsening
state of the
patient is
denoted by
higher
scores on
the
symptom
and single-
item
scales., Up
to 12

months | P
hase 2a -
Impact of
SNK01 in
combinatio
n with
cetuximab
on quality
of life in
subjects
with
advanced
EGFR
cancers
evaluated
using
European

Organizati
on for
Research
and
Treatment
of Cancer
(EORTC)
Quality of
Life
Questionn
aire Core-
30 (QLQ-
C30), The
EORTC
QLQ-C30
questionna
ire consists

of 30
questions,
24 of which
are
grouped
into nine
multi-item
scales (five
functionin
g scales
\[physical,
role,
cognitive,
emotional
and
social\],
three

symptom
scales
\[fatigue,
pain and
nausea/vo
miting\
and one
global
health
status
scale). The
remaining
six
questions
are single-
item scales
(dyspnea,

appetite
loss, sleep
disturbanc
e,
constipatio
n, diarrhea
and the
financial
impact)
and are
intended
to assess
symptoms.

All of the
scales and
single-item

measures
are scored
on a scale
from 0 to
100. A
better state
of the
patient is
denoted by
a higher
score for
the
functionin
g scales
and global
health
status,

while a
worsening
state of the
patient is
denoted by
higher
scores on
the
symptom
and single-
item
scales. Up
to 12
months | P
hase 2a-
Impact of
SNK01 in

combination
with
trastuzumab
on
quality of
life in
subjects
with
advanced
HER2
cancers
evaluated
using
European
Organization
for
Research

and
Treatment
of Cancer
(EORTC)
Quality of
Life
Questionn
aire Lung
Cancer 13
(QLQ-
LC13),,
The
EORTC
QLQ-LC13
is a
supplemen
tary lung-

cancer
specific
questionnaire and is
used in
conjunction
with the
EORTC
QLQ-C30
questionnaire. It is
comprised
of 13
questions,
3 of which
are
grouped

into a
multi-item
scale to
assess
dyspnea
and 10 of
which are
single-item
scales
assessing
pain,
coughing,
sore
mouth,
dysphagia,
peripheral
neuropath

y, alopecia,
and
hemoptysi
s.

All of the
scales and
single-item
measures
are scored
on a scale
from 0 to
100. A
better state
of the
patient is
denoted by

a higher score for the functioning scales and global health status, while a worsening state of the patient is denoted by higher scores on the symptom

and single-
item
scales., Up
to 12
months | P
hase 2a -
Impact of
SNK01 in
combinatio
n with
cetuximab
on quality
of life in
subjects
with
advanced
EGFR

cancers
evaluated
using
European
Organizati
on for
Research
and
Treatment
of Cancer
(EORTC)
Quality of
Life
Questionn
aire Lung
Cancer 13
(QLQ-

LC13),
The
EORTC
QLQ-LC13
is a
supplemen
tary lung-
cancer
specific
questionna
ire and is
used in
conjunctio
n with the
EORTC
QLQ-C30
questionna

ire. It is
comprised
of 13
questions,
3 of which
are
grouped
into a
multi-item
scale to
assess
dyspnea
and 10 of
which are
single-item
scales
assessing

pain,
coughing,
sore
mouth,
dysphagia,
peripheral
neuropath
y, alopecia,
and
hemoptysi
s.

All of the
scales and
single-item
measures
are scored

on a scale
from 0 to
100. A
better state
of the
patient is
denoted by
a higher
score for
the
functionin
g scales
and global
health
status,
while a
worsening

state of the patient is denoted by higher scores on the symptom and single-item scales., Up to 12 months

RECRUITIN	HER2-	DRUG: ZW25	PHAS	INTER	Allocation:	362	Incidence	Objective	2019/8/29
G	expressing	(Zanidatama	E2	VENTI	NON_RAN		of dose-	response	
	Gastrointest	b) DRUG:		ONAL	DOMIZED		limiting	rate (ORR)	
	inal	Capecitabine			Intervention		toxicities	(Part 1),	
	Cancers,	DRUG:			Model:		(DLTs)	Number of	

Including Cisplatin | DR
Gastroesoph UG:
ageal Fluorouracil |
Adenocarci DRUG:
noma, Leucovorin |
Biliary Tract DRUG:
Cancer, and Oxaliplatin |
Colorectal DRUG:
Cancer Bevacizumab
| DRUG:
Gemcitabine

PARALLEL
| Masking:
NONE | Pri
mary
Purpose:
TREATME
NT

(Part 1), participant
Number of s who
participant achieved a
s who best
experience response of
d a DLT. either CR
DLTs or PR
include during
adverse treatment
events per
considered RECIST
to be 1.1, Up to
related to 10
study months | D
treatment, isease
including control
the rate (Parts

evaluated 1 and 2),
dose level Number of
of ZW25, participant
any s who
component achieved a
or best
combinatio response of
n of the CR, PR, or
component stable
s of a disease
chemother (SD)
apy during
regimen, treatment
or the per
combinatio RECIST
n of ZW25 1.1, Up to
plus a 10

chemother months | D
apy uration of
regimen., response
Up to 6 (Parts 1
weeks | Inc and 2),
idence of Median
adverse duration of
events response
(Part 1), (in
Number of months)
participant and range
s who (minimum,
experience maximum)
d an , Up to 2
adverse years | Clin
event, Up ical benefit
to 11 rate (Parts

months | In 1 and 2),
cidence of Number of
lab participant
abnormalit s with SD
ies (Part 1), for 鋳 ?24
Number of weeks or a
participant confirmed,
s who best
experience overall
d a response of
maximum CR or PR
severity of per
Grade 3 or RECIST
higher 1.1, Up to 2
post- years | Pro
baseline gression-
laboratory free

abnormalities, including either hematologic progression and n-free chemistry. survival Grades are (in defined months) using and range National Cancer Institute's , Up to 2 Common years |Overall Terminology Criteria survival for (Parts 1

Adverse and 2),
Events Median
(CTCAE), overall
version survival
5.0., Up to (in
11 months)
months | O and range
bjective (minimum,
response maximum)
rate (ORR) , Up to 2
(Part 2), years | Inci
Number of dence of
participant anti-drug
s who antibodies
achieved a (ADAs)
best (Parts 1
response of and 2),

either complete response (CR) or partial response (PR) during treatment according to the Response Evaluation Criteria in Solid Tumors (RECIST) Number of participant s who develop ADAs, Up to 11 months | E nd of infusion concentrati on of ZW25 (Parts 1 and 2), Up to 11 months | M aximum

version 1.1, serum

Up to 10 concentrati

months on of

ZW25

(Parts 1

and 2), Up

to 11

months | Tr

ough

concentrati

on of

ZW25

(Parts 1

and 2), Up

to 11

months | In

cidence of

adverse
events
(Part 2),
Number of
participant
s who
experience
d an
adverse
event, Up
to 11
months | In
cidence of
lab
abnormalit
ies (Part 2),
Number of

participant
s who
experience
d a
maximum
severity of
Grade 3 or
higher
post-
baseline
laboratory
abnormalit
y,
including
either
hematolog
y and

chemistry.
 Grades are
 defined
 using
 National
 Cancer
 Institute's
 CTCAE,
 version
 5.0., Up to
 11 months

UNKNOWN	Gastric Cancer Neo plasms Gas trointestinal Neoplasms Digestive	DRUG: Chemotherap y BIOLOGIC AL: Ag-D- CIK	PHAS E2	INTER VENTI ONAL	Allocation: 40 RANDOMIZ ED Interv ention Model: PARALLEL	Progress- free survival, 3 years	Overall survival, 3 years Qua lity of life (QOL), 3 years Phe	Aug-14
---------	--	--	------------	------------------------	---	---	--	--------

System	Masking:	notypic
Neoplasms	NONE Pri	analysis of
Gastrointest	mary	T cells, The
inal	Purpose:	number of
Diseases	TREATME	CD3+ (or
	NT	CD8+ or
		CD4+ or
		CD56+) T
		cell, 1
		years Seve
		rity of
		adverse
		events,
		According
		to National
		Cancer
		Institute

Common Terminology Criteria for Adverse Events (CTCAE), 12th edition

RECRUITING	Metastatic or Recurrent Gastric Adenocarcinoma	DRUG: Envafolimab DRUG: Oxaliplatin DRUG: S1	PHASE 2	INTERVENTIONAL	Allocation: 38 NA Intervention Model: SINGLE_GROUP Masking: NONE Primary	38	ORR, Objective response rate, 6 months	PFS, Progression Free Survival, 6 months OS, Overall Survival, 12	2022/3/1
------------	--	--	---------	----------------	--	----	--	---	----------

mary

Purpose:

TREATME

NT

months | D

CR,

Disease

Control

Rate, 9

months | D

OR,

Duration

of

Response,

12

months | A

Es,

Percentage

of

participant

s

experienci
ng grade 3-
5 adverse
events, 12
months | Q
ualify of
Life, Based
on Quality
of Life
Questionn
are-Core
30,
evaluate
the quality
of life of
patients, 12
months

RECRUITIN	Advanced	DRUG:	EARL	INTER	Allocation:	15	Overall response rate, 2022/2/14
G	Gastric	Lenvatinib B	Y_PH	VENTI	NA Interve		through study
	Adenocarci	IOLOGICAL:	ASE1	ONAL	ntion		completion, an average
	noma Adva	Pembrolizum			Model:		of 1 year
	nced	ab			SINGLE_G		
	Gastroesoph				ROUP Mas		
	ageal				king:		
	Junction				NONE Pri		
	Adenocarci				mary		
	noma Clini				Purpose:		
	cal Stage III				TREATME		
	Gastric				NT		
	Cancer						
	AJCC						
	v8 Clinical						
	Stage III						
	Gastroesoph						

ageal

Junction

Adenocarci

noma AJCC

v8 | Clinical

Stage IV

Gastric

Cancer

AJCC

v8 | Clinical

Stage IV

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Clinical

Stage IVA

Gastric

Cancer

AJCC

v8 | Clinical

Stage IVA

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Clinical

Stage IVB

Gastric

Cancer

AJCC

v8 | Clinical

Stage IVB

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Metastat

ic Gastric

Adenocarci

noma | Meta

static

Gastroesoph

ageal

Junction

Adenocarci

noma | Path

ologic Stage

III Gastric

Cancer

AJCC

v8 | Patholo

gic Stage III

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Patholo

gic Stage

IIIA Gastric

Cancer

AJCC

v8 | Patholo

gic Stage

IIIA

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Patholo

gic Stage

IIIB Gastric

Cancer

AJCC

v8 | Patholo

gic Stage

IIIB

Gastroesoph

ageal

Junction

Adenocarci
noma AJCC
v8 | Patholo
gic Stage
IIIC Gastric
Cancer
AJCC
v8 | Patholo
gic Stage IV
Gastric
Cancer
AJCC
v8 | Patholo
gic Stage IV
Gastroesoph
ageal
Junction

Adenocarci
noma AJCC
v8 | Patholo
gic Stage
IVA
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Patholo
gic Stage
IVB
Gastroesoph
ageal
Junction
Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage III

Gastric

Cancer

AJCC

v8 | Postneo

adjuvant

Therapy

Stage III

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo
adjuvant
Therapy
Stage IIIA
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Postneo
adjuvant
Therapy
Stage IIIB
Gastroesoph
ageal
Junction
Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage IV

Gastric

Cancer

AJCC

v8 | Postneo

adjuvant

Therapy

Stage IV

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo
adjuvant
Therapy
Stage IVA
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Postneo
adjuvant
Therapy
Stage IVB
Gastroesoph
ageal
Junction
Adenocarci

noma AJCC
v8 | Unresect
able Gastric
Adenocarci
noma | Unre
sectable
Gastroesoph
ageal
Junction
Adenocarci
noma

COMPLETE D	Cancer Soli d Tumor	DRUG: Fludarabine DRUG: Cyclophosph amide BIOL OGICAL:	PHAS E1	INTER VENTI ONAL	Allocation: 38 NON_RAN DOMIZED Intervention Model: PARALLEL	Incidence of adverse events (Safety and tolerability)	Peripheral T-cell persistence (assessment of frequency	2017/6/30
---------------	--------------------------	---	------------	------------------------	--	---	---	-----------

IMA101
product | BIO
LOGICAL:
Recombinant
human
interleukin-
2 | DIAGNOS
TIC_TEST:
IMADetect |
DRUG:
Atezolizuma
b

| Masking:
NONE | Pri
mary
Purpose:
TREATME
NT

IMA101 of T-cells
alone or in over time),
combinatio up to 18
n with months | T
atezolizum umor
ab, up to 18 response
months per
Response
Evaluation
Criteria In
Solid
Tumors
(RECIST)
1.1 and
immune-
related
RECIST

							(irRECIST)	
							, up to 18	
							months	
RECRUITIN	Gastric	DRUG: GEN-	PHAS	INTER	Allocation: 42	To assess	Incidence	2022/4/7
G	Cancer Gas	001 DRUG:	E2	VENTI	NA Interve	the anti-	of Adverse	
	troesophage	Avelumab		ONAL	ntion	tumor	Events,	
	al Junction				Model:	activity of	Assessed	
	Adenocarci				SINGLE_G	GEN-001,	as per	
	noma				ROUP Mas	when	CTCAE	
					king:	administer	v5.0, 1	
					NONE Pri	ed as	years Inci	
					mary	combined	dence of	
					Purpose:	with	Laboratory	
					TREATME	avelumab,	abnormalit	
					NT	Objective	ies,	
						Response	Assessed	
						(OR) per	as per	

Response Evaluation Criteria in Solid Tumors (RECIST) v1.1, 1 years

CTCAE v5.0, 1 years | Duration of response (DoR), Assessed according to RECIST v1.1, 1 years | Progression-free Survival (PFS), Assessed according

to RECIST
v1.1, 1
years | Overall
Survival
(OS), 1
years

RECRUITIN G	Stomach Neoplasms Esophagoga stric Junction Disorder N eoadjuvant Therapy C hemoradiot herapy Im	DRUG: Oxaliplatin DRUG: Tegafur- Gimeracil- Oteracil DR UG: Sintilimab R ADIATION: Concurrent	PHAS E2	INTER VENTI ONAL	Allocation: 152 RANDOMI ZED Interv ention Model: PARALLEL Masking: NONE Pri mary Purpose:	Pathologic al complete regression (pCR) rate, The primary endpoint is the pathologic	Pathologic al response rate (pRR), 1) The pathologic al response rate (pRR) is defined as the proportion	2021/9/28
----------------	---	--	------------	------------------------	--	---	---	-----------

immunotherapy | Gastric adenocarcinoma | Adjuvant Therapy
chemoradiation | PROCEDURE: D2/R0 gastrectomy

TREATMENT

all of patients complete with a regression pathologic (pCR) rate: all the response. proportion The tumor of patients regression who will be achieve evaluated pCR after according preoperative to Ryan's therapy. tumor Patients regression with a CY0 grading status at (TRG). The the time of pathologic enrollment all response

should be defined as TRG0
have no residual tumor cells of the
in the primary primary lesion after
lesion and preoperati
in the ve
dissected therapy., 6
lymph months
nodes in after the
the enrollment
surgical of the last
specimens subject | R0
(ypT0N0M resection
0). Patients rate, The
with a CY1 R0

status at resection
the time of rate is
enrollment defined as
should the
reach both proportion
ypTONOM of patients
0 and a who
CY0 achieve R0
status., 6 resection.
months For
after the patients
enrollment with a CY0
of the last status at
subject the time of
recruitmen
t, the
tumor

should be completely removed, and no residual tumor cells within 1 mm of the resection margin should be confirmed by postoperative pathology. For

patients
with a CY1
status at
the time of
recruitment,
an extra
requirement
is that
CY0
should be
confirmed
by an
peritoneal
cytological
examination,
6
months

after the enrollment of the last subject | Objective response rate (ORR), The Objective response rate (ORR) is defined as the proportion of patients with a complete

response
(CR) or a
partial
response
(PR) to
preoperati
ve therapy.
The ORR
will be
evaluated
using the
RESIST1.1
protocol, 6
months
after the
recruitmen
t of the last

subject. | E
vent-free
survival
(EFS), The
EFS will be
calculated
from the
date of
randomiza
tion to the
date of any
event or
censoring.
The event
is defined
as below:
(1)

locoregion

al

recurrence;

(2)

peritoneal

seeding;

(3) distant

metastasis;

(4) death of

any reason;

(5) tumor

progressio

n

according

to RESIST

1.1., 36

months

after the
recruitment
of the last
subject. Overall
survival
(OS), The
OS will be
calculated
from the
date of
randomization
to the
date of
death or
date of the
last follow-

up., 36
months
after the
recruitmen
t of the last
subject. | Sa
fety of
perioperati
ve therapy
include
chemo(rad
io)therapy
and PD-1
antibody.,
Treatment
related
adverse

events
(TRAEs) of
perioperati
ve therapy
will be
graded
and
documente
d
according
to NCI-
CTC AE
v5.0 from
the
beginning
of
treatment

to 28 days
after the
last date of
treatment.

Document
ary will
include the
occurrence
time,
severity
and time of
duration.

Common
TRAEs
include
leukopenia

,

thrombocy

topenia,

anemia,

ALT/AST

increase,

BUN/Scr

increase,

nausea,

vomiting,

diarrhea,

appetite

decrease,

pruritus,

rash,

fatigue,

malaise

and

pyrexia.
Additional
TRAEs of
special
interest
include
pneumonit
is,
interstitial
lung
disease,
acute
hepatitis,
hyperthyr
oidism,
autoimmu
ne

thyroiditis,
thyroid
disorder,
hypopituit
arism,
colitis,
maculopap
ular rash
and
epidermal
capillary
hyperplasi
a., One
month
after the
last date of
treatment |

Safety of
surgery
after
preoperati
ve therapy
include
chemo(rad
io)therapy
and PD-1
antibody.,
Surgery
related
adverse
events
(SRAEs)
refer to
complicati

ons which
happen
during or
one month
after
surgery.
Severe
complicati
ons after
surgery
will be
documente
d and
classified
by
Clavien-
Dindo

grading,
such as
abdominal
or GI tract
bleeding,
anastomoti
c fistula,
pancreatic
fistula of
grade B or
above, and
incision
complicati
ons
(infection,
bleeding,
rupture),.

UNKNOWN Gastric Cancer

OBSER
VATI
ONAL | Time
Perspective:
p

170

During or
one month
after
surgery
OS (overall progression-free survival), the time survival from (PFS), the receiving time from the first receiving dose of the first Immune dose of checkpoint Immune Inhibitors checkpoint treatment Inhibitors to death or treatment the end of to

2016/12/12

the progression
 observation of
 n, through disease
 study (PD) or
 completion death,
 , an through
 average of study
 3 years completion
 , an
 average of
 3 years

COMPLETE	Advanced	DRUG:	PHAS	INTER	Allocation:	37	The	Objective-	2019/2/15
D	Solid	FT500 DRU	E1	VENTI	NON_RAN		incidence	response	
	Tumors Ly	G:		ONAL	DOMIZED		of	rate (ORR),	
	mphoma G	Nivolumab			Intervention		participant	ORR is	
	astric	DRUG:			Model:		s with	defined as	
	Cancer Col	Pembrolizum			PARALLEL		Dose	the	

orectal	ab DRUG:	Masking:	Limiting	proportion
Cancer Hea	Atezolizuma	NONE Pri	Toxicities	of
d and Neck	b DRUG:	mary	(DLTs)	participant
Cancer Squ	Cyclophosph	Purpose:	within	s who
amous Cell	amide DRU	TREATME	each dose	achieve
Carcinoma	G:	NT	level	immune
EGFR	Fludarabine		cohort.,	partial
Positive	DRUG: IL-2		The	reponse/p
Solid			incidence	artial
Tumor HE			of	response
R2-positive			participant	(iPR/PR)
Breast			s with	or immune
Cancer He			DLTs	complete
patocellular			within	response/c
Carcinoma			each	omplete
Small Cell			assessed	response
Lung			dose level	(iCR/CR).

Cancer | Ren
al Cell
Carcinoma |
Pancreas
Cancer | Mel
anoma | NS
CLC | Uroth
elial
Carcinoma |
Cervical
Cancer | Mic
rosatellite
Instability |
Merkel Cell
Carcinoma

cohort to Tumor
determine response
the will be
maximum assessed
tolerated using
dose modified
(MTD) or Response
maximum Evaluation
assessed Criteria in
dose Solid
(MAD), Tumors
Day 29 (iRECIST)
or
Response
Evaluation
Criteria in
Lymphom

a (RECIL),
as
applicable.
, Day 29
and every
8 weeks
thereafter
through
Day
366 | Durati
on of
FT500
persistence
, Duration
of FT500
response is
defined as

duration
from Day 1
to
undetectab
le levels of
FT500 cells
per uL
blood.,
Day 1
through
Day 366

ACTIVE_NO	Gastric	DRUG:	PHAS	INTER	Allocation:	60	R0	Near	2019/7/24
T_RECRUITI	Cancer	SHR1210	E2	VENTI	NA Interve		resection	pathologic	
NG		combined		ONAL	ntion		rate, The	al	
		with FOLFOX			Model:		percentage	complete	
					SINGLE_G		of patients	response	
					ROUP Mas		who have	(near-pCR)	

king: no residual rate, Near-
NONE | Pri cancer cells pCR rate is
mary (gross or defined as
Purpose: microscopi the
TREATME cally) at the percentage
NT resection of patients
margins., with grade
Up to 0-1 tumors
approxima per NCCN
tely 16 tumor
weeks | pat regression
hological grading
complete (TRG)., Up
response to
(pCR) rate, approxima
The tely 16
percentage weeks | Ov

of patients overall
with no survival(O
residual S), OS is
cancer cells defined as
at the the time
primary from the
cancer site first dose
and N(-) to all-cause
per death.,
histologica From
1 randomiza
evaluation. tion to the
, Up to date of
approxima death (up
tely 16 to
weeks approxima
tely 4

years) | Pro
gression-
free
survival(P
FS), PFS is
defined as
the time
from the
first dose
to objective
disease
progressio
n or death.,
up to 2
years | Dise
ase-free
survival

(DFS), DFS
is defined
as the time
from the
postoperat
ive
baseline
imaging
evaluation
to disease
recurrence
or death in
subjects
who are
disease-
free after
surgery.,

From
randomiza
tion to the
date of
recurrence
or death
(up to
approxima
tely 4
years) | Per
centage of
Participant
s Who
Experience
One or
More
Adverse

Events
(AEs), The
incidence
and grade
of adverse
events
(including
serious
adverse
events and
immune-
related
adverse
events)
will be
determine
d per NCI-

								CTCAE	
								4.0., up to	
								approxima	
								tely 1 years	
UNKNOWN	Metastatic	DRUG:	PHAS	INTER	Allocation:	40	margin-	pathologic	Aug-20
	Gastric	Camrelizuma	E2	VENTI	Interventio		free-(R0)	al	
	Cancer Loc	b plus		ONAL	n Model:		resection	complete	
	ally	mFLOT			SEQUENTI		rate, R0	response	
	Advanced	regimen PR			AL Maskin		resection	(pCR), 6-9	
	Gastric	OCEDURE:			g:		was	weeks after	
	Adenocarci	R0 surgery			NONE Pri		defined as	immunoch	
	noma				mary		no tumor	emotherap	
					Purpose:		identified	y and R0	
					TREATME		on	surgery o	
					NT		microscopi	verall	
							c	response	
							examinatio	rate (ORR),	

n of up to 24
proximal, months | N
distal, or umber of
circumference participant
ntial s with
margins., treatment-
6-9 weeks related
after adverse
immunoch events as
emotherap assessed
y by CTCAE
v5.0, up to
24
months | su
gery
complicati
ons, sugery

complications, up to 2 months after the period of surgery | progression free survival (PFS), randomisation to disease progression, relapse, or death; surgical

morbidity
and
mortality,
up to 24
months | o
verall
survival
(OS), up to
24 months

RECRUITIN G	Gastric Cancer (GC) Gastroesoph ageal Junction Cancer (GEJ)	DRUG: Serplulimab+ Paclitaxel+A patinib DRU G: Paclitaxel ☒ Ramuciruma b	PHAS E2	INTER VENTI ONAL	Allocation: 107 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri	6-month PFS%, Progressio n-free survival by IRRC assessment per	OS, Overall survival, From the date of first dose unitl the date of death from	2022/12/24
----------------	---	---	------------	------------------------	---	--	---	------------

mary
Purpose:
TREATME
NT

RECIST any cause
1.1, The 鳞 突
Percent of ssessed up
patinets to 2
after first years]|PF
progressio S2,
n until Progressio
disease n-free
progressio survival by
n in 6 IRRC
months assessment
per
RECIST
1.1, From
date of
randomiza
tion until

the date of
second-
line
treatment
progressio
n or date of
death from
any cause,
whichever
came
first | PFS1,
Progressio
n-free
survival by
IRRC
assessment
per

RECIST

1.1, From
date of
randomiza
tion until
the date of
first
documente
d
progressio
nor date of
death from
any cause,
whichever
came first

UNKNOWN	Colorectal Cancer Tri ple Negative Breast Cancer Sarc oma Nasop haryngeal Carcinoma Prostate Cancer Gas tric Cancer	BIOLOGICA L: Adoptive Cell Transfer of NKG2DL- targetting Chimeric Antigen Receptor- grafted Gamma Delta T cell	PHAS E1	INTER VENTI ONAL	Allocation: 10 Interventio n Model: SEQUENTI AL Maskin g: NONE Pri mary Purpose: OTHER	Number of Patients with Dose Limiting Toxicity, The primary endpoint of this dose- escalation study will be the occurrence of dose- limiting toxicities	Occurence of adverse events during therapy, A secondary outcome is to observe for the occurrence of any adverse events (AEs) and serious adverse events	2019/12/1
---------	---	---	------------	------------------------	---	---	---	-----------

(DLTs) (SAEs)
during 4 during 4
cycles of cycles of
treatment treatment
and the and the
week after week after
treatment, treatment,
6 months 6
months | O
bservation
of clinical
efficacy, A
secondary
outcome is
to observe
for the
occurrence

of objective
clinical
response at
d31, M3,
M6, M9,
M12, M18
and M24
after the
start of 1st
cycle of
treatment
(assessed
according
to RECIST
criteria,
version
1.1), 6

months to
2
years | Obs
ervation
for
progressio
n-free
survival, A
secondary
outcome is
to observe
for
progressio
n-free
survival
(PFS) and
after the

start of 1st
cycle of
treatment,
up to 2
years | Obs
ervation
for
duration of
response,
A
secondary
outcome is
to observe
the
duration of
response in
patients

with
 objective
 response
 up to M24,
 After the
 start of 1st
 cycle of
 treatment,
 Up to 2
 years

RECRUITIN	Gastric	DRUG: KK-	PHAS	INTER	Allocation: 42	Maximum	Adverse	2022/9/26
G	Cancer Bre	LC-1	TCR-T	E1	VENTI	tolerated	events of	
	ast	cells DRUG:		ONAL	ntion	dose	KK-LC-1	
	Cancer Cer	Aldesleukin			Model:	(MTD) of	TCR T	
	vical	720,000			SEQUENTI	KK-LC-1	cells,	
	Cancer Lun	IU/kg	IV		AL Maskin	TCR-T	Adverse	
	g Cancer				g:	cells, The	event	

every eight
hours

NONE | Pri
mary
Purpose:
TREATME
NT

highest determinat
dose level ion as
achieved measured
according by
to the National
protocol- Cancer
defined Institute
criteria for (NCI)
DLTs and Common
determinat 5.0Termin
ion of ology
MTD., 30 Criteria for
days Adverse
Events
(CTCAE)
Criteria
Version

5.0, 30
days | Tum
or
response
rate,
Tumor
response
will be
determine
d by
RECIST
criteria as
per the
protocol
description
, 6
weeks | Tu

mor
response
duration,
Tumor
response
duration
will be
determine
d by
RECIST
criteria as
per the
protocol
description
, Through
study
completion

pstein-Barr

Virus

Infections |

Carcinoma |

Neoplasms |

Vulvar

Neoplasms |

Vulvar

Diseases | A

bdominal

Neoplasm

days) | Pha (Dose
se 1 and 2 Escalation
(Dose and
Escalation Expansion)
and : Duration
Expansion) of
: Number Responses
of (DOR), Up
Participant to 3
s with years | Pha
Adverse se 1 and 2
Events (Dose
(AEs) and Escalation
Serious and
Adverse Expansion)
Events :
(SAEs), Up Percentage

to 3 of
years | Phase 2 (Dose Expansion)
Participant Disease
Control
Percentage (CR, PR,
of and Stable
Participant Disease),
s with Up to 3
Overall years | Phase 2 (Dose
Objective Tumor Expansion)
Responses :
(ORR), Progression
Complete Response Free
Survival
(CR) and (PFS), Up

partial response (PR), Up to 3 years | Phase 2 (Dose Expansion) : Overall Survival (OS), Up to 3 years | Phase 1 and 2 (Dose Escalation and Expansion) : Maximum Observed

Plasma
Concentration (C_{max})
for
STAR0602,
Dose
Escalation:
Cycle 1
and Cycle
6 at
predefined
intervals
up to 1
year; Dose
Expansion:
Cycle 1,
Cycle 3,

and Cycle
6 at
predefined
intervals
up to 3
years
(Cycle
length= 28
days) | Pha
se 1 and 2
(Dose
Escalation
and
Expansion)
: Time
(Tmax) to
Reach the

Maximum
Plasma
Concentration (C_{max})
for
STAR0602,
Dose
Escalation:
Cycle 1
and Cycle
6 at
predefined
intervals
up to 1
year; Dose
Expansion:
Cycle 1,

Cycle 3,
and Cycle
6 at
predefined
intervals
up to 3
years
(Cycle
length= 28
days) | Pha
se 1 and 2
(Dose
Escalation
and
Expansion)
: Area
Under the

Plasma
Concentration (AUC)
Versus
Time
Curve for
STAR0602,
Dose
Escalation:
Cycle 1
and Cycle
6 at
predefined
intervals
up to 1
year; Dose
Expansion:

Cycle 1,
Cycle 3,
and Cycle
6 at
predefined
intervals
up to 3
years
(Cycle
length= 28
days) | Pha
se 1 and 2
(Dose
Escalation
and
Expansion)
: Terminal

Elimination Half-life
($t_{1/2}$) for
STAR0602,
Dose
Escalation:
Cycle 1
and Cycle
6 at
predefined
intervals
up to 1
year; Dose
Expansion:
Cycle 1,
Cycle 3,
and Cycle

6 at
predefined
intervals
up to 3
years
(Cycle
length= 28
days) | Pha
se 1 and 2
(Dose
Escalation
and
Expansion)
: Apparent
Total Body
Clearance
(CL) for

STAR0602,

Dose

Escalation:

Cycle 1

and Cycle

6 at

predefined

intervals

up to 1

year; Dose

Expansion:

Cycle 1,

Cycle 3,

and Cycle

6 at

predefined

intervals

up to 3
years
(Cycle
length= 28
days) | Pha
se 1 and 2
(Dose
Escalation
and
Expansion)
: Apparent
Volume of
Distributio
n (V_d) for
STAR0602,
Dose
Escalation:

Cycle 1
and Cycle
6 at
predefined
intervals
up to 1
year; Dose
Expansion:
Cycle 1,
Cycle 3,
and Cycle
6 at
predefined
intervals
up to 3
years
(Cycle

length= 28
days) | Pha
se 1 and 2
(Dose
Escalation
and
Expansion)
: Anti-drug
Antibody
(ADA)
formation,
Dose
Escalation
and
Expansion:
Day 1 of
predetermi

ned cycles
up to 3
years
(Cycle
length= 28
days)

RECRUITIN G	Advanced Solid Tumor Met astatic Cancer	DRUG: AU- 007 DRUG: Aldesleukin	PHAS E1 PH ASE2	INTER VENTI ONAL	Allocation: 69 NON_RAN DOMIZED Intervention Model: SEQUENTI AL Maskin g: NONE Pri mary Purpose:	Evaluate the safety of and tolerability of AU-007, Measured by the frequency of DLTs (Dose limiting	Magnitude of Pharmaco kinetic changes in the blood after dosing determine d by area under the	2022/4/4
----------------	---	---	-------------------------	------------------------	---	---	---	----------

TREATME

NT

Toxicity) curve
and safety (AUC) of
profile, AU-007,
Day 1 thru The AUC
EOT visit of AU-007
(28 days will be
after last measured
dose) | Esta at different
blish the timepoints
maximum after AU-
tolerated 007
dose administra
(MTD) and tion, Day 1
or/ thru EOT
recommen visit (28
ded Phase days after
2 dose last

(RP2D), dose) | Mag
With AU- nitude of
007 alone Pharmaco
or in kinetic
combinatio changes in
n with the blood
aldesleuki after
n dosing
measured determine
by PK, PD, d by
and maximum
Biomarker concentrati
s, Day 1 on (Cmax)
thru EOT of AU-007,
visit (28 The Cmax
days after of AU-007
last dose) will be

measured
at different
timepoints
after AU-
007
administra-
tion, Day 1
thru EOT
visit (28
days after
last
dose) | Mag-
nitude of
Pharmaco-
kinetic
changes in
the blood

after
dosing
determine
d by time
of
maximum
concentrati
on (Tmax),
The Tmax
of AU-007
will be
measured
at different
timepoints
after AU-
007
administra

tion, Day 1
thru EOT
visit (28
days after
last
dose) | Mag
nitude of
Pharmaco
kinetic
changes in
the blood
after
dosing
determine
d by Half-
life ($T_{1/2}$)
of AU-007,

The T_{1/2} of AU-007 will be measured at different timepoints after AU-007 administration, Day 1 thru EOT visit (28 days after last dose) | Magnitude of cytokine

changes in
the blood
after
dosing,
Day 1 thru
EOT visit
(28 days
after last
dose) | Mag
nitude of
immunoge
nicity after
dosing
with AU-
007 alone
or in
combinatio

n with
aldesleuki
n,
Assessed
by
summarizi
ng the
number of
patients
who
develop
detectable
anti-drug
antibodies
(ADAs) at
different
timepoints

after AU-007 alone or in combination with aldesleukin, Day 1 thru EOT visit (28 days after last dose) | Evaluate the preliminary anti-tumor activity of

AU-007
alone or in
combination
with
aldesleuki
n in
patients
with
unresectab
le locally
advanced
or
metastatic
cancer,
Clinical
anti-tumor
activity

will be
evaluated
using
convention
al
Response
Evaluation
Criteria in
Solid
Tumors
version 1.1
(RECIST
v1.1) and
modified
RECIST
v1.1, Day
1 thru EOT

							visit (28 days after last dose)	
RECRUITIN	Gastrointest	DRUG:	PHAS	INTER	Allocation:	70	Response rate,	2019/5/16
G	inal	Cyclophosph	E1 PH	VENTI	NON_RAN		Percentage of patients	
	Cancer Pan	amide DRU	ASE2	ONAL	DOMIZED		who have a clinical	
	creatic	G:			Intervention		response (PR+CR) to	
	Cancer Gas	Fludarabine			Model:		treatment (objective	
	tric	DRUG:			SEQUENTI		tumor regression), 6	
	Cancer Col	Aldesleukin			AL Maskin		weeks and 12 weeks	
	on	BIOLOGICA			g:		following	
	Cancer Rec	L: anti-KRAS			NONE Pri		administration of the cell	
	tal Cancer	G12D mTCR			mary		product, then every 3	
		PBL			Purpose:		months x3, then every 6	
					TREATME		months x 2 years, then	
					NT		per PI	
							discretion Frequency	

and severity of treatment-related adverse events, Grade and type of toxicity per dose level; fraction of patients who experience a DLT at a given dose level, and number and grade of each type of DLT, From time of cell infusion to two weeks after cell infusion

SUSPENDED	Metastatic Cancers	GENETIC: Gene Modified T Cells	PHAS E2	INTER VENTI ONAL	Allocation: 48 NA Interve ntion Model: SINGLE_G	Efficacy, Safety, Monitorin g of CEA g and levels, pre recording and post of all	Oct-12
-----------	--------------------	--------------------------------	---------	------------------	---	---	--------

TERMINATE	Gastric	BIOLOGICA	PHAS	INTER	Allocation:	1	Dose	Metabolic	Feb-12
D	Cancer	L: Cetuximab DRUG: Capecitabine DRUG: Cisplatin	E1 PH ASE2	VENTI ONAL	NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri		limiting toxicity, Patients will be as evaluated for dose limiting	response, Metabolic response, as measured by F-18- FDG PET-	
					ROUP Mas king: NONE Pri mary Purpose: TREATME NT		infusion of T cells. and Monitorin g of CT and PET scans pre and post infusion., 24 months	adverse serious adverse events using CTC 4.0 criteria., 24 months	

mary toxicities CT
Purpose: until four measurem
TREATME weeks after ent of
NT combined SUVmax,
radio- After 6
chemo- weeks of
immunoth chemo-
erapy immunoth
erapy | Sec
ondary
resectabilit
y, Decided
by a
multidisci
plinary
team 3-5
weeks after

the end of
neoadjuva
nt
treatment |
Major
histopatho
logical
response
rate, at
surgery 4-6
weeks after
end of
neoadjuva
nt
therapy | R
-0 resection
rate, at

surgery 4-6
weeks after
the end of
neoadjuva
nt
therapy | S
urgical
morbidity,
within 30
days after
surgery | O
verall
survival,
Measured
by median,
1-, 2-, and
3- year

survival
rates | Time
to local
and
systemic
progressio
n after R0-
resection, 5
years after
completion
of the trial
treatment
| Feasibilit
y, Defined
as
completion
of

preoperati
ve therapy
(including
surgery in
patients
with
initially
resectable
tumors)
and being
alive 30
days
postoperat
ively. | Toxi
city
(according
to NCI-

CTCAE,
Version
4.0),
Within 30
days after
completion
of the trial
treatment

RECRUITIN G	Gastric Cancer Peri toneal Metastases Ascites, Malignant	DRUG: Sintilimab in Combination With S- 1/oxaliplatin With nab- paclitaxel intraperitone al	PHAS E2	INTER VENTI ONAL	Allocation: 35 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary	Ascites objective response rate (ORR), The ascites objective response rate (ORR) was	Overall Survival (OS), OS is calculated from diagnosis to death or last follow- up time, 1	2023/3/1
----------------	---	---	------------	------------------------	--	--	--	----------

infusion | OT
HER: Blood
samples,
tumor biopsy
specimens,
ascites, and
feces samples
will be
collected

Purpose:
TREATME
NT

calculated year | Prog
as a ress free
summed survival
ratio of (PFS), PFS
patients is defined
with as the time
disappear from the
d and date of
decreased treatment
ascites to to the first
the total date of
number of disease, 1
patients., 1 year | 12
year months os
rate, The
definition
of 12-

months OS
rate is the
percentage
of patients
who had
NOT has
an event
before or at
12 months,
1
year | Obie
ctive
response
rate of
Solid
tumor
lesion (if

exists),
Number of
participants
with
partial
response
or
complete
response
treating by
anlotinib
according
to RESIST
criteria
v1.1, 1
year | Safety
y

assessment
, Number
and
percentage
of
participant
s with
Adverse
Events
(any Grade
and Grade
3/4), 1
year | Chan
ges of
ascite cell
subsets in
patients,

Changes in
ascites cell
subsets in
patients
before and
after
treatment.

Difference
s in the
proportion
of
subpopula
tions and
gene
expression
levels of
ascites cells

between
 responders
 and non-
 responders
 by single-
 cell
 sequencing
 ., 1 year

COMPLETE	Breast	BIOLOGICA	PHAS	INTER	Allocation:	66	Occurrenc	Number of	Jul-10
D	Cancer Gas	L:	E1	VENTI	NON_RAN		e of	participant	
	tric Cancer	margetuxima		ONAL	DOMIZED		Adverse	s with dose	
		b			Intervention		Events and	limiting	
					Model:		Serious	toxicities	
					SINGLE_G		Adverse	for weekly	
					ROUP Mas		Events,	dosing,	
					king:		Note that	Characteri	
					NONE Pri		serious	ze	

mary adverse maximum
Purpose: events that tolerated
TREATME are dose
NT considered (MTD) or
study drug maximum
related can administer
be ed dose
reported at (MAD) (if
any time no MTD is
after Study defined) of
Day 50 or margetuxi
28 days mab, up to
after the Study Day
last 28 for
infusion., weekly
Up to 28 dosing|N
days after umber of

last participant
infusion s with dose
limiting
toxicities
every 3-
week
dosing,
Characteri
ze
maximum
tolerated
dose
(MTD) or
maximum
administer
ed dose
(MAD) (if

no MTD is defined) of margetuximab, Up to Study Day 21 day for every 3-week dosing | Concentration of Margetuximab at Steady State once-weekly doses of

margetuxi
mab, Study
Day 1, 2, 4,
5, 8, 15, 22,
29 ,36, 50,
every 4
weeks
thereafter
throughou
t study
completion
, average 2
months. |
Number of
patients
who
develop

treatment-
emergent
anti-drug
antibodies
to
margetuxi
mab
(Immunog
enicity),
Study Day
1, 22, 50,
every 4
weeks
thereafter
throughou
t study
completion

, average 2
months. |
Maximum
Concentrat
ion of
Margetuxi
mab at
Steady
State once
every 3
weeks
schedule,
Study Day
1, 2, 4, 5, 22,
29, 36, 50,
every 3
weeks

thereafter
throughout
the study
completion
, average
10
months. | A
rea Under
the
Concentrat
ion Time
Curve at
Steady
State (AUC
ss) once
every 3
weeks

schedule,
AUC is a
mathemati
cal
calculation
that
describes
the drug
concentrati
on in the
blood over
time.,
Study Day
1 through
Day
22 | Area
Under the

Concentration Time Curve at Steady State (AUC_{ss}) weekly dosing schedule, AUC is a mathematical calculation that describes the drug concentration in the

blood over
time.,
Study Day
1 through
Day
8 | Clearanc
e once
every 3
weeks
schedule,
Drug
clearance
is the
amount of
drug
removed
from the

bloodstream
per unit
of time.,
Study Day
1, 2, 4, 5, 22,
29, 36, 50,
every 3
weeks
thereafter
through
study
completion
, average
10
months | V
olume of
Distributio

n at Steady
State once
every 3
weeks, The
volume of
distributio
n is related
to a
whether
how much
drug is
distributed
to body
tissues or
remains in
the
bloodstrea

m, Study

Day 1, 2, 4,

5, 22,

29 ,36, 50,

every 3

weeks

thereafter

through

study

completion

, average

10

months | T

erminal

Half-life

once every

3 weeks

schedule,
Terminal
half-life is
the time
required to
divide the
plasma
concentrati
on by two
after
reaching
pseudo-
equilibriu
m., Study
Day 1
through
Day

22 | Terminal Half-life
once every
weekly
dosing
schedule,
Terminal
half-life is
the time
required to
divide the
plasma
concentration
by two
after
reaching
pseudo-

equilibriu
m., Study
Day 1
through
Day
8 | Number
of Patients
Who
Develop
Treatment-
emergent
Anti-drug
Antibodies
to
Margetuxi
mab once
every 3

weeks
schedule,
Study Day
1, 2, 4, 5, 22,
29 ,36, 50,
every 3
weeks
thereafter
through
study
completion
, average
10
months | N
umber of
Patients
with a

Complete
Response
(CR) or
Partial
Response
(PR) to
Treatment,
Investigate
the
preliminar
y anti-
tumor
activity as
measured
by
response to
treatment

of
margetuxi
mab, using
convention
al
Response
Evaluation
Criteria in
Solid
Tumors
(RECIST)
1.1,
Assessed
at 6, 18, 30,
42, and 54
weeks,
they every

24 weeks
until
treatment
discontinu
ation,
average 10
months | D
uration of
response,
Duration
of response
is
calculated
at the time
from CR or
PR to
relapse or

cancer
progressio
n,
Assessed
at 6, 18, 30,
42, and 54
weeks,
they every
24 weeks
until
treatment
discontinu
ation,avera
ge 10
months | Pr
ogression
free

survival,
The
interval
between
the first
dose of
study
medication
and
progressio
n of
disease or
death from
any cause,
Assessed
at 6, 18, 30,
42, and 54

weeks,
they every
24 weeks
until
treatment
discontinu
ation,
average 10
months |N
umber of
patients
with
complete
response,
partial
response,
stable

disease, or
progressiv
e disease
according
to each
CD16A-
158
genotype
(FF, FV,
VV), Fc
Receptor
polymorph
isms may
affect
responsive
ness to
immunoth

erapies, Fc
receptor
genotypes
assessed
prior to
study
treatment.
Response
to
treatment
assessed at
6, 18, 30,
42, and 54
weeks,
then every
24 weeks
until

treatment
discontinu
ation,
average 10
months | C
hanges in
immune
cell
subsets,
Changes in
immune
cell subsets
may affect
responsive
ness to
immunoth
erapies,

Before
infusion
and 1 hour
after
infusion on
Study Day
1, Study
Day 2,
before
infusion on
Study Day
22 and
50 | Serum
cytokines
in the
blood,
Changes in

the levels
of
cytokines
in the
blood may
be related
to an
immune
response to
treatment.,
Study Day
1, 2, 4, 5, 22,
29 ,36, 50,
every 3
weeks
thereafter
through

study
completion
, average
10
months | A
mount
HER2 in
the blood,
Levels of
HER2 in
the
bloodstrea
m may
indicate
response to
treatment.,
Before

infusion
and 1 hour
after
infusion on
Study Day
1, Study
Day 2,
before
infusion on
Study Day
22 and
50 | Antibo
dy
dependent
cellular
cytotoxicit
y (ADCC)

activity,
ADCC
activity is
the ability
of immune
cells (like
lymphocytes)
to kill
cells that
have
immune
markers
(like
HER2) on
the cell
surface,
Before

infusion
and 1 hour
after
infusion on
Study Day
1, Study
Day 2,
before
infusion on
Study Day
22 and
50 | Fc
receptor
occupancy,
Fc receptor
occupancy
is the

amount of
time that
the
receptor is
bound to
an immune
marker
(like
HER2) on
the cell
surface.,
Before
infusion
and 1 hour
after
infusion on
Study Day

								1, Study	
								Day 2,	
								before	
								infusion on	
								Study Day	
								22 and 50	
RECRUITIN	Upper	BIOLOGICA	PHAS	INTER	Allocation: 20		Tumor	Tumor	2022/1/17
G	Digestive	L:	E2	VENTI	NA Interve		uptake of	heterogene	
	Tract Cancer	Radiopharma		ONAL	ntion		68Ga-	ity,	
		ceutical 68Ga-			Model:		PSMA,	Proportion	
		PSMA			SINGLE_G		Proportion	of tumor	
					ROUP Mas		of	lesions	
					king:		participant	identified	
					NONE Pri		s with	on CT that	
					mary		tumor	accumulat	
					Purpose:		uptake	e 68Ga-	
							equal to or	PSMA in	

DIAGNOST

IC

greater than 1.5 times the mean hepatic uptake (SUVmean) on ⁶⁸Ga-PSMA PET according to the criteria suggested by the European Association of nuclear medicine physicians, each participant, At 1 hour post-injection acquisition | Tumor lesions that do not accumulate ⁶⁸Ga-PSMA, Proportion of patients with CT-identified tumor

Nuclear lesions that
Medicine do not
(EANM), accumulat
At 1 hour e 68Ga-
post- PSMA, At
injection 1 hour
acquisition post-
injection
acquisition
| Effective
half-life of
68Ga-
PSMA,
Compariso
n of
uptakes of
68Ga-

PSMA in
tumor
lesions and
healthy
tissue at
each time
points, At
30
minutes,
60 minutes
and, 120
minutes
post-
injection |
Radiation
dose
(mGy),

Estimated
radiation
dose
(mGy)
delivered
to healthy
and tumor
tissues
from
177Lu-
PSMA
extrapolate
d from
68Ga-
PSMA
results, At
30

						minutes,		
						60 minutes		
						and 120		
						minutes		
						post-		
						injection		
RECRUITIN	Gastric	DRUG: pabrizumab	OBSER	Observation	32	Pathologic	Overall	2023/3/1
G	Cancer Gas		VATI	al Model:		Complete	Survival	
	tric		ONAL	Time		Response	(OS),	
	Adenocarci			Perspective:		(pCR)	Overall	
	noma			p		Rate, pCR	survival is	
						is defined	defined as	
						as absence	the time	
						of viable	from	
						tumor	randomiza	
						(pT0pT0N	tion to	
						0)	in death due	

examined to any
tissue, Up cause., Up
to to
approxima approxima
tely 15 tely 71
Weeks months. |P
(Time of rogression
surgery) free
survival
(PFS), The
time from
registratio
n to the
date of
disease
progressio
n or death

resulting
from any
cause., 3
years. | R0
resection
rate,
Proportion
of patients
who
achieved
R0
resection.,
Within 4
weeks
following
the
operation.

SUSPENDED	Oesophagea l Adenocarci noma Gastr ic Adenocarci noma	DRUG: Capmatinib DRUG: Spartalizuma b	PHAS E2	INTER VENTI ONAL	Allocation: 90 NON_RAN DOMIZED Intervention Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose: TREATME NT	Tumor response, Overall response rate defined as the proportion of patients with at least one objective tumour response (complete or partial) according	Proportion of unaccepta ble toxicity of the regimen during the first and second cycles of administra tion, Presence of at least one of (composite endpoint):	2022/3/22
-----------	---	---	------------	------------------------	--	---	--	-----------

to response
evaluation * Adverse
criteria in event (AE)
solid grade ≥ 3
tumours (NCI-
(RECIST) CTCAE
v1.1 within v5), at least
6 months, possibly
6 months related to
the
treatment
or
unrelated
to disease,
progressio
n,
intercurren

t illness,

concomita

nt

medication

s

* Non-

hematologi

cal AE

grade 鋳?

* Recurring

grade 2

pneumonit

is,

Myocarditi

s grade

鋳?

*

Autoimmu
ne

hemolytic

anemia,

hemolytic

uremic

syndrome,

acquired

hemophili

a grade

鋳?

* Guillain-

Barre,

severe

peripheral

or

autonomic

neuropath

y,

transverse

myelitis,

encephaliti

s, aseptic

meningitis

*

Laboratory

abnormalit

y grade

錐 ? for

\>7days

(except

nephritis

grade 3-4,

combined

elevations
of
aspartate
or alanine
transamina
se and total
bilirubin,
hyperglyce
mia, serum
electrolyte
s/enzymes
changes
without
clinical
impact)
* Febrile
neutropeni

a,
documente
d infection
with
absolute
neutrophil
count $\lt 10$
 $\wedge 9/L,$
grade 3
neutropeni
a $\gt 7$ days,
grade 4
neutropeni
a or
thrombocy
topenia, or
bleeding

with
platelet
transfusion
* AE with
discontinu
ation
\>21days
*
Significant
drug-
related AE,
Day
42 | Propor
tion of
unaccepta
ble toxicity
of the

regimen
during the
whole
treatment
course,
Presence of
at least one
of
(composite
endpoint):

* Adverse
event (AE)
grade ≥ 3
(NCI-
CTCAE
v5), at least

possibly
related to
the
treatment
or
unrelated
to disease,
progressio
n,
intercurren
t illness,
concomita
nt
medication
s
* Non-
hematologi

cal AE

grade 鋳?

* Recurring

grade 2

pneumonit

is,

Myocarditi

s grade

鋳?

*

Autoimmu

ne

hemolytic

anemia,

hemolytic

uremic

syndrome,

acquired
hemophili
a grade
鋳?
* Guillain-
Barre,
severe
peripheral
or
autonomic
neuropath
y,
transverse
myelitis,
encephaliti
s, aseptic
meningitis

*

Laboratory
abnormalities
grade
? for
>7days
(except
nephritis
grade 3-4,
combined
elevations
of
aspartate
or alanine
transaminase and total
bilirubin,

hyperglycemia, serum electrolyte
s/enzymes changes without
clinical impact)
* Febrile neutropenia,
documented infection with
absolute neutrophil
count <10

\^9/L,
grade 3
neutropeni
a \>7days,
grade 4
neutropeni
a or
thrombocy
topenia, or
bleeding
with
platelet
transfusion
* AE with
discontinu
ation
\>21days

*

Significant
drug-
related AE,
12 months
or
treatment
discontinu
ation | Prop
ortion of
patients
with
adverse
events
during the
whole
treatment

course, All
adverse
events
during the
whole
treatment
course, 12
months or
treatment
discontinu
ation | Dur
ation of
overall
response,
Time
between
the first

occurrence
of tumor
objective
response,
partial or
complete
(RECIST
1.1) and
the first
radiologica
l
progressio
n, with
response
assessment
every 9
weeks, up

to 24
months, 24
months | Ti
me to
response,
Time
between
inclusion
and the
first
occurrence
of tumor
objective
response
(complete
or partial,
according

to RECIST
1.1) or the
end of the
study, with
response
assessment
every 9
weeks, up
to 24
months, 24
months | Pr
ogression-
free
survival,
Time
between
inclusion

and the
date of the
first
radiologica
l
progressio
n
(according
to RECIST
1.1), death
(any
cause), or
last follow-
up
(maximum
=24
months),

whichever
occurs
first, 24
months | O
verall
survival,
Time
between
inclusion
and death
(any cause)
or last
follow-up
(maximum
=24
months),
whichever

one-year follow-up period., 2011/01/01-2020/12/31 | 3-year overall survival, The proportion (%) of gastric cancer liver metastasis patients all gastric cancer cases in the study period., 2010/01/01-2019/12/31 | The proportion for synchronous and metachronous liver metastases cases, The

that proportion
survived (%) of
beyond synchro
three-year us or
follow-up metachron
period., ous gastric
2011/01/0 cancer
1- liver
2021/12/3 metastases
1 | 5-year cases in all
overall gastric
survival, cancer
The cases,
proportion 2010/01/0
(%) of 1-
gastric 2019/12/3
cancer 1 | The

liver survival of
metastasis patients
patients that
that recieved
survived different
beyond therapeuti
five-year c methods,
follow-up The
period., proportion
2011/01/0 (%) of
1- patients
2021/12/3 under
1 different
therapies
that
survived
beyond

specific
follow-up
period.,
2010/01/0
1-
2019/12/3
1 | The
prognostic
predictive
value for
patients
with
different
C-GCLM
classificati
on, The
proportion

							(%) of patients of different classification on that survived beyond specific follow-up period., 2010/01/01-2019/12/31
RECRUITIN G	Stage IV Esophageal Adenocarci	RADIATION: NA Radiation Therapy (RT)	INTERVENTIONAL	Allocation: 28 NA Intervention		Overall response rate (ORR),	ORR by 2020/8/7 immune-Modified

noma | Stage
IV
Esophageal
Squamous
Cell
Carcinoma |
Stage IV
Gastric
Cancer | Sta
ge IV
Adenocarci
noma of the
Gastroesoph
ageal
Junction | St
age IVA
Esophageal

Model:
SINGLE_G
ROUP | Mas
king:
NONE | Pri
mary
Purpose:
TREATME
NT

Proportion Response
of patients Evaluation
who Criteria in
achieve as Solid
their best Tumors
overall (iRECIST),
response Will be
according determine
to d by
Response immune-
Evaluation Modified
Criteria in Response
Solid Evaluation
Tumors Criteria in
(RECIST) Solid
v. 1.1 Tumors
criteria: (iRECIST).

Adenocarcinoma | Stage IVA
Esophageal Squamous Cell Carcinoma | Stage IVA
Gastric Cancer | Stage IVA
Adenocarcinoma of the Gastroesophageal Junction | Stage IVB

Stable disease (SD), partial response (PR), confirmed (iPR), or Complete Response (CR), or progressive disease (PD). Corresponding exact confidence intervals
Immune Complete Response (iCR), Partial Response (iPR), or Stable Disease (iSD) per definitions of CR, PR, and SD, but occurring after initial immune

Esophageal
Adenocarci
noma | Stage
IVB
Esophageal
Squamous
Cell
Carcinoma |
Stage IVB
Gastric
Cancer | Sta
ge IVB
Gastroesoph
ageal
Junction
Adenocarci
noma | Meta

will be unconfirm
reported ed
for the progressiv
entire e disease
cohort and (iUPD).
stratified The same
by definition
histologic will be
subtype, used for
programm per lesion
ed cell analysis.
death PD will be
protein 1 designated
(PD- for all
1)/progra patients
mmed with PD
death- determinat

static Anal
Canal
Carcinoma |
Metastatic
Colorectal
Carcinoma |
Metastatic
Esophageal
Carcinoma |
Metastatic
Gastric
Carcinoma |
Metastatic
Gastroesoph
ageal
Junction
Adenocarci

ligand 1 ion by
(PD-L1) RECIST
status, v1.1 or
microsatell immune-
ite confirmed
instability progressiv
(MSI), and e disease
organs (iCPD) by
treated if iRECIST.
sample Unconfirm
size ed
allows. response
Patients for all
with patients
unevaluabl designated
e or as iUPD.
unknown Will be

noma | Meta
static
Hepatocellu
lar
Carcinoma |
Metastatic
Malignant
Digestive
System
Neoplasm |
Metastatic
Small
Intestinal
Carcinoma |
Pancreatobil
iary
Carcinoma |

response reported as
status will proportion
be of response
considered and
nonrespon correspon
ders., Up ding exact
to 8 weeks confidence
intervals.
Patients
with
unevaluabl
e or
unknown
response
status will
be
considered

Pathologic
Stage IV
Gastric
Cancer
AJCC
v8 | Pathologic
Stage
IVA
Esophageal
Adenocarci
noma AJCC
v8 | Pathologic
Stage
IVA
Esophageal
Squamous
Cell

nonrespon
ders., Up
to 8
weeks | Pro
gression
free
survival
(PFS), PFS
is defined
as the
duration of
time from
start of
radiation
treatment
to time of
progressio

Carcinoma
AJCC
v8 | Patholo
gic Stage
IVB
Esophageal
Adenocarci
noma AJCC
v8 | Patholo
gic Stage
IVB
Esophageal
Squamous
Cell
Carcinoma
AJCC
v8 | Patholo

n or death
a
proportion
with exact
confidence
intervals
and will be
reported
for the
entire
cohort and
stratified
by
histologic
subtype,
PD1/PDL1
status,

gic Stage
IVB
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Postneo
adjuvant
Therapy
Stage IV
Esophageal
Squamous
Cell
Carcinoma
AJCC
v8 | Postneo

MSI, and
organs
treated if
sample
size
allows.
Time to
local
progressio
n will be
described
using the
cumulative
incidence
method
and
compariso

adjuvant
Therapy
Stage IV
Gastric
Cancer
AJCC
v8 | Postneo
adjuvant
Therapy
Stage IV
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Postneo
adjuvant

ns between
strata via
Gray's test,
if sample
size
allows;
Otherwise,
Kaplan-
Meier
methodolo
gy will be
used and
compariso
ns will be
made via
log-rank
test; and

Therapy
Stage IVA
Esophageal
Adenocarci
noma AJCC
v8 | Postneo
adjuvant
Therapy
Stage IVA
Esophageal
Squamous
Cell
Carcinoma
AJCC
v8 | Postneo
adjuvant
Therapy

Cox
proportion
al hazards
analysis, if
possible.,
Up to 36
months | O
verall
survival
(OS), OS
will be
measured
from the
date of
initiation
of RT. OS is
defined as

Stage IVA

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage IVB

Esophageal

Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage IVB

the time

from the

date of

initiation

of RT to the

date of

death due

to any

cause.

Censoring

will be

performed

using the

date of last

known

contact for

those who

Esophageal
Squamous
Cell
Carcinoma
AJCC
V8 | Postneo
adjuvant
Therapy
Stage IVB
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Stage IV
Anal Cancer
AJCC

are alive at
the time of
analysis.
OS will be
reported
for the
entire
cohort and
stratified
by
histologic
subtype,
PD1/PDL1
status,
MSI, and
organs
treated if

v8 | Stage IV

Colorectal

Cancer

AJCC

v8 | Stage IV

Hepatocellu

lar

Carcinoma

AJCC

v8 | Stage

IVA

Colorectal

Cancer

AJCC

v8 | Stage

IVA

Hepatocellu

sample

size

allows., Up

to 36

months | D

etermine

local

control in

radiated

lesion(s),

Local

control

will be

defined as

absence of

per-lesion

PD in an

lar
Carcinoma
AJCC
v8 | Stage
IVB
Colorectal
Cancer
AJCC
v8 | Stage
IVB
Hepatocellu
lar
Carcinoma
AJCC
v8 | Stage
IVC
Colorectal

irradiated
lesion (as
defined
above, a
20%
increase in
the longest
diameter
since the
treatment
started or a
5 mm
increase
over the
nadir
longest
diameter

Cancer
AJCC v8

from
initiation
of
radiation
therapy to
time of
progressio
n of
radiated
lesion(s),
Up to 36
months | T
umor
measurem
ent change
by RECIST
or

iRECIST,
Abscopal
response
rate is
defined as
present for
all patients
for whom
an
unirradiate
d target or
non-target
lesion
previously
determine
d to be a
progressin

g lesion is
designated
as SD,
CR/iCR or
PR/iPR on
per-lesion
analysis
will be
described
as a
proportion
with exact
confidence
intervals
and will be
reported
for the

entire
cohort,
reported
for RECIST
and
iRECIST
definitions,
and
stratified
by
histologic
subtype,
PD1/PDL1
status,
MSI, and
organs
treated if

sample
size
allows, Up
to 8
weeks | Inc
idence of
New
metastatic
lesions,
From
initiation
of
radiation
therapy to
first
imaging
scan after

radiation
therapy
completion
, time to
new
metastatic
lesions will
be
described
using the
cumulative
incidence
method
and
compariso
ns between
strata via

Gray's test,
if sample
size
allows;
Kaplan-
Meier
methodolo
gy will be
used and
compariso
ns will be
made via
log-rank
test; and
Cox
proportion
al hazards

analysis, if possible,
Up to 8 weeks | Frequency of grade 3 or higher adverse events,
Common Terminology Criteria for Adverse Events (CTCAE v.5.0) will

be used to
determine
frequency
of grade 3
or higher
adverse
events
reported as
a
proportion
with
correspon
ding exact
confidence
intervals.,
Up to 36
months | Ti

me to new
systemic
therapy,
Time to
new
systemic
therapy
from
initiation
of
radiation
therapy to
initiation
of new
systemic
therapy
will be

described
 using
 Kaplan-
 Meier
 product
 limit
 estimators,
 and Cox
 proportion
 al hazards
 analysis, if
 possible.,
 Up to 36
 months

COMPLETE	Advanced	BIOLOGICA	PHAS	INTER	Allocation:	116	Incidence	Proportion	2019/2/26
D	Solid	L: ALKS	E1 PH	VENTI	NON_RAN		of Adverse	of subjects	
	Tumors	4230 BIOLO	ASE2	ONAL	DOMIZED		Events	with	

GICAL:
Pembrolizum
ab

Intervention
Model:
PARALLEL
|Masking:
NONE|Pri
mary
Purpose:
TREATME
NT

(AEs), and objective
identify evidence of
the RP2D Complete
of ALKS Response
4230 in (CR)/imm
Part A, une CR
Includes (iCR),
AEs that Overall
are both response
serious rate (ORR)
and drug- will be
related, based on
From time investigato
of r review of
initiation radiograph
of therapy ic or
until 30 photograp

days after hic images,
last dose of From time
study of
drug, initiation
assessed of therapy
up to 24 until the
months | N date of first
umber of documente
subjects d tumor
experienci progressio
ng AEs n, assessed
that are up to 24
both months | Pr
serious oportion of
and drug- subjects
related in with
Part B, objective

Includes evidence of
AEs that Partial
are both Response
serious (PR)/imm
and drug- une PR
related, (iPR), ORR
From time will be
of based on
initiation investigato
of therapy r review of
until 30 radiograph
days after ic or
last dose of photograp
study hic images,
drug, From time
assessed of
up to 24 initiation

months | CI of therapy
inical until the
Activity of date of first
combinatio documente
n d tumor
treatment progressio
with ALKS n, assessed
4230 and up to 24
pembroliz months | D
umab in uration of
each Part B response in
tumor subjects
type., with
Overall CR/iCR,
Response CR/iCR
rate (ORR) duration,
will be Time from

based on the first
investigator's review of
radiographic complete
clinical and response,
photographic measured
clinical images, approxima
From time to time every 6
of therapy weeks, to
until the first
date of first documenta
documented tumor objective
progression, assessed
up to 24 months or death
months due to any

cause
(estimated
up to 24
months) |
Duration
of response
in subjects
with
PR/iPR,
PR/iPR
duration,
Time from
the first
documenta
tion of
complete
response,

measured
approxima
tely every 6
weeks, to
the first
documenta
tion of
objective
tumor
progressio
n or death
due to any
cause
(estimated
up to 24
months) |
Non-

progression
for Part
B, Time
from first
dose of SC
ALKS 4230
to the time
of
progression
or death,
Assessed
up to 24
months | Overall
survival
for Part B,
Time from

first dose
of SC
ALKS 4230
to the time
of death,
Assessed
up to 24
months | Se
rum
concentrati
ons of
ALKS 4230
will be
determine
d at
various
time

points,
Concentration vs time
and
standard
pharmacokinetic (PK)
parameters
will be
summarized by dose
level, From
time of
initiation
of therapy
until the
last

treatment
cycle (each
cycle is 21
days),
assessed
up to 24
months | Se
rum will be
assayed for
the
presence of
anti-ALKS
4230
antibodies,
Results
will be
summarize

d by dose
level, From
time of
initiation
of therapy
until the
last
treatment
cycle (each
cycle is 21
days),
assessed
up to 24
months | I
mmunoph
enotyping
of

peripheral
blood
mononucle
ar cells will
be
performed
by flow
cytometry
at various
time
points,
Results
will be
summarize
d by dose
level, From
time of

initiation
of therapy
until the
last
treatment
cycle (each
cycle is 21
days),
assessed
up to 24
months | Se-
rum
concentra-
tions of
proinflam-
matory
cytokines

will be
assessed
using a
multiplex
method at
various
time
points,
Results
will be
summarize
d by dose
level, From
time of
initiation
of therapy
until the

last
 treatment
 cycle (each
 cycle is 21
 days),
 assessed
 up to 24
 months

COMPLETE	Melanoma	DRUG: Dose	PHAS	INTER	Allocation: 557	Part 1 Dose Escalation: 2016/12/19
D	Renal Cell	Escalation	E1 PH	VENTI	NON_RAN	Incidence of Dose-
	Carcinoma	Doublet:	ASE2	ONAL	DOMIZED	limiting Toxicity (DLT)
	Non Small	Combination			Intervention	During the DLT
	Cell Lung	of NKTR-214			Model:	Evaluation Window,
	Cancer Uro	+			PARALLEL	Part 1 of the study was a
	thelial	nivolumab			Masking:	dose-escalation phase
	Carcinoma	DRUG: Dose			NONE Pri	that evaluated the safety
	Triple	Expansion			mary	and tolerability and

Negative Breast Cancer HR +/HER2- Breast Cancer Gastric Cancer	<p>Doublet: Combination of NKTR-214 + nivolumab </p> <p>DRUG: Schedule Finding</p> <p>Triplet: Combination of NKTR-214+ nivolumab+ ipilimumab </p> <p>DRUG: Dose Expansion</p> <p>Triplet:</p>	<p>Purpose: TREATMENT</p>	<p>defined the maximum tolerated dose or recommended Phase 2 dose of the NKTR-214/nivolumab doublet across 5 dosage/schedule levels. The results presented are for the DLT Population., Includes DLTs that occurred within the DLT window of at least 21 days after the first dose of study treatment (28 days for every 2 weeks dosing; 21 days for every 3 weeks</p>
--	--	---------------------------	--

Combination
of NKTR-
214+
nivolumab+
ipilimumab

dosing). Patients were counted only once under each preferred term. | Part 3 Schedule Finding: Incidence of Dose-limiting Toxicity (DLT) During the DLT Evaluation Window, Part 3 of the study was a schedule finding phase to establish the recommended phase 2 dosing schedules for Part 4 and assess the safety and tolerability for the NKTR-214/nivolumab/ipilimu

mab triplet combination.

The results presented are for the DLT Population., Dose-limiting toxicities (DLTs) were assessed during a 3-week (21-day) DLT evaluation period beginning with the first dose of ipilimumab. | Part 2 and Part 4: Objective Response Rate (ORR) Per RECIST 1.1 at Recommended Phase 2 Dose (RP2D), Objective Response Rate (ORR)

per Response Evaluation
Criteria in Solid Tumors
version 1.1 (RECIST 1.1)
at Recommended Phase
2 Dose (RP2D).

ORR is defined as the
percentage of enrolled
participants who
achieved a Best Overall
Response (BOR) of
Complete Response
(CR) or Partial Response
(PR). CR is defined as
disappearance of all
target lesions. Any
pathological lymph

nodes (whether target or non-target) had to have reduction in short axis to ≤ 10 mm. PR is defined as at least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters. ORR is calculated as the sum of CR and PR. Tumor assessment at Screening then every 8 weeks (± 7 days) from Cycle 1 Day 1 and end of treatment (unless scan done within 4 weeks) up to

							approximately	27	
							months.		
RECRUITIN	Malignant	BIOLOGICA	PHAS	INTER	Allocation:	30	Number of	Response	Jul-16
G	Neoplasm	L: EpCAM	E1	VENTI	NA Interve		participant	rate of	
	of	CAR-T cells		ONAL	ntion		s with	participant	
	Nasopharyn				Model:		treatment-	s treated	
	x TNM				SINGLE_G		related	with	
	Staging				ROUP Mas		adverse	EpCAM	
	Distant				king:		events/do	CAR-T	
	Metastasis				NONE Pri		se limiting	cells	
	(M) Breast				mary		toxicity as	assessed	
	Cancer				Purpose:		assessed	by RECIST	
	Recurrent				TREATME		by CTCAE	v1.1,	
	Gastric				NT		v4.0,	Determine	
	Cancer With						Determine	whether	
	Metastasis						the largest	there is	
							dose of	therapeuti	

EpCAM c efficacies
CAR-T of the safe
cells for dose
patients infusion of
with EpCAM
nasophary CAR-T
ngeal cells for
carcinoma, patients
breast with solid
cancer and tumors., 24
other months
tumors after
expressing infusion of
EpCAM., 6 the CAR-T
weeks after cells | Persi
infusion stence of
EpCAM

RECRUITIN G	Gastric Cancer	DRUG: camrelizuma b+chemother apy DRUG: Chemotherap y	PHAS E1 PH ASE2	INTER VENTI ONAL	Allocation: 100 RANDOMIZ ED Interv ention Model: PARALLEL Masking: NONE Pri	major pathologic response rate, complete or subtotal regression (\ <10%	complete pathologic response rate, complete regression (no residual	2022/7/1	CAR-T cells and correlation with the Response rate, 24 months post CAR- T infusion
----------------	-------------------	--	-------------------------	------------------------	--	--	--	----------	--

mary residual tumor per
Purpose: tumor per tumor
TREATME tumor bed), one
NT bed), one month
month after
after surgery | R
surgery 0 resection
rate,
surgically
removed
tissue
without
residual
cancer
cells, one
month
after

surgery | Overall
survival,
the time
from the
start of
randomiza-
tion to
death due
to any
cause., 3
years | Disease-free
survival,
the time
from the
start of

randomiza
tion to the
incurable
resection,
local
recurrence
or
metastasis,
or death
from any
cause., 3
years |peri
operative
complicati
ons,
perioperati
ve

complications, the time from the start of randomization to 3 months after surgery

COMPLETE	Anaplastic	BIOLOGICA	PHAS	INTER	Allocation:	18	Incidence	NY-ESO-1	Mar-12
D	Astrocytoma Anaplastic	L: 205/NY-ESO-1 Fusion	DEC-E1	VENTIONAL	NON_RANDOMIZED	Intervention	of adverse events in patients receiving the 205/NY-ESO-1	specific cellular immunity, Analyzed via an analysis-of-	
	Oligoastrocytoma Anaplastic	Protein CDX-1401 OTHER : Laboratory Biomarker			PARALLEL Masking: NONE Pri	Model:			

glioma | Est Analysis | OT
rogen HER:
Receptor Pharmacologi
Negative | E cal
strogen Study | DRU
Receptor G: Sirolimus
Positive | Gli
oblastoma |
Hormone-
Resistant
Prostate
Cancer | Met
astatic
Prostate
Carcinoma |
Metastatic
Renal Cell

mary
Purpose:
TREATME
NT

fusion covariance
protein (ANCOVA
CDX-1401) model
with and with post-
without treatment
sirolimus, levels
as modeled
evaluated as a
according function
to the NCI pretreatme
CTCAE nt levels
scale and main
version 4.0, effects
The safe correspon
schedule of ding to the
the 3 + 3
combinato design.,

Cancer Rec	rial	Up to 12
urrent Adult	regimen is	months
Brain	established	post-
Neoplasm	at the dose	treatment
Recurrent	before 2/6	NY-ESO-1
Bladder	patients	specific
Carcinoma	experience	humoral
Recurrent	dose-	immunity,
Breast	limiting	ANCOVA
Carcinoma	toxicity.	model
Recurrent	Estimated	with post-
Colorectal	using a	treatment
Carcinoma	one-sided,	levels
Recurrent	95%, exact	modeled
Esophageal	binomial	as a
Carcinoma	confidence	function
Recurrent	interval	pretreatme

Gastric	(Clopper-	nt levels
Carcinoma	Pearson),,	and main
Recurrent	Up to 12	effects
Hepatocellu	months	correspon
lar	post-	ding to the
Carcinoma	treatment	3 + 3
Recurrent		design.,
Lung		Up to 12
Carcinoma		months
Recurrent		post-
Melanoma		treatment
Recurrent		
Ovarian		
Carcinoma		
Recurrent		
Prostate		
Carcinoma		

Recurrent

Renal Cell

Carcinoma |

Recurrent

Uterine

Corpus

Carcinoma |

Resectable

Hepatocellu

lar

Carcinoma |

Sarcoma |St

age IA

Breast

Cancer |Sta

ge IA

Ovarian

Cancer | Sta

ge IA

Uterine

Corpus

Cancer | Sta

ge IB Breast

Cancer | Sta

ge IB

Ovarian

Cancer | Sta

ge IB

Uterine

Corpus

Cancer | Sta

ge IC

Ovarian

Cancer | Sta

ge II Uterine

Corpus

Cancer | Sta

ge IIA Breast

Cancer | Sta

ge IIA Lung

Carcinoma |

Stage IIA

Ovarian

Cancer | Sta

ge IIB Breast

Cancer | Sta

ge IIB

Esophageal

Cancer | Sta

ge IIB Lung

Carcinoma |

Stage IIB

Ovarian

Cancer | Sta

ge IIB Skin

Melanoma |

Stage IIC

Ovarian

Cancer | Sta

ge IIC Skin

Melanoma |

Stage IIIA

Breast

Cancer | Sta

ge IIIA

Esophageal

Cancer | Sta

ge IIIA Lung

Carcinoma |

Stage IIIA

Ovarian

Cancer | Sta

ge IIIA Skin

Melanoma |

Stage IIIA

Uterine

Corpus

Cancer | Sta

ge IIIB

Breast

Cancer | Sta

ge IIIB

Esophageal

Cancer | Sta

ge IIIB

Ovarian

Cancer | Sta

ge IIIB Skin

Melanoma |

Stage IIIB

Uterine

Corpus

Cancer | Sta

ge IIIC

Breast

Cancer | Sta

ge IIIC

Esophageal

Cancer | Sta

ge IIIC

Ovarian

Cancer | Sta

ge IIIC Skin

Melanoma |

Stage IIIC

Uterine

Corpus

Cancer | Sta

ge IV

Bladder

Urothelial

Carcinoma |

Stage IV

Esophageal

Cancer | Sta

ge IV

Ovarian

Cancer | Sta

ge IV

Prostate
Cancer | Sta
ge IV Skin
Melanoma |
Stage IVA
Uterine
Corpus
Cancer | Sta
ge IVB
Uterine
Corpus
Cancer

RECRUITIN G Chemothera
py | Immune
Checkpoint
Inhibitor | L
ocally DRUG:
control PHAS
E2 INTER
VENTI
ONAL Allocation: 70
RANDOMIZ
ED | Interv
ention Model:
pathologic rate of 2021/6/25
al adverse
complete events, rate
response of adverse
rate, the events, 3

Advanced
Gastric
Carcinoma

PARALLEL
|Masking:
NONE|Pri
mary
Purpose:
TREATME
NT

proportion months | di
of patients sease-free
with no survival,
tumor cells the rate of
in the patients
postoperat who keep
ive from
specimens, disease at
6 months three
years, 3
years

ACTIVE_NO	Solid	BIOLOGICA	PHAS	INTER	Allocation:	96	Occurrenc	BNT141	2022/1/18
T_RECRUITI	Tumor Gas	L:	E1 PH	VENTI	NON_RAN		e of	pharmacok	
NG	tric	BNT141 DR	ASE2	ONAL	DOMIZED		treatment-	inetic: Area	
	Cancer Gas	UG: Nab-			Intervention		emergent	under the	
	troesophage	paclitaxel D			Model:		adverse	concentrati	
	al Junction				SEQUENTI		events	on time	

Adenocarci RUG:
noma | Esop Gemcitabine
hageal
Adenocarci
noma | Panc
reatic
Cancer | Bili
ary Tract
Cancer | Cho
langiocarcin
oma | Metast
atic Cancer

AL | Maskin
g:
NONE | Pri
mary
Purpose:
TREATME
NT

(TEAEs) curve
within a (AUC),
patient pre-dose
including until 60
Grade days after
鋳 ?3, last
dose | BNT
serious, 141
fatal TEAE pharmacok
by inetic:
relationshi Clearance
p, TEAEs (CL), pre-
will be dose until
graded 60 days
according after last
to the dose | BNT
National 141
Cancer

Institute pharmacokinetic:
Common inetic:
Terminology Criteria Volume of
for distributio
n (VD),
Adverse pre-dose
Events until 60
(NCI- days after
CTCAE) v last
5.0., up to dose | BNT
36 141
months | O pharmacokinetic:
ccurrence inetic:
of dose Maximum
reductions concentrati
and on of the
discontinuation drug

ation of (Cmax),
BNT141 pre-dose
due to until 60
TEAEs days after
throughout last
t the study dose | BNT
and up to 141
60 days pharmacokinetic:
after last
subject last Time to
treatment, maximum
up to 36 concentrations
months | Occurrence (Tmax),
pre-dose
of dose- until 60
limiting days after
toxicities last

(DLTs) dose | BNT
within a 141
patient pharmacok
during the inetic:
DLT Concentrat
evaluation ion prior to
period, next dose
DLTs are (Ctrough),
assessed pre-dose
during the until 60
first cycle days after
(21 days) last
in each dose | BNT
cohort to 141
determine pharmacok
maximum inetic:
tolerated Eliminatio

dose n half-life
(MTD) (t_{1/2} half),
and/or pre-dose
recommended until 60
days after
2 dose last
(RP2D)., dose | BNT
assessed 141 -
during the Objective
first cycle response
(21 days) rate (ORR),
in each ORR is
cohort defined as
the
proportion
of patients
in whom a

complete
response
(CR) or
partial
response
(PR), per
Response
Evaluation
Criteria in
Solid
Tumors
(RECIST) v
1.1 is
confirmed
as best
overall
response.,

up to 36
months | B
NT141 -
Disease
control
rate (DCR),
DCR is
defined as
the
proportion
of patients
in whom a
CR or PR
or stable
disease
(SD) (per
RECIST v

1.1, SD
assessed at
least 6
weeks after
first dose)
is observed
as best
overall
response,
up to 36
months | B
NT141 -
Duration
of response
(DOR),
DOR is
defined as

the time
from first
objective
response
(CR or PR
per
RECIST v
1.1) to first
occurrence
of objective
tumor
progressio
n
(progressi
ve disease
per
RECIST v

1.1) or death from any cause, whichever occurs first, up to 36 months

COMPLETE D	Biomarkers			OBSER VATI ONAL	Observation al Model: Time Perspective: P	116	Overall survival, Overall survival of patients with gastric cancer, two years	2017/1/1	
ACTIVE_NO T_RECRUITI NG	Gastric Adenocarci noma Oeso phageal	DRUG: FLOT-A	PHAS E2	INTER VENTI ONAL	Allocation: NA Interve ntion Model: SINGLE_G	44	Pathologic al complete response rate	Number of participant s with grade 3 or of 4	2017/7/31

Adenocarci
noma

ROUP | Mas
king:
NONE | Pri
mary
Purpose:
TREATME
NT

combinatio treatment-
n FLOT-A, related
The adverse
primary events as
objective is assessed
to assess by CTCAE
the efficacy v4.0, Safety
of FLOT-A of peri-
in the peri- operative
operative FLOT-A
setting in will be
patients assessed
with by
operable summarisi
GOAs. We ng grade 3-
aim to 4 toxicity
increase and DLT

the pCR rates as
rate after proportion
peri- s., Within 2
operative years | Rad
treatment iological
from 10% response
(minimum rate using
expected RECIST 1.1
path CR criteria,
rate for Radiologic
peri- al response
operative rate
FLOT assessed at
chemother the pre-
apy), to a operative
superior scan using
pCR rate of RECIST 1.1

\>25%, by criteria.
adding Radiologic
Avelumab al tumour
to FLOT. response
before
Complete surgery
histopatho will be
logic defined as
response is partial
defined by response
no vital or
tumour complete
cells response.,
neither in Within 3
the years | Med
oesophagu ian
s, the progressio

stomach n free
nor in the survival by
regional Kaplan
lymph Meir
nodes. In method,
cases of PFS will be
residual summarise
tumour, d using
the Kaplan
response Meier
assessment methods,
will follow presenting
criteria median
described survival
by with 95%
Mandard confidence
et al., intervals.

Within 2 PFS is
years of defined as
study time from
opening registratio
n to
clinical/ra
diological
progressio
n or death
from any
cause.

Patients
event free
at time of
analysis
will be
censored at

last follow-up date.,
Within 5 years | Median overall survival by Kaplan Meir method,
OS will be summarised using Kaplan Meier method, presenting median

survival
with 95%
confidence
intervals.
OS is
defined as
time from
registration
to date of
death of
any cause.
Patients
event free
at time of
analysis
will be
censored at

								last follow-up date., Within 5 years
NOT_YET_RECRUITING	Diffuse Astrocytoma, IDH-Mutant Glioblastoma, IDH-wildtype Brain Metastases, Adult Cervical Cancer Colorectal	DRUG: NEO212 Oral Capsule DRUG: Ipilimumab DRUG: Pembrolizumab DRUG: Nivolumab DRUG: Regorafenib DRUG: Carboplatin	PHAS E1 PHASE2	INTERVENTIONAL	Allocation: 134 NON_RANDOMIZED Intervention Model: PARALLEL Masking: NONE Primary Purpose: TREATMENT		Phase 1: safety and tolerability of increasing dose levels of orally administered NEO212 alone in patients with Astrocytoma IDH-mutant, Glioblastoma IDH-wildtype or patients with select solid tumors with uncontrolled metastases to the brain, As determined by incidence	2023/10/1

Cancer | Eso
ophageal
Cancer | Eso
ophageal
Squamous
Cell
Carcinoma |
Gastric
Cancer | Gas
troesophage
al Junction
Adenocarci
noma | Head
and Neck
Squamous
Cell
Carcinoma |

DRUG:

Paclitaxel | D

RUG:

FOLFIRI

Protocol | DR

UG:

Bevacizumab

and severity of adverse
events according to
National Cancer
Institute Common
Terminology Criteria for
Adverse Events (NCI
CTCAE v5.0, 6
months | Phase 1:
Identify the maximum
tolerated dose (MTD) of
NEO212, Maximum
Tolerated Dose of
NEO212 as determined
by the dose escalation
rules., 6 months | Phase
1: Determine the
recommended Phase 2

Melanoma |
Merkel Cell
Carcinoma |
Microsatellit
e Instability-
High Solid
Malignant
Tumor | Mis
match
Repair
Deficient
Solid
Malignant
Tumor | Mic
rosatellite
Instability-
High

dose (RP2D) of NEO212,
Determine the
recommended Phase 2
dose (RP2D) of NEO212,
6 months | Phase 2a:
Assess the safety and
tolerability of orally
administered NEO212 in
combination with select
SOC regimens following
a standard 3+3 design in
patients with select solid
tumors with
uncontrolled metastases
to the brain, Determined
by incidence and
severity of adverse

Colorectal
Cancer | Mis
match
Repair
Deficient
Colorectal
Cancer | No
n-small Cell
Lung
Cancer | Ren
al Cell
Carcinoma |
Small Cell
Lung
Cancer | Squ
amous Cell
Carcinoma |

events determined
according to National
Cancer Institute
Common Terminology
Criteria for Adverse
Events (NCI CTCAE
v5.0)., 6 months | Phase
2b: Determine the
intracranial progression-
free survival rate at six
months (PFS6) of orally
administered NEO212
alone in patients with
Astrocytoma IDH-
mutant, Glioblastoma
IDH-wildtype.,
Determine the

Urothelial
Carcinoma

intracranial progression-free survival rate at six months (PFS6) of orally administered NEO212 alone in patients with Astrocytoma IDH-mutant, Glioblastoma IDH-wildtype., 6 months | Phase 2b: Determine the intracranial progression-free survival rate at six months (PFS6) of orally administered NEO212 in combination with select SOC regimens in patients with select solid

tumors with uncontrolled metastases to the brain., Determine the intracranial progression-free survival rate at six months (PFS6) of orally administered NEO212 in combination with select SOC regimens in patients with select solid tumors (see Appendix 2) with uncontrolled metastases to the brain., 6 months

RECRUITIN	Adenocarci	DIAGNOSTIC_TEST:	OBSER	Observation	100000	Best	Overall	2021/5/5
G	noma Aden	Biomarker	Testing	VATI	al Model:	overall	survival	
	ocystic	(L) DRUG:	Systemic	ONAL	Time	response	(OS), The	
	Carcinoma	Treatment			Perspective:	(BOR) - 1st	overall	
	Anal	(T) OTHER:	Patient	p		line of	survival of	
	Cancer Ap	Reported Outcomes (P)				therapy,	a patient	
	pendix					The best	from the	
	Cancer Brai					overall	time of	
	n					response	being	
	Tumor Glio					for 1st line	diagnosed	
	blastoma A					of therapy	with	
	strocytoma					as	advanced	
	Bile Duct					determine	disease	
	Cancer Cho					d by	until	
	langiocarcin					physician	death,	
	oma Bladd					assessment	through	
	er					, 1st line of	study	

Cancer | Bone
e
Cancer | Synovial
Sarcoma | Chondrosarcoma | Liposarcoma | Sarcoma, Kaposi | Sarcoma, Soft Tissue | Sarcoma | Osteosarcoma | CNS
Cancer | Brain Stem

therapy, completion
on average , on
less than 1 average
year | Best less than 3
overall years
response
(BOR) -
2nd line of
therapy,
The best
overall
response
for 2nd line
of therapy
as
determine
d by

Neoplasms |
Breast
Cancer | Cer
vical
Cancer | Col
orectal
Cancer | Rec
tal
Cancer | Col
on
Cancer | Eso
phageal
Cancer | Eso
phagus
Cancer | Can
cer of
Colon | Panc

physician
assessment
, 2nd line
of therapy,
on average
less than 1
year | Best
overall
response
(BOR) - 3rd
line of
therapy,
The best
overall
response
for 3rd line
of therapy

reatic
Cancer | Can
cer of
Pancreas | T
estis
Cancer | Test
icular
Cancer | Ure
ter
Cancer | Ren
al Cell
Carcinoma |
Kidney
Cancer | Ges
tational
Trophoblast
ic

as
determine
d by
physician
assessment
, 3rd line of
therapy,
on average
less than 1
year | Best
overall
response
(BOR) - 4th
line of
therapy,
The best
overall

Tumor | Head and Neck
Neoplasms | Parotid
Tumor | Larynx
Cancer | Tongue
Cancer | Pharynx
Cancer | Salivary Gland
Cancer | Acute Myeloid
Leukemia | Chronic
Myeloid

response
for 4th line
of therapy
as
determined by
physician
assessment
, 4th line of
therapy,
on average
less than 1
year | Best
overall
response
(BOR) - 5th
line of

Leukemia |
Acute
Lymphoblas
tic
Leukemia |
Multiple
Myeloma |
Non
Hodgkin
Lymphoma
| Carcinoid
Tumor | Lun
g
Cancer | Ne
uroendocrin
e
Tumors | Me

therapy,
The best
overall
response
for 5th line
of therapy
as
determine
d by
physician
assessment
, 5th line of
therapy,
on average
less than 1
year | Prog
ression-

sothelioma |
Thyroid
Cancer | Par
athyroid
Neoplasms |
Adrenal
Cancer | Sm
all Bowel
Cancer | Sto
mach
Cancer | Liv
er
Cancer | He
patic
Cancer | Mel
anoma | Skin
Cancer | Un

free
survival
(PFS) - 1st
line of
therapy,
The
progressio
n free
survival
for 1st line
of therapy
as
determine
d by
physician
assessment
, 1st line of

known
Primary
Tumors | Uterine
Cancer | Fallopian Tube
Cancer | Ovarian
Cancer | Prostate
Cancer | Vaginal
Cancer | Penile
Cancer | Vulvar
Cancer | Wal

therapy,
on average
less than 1
year | Progression-
free
survival
(PFS) - 2nd
line of
therapy,
The
progression
free
survival
for 2nd line
of therapy
as

denstrom
Macroglobu
linemia | Ca
ncer,
Advanced |
Thymus
Cancer | Nas
opharyngeal
Carcinoma |
Multiple
Endocrine
Neoplasia |
Pheochrom
ocytoma | S
mall Cell
Carcinoma |

determine
d by
physician
assessment
, 2nd line
of therapy,
on average
less than 1
year | Prog
ression-
free
survival
(PFS) - 3rd
line of
therapy,
The
progressio

Pulmonary
Carcinoma

n free
survival
for 3rd line
of therapy
as
determine
d by
physician
assessment
, 3rd line of
therapy,
on average
less than 1
year | Prog
ression-
free
survival

(PFS) - 4th
line of
therapy,
The
progressio
n free
survival
for 4th line
of therapy
as
determine
d by
physician
assessment
, 4th line of
therapy,
on average

less than 1
year | Prog
ression-
free
survival
(PFS) - 5th
line of
therapy,
The
progressio
n free
survival
for 5th line
of therapy
as
determine
d by

physician
 assessment
 , 5th line of
 therapy,
 on average
 less than 1
 year

RECRUITIN	Gastric	DRUG:	PHAS	INTER	Allocation:	31	Primary	Patients'	2021/4/1
G	Cancer Mic	Durvalumab	E2	VENTI	NON_RAN		outcome of	quality of	
	rosatellite	DRUG:		ONAL	DOMIZED		Cohort 1:	life,	
	Instability	Tremelimum			Intervention		Pathologic	Quality of	
		ab			Model:		al	life will be	
					SINGLE_G		complete	assessed	
					ROUP Mas		response	through	
					king:		(ypT0N0)	Patient	
					NONE Pri		and	reported	
					mary		negative	outcomes	

Purpose: ctDNA (PRO)
TREATME status, instrument
NT Rate of . EORTC
patients QLQ-C30
(%) For
achieving questions
both 1-28 of
pathologic EORTC
al QLQ-C30 a
complete 4-point
response scale is
(ypT0N0) used. It
and scores
negative from 1 to 4:
ctDNA 1 ("Not at
status after all"), 2 ("A
neoadjuva little"), 3

nt ("Quite a
immunoth bit") and 4
erapy in ("Very
the much").
intention- Half points
to-treat are not
population allowed.
of Cohort The range
1, From the is 3. For the
enrollment raw score,
of the first less points
patient in are
Cohort 1 considered
up to 4 to have a
months better
from the outcome.
enrollment For the

of the last questions
patient in 29 and 30
Cohort of EORTC
1 | Primary QLQ-C30 a
outcome of 7-points
Cohort 2: scale is
2-year used. It
complete scores
response from 1 to 7:
rate, 2-year 1 ("very
complete poor") to 7
response ("excellent"
rate,). Half
defined as points are
the not
absence of allowed.
macroscop The range

ic or is 6. First of
microscopi all, raw
c residual score has
disease to be
(locally, calculated
regionally with mean
and values.
distantly) Afterward
at s linear
radiologica transforma
l tion is
examinatio performed
ns, tissue to be
and liquid comparabl
biopsy, in e. More
absence of points are
salvage considered

gastrectom to have a
y., From better
the outcome.,
enrollment For each
of the first Cohort,
patient in from the
Cohort 2 enrollment
up to 2 of the first
years from patient up
the end of to 4
pre- months
operative from the
treatment last patient
of the last starting the
patient pre-
enrolled in operative
Cohort 2 treatment

phase | Pati
ents'
quality of
life,
Quality of
life will be
assessed
through
Patient
reported
outcomes
(PRO)
instrument
. EORTC
QLQ-
STO22.

For questions 31-52 of EORTC QLQ-STO22 a 4-point scale is used. It scores from 1 to 4: 1 ("Not at all"), 2 ("A little"), 3 ("Quite a bit") and 4 ("Very much").

Half points
are not
allowed.

The range
is 3. For the
raw score,
less points
are

considered
to have a
better
outcome.,

For each
Cohort,
from the
enrollment
of the first

patient up
to 4
months
from the
last patient
starting the
pre-
operative
treatment
phase | Pati
ents'
quality of
life,
Quality of
life will be
assessed
through

Patient
reported
outcomes
(PRO)
instrument
. EuroQol
EQ-5D-5L.

The EQ-
5D-5L uses
for first 5
questions
qualitative
multiple
choice
answers
with NO

SCALE.

For the last
questions,

a score
from 0 to
100

indicates
from the
worst to
the best
outcome.,

For each
Cohort,

from the
enrollment
of the first
patient up

to 4
months
from the
last patient
starting the
pre-
operative
treatment
phase | 3-
year
disease-
free
survival,
time from
the
enrollment
in the

study to
the
occurrence
of disease
relapse
(local
and/or
distant),
second
gastric or
gastroesop
hageal
junction
cancer
primary, or
death from
any cause.,

For each
Cohort,
from the
enrollment
of the first
patient up
to 3 years
from the
enrollment
of the last
patient | 5-
year
overall
survival,
time from
the
enrollment

in the
study to
the
occurrence
of death.,
For each
Cohort,
from the
enrollment
of the first
patient up
to 5 years
from the
enrollment
of the last
patient | M
etastases-

free
survival,
time from
the
enrollment
in the
study to
the first
evidence of
metastases
or death
from any
cause., For
each
Cohort,
from the
enrollment

of the first
patient up
to 5 years
from the
enrollment
of the last
patient | Ga
strectomy-
free
survival
(Cohort 2
only), time
from the
inclusion
in the
study to
the

occurrence
of
gastrectom
y or death
from any
cause.,
From the
enrollment
of the first
patient up
to 5 years
from the
enrollment
of the last
patient | In
cidence of
Treatment-

Emergent
Adverse
Events
[Safety and
Tolerabilit
y],
incidence
of adverse
events
during the
treatment
and
follow-up
phases,
assessed
according
to CTCAE

v5.0., For
each
Cohort,
from the
enrollment
of the first
patient up
to 5 years
from the
enrollment
of the last
patient | Po
st
gastrectom
y
complicati
ons, Rate

of post-gastrectomy complications following tremelimumab and durvalumab as pre-operative treatment strategy.,
For each Cohort,
from the enrollment

of the first patient up to 1 year from the enrollment of the last patient

RECRUITING	Gynecologic Cancer Skin Cancer Head and Neck Cancer Sarcoma Renal Cancer Bladder Cancer Urogenital	RADIATION: Stereotactic body radiotherapy RADIATION: Palliative RT	NA	INTERVENTIONAL	Allocation: 200 RANDOMIZED Intervention Model: PARALLEL Masking: NONE Primary Purpose:	Overall survival, Overall survival is the interval from date of randomization to the	Progression-free survival, 9 years from first patient in Disease-specific survival, 9 years from	2021/6/10
------------	--	--	----	----------------	---	--	--	-----------

per Urinary
Tract
Carcinoma |
Pancreatic
Cancer | He
patobiliary
Cancer | Gas
tric
Cancer | Sm
all Bowel
Cancer | Eso
ophageal
Cancer | Mel
anoma | Col
on
Cancer | Oli

TREATME
NT

date of first
death patient
whatever in | Time to
the cause disease
of death. progressio
Patients n, Disease-
who are specific
alive are survival is
censored at the time
the last interval
date from the
known to date of
be alive., randomiza
7.5 years tion to the
from first date of
patient in cancer-
related

gometastasi

s

death, 9
years from
first
patient
in | Time to
developme
nt of new
metastatic
lesions,
Time to
developme
nt of new
metastatic
lesions is
the time
interval
from the

date of
randomiza
tion to the
date of first
occurrence
of any of
the
following
events:

*

Developm
ent new
metastatic
lesions,

* Cancer-
related

death, 9
years from
first
patient
in | Time to
developme
nt of
polymetast
atic
disease,
Time to
developme
nt of
polymetast
atic disease
is the time
interval

from the
date of
randomiza
tion to the
date of first
occurrence
of any of
the
following
events:

* Presence
of more
than 5
metastases
at a specific
timepoint

during
follow-up,
*
Developm
ent of
metastases
that
preclude
treatment
with SBRT
(e.g. due to
large size
or locating
in
previously
irradiated
region

where re-irradiation is not possible),
* Cancer-related death, 9 years from first patient in | Adverse events graded according to the National Cancer

Institute
Common
Terminolo
gy Criteria
for adverse
events
(NCI-
CTCAE)
version 5.0,
9 years
from first
patient
in | Health-
related
quality of
life
evaluated

using self-
administer
ed EORTC
QLQ-C30
questionna
ires, 9
years from
first
patient
in | Health-
related
quality of
life
evaluated
using self-
administer
ed EQ-5D-

RECRUITIN G	Gastric Cancer	DRUG: Toripalimab DRUG: Docetaxel D RUG: Fluorouracil DRUG: Leucovorin DRUG: Oxaliplatin	PHAS E2	INTER VENTI ONAL	Allocation: 35 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose:	35 3-year Disease- Free Survival Rate, The primary end point of the study is the effect of perioperati	Major pathologic al (complete and nearly complete) response (MPR), Proportion of patients with	5L questionna ires, 9 years from first patient in	2019/9/26
----------------	-------------------	---	------------	------------------------	--	---	--	--	-----------

TREATME

NT

ve time flot gastric
regimen cancer who
combined received
with Toripalima
Toripalima b
b and D2 combined
radical with FLOT
operation regimen
on the 3- after 4
year cycles of
disease- neoadjuva
free nt therapy
survival and
time of postoperat
resectable ive
gastric pathologic
cancer., Up al

to 3 examination
years | Path n TRG1a or
ological 1b., Up to 6
complete months | A
response dverse
rate (pCR), Events, For
Proportion any
of patients adverse
with reactions,
gastric the
cancer who researchers
received refer to the
Toripalima National
b Cancer
combined Institute
with FLOT (NCI)
regimen standard

after 4 of common
cycles of toxicity
neoadjuva (CTC), Up
nt therapy to 6
and months |5-
postoperat year
ive Disease-
pathologic Free Rate,
al The
examinatio proportion
n TRG1a, of patients
Up to 6 with
months resectable
gastric
cancer who
have no
recurrence

or
metastasis
after 5
years of
perioperati
ve
treatment,
Up to 5
years |5-
year
Survival
Rate,
Proportion
of patients
with
resectable
gastric

cancer who
 survived 5
 years after
 perioperati
 ve
 treatment,
 Up to 5
 years

NOT_YET_R	Lung	OTHER: EQ-5D-5L	OBSER	Observation	420	Quality of	Role of	2023/5/22
ECRUITING	Cancer Bre	questionnaire OTHER	VATI	al Model:		life in	gender, To	
	ast	: FACT-G (Functional	ONAL	Time		patients	describe	
	Cancer Kid	Assessment of Cancer		Perspective:		undergoin	differences	
	ney	Therapy -		p		g anti-	in quality	
	Cancer Bla	General) OTHER:				PD1/PDL1	of life	
	dder	FACT-EGFRI-18				/CTLA4 or	based on	
	Cancer Gas	(Functional				cyclin-	gender., 18	
	tric	Assessment of Cancer				dependent	months R	

Cancer | Skin Therapy - Epidermal
n Growth Factor
Cancer | Melanoma | Head and Neck
Inhibitors 18 Item)
Cancer

kinase role of
(CDK) therapy,
inhibitors., To
To describe
investigate differences
the in quality
correlation of life
between based on
the skin type of
toxicity therapy
related to received
the use of (Immunot
monoclonal antibody CDK
1 antibody CDK
against the inhibitors).
PD1/PDL1 , 18 months
/CTLA4 or

to cyclin-
dependent
kinase
(CDK)
inhibitors
and the
quality of
life., 18
months | Q
uality of
life during
therapy
with anti-
PD1/PDL1
/CTLA4 or
cyclin-
dependent

kinase
(CDK)
inhibitors,
To
evaluate
the
correlation
between
skin
toxicity
and
quality of
life over
three
months of
treatment
in patients

initially naive for monoclonal antibody anti-PD1/PDL1/CTLA4 or with cyclin-dependent kinase (CDK) inhibitors, 18 months

RECRUITIN	Gastric	OTHER:	non-	OBSER	Observation	169	Major	Pathologic	2021/5/25
G	Adenocarcinoma Gastric	intervention		VATSONAL	al Model: Time		pathologic response	al complete	

oesophageal
Junction
Adenocarci
noma

Perspective:
p

(MPR) response
rate, (pCR) rate,
Defined as Defined as
<10% the
residual percentage
viable of
tumor cells participant
in the s having a
resection pathologic
specimen al
after complete
neoadjuva response.,
nt drug From the
treatment., initiation
From the date of first
initiation cycle to the
date of first date of

cycle to the surgery, an
date of average of
surgery, an 10
average of weeks | R0
10 weeks resection
rate, Rate
of
microscopi
cally
margin-
negative
resection.,
From the
initiation
date of first
cycle to the
date of

surgery, an
average of
10
weeks | Dis
ease-free
Survival
(DFS),
Defined as
the time
from post-
surgery
baseline
scan until
the first
occurrence
of
local/dista

nt
 recurrence
 or death
 from any
 cause and
 is based on
 RECIST 1.1
 as assessed
 by the
 investigato
 r., 3 years

UNKNOWN	Gastric Cancer	DRUG: MCS110/PD R001 combination	PHAS E2	INTER VENTI ONAL	Allocation: 30 NA Interve ntion Model: SINGLE_G ROUP Mas	Identificati on of potential biomarker s of MCS110 in	Objective response rate, According to RECIST v1.1	2019/1/17
---------	-------------------	---	------------	------------------------	---	--	--	-----------

king: combinatio criteria,
NONE | Pri n with 6weeks | I
mary PDR001, mmune-
Purpose: The related
TREATME current response
NT study rate,
explores According
potential to RECIST
biomarker v1.1
s of criteria,
MCS110 in 6weeks | Pr
combinatio ogression-
n with free
PDR001 survival,
that Time from
predict randomiza
tumor tion until

response in disease
the tumor progressio
tissue and n or death,
blood of 6weeks | D
patients uration of
with response,
gastric Time from
cancer., documenta
3weeks tion of
tumor
response to
disease
progressio
n,
6weeks | Di
sease
control

rate, The
percentage
of patients
who have
achieved
complete
response,
partial
response
and stable
disease,
6weeks | O
verall
survival,
Time from
randomiza
tion until

death from any cause, 3months|Safety as measured by number and grade of toxicity events, According to CTCAE v4.03, 3weeks

NOT_YET_RECRUITING	Gastric Cancer Neoantigens	DIAGNOSTIC_TEST: ratio of predicted neoantigens	OBSERVATIONAL	Observation Model: Time	50	The neoantigen landscape of patients	The ratio of predicted neoantigens being	2022/8/15
--------------------	----------------------------	---	---------------	--------------------------	----	--------------------------------------	--	-----------

Perspective:

p

with presented
gastric by HLA-I,
cancer, The Computati
analysis of onal
tumor pipelines
DNA and will be
RNA employed
sequencing to predict
data will the pairing
provide of
the neoantigen
mutational s and HLA
distributio molecules.
n of Subsequen
patients tly, the
with ratio of
gastric those

cancer, predicted
which neoantigen
could give s will be
rise to validated
neoantigen by co-
s. Of those, immunopr
neoantigen ecipitation
s derived with anti-
from HLA
hotspot antibodies
mutations and mass
in spectromet
Vietnames ry analysis
e gastric for their
cancer binding to
patients correspon
will be ding HLA

identified., molecules.,
3 months 6 months
from the from the
beginning beginning
of the of the
study study | The
ratio of
predicted
neoantigen
s being
immunoge
nic.,
Immunoas
says will
be
employed
to identify

neoantigen
s that
could
activate
CD4 and
CD8 T cells
to kill
tumor cells
and serve
as putative
candidates
for
immunoth
erapy., 12
months
from the
beginning

RECRUITIN G	HER2- positive Ad enocarcino ma Bile Duct Cancer Bili ary Tract Cancer Bla dder Cancer Bre ast Cancer Bre ast Neoplasm Carcinoma,	BIOLOGICA L: 0508 BIOLO GICAL: Pembrolizum ab	PHAS E1	INTER VENTI ONAL	Allocation: 48 NON_RAN DOMIZED Intervention Model: PARALLEL Masking: NONE Pri mary Purpose: TREATME NT	Assess the safety and tolerability of CT-0508 by estimating the frequency and severity of adverse events in subjects with HER2 overexpres sing solid	of the study Estimate the objective response rate (ORR), according to RECIST v1.1, of at least 1 dose of CT-0508 among subjects with HER2 overexpres sing solid	2021/2/2
----------------	---	--	------------	------------------------	--	---	---	----------

Ductal | Carc
inoma,
Hepatocellu
lar | Cancer |
Lung
Cancer,
Non-Small-
Cell | Carcin
oma,
Ovarian
Epithelial | C
arcinoma,
Small
Cell | Carcin
oma,
Squamous |
Carcinoma,

sing solid tumors.,
tumors., Proportion
Frequency of subjects
and with an
severity of objective
adverse response
events (either a
including, complete
but not response
limited to, \[CR\] or
estimating partial
frequency response
and \[PR\]) in
severity of subjects
Cytokine who
Release received at
Syndrome least 1 dose

Transitional
Cell | Colore
ctal
Cancer | Eso
phagogastric
Junction
Neoplasms |
Inflammatory
Breast
Cancer | Sto
mach
Neoplasms |
Malignant
Neoplasms |
Ovarian
Neoplasms |
Pancreatic

(CRS), 14 of CT-0508
months | A and at least
assess the the 8-week
feasibility tumor
of evaluation
manufacturing as
ring CT- determine
0508 by d by the
describing investigato
the r using
percentage RECIST
of v1.1., 24
products months | Es
passing timate
release progressio
criteria., n-free
Percentage survival

Cancer | HE
R2-positive
Solid
Tumors | HE
R2-positive
Breast
Cancer | HE
R2-positive
Gastric
Cancer | HE
R-2 Protein
Overexpress
ion | HER-2
Gene
Amplificatio
n | Prostate
Cancer | Hea

of (PFS).,
products Defined as
that pass the time
release between
criteria the date of
among all first dose
manufactu and the
red date of first
products., documente
12 d disease
months | A progressio
ssess the n as
safety and determine
tolerability d by the
of CT-0508 investigato
in r using
combinatio RECIST

d and Neck
Cancer | End
ometrial
Cancer | Lun
g Cancer,
Small Cell

n with v1.1 or
pembroliz death due
umab by to any
estimating cause,
the whichever
frequency occurs
and first.
severity of
adverse Defined as
events in the time
subjects between
with HER2 the date of
overexpres first dose
sing solid and the
tumors date of first
(CT-0508 documente
and d disease

pembrolizumab as a substudy only), Frequency and severity of adverse events including, but not limited to, estimating frequency and severity of Cytokine progression as determined by the investigator using RECIST v1.1 or death due to any cause, whichever occurs first., 24 months

ACTIVE_NO	Metastatic	DRUG:	PHAS	INTER	Allocation:	49	Release		
T_RECRUITI	Esophageal	Olaparib BI	E1 PH	VENTI	NA Interve		Syndrome		
NG	Carcinoma	OLOGICAL:	ASE2	ONAL	ntion		(CRS), 14		
	Metastatic	Ramuciruma			Model:		months		
	Gastric	b			SINGLE_G		Dose	Progressio	2018/2/6
	Carcinoma				ROUP Mas		limiting	n free	
	Metastatic				king:		toxicity	survival,	
	Gastroesoph				NONE Pri		and	Will be	
	ageal				mary		maximum	compared	
	Junction				Purpose:		tolerated	for	
	Adenocarci				TREATME		dose of	duration of	
	noma Recu				NT		olaparib	response	
	rrent						(Phase I),	survival	
							Will be	with	
							assessed	Kaplan-	
							by	Meier	
							National	estimates	

Esophageal
Carcinoma |
Recurrent
Gastric
Carcinoma |
Recurrent
Gastroesoph
ageal
Junction
Adenocarci
noma | Stage
III
Esophageal
Cancer
AJCC
v7 | Stage III
Gastric

Cancer and log-
Institute rank tests.
(NCI) The
Common Rothman
Terminolo CI will be
gy Criteria reported.
(CTCAE) In
for addition,
Adverse the
Events possible
version risk factors
5.0., Up to will be
14 compared
days | Obje for
ctive survival
response with log-
rate (Phase rank test.

Cancer
AJCC
v7 | Stage IV
Esophageal
Cancer
AJCC
v7 | Stage IV
Gastric
Cancer
AJCC
v7 | Unresect
able
Esophageal
Carcinoma |
Unresectabl
e Gastric
Carcinoma |

II), Will be For
defined as multivariat
complete e analysis,
or partial the
response proportion
assessed al hazards
by Cox model
Response will be
Evaluation applied to
Criteria in investigate
Solid potential
Tumors prognostic
version 1.1. factors,
Will be such as age
estimated and stage
using the of disease
95% of the PFS

Unresectabl
e
Gastroesoph
ageal
Junction
Adenocarci
noma

confidence data. The
interval adjusted p-
(CI) based values of
on the hazard
Wilson's ratios and
method. A the
5% 2-sided adjusted
alpha will 95%
be used. confidence
The interval
Wilcoxon will be
rank sum reported.,
test and From start
Fisher's of
exact test treatment
will be to time of
applied to progressio

study the n or death,
association whichever
between occurs
the first,
response assessed
status and up to 6
the years |Ove
continuous rall
and survival,
categorical Will be
variables, compared
respectivel for
y. The duration of
generalize response
d non- survival
linear with
model and Kaplan-

logistic regression will be applied for multivariable analysis. The adjusted p-value and 95% CI of the odds ratio will be reported., Up to 6 years Meier estimates and log-rank tests. The Rothman CI will be reported. In addition, the possible risk factors will be compared for survival

with log-rank test. The adjusted p-values of the hazard ratios and the adjusted 95% confidence interval will be reported., Up to 6 years | BR OCA-HR

status, Will
be
compared
for
duration of
response
survival
with
Kaplan-
Meier
estimates
and log-
rank tests.
The
Rothman
CI will be
reported.

In addition, the possible risk factors will be compared for survival with log-rank test. The adjusted p-values of the hazard ratios and the

adjusted
95%
confidence
interval
will be
reported.,
Up to 6
years | Inci
dence of
adverse
events,
Will be
assessed
by NCI
CTCAE
version 5.0.
Will be

tabulated
by type
and grade
and
compared
to
established
rates for
ramucirum
ab
monothera
py. Ninety-
five
percent
confidence
intervals
will be

calculated
for each of
these., Up
to 30 days
of last dose
administra
tion

ACTIVE_NO	Localized	DRUG:	PHAS	INTER	Allocation:	160	Rate	of	Safety	of	2021/10/18
T_RECRUITI	Resectable	Pembrolizum	E2	VENTI	NON_RAN		complete	the			
NG	Tumor MSI	ab		ONAL	DOMIZED		pathologic	perioperati			
	/dMMR or				Intervention		al response	ve			
	EBV-				Model:		(pCR) after	treatment,			
	positive				PARALLEL		surgery, A	Safety			
	Gastric				Masking:		complete	profile,			
	Cancers				NONE Pri		pathologic	determine			
					mary		al response	d using the			
					Purpose:		will	be	National		

TREATME

NT

defined as Cancer
0% viable Institute -
tumor Common
cells., 6 Terminolo
weeks after gy Criteria
first for
injection Adverse
Event
(NCI-CTC
AE)
grading
scale
version 5.
Adverse
events will
be
described

by their
intensity
and
severity, 36
Months
(over the
whole
study) | Rate
of
surgical
complications (post-
operative
morbidity)
, The rate
of surgical
complications

ons (post-
operative
morbidity)
will be
assessed
according
to
modified
Clavien
Dindo
scoring, 1
Month
after
sugery | Ra
te of
patients
with the R0

resection,
Percentage
of patients
with the R0
resection,
36
Months | M
ajor
pathologic
al response
rate,
Percentage
of patients
with major
pathologic
al response
(鋳 ?10%

residual
viable
tumor), 36
Months | R
ecurrence-
free
survival
(RFS), RFS
defined as
the time
from the
date of first
study
treatment
administra
tion to the
date of first

documented
recurrence,
36
Months | Overall
response
rate (ORR)
at 4 weeks
after the
injection of
neoadjuvant
pembrolizumab,
Percentage
of patients

with
objective
response at
1 month
(complete
or partial
response)
after
neoadjuva
nt
pembroliz
umab,
according
to RECIST
v1.1., 4
weeks after
first study

treatment
injection |
Rate of
second
cancer in
the Lynch
syndrom
spectrum,
Percentage
of patients
with
second
cancer, 36
Months | T
he overall
survival
(OS), OS,

defined
from the
date of first
study
treatment
administra
tion to the
date of
death due
to any
cause.,
From 36
months | Pr
ogression-
free
survival
(PFS) after

recurrence,
PFS,
defined
from the
date of first
documente
d
recurrence
to the date
of
documente
d
progressio
n., 36
months | Q
uality of
life (QoL),

QoL,
assessed
using the
EORTC
QLQ-C30,
Baseline,
before
surgery
and at 5
months
post
inclusion |
The
prognostic
value of
lung
immune

								prognostic	
								index	
								(LIPI), 36	
								months	
COMPLETE	Breast	OTHER: 虜	PHAS	INTER	Allocation:	18	Safety and	Immunoge	Jul-11
D	Neoplasms	鹿 虜 Pb-	E1	VENTI	NA Interve		tolerability	nicity: To	
	Peritoneal			ONAL	ntion		:	To characteriz	
	Neoplasms	TCMC-			Model:		measure	e the	
	Ovarian	Trastuzumab			SINGLE_G		the	human	
	Neoplasms	BIOLOGIC			ROUP Mas		number of	immune	
	Pancreatic	AL:			king:		participant	response	
	Neoplasms	trastuzumab			NONE Pri		s who	against 虜	
	Stomach				mary		experience	鹿 虜 Pb-	
	Neoplasms				Purpose:		adverse	TCMC-	
					TREATME		events	Trastuzum	
					NT		after	ab given	
							intraperito	via IP	

neal (IP) infusion.,
administra Assessed
tion of 虜 at six
鹿 虜 Pb- weeks
TCMC- visit | Anti-
Trastuzum tumor
ab., effects: To
Adverse for anti-
events tumor
considered effects as
dose assessed
limiting by physical
toxicity: examinatio
n,
* Grade 3 radiograph
elevations ic imaging,
of ALP,

bilirubin, and tumor
ALT, or marker
AST studies.,
lasting 鋳? Assessed
days after six
* Grade 3 and twelve
elevations weeks, and
of serum then at
creatinine twelve-
within 6 week
weeks of intervals
treatment until
* Grade 2 progressio
elevations n. | Pharma
of serum cokinetics:
creatinine To
lasting 鋳? determine

days that the plasma
occur after pharmacok
6 weeks inetics and
* Grade 3 assess the
proteinuri extent of
a exit of
* Any radioactivi
other ty from the
Grade 3 or peritoneal
4 non- cavity by
hematologi 纬-camera
c toxicity imaging.,
* Grade 4 Up to 3
neutropeni days post-
a lasting injection
鋳? days or
febrile

neutropeni

a of any

duration

* Grade 3

thrombocy

topenia

that fails to

recover to

鉞?Grade 2

at 6 weeks

* Grade 4

thrombocy

topenia

lasting 鉞?

days or

thrombocy

topenia

accompanied by bleeding, Assessed periodically during study treatment follow-up, up to five years.

TERMINATE	Solid	BIOLOGICA	PHAS	INTER	Allocation: 6	Safety and	Anti-	2019/3/13
D	Tumor HE	L: ACTR T	E1	VENTI	NA Interve	tolerability	tumor	
	R-2 Protein	Cell		ONAL	ntion	of ACTR T	activity as	
	Overexpress	Product DR			Model:	cell	measured	
	ion	UG:			SINGLE_G	product	by overall	
		Trastuzumab			ROUP Mas	with	response	

king: trastuzumab rate (ORR)
NONE | Primary as per
assessed iRECIST,
Purpose: by 52
TREATMENT committee weeks | An
review of ti-tumor
dose activity as
limiting measured
toxicities best
(DLTs), overall
incidence response
and (BOR), 52
severity of weeks | An
adverse ti-tumor
events activity as
(AEs) and measured
clinically by

significant duration of
abnormalities of response
ies of (DOR), 52
laboratory weeks | An
values, 42 ti-tumor
days | Determination activity as
of measured
by
recommended progression
phase n-free
2 dose survival
(RP2D) (PFS), 52
regimen, weeks | An
Review of ti-tumor
DLTs, activity as
maximum measured
tolerated by overall

dose survival
(MTD), (OS), 52
incidence weeks | Ass
and essment of
severity of persistence
AEs and of ACTR as
clinically measured
significant by flow
abnormalit cytometry,
ies of 52
laboratory weeks | Ass
values, 42 essment of
days persistence
of ACTR as
measured
by
quantitativ

e
polymerase
e chain
reaction
(qPCR), 52
weeks | Ass
essment of
ACTR
phenotype
and
function as
measured
by flow
cytometry,
52
weeks | Ass
essment of

induction
of
inflammat
ory
markers
and
cytokines/
chemokine
s after
ACTR T
cell
product
administra
tion,
Levels of
inflammat
ory

markers,
cytokines/
chemokine
s in blood,
52
weeks | Tra
stuzumab
pharmacok
inetics
(PK),
trastuzum
ab serum
concentrati
on, Area
Under the
Curve
(AUC),

							trough		
							levels,	52	
							weeks		
WITHDRAW	Locally	DRUG:	PHAS	INTER	Allocation:	0	Dose	Best	2020/4/6
N	Advanced	Liposomal	E1 PH	VENTI	NA Interve		limiting	overall	
	Unresectabl	Irinotecan O	ASE2	ONAL	ntion		toxicity	response	
	e Gastric	THER:			Model:		(DLT)	(BOR) as	
	Adenocarci	Quality-of-			SINGLE_G		(Phase I),	measured	
	noma Meta	Life			ROUP Mas		DLT is by		
	static	Assessment			king:		defined as	Response	
	Gastroesoph	OTHER:			NONE Pri		follows:	Evaluation	
	ageal	Questionnair			mary		For	Criteria in	
	Junction	e			Purpose:		hematologi	Solid	
	Adenocarci	Administrati			TREATME		cal toxicity:	Tumors	
	noma Meta	on BIOLOGI			NT		Drug-	(RECIST)	
	static	CAL:					related	version 1.1	
	Unresectabl						grade 4	criteria,	

e Gastric Ramuciruma
Adenocarci b
noma | Unre
sectable
Gastroesoph
ageal
Junction
Adenocarci
noma | Gastr
ic
Adenocarci
noma | Gastr
oesophageal
Junction
Adenocarci
noma

neutropeni BOR will
a for more be
than 5 days evaluated
without from start
fever or of
infection; treatment
Grade 4 until
neutropeni progressio
a of any n/recurren
duration ce., Up to 6
accompani months | In
ed by fever cidence of
or adverse
infection, events
Grade 4 graded
thrombocy according
topenia. to CTCAE

For non-version 4.0,
hematological toxicity: Analyses
of
All grade safety/toxi-
city will be
3-4 that city will be
represents performed
a 2 grade for all
increase patients
over having
baseline, received at
excluding: least one
Untreated dose of
or study
inadequate drug., Up
ly treated to 6
nausea, months
vomiting,

diarrhea

lasting

shorter

than 24

hours;

Alopecia;

Grade 3

fatigue

that

returns to

grade 2 or

less within

7 days;

Grade 3

laboratory

abnormalit

ies that are

not
considered
clinically
significant
and that
return to
grade 2 or
less within
72 hours.,
Up to 28
days | Prog
ression-
free
survival
(PFS)
(Phase II),
PFS will be

calculated
from
treatment
start date
to date of
disease
progressio
n or date of
death due
to any
cause, or to
the time of
last follow-
up,
whichever
occurs

N_PRODUC

T:

Monoclonal

antibody -

Dose

Expansion

evaluate the safety and tolerability of FT538 in combination with the following mAbs in subjects with advanced solid tumors: avelumab, trastuzumab, cetuximab, atezolizumab, nivolumab, and pembrolizumab, Up to ~5 years

RECRUITIN G	Oncology Melanoma Ovarian Cancer NSCLC Non Small Cell	BIOLOGICAL: E-602 BIOLOGICAL: Cemiplimab	PHASE 1 PHASE 2	INTERVENTIONAL	Allocation: 273 NON_RANDOMIZED Intervention Model: SEQUENTIAL	Incidence of AEs and SAEs (Phase 1), Incidence of adverse	Noncompartmental PK Parameters of E-602 (Phase 1),	2022/2/11
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Lung	AL Maskin	events	Maximum
Cancer Col	g:	(AEs) and	plasma
orectal	NONE Pri	serious	concentrati
Cancer Pan	mary	adverse	on (Cmax),
creatic	Purpose:	events	12
Cancer Can	TREATME	(SAEs)	Months N
cer CRC C	NT	graded	oncompart
olon		according	mental PK
Cancer Bre		to National	Parameters
ast		Cancer	of E-602
Cancer Gas		Institute	(Phase 1),
tric		(NCI)	Area
Cancer EGJ		Common	under the
Esophagog		Terminolo	plasma
astric		gy Criteria	concentrati
Junction		for	on-time
Cancer Hea		Adverse	curve

d and Neck
Cancer | Uro
thelial
Cancer | Bla
dder Cancer

Events (AUC), 12
(CTCAE) Months | S
v5.0., 15 subjects
Months | D with
dose- Antidrug
Limiting Antibodies
Toxicities (Phase 1),
(Phase 1), Number
Incidence and
of dose- percentage
limiting of subjects
toxicities who
(DLTs) develop
within a detectable
modified antidrug
3+3 trial antibodies,
design, 21 13

days | Objective
Response Rate
(Phase 2), Objective
response rate of confirmed complete response and partial response,
12
Months | Duration of Response
Objective Response Rate
(Phase 1), Objective
response rate of confirmed complete response and partial response
using
Response Evaluation Criteria in

(Phase 2), Solid
Duration Tumors
of (RECIST)
Response v1.1 and
of Immunoth
confirmed erapy
complete Response
response Evaluation
or partial Criteria in
response., Solid
16 Tumors
Months | P (iRECIST).,
rogression 12
Free Months | D
Survival uration of
(Phase 2), Response
Time from (Phase 1),

first study Duration
treatment of
dose until Response
the first of
date when confirmed
progressiv complete
e disease response
(PD) is or partial
objectively response,
documente 16
d or death Months|P
from any rogression
cause, 15 Free
Months|O Survival
verall (Phase 1),
Survival Time from
(Phase 2), first dose

Time from to first
first study evidence of
treatment radiograph
dose until ically
death, 15 detectable
Months disease or
death from
any cause,
15
Months | O
verall
Survival
(Phase 1),
Time from
first study
treatment
dose until

death, 15
Months | In
cidence of
AEs and
SAEs
(Phase 2),
Incidence
of adverse
events
(AEs) and
serious
adverse
events
(SAEs)
graded
according
to National

Cancer
Institute
(NCI)
Common
Terminolo
gy Criteria
for
Adverse
Events
(CTCAE)
v5.0, 15
Months | N
oncompart
mental PK
Parameters
of E-602
(Phase 2),

Maximum
plasma
concentration (C_{max}),
12
Months | Noncompartmental PK
Parameters
of E-602
(Phase 2),
Area
under the
plasma
concentration-time
curve

(AUC), 12
Months |S
subjects
with
Antidrug
Antibodies
(Phase 2),
Number
and
percentage
of subjects
who
develop
detectable
antidrug
antibodies,
13 Months

RECRUITING	Non-small Cell Lung Cancer Gastric Cancer Head and Neck Cancer Ovarian Cancer Primary Peritoneal Carcinoma Fallopian Tube Cancer Bladder Urothelial	DRUG: CDX-585	PHASE: E1	INTERVENTIONAL	Allocation: 130 NA Intervention Model: SINGLE_GROUP Masking: NONE Primary Purpose: TREATMENT	130	Dose escalation: To determine the maximum tolerated dose of CDX-585 and to select the CDX-585 dose(s) for evaluation in tumor-specific expansion	Safety and Tolerability of CDX-585 as assessed by CTCAE v5.0, The rates of drug-related adverse events will be summarized and evaluated., From first	2023/5/11
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Carcinoma |
Colorectal
Cancer | Eso
phageal
Cancer | He
patic
Cancer | Ren
al Cell
Carcinoma |
Cholangioca
rcinoma | Pa
ncreatic
Cancer | Oth
er Solid
Tumors

cohorts, dose
The rates through 90
of drug- days after
related last
adverse dose | Obje
events will ctive
be Response
summarize Rate, The
d, and percentage
maximum of patients
tolerated who
dose will achieve a
be confirmed
determine immune
d., complete
Approxim response
ately 12 (iCR) or

months | T immune
umor- partial
specific response
expansion (iPR),
cohorts: To Assessed
further up to
evaluate approxima
the safety tely 1-3
of CDX- years. | Cli
585 by nical
tumor Benefit
type., The Rate, The
rates of percentage
drug- of patients
related who
adverse achieve
events will best

be response of
summarize confirmed
d, and iCR or iPR,
further or immune
evaluated stable
in specific disease
tumor (iSD) for at
types., least four
Approxim months,
ately 6 Assessed
months up to
approxima
tely 1-3
years. | Dur
ation of
Response,
The

interval
from
which
measurem
ent criteria
are first
met for iCR
or iPR until
the first
date that
progressiv
e disease is
objectively
documente
d, First
occurrence
of a

documented objective response to disease progression or death (up to approximately 1-3 years) | Progression-free Survival,
The time from start of study drug to

time of
progression
or death,
whichever
occurs
first, Cycle
1, day 1 to
the first
occurrence
of disease
progression
or death
due to any
cause (up
to
approximately
1-3

years) | Overall
Survival,
The time
from start
of study
drug to
death, The
time from
start of
study drug
to death
from any
cause (up
to
approximately 1-3

years) | Pha
rmacokinet
ic
Evaluation
, CDX-585
serum
concentrati
ons will be
measured
at specified
visits, Prior
to, during,
and at
multiple
time points
after doses
1-4. Prior

to every
other dose
from fifth
dose, and
at 30 and
90 days
post last
dose of
study
treatment |
Immunoge
nicity
Evaluation
, Samples
will be
obtained
for

assessment
of human
anti-CDX-
585, Prior
to the first
three doses
and every
other dose
from the
fifth dose
of study
treatment,
then 30
and 90
days after
the last
dose

UNKNOWN	Gastric Cancer	DRUG: Toripalimab combined with oxaliplatin and Tegafur, Gimeracil and Oteracil Porassium Capsules	PHASE: E2	INTERVENTION: VENTIONAL	Allocation: 20 NA Intervention Model: SINGLE_GROUP Masking: NONE Primary Purpose: TREATMENT	Objective Response Rate, The percentage of patients whose tumors shrink to a certain extent and remain there for a certain period of time, including CR+PR cases, All subjects receive tumor assessment every 6 weeks until disease progress, up to 24mons. Objective response rate is defined as the date from ICF signation to the date of first documented progression or date of	2020/2/1
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UNKNOWN	Stomach Cancer Gas tro Esophageal Junction Cancer	DRUG: Atezolizuma b DRUG: Capecitabine DRUG: Oxaliplatin DRUG: Docetaxel	PHAS E2 ONAL	INTER VENTI ONAL	Allocation: 20 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose: TREATME NT	death from any cause, whichever came first. Incidence pathologic 2018/3/7 of adverse al tumor events regression following grade, treatment determine (safety), d using the Adverse Mandard events will tumor be assessed regression (according grading to CTC-AE system, v4.0) Within 6 during months treatment, after last until 100
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							days after patient		
							last patient inclusion		
							last study		
							drug		
							treatment		
RECRUITIN	Gastric	DRUG:	PHAS	INTER	Allocation:	357	Part 1:	Part 1:	2020/6/3
G	Cancer	Fluorouracil	E2	VENTI	RANDOMI		Occurrence	Objective	
		(5-		ONAL	ZED Interv		e of	Response	
		FU) DRUG:			ention		adverse	Rate	
		Capecitabine			Model:		events	(ORR),	
		BIOLOGIC			PARALLEL		(AEs) and	Confirmed	
		AL:			Masking:		serious	ORR per	
		Durvalumab			NONE Pri		adverse	RECIST 1.1	
		DRUG:			mary		events	is the	
		Oxaliplatin			Purpose:		(SAEs),	percentage	
		BIOLOGICA			TREATME		graded	of patients	
		L:			NT		according	with	

Trastuzumab
| DRUG:
Trastuzumab
deruxtecan |
DRUG:
Cisplatin | BI
OLOGICAL:
Pembrolizum
ab | BIOLOGI
CAL:
MEDI5752

to NCI Complete
CTCAE Response
v5.0, or Partial
Occurrence Response
e of AEs that is
and SAEs subsequent
graded tly
according confirmed.
to NCI , Efficacy
CTCAE will be
v5.0, Safety assessed at
will be an average
assessed of
up to the approxima
follow-up tely 12
period, months | P
approxima art 2 and

tely 24 Part 3:
months. | P Occurrenc
art 1: e of
Occurrence adverse
of dose- events
limiting (AEs) and
toxicities serious
(DLTs), adverse
Occurrenc events
e of dose (SAEs),
limiting Occurrenc
toxicities, e of AEs
Safety will and SAEs
be assessed graded
up to the according
follow-up to NCI
period, CTCAE

approximately 24 months. | Part 1: Changes from baseline in laboratory parameters, Changes in laboratory parameters (every appropriate units) compared v5.0, Safety will be assessed up to follow-up period, approximately 24 months | Part 2 and Part 3: Changes from baseline in laboratory parameters, Changes

to baseline in
results., laboratory
Safety will parameters
be assessed (every in
up to the appropriat
follow-up e units)
period, compared
approxima to baseline
tely 24 results.,
months. |P Safety will
art 1: be assessed
Changes up to
from follow-up
baseline in period,
vital signs, approxima
Changes in tely 24
vital signs months |P

results art 2 and
compared Part 3:
to baseline Changes
results., from
Safety will baseline in
be assessed vital signs,
up to the Changes in
follow-up vital signs
period, results
approxima compared
tely 24 to baseline
months. |P results.,
art 1: Safety will
Changes be assessed
from up to
baseline in follow-up
electrocard period,

iogram approxima
(ECG) tely 24
results, months | P
Changes in art 2 and
ECG Part 3:
results Changes
compared from
to baseline baseline in
results., body
Safety will weight,
be assessed Changes in
up to the body
follow-up weight in
period, kilograms
approxima compared
tely 24 to baseline
months. | P results.,

Part 2 and Safety will
Part 3: be assessed
Endpoint up to
assessed follow-up
by period,
Investigator approxima
rately 24
RECIST months | P
v1.1: Part 2 and
Confirmed Part 3:
Objective Changes
Response from
Rate baseline in
(ORR), electrocard
Confirmed iogram
ORR per (ECG)
RECIST 1.1 results,

is the Changes in
percentage ECG
of patients results
with compared
Complete to baseline
Response results.,
or Partial Safety will
Response be assessed
that is up to
subsequen follow-up
tly period,
confirmed. approxima
, tely 24
(Endpoint: months |D
ORR) uration of
Efficacy Response
will be (DoR),

assessed at DOR is
an average defined as
of the time
approximately from the
12 date of first
months documente
d response
until the
date of
documente
d
progressio
n or death,
Until
progressio
n or death,
efficacy

(DoR) will
be assessed
up to
approximately 24
months | D
isease
Control
Rate
(DCR),
DCR is the
percentage
of subjects
who have a
best
overall
response of

complete
response
(CR) or
partial
response
(PR) or
stable
disease
(SD),
Efficacy
will be
assessed at
an average
of
approxima
tely 12
months | Pr

ogression
Free
Survival
(PFS), PFS
is the time
from date
of first
dose until
the date of
objective
disease
progressio
n or death,
Until
progressio
n or death,
efficacy

(PFS) will
be assessed
up to
approximately 24
months | Overall
survival
(OS), OS is
the time
from date
of first
dose until
death due
to any
cause,
Until

death,
efficacy
(OS) will
be assessed
up to
approximately 24
months | Se
rum
concentrati
on of T-
DXd, total
anti-HER2
antibody,
and
MAAA-
1181a in all

arms,
Individual
participant
data and
descriptive
statistics
will be
provided
for serum
concentrati
on data at
each time
point for
each dose
level for T-
DXd, total
anti-HER2

antibody,
MAAA-
1181a,
While on
study drug
up to study
completion
,
approxima
tely 24
months | Se
rum
concentrati
on of
durvaluma
b in study
arms

including
T-DXd in
combination
with
durvaluma
b,
Individual
participant
data and
descriptive
statistics
will be
provided
for serum
concentration
data at
each time

point for
durvaluma
b., While
on study
drug up to
study
completion
,
approxima
tely 24
months | Pr
esence of
ADAs for
T-DXd and
durvaluma
b and
MEDI5752

(in study arms including T-DXd and durvaluma b, and T-DXd and MEDI5752, respectively), Individual participant data and descriptive statistics will be provided

for data at
each time
point for
each dose
level for T-
DXd and
durvaluma
b., While
on study
drug up to
study
completion
,
approxima
tely 24
months |Se
rum

concentrations of MEDI5752 in study arms including T-DXd in combination with MEDI5752, Individual participant data and descriptive statistics will be

provided
for data at
each time
point for
MEDI5752.
, While on
study drug
up to study
completion
,
approxima
tely 24
months | C
omparison
of ORR,
Compariso
n of

objective
response
rate
between
participant
s using
local HER2
test results
and central
HER2 test
results
from
tumor
samples
with
evaluable
results,

While on
study drug
up to study
completion
,
approxima
tely 24
months | C
omparison
of DCR,
Compariso
n of
disease
control
rate
between
participant

s using
local HER2
test results
and central
HER2 test
results
from
tumor
samples
with
evaluable
results,
While on
study drug
up to study
completion
,

approximately 24 months | Comparison of DoR, Comparison of duration of response between participants using local HER2 test results and central HER2 test results

from
tumor
samples
with
evaluatable
results,
While on
study drug
up to study
completion
,
approximately 24
months | C
omparison
of PFS,
Compariso

n of
progressio
n-free
survival
between
participant
s using
local HER2
test results
and central
HER2 test
results
from
tumor
samples
with
evaluable

results,
While on
study drug
up to study
completion
,
approxima
tely 24
months | C
omparison
of OS,
Compariso
n of overall
survival
between
participant
s using

local HER2
test results
and central
HER2 test
results
from
tumor
samples
with
evaluable
results,
While on
study drug
up to study
completion
,
approxima

ACTIVE_NO	Advanced	BIOLOGICA	PHAS	INTER	Allocation:	198	Number of	tely 24 months	Objective	2018/3/14
T_RECRUITI NG	Malignancie s	L: Toripalimab, Recombinant Humanized anti-PD-1 Monoclonal Antibody	E1	VENTI ONAL	NON_RAN DOMIZED Intervention Model: SEQUENTI AL Maskin g: NONE Pri mary Purpose: TREATME NT		participants with treatment- related adverse events as assessed by CTCAE v4.0, Number of participants with treatment- related	Response Rate (ORR), The treatment effect of Toripalima b will be assessed using RECIST 1.1 to determine objective response		

adverse rate., Every
events as 8 weeks
assessed (Part A) or
by CTCAE every 9
v4.0, weeks
Through (Part B)
Day 90 of through
last dose study
completion
, an
average of
1
year | Disea
se Control
Rate
(DCR), The
treatment

effect of
Toripalima
b will be
assessed
using
RECIST 1.1
to
determine
disease
control
rate., Every
8 weeks
(Part A) or
every 9
weeks
(Part B)
through

study
completion
, an
average of
1
year | Prog
ression-
Free
survival
(PFS), The
treatment
effect of
Toripalima
b will be
assessed
using
RECIST 1.1

to
determine
progressio
n-free
survival
time.,
Every 8
weeks
(Part A) or
every 9
weeks
(Part B)
through
study
completion
, an
average of

1
year | Over
all survival
(OS),
Through
study
completion
, an
average of
1 year

COMPLETE D	Advanced Solid Tumor	DRUG: SRF617 DRU G: Gemcitabine DRUG: Albumin- Bound	PHAS E1	INTER VENTI ONAL	Allocation: 85 NON_RAN DOMIZED Intervention Model: PARALLEL Masking:	Dose Limiting Toxicity of SRF617, Evaluation of dose- limiting	Safety Analysis: Summary of adverse events (AEs) and based on	2020/3/16
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Paclitaxel | D
RUG:
Pembrolizum
ab

NONE | Pri
mary
Purpose:
TREATME
NT

toxicity treatment-
(DLT)., emergent
Assessed AEs
during first (TEAEs),
28 days of Safety and
treatment tolerability
of SRF617
monothera
py and
combinatio
n therapy
will be
assessed
by
summarizi
ng adverse
events

(AEs) and
will be
based on
treatment-
emergent
AEs
(TEAEs). A
TEAE is an
AE that
emerges or
worsens in
the period
from the
first dose
of study
drug to 30
days after

the last
dose of
study drug
assessed
by per
CTCAE
version 5.0
or higher.,
Up to 24
months | P
harmacoki
netics (PK)
of SRF617,
Serum
concentrati
ons of
SRF617

will be
collected
and
analyzed
to evaluate
the PK of
SRF617,
Up to 24
months | P
harmacod
ynamics of
SRF617,
Pharmaco
dynamics
of SRF617
will be
evaluated

via serum
target
occupancy.
, Up to 24
months | O
bjective
response
rate (ORR),
ORR will
be
estimated
by the
percentage
of patients
achieving a
best
overall

response of
CR or PR
per
iRECIST.,
Up to 24
months | D
uration of
response
(DoR),
DoR is
defined as
the time
from the
first
documente
d response
(CR or PR)

to
documente
d disease
progressio
n as
determine
d by
applicable
disease
criteria, or
documente
d death
due to any
cause,
whichever
occurs
first., Up to

24

months | D

isease

control

rate (DCR),

DCR is

defined as

the

percentage

of patients

with CR,

partial PR,

or stable

disease

lasting a

minimum

of 12

weeks., Up
to 24
months | Pr
ogression-
free
survival
(PFS), PFS
is defined
as the time
from the
first
treatment
on study
with study
drug to
documente
d disease

progression
n as
determine
d by
applicable
disease
criteria or
death., Up
to 24
months |L
landmark
PFS rate,
Landmark
PFS is
defined as
the
percentage

of patients
who have
not
developed
PFS events
(ie, death
or
documente
d disease
progressio
n as
determine
d by
applicable
disease
criteria) at
6 months, 1

year, 1.5
years, and
2 years.,
Up to 24
months | Ef
fect of
SRF617 on
intratumor
al CD39
enzymatic
activity,
Levels of
intratumor
al CD39
enzymatic
activity
will be

evaluated
in patients
receiving
pretreatment and on-
treatment
tumor
biopsies
via an in
situ
ATPase
histochemistry assay.,
Up to 24
months

RECRUITING	Hepatocellular Cancer Cholangiocarcinoma Gallbladder Cancer Pancreatic Cancer Oesophageal Cancer Stomach Cancer	DIAGNOSTIC TEST: FoundationOne CDx and FoundationOne Liquid	NA	INTERVENTIONAL	Allocation: 400 NON_RANDOMIZED Intervention Model: SINGLE_GROUP Masking: NONE Primary Purpose: OTHER	400	Distribution of mutations in patients with HCC, intra- and extrahepatic CCA, GBCA, PDAC and gastric cancer, Relative frequency of targetable mutations	Heterogeneity of targetable alterations in paraffin embedded specimen vs. cfDNA, Number of differences (heterogeneity) in targetable alterations in paraffin specimen vs. cfDNA,	2020/10/28
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(incl. TMB up to 4
and MSI weeks after
status) biospecime
computed n
as the provision |
number of Relative
patients frequency
who of
harbors at targetable
least one mutations
mutation (incl. TMB
divided by and MSI
the status) per
number of disease
total group,
patients in Relative
the pooled frequency

patient of
population targetable
, up to 4 mutations
weeks after (incl. TMB
biospecime and MSI
n status) per
provision disease
group, up
to 4 weeks
after
biospecime
n
provision |
Number of
patients
receiving
therapies

in
accordance
to their
genomic
profiles,
Number of
patients
receiving
therapies
in
accordance
to their
genomic
profiles, up
to 4 weeks
after
biospecime

							n	
RECRUITIN	Pancreatic	DRUG:	PHAS	INTER	Allocation:	110	Response	rate, 2017/9/21
G	Cancer Gas	Cyclophosph	E1 PH	VENTI	NON_RAN		Percentage of patients	
	tric	amide DRU	ASE2	ONAL	DOMIZED		who have a clinical	
	Cancer Gas	G:			Intervention		response (PR+CR) to	
	trointestinal	Fludarabine			Model:		treatment (objective	
	Cancer Col	BIOLOGICA			SEQUENTI		tumor regression), 6	
	on	L: Anti-KRAS			AL Maskin		weeks and 12 weeks	
	Cancer Rec	G12V mTCR			g:		following	
	tal Cancer	PBL DRUG:			NONE Pri		administration of the cell	
		Aldesleukin			mary		product, then every 3	
					Purpose:		months x3, then every 6	
					TREATME		months x 2 years, then	
					NT		per	PI
							discretion Frequency	
							and severity of	

treatment-related
 adverse events, Grade
 and type of toxicity per
 dose level; fraction of
 patients who experience
 a DLT at a given dose
 level, and number and
 grade of each type of
 DLT, From time of cell
 infusion to two weeks
 after cell infusion

UNKNOWN	Advanced Gastric Cancer Gas troesophage al Cancer	OTHER: Cell infusion for Dose-finding (Group A) OTHER: Cell infusion	NA	INTER VENTI ONAL	Allocation: 18 RANDOMI ZED Interv ention Model: SEQUENTI	Safety assessment , Evaluation of of adverse events and	Tumor assessment , Imaging of the chest, abdomen	2019/10/8
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for Extended
research
(Group B)

AL | Maskin
g:
NONE | Pri
mary
Purpose:
TREATME
NT

severity and pelvis
according (either
to CTCAE enhanced
v5.0, 4 CT or MRI)
weeks | He and tumor
matology markers
toxicity, should be
After 7 obtained at
days of baseline
treatment, (before the
the 鋳 ?4 pretreatme
nt of first
degree lymphocyt
hematotoxi e
city (clearance)
(excluding
lymphocyt 鑄 ?this
e imaging

reduction) evaluation
related to is the
UCB-NK baseline
treatment examinatio
could not n of this
recover to study.
鉕 ?3 After the
degree, 7 infusion,
days | Non patients
hematologi need to
c toxicity, return to
Any non the
hematologi hospital at
c toxic the 1st,
reaction 2nd, 3rd,
鉕? degree 4th, 6th
and 12th
related to

UCB-NK treatment cannot be reduced to 兪? degree within 3 days and no further improvem ent is found; Gastric mucosal injury including gastric hemorrhag month (兪 7 days) and every 6 months (兪 1 month) after the 12th month to check the imaging of chest, abdomen and pelvis and tumor markers. Follow up to the

e 鋳 ? disease
degree progress,
related to unwilling
UCB-NK to be
treatment; followed
Other non up, loss of
hematologi follow-up,
c toxicity death or
鋳? degree the end of
related to the study,
UCB-NK whichever
treatment occurs
lasted for first.
more than Imaging
7 days., 7 evaluation
days is up to the

established
disease
progression
(PD)
according
to the
RECIST
1.1., 4 years

RECRUITING	Advanced Solid Tumors Gas tric Cancer Gas troesophage al Junction Cancer Uro thelial	DRUG: PF- 07265028 BI OLOGICAL: Sasanlimab	PHAS E1	INTER VENTI ONAL	Allocation: 240 NON_RAN DOMIZED Intervention Model: SEQUENTI AL Maskin g: NONE Pri	Number of participant s with Dose- limiting toxicities (DLTs) in Dose Escalation	The pharmacok inetic profile of single and multiple doses PF- 07265028 alone and	2022/2/24
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Cancer | Non-Small Cell Lung Cancer | Head and Neck Squamous Cell Carcinomas

Primary Purpose: TREATMENT

(Part 1), in combination with sasanlimab during through Cycle 1 (a Cmax, cycle is 28 Maximum days) in observed Part 1. The plasma number of concentrations of PF-07265028 (Cmax) and the Maximum observed steady

days) | Number of plasma
participant concentrations
with maximum (C_{max},
adverse events), Days 1,
8, 15, 16
(AEs), AEs and 22 of
characterized Cycle 1
ed by type, (each cycle
frequency, is 28
severity (as days) | The
graded by pharmacokinetic
National Cancer Institute
profile of single and
Common multiple
Terminology doses PF-

gy Criteria 07265028
for alone and
Adverse in
Events combinatio
\[NCI n with
CTCAE\] sasanlimab
version through
5.0), Tmax,
timing, Time to
seriousnes maximal
s, and observed
relationshi plasma
p to study concentrati
therapy., on of PF-
Baseline 07265028
through up (Tmax)
to 2 and Time

years | Number of participants with clinically significant laboratory abnormalities, Laboratory abnormalities as characterized by type, frequency, severity (as graded by

to reach Maximum Observed Steady State Plasma Concentration ($T_{max,ss}$), Days 1, 8, 15, 16 and 22 of Cycle 1 (each cycle is 28 days) | The pharmacokinetic

NCI profile of
CTCAE single and
version multiple
5.0), and doses PF-
timing., 07265028
Baseline alone and
through up in
to 2 combinatio
years | Obj n with
ective sasanlimab
response through
rate (ORR) AUC, Area
in Dose under the
Expansion concentrati
(Part 2), on versus
Tumor time curve
response from time

based on zero to the
Response last
Evaluation quantifiabl
Criteria in e time
Solid point prior
Tumors to the next
(RECIST) dose
v1.1, (AUClast)
Baseline of PF-
through up 07265028
to 2 years and area
or until under the
disease curve
progressio within one
n dose
interval at
steady

state
(AUC_{tau,s}
s), Days 1,
8, 15, 16
and 22 of
Cycle 1
(each cycle
is 28
days) | The
effect of
food on the
pharmacok
inetic
profile of
PF-
07265028
through

C_{max},
Maximum
observed
plasma
concentration
of PF-
07265028
(C_{max})
under
fasted and
fed
conditions
in the
subset of
participants,
Days 1, 8,
15, 16 and

22 of Cycle
1 (each
cycle is 28
days) | The
effect of
food on the
pharmacok
inetic
profile of
PF-
07265028
through
Tmax,
Time to
maximal
observed
plasma

concentration of PF-07265028 (Tmax) under fasted and fed conditions in the subset of participants, Days 1, 8, 15, 16 and 22 of Cycle 1 (each cycle is 28 days) | The

effect of
food on the
pharmacokinetic
profile of
PF-
07265028
through
AUC, Area
under the
concentration
versus
time curve
from time
zero to the
last
quantifiable

e time
point prior
to the next
dose
(AUClast)
of PF-
07265028
under
fasted and
fed
conditions
in the
subset of
participants,
Days 1, 8,
15, 16 and
22 of Cycle

1 (each cycle is 28 days) | The pharmacokinetic profile of sasanlimab when given in combination with PF-07265028 through C_{min} , Minimum plasma concentration

on (C_{min})
will be
calculated
through
the
measured
pre-dose
plasma
concentrati
on, Day 1
of cycle 1
(each cycle
is 28 days),
Day 1 of
cycle 2,
Day 1 of
cycle 3,

Day 1 of
cycle 5 and
thereafter
every 6
cycles
(each cycle
is 28
days) | The
immunoge
nicity of
sasanlimab
when
given in
combinatio
n with PF-
07265028
through

ADA and
NAb,
Incidence
and titers
of anti-
drug
antibodies
(ADA) and
neutralizin
g
antibodies
(NAb)
against
sasanlimab
, Day 1 of
cycle 1
(each cycle

is 28 days),
Day 1 of
cycle 2,
Day 1 of
cycle 3,
Day 1 of
cycle 5 and
thereafter
every 6
cycles
(each cycle
is 28
days) | The
effect of
PF-
07265028
alone and

in
combination
with
sasanlimab
on tumor
immune
biomarker
s
modulation,
Levels of
intratumor
T cells and
PD-L1
expression
in pre- and
post-
treatment

tumor
biopsies,
Baseline
through up
to 2
years |OR
R in Dose
Escalation
(Part 1),
Tumor
response
assessment
based on
RECIST
1.1, From
baseline
through

disease
progression
or study
completion
(approximately 2
years) | Time to
event
endpoints
(DOR) in
Dose
Expansion
(Part 2),
Duration
of response
(DOR) as

assessed
using
RECIST
1.1., From
baseline
through
disease
progressio
n or study
completion
(approxim
ately 2
years) | Ti
me to
event
endpoints
(PFS) in

Dose
Expansion
(Part 2),
Progression free
survival
(PFS) as
assessed
using
RECIST
1.1., From
baseline
through
disease
progression
or study
completion

(approximately 2 years) | Time to event endpoints (OS) in Dose Expansion (Part 2), Overall survival (OS) assessed proportion of patients alive, From

baseline
 through
 disease
 progression
 or study
 completion
 (approxim
 ately 2
 years)

NOT_YET_R	Advanced	COMBINATI	PHAS	INTER	Allocation:	120	The	Objective	2022/3/1
ECRUITING	Gastric	ON_PRODU	E3	VENTI	RANDOMI		number of	response	
	Carcinoma	CT: radical		ONAL	ZED Interv		CD8+	rate (ORR),	
	CD8+	surgery after			ention		tumor-	Complete	
	Tumor	neoadjuvant			Model:		infiltrating	response	
	Infiltrating	immunothera			PARALLEL		lymphocyt	(CR) +	
	Lymphocyte	py COMBIN			Masking:		es in tumor	partial	
	s Neoadjuv	ATION_PRO			NONE Pri		tissue and	response	

ant
Immunothera
rapy
DUCT:
radical
surgery after
neoadjuvant
chemotherapy

mary
Purpose:
TREATMENT
NT

adjacent (PR), 6
tissue months | D
before and disease-free
after survival
treatment, (DFS),
Changes in Time from
the study
number of entry to
CD8+ disease
tumor- recurrence
infiltrating or patient
lymphocytes death due
es in the to disease
tumor and progressio
adjacent n, 2
tissues of years | Overall
the rall

experimental group survival (OS), Time before and from study after the entry to surgery death from compared any cause., with the 2 control years | The group., 6 therapeutic months drug safety, Adverse events (AEs), serious adverse events

(SAEs),
drug-
related
AEs, SAEs,
and class-
specific
AEs (eg,
hypertensi
on,
proteinuri
a, and
hand-foot
syndrome)
, 6
months |S
urgical
safety, R0

resection
rate,
operative
mortality,
surgical
complicati
ons
(bleeding,
anastomoti
c leakage,
incision
infection),
reoperatio
n rate,
hospital
stay, etc., 6
months

UNKNOWN	Gastric Adenocarcinoma Gastroesophageal Junction Adenocarcinoma Esophageal Adenocarcinoma	DRUG: MBP-426/Leucovorin/5-FU	PHASE 1 PHASE 2	INTERVENTIONAL	Allocation: 62	To determine the dose of MBP-426 for use in the Phase II portion of this study of MBP-426 administered every 21 days in combination with leucovorin (folinic acid) when	To characterize the safety profile of the combination therapy, 4 months T o determine the plasma and urine pharmacokinetics of MBP-426 when	May-09
---------	---	-------------------------------	-------------------	----------------	----------------	---	---	--------

acid or FA) given in
and combination
fluorouracil with
1 (5-FU), 4 leucovorin
months and 5-FU, 4
months | T
o
undertake
a
preliminar
y
exploratio
n of anti-
tumor
activity of
the
combinatio

n therapy,
 4
 months | T
 o
 characteriz
 e the safety
 profile of
 the
 combinatio
 n therapy,
 16 months

TERMINATE	Colorectal	PROCEDUR	PHAS	INTER	Allocation:	18	Anti-	Disease	2020/6/17
D	Cancer Gas	E: Hepatic	E2	VENTI	NA Interve		tumour	control	
	tric	Biopsy DRU		ONAL	ntion		efficacy:ov	rate, Best	
	Cancer Oes	G: BO-112			Model:		erall	response	
	ophageal	with			SINGLE_G		response	for CR, PR	
	Cancer				ROUP Mas		rate, ORR	as well as	

Pembrolizum

ab

king:

NONE | Pri

mary

Purpose:

TREATME

NT

based on stable

the BOR disease

using (SD) using

RECIST 1.1 RECIST

of repeated 1.1,

IT Througho

administra ut study

tions of completion

BO-112 in , an

metastatic average of

liver 3

lesions in years | Obj

combinatio ective

n with IV response

pembroliz rate, Based

umab, on best

Througho overall

ut study response
completion using
, an RECIST
average of modified
3 for
years. | Saf immune-
ety: based
Adverse therapies
Events, (iRECIST),
Number Througho
and ut study
proportion completion
of subjects , an
with study average of
treatment- 3
related years | Dise
TEAEs ase Control

with severity Grade 3 (NCI-CTCAE 5.0), Through-ut completion, average of 3 years with Rate, Comprisin g best response for CR, PR as well as SD using iRECIST, Through-ut study completion, an ut study completion, an average of 3 years |Dur ation of response,

Duration
of
response,
Up to 36
months | P
FS,
Progressio
n-free
survival,
Up to 36
months | S
urvival
Rate,
Overall
Survival
Rate, Up to
36 months

COMPLETE	Liver	BIOLOGICA	PHAS	INTER	Allocation: 5	Safety of Radiograp	2017/2/1
D	Metastases	L: anti-CEA	E1	VENTI	NA Interve	CAR-T cell hic	
		CAR-T cells		ONAL	ntion	hepatic treatment	
					Model:	artery response	
					SINGLE_G	infusions by MRI,	
					ROUP Mas	delivered Changes in	
					king:	using the tumor size,	
					NONE Pri	Surefire 10	
					mary	Infusion weeks Ra	
					Purpose:	System diographic	
					TREATME	(SIS) as treatment	
					NT	Measured response	
						by by PET,	
						Number of Changes in	
						Participant tumor	
						s with metabolic	
						Adverse activity, 10	

Events, To weeks | CA
determine R-T
the safety detection
and in liver
regimen tumors,
limiting Quantificat
toxicity ion of
(RLT) of CAR-T
anti-CEA cells in
CAR-T liver tumor
hepatic core
artery biopsies,
infusions 10
(HAI) via weeks | CA
the R-T
Surefire detection
Infusion in normal

System liver tissue,
(SIS) for Quantificat
CEA- ion of
expressing CAR-T
liver cells in
metastases normal
, 10 weeks liver core
biopsies,
10
weeks | CA
R-T
detection
in
extrahepati
c sites,
Quantificat
ion of

CAR-T in
blood
samples,
10
weeks | Ser
um
Cytokine
Levels,
Measurem
ent of
cytokines
as
indicators
of immune
response,
10
weeks | CE

A level,
Measurem
ent of
serum
tumor
marker
(ng/ml),
10
weeks | Tu
mor
biopsy,
Assessmen
t of tumor
necrosis
and
fibrosis, 10
weeks | Saf

ety of
Direct
Intrapancr
eatic CAR-
T
Retrograde
Venous
Infusions
(RVI)
Delivered
Using the
Surefire
Infusion
System
(SIS), RVI
via the
Surefire

Infusion
System
(SIS) for
CEA+
Primary
Pancreatic
Tumors
Following
In-liver
Disease
Control, 10
weeks

UNKNOWN	Malignant Glioma of Brain Color ectal Carcinoma	BIOLOGICA L: anti-MUC1 CAR-T cells	PHAS E1 PH ASE2	INTER VENTI ONAL	Allocation: 20 NA Interve ntion Model: SINGLE_G	Adverse events attributed to the administra	Objective Response Rate, The objective response	Nov-15
---------	---	--	-------------------------	------------------------	---	---	---	--------

Gastric
Carcinoma

ROUP | Mas
king:
NONE | Pri
mary
Purpose:
TREATME
NT

tion of the rate (ORR)
anti-MUC1 is defined
CAR-T as the
cells, proportion
Determine of patients
the toxicity who
profile of achieve
the MUC1 radiograph
targeted ic partial or
CAR-T complete
cells with response
Common (PR or CR)
Toxicity according
Criteria for to the
Adverse Response
Effects Evaluation
(CTCAE) Criteria in

version Solid
 4.0., 2 years Tumors
 (RECIST)
 v1.1
 guideline.,
 Safety
 follow-up
 is 100 days
 from last
 CAR-T
 infusion.

RECRUITIN	Locally	DRUG:	PHAS	INTER	Allocation:	190	Major	R0	May-23
G	Advanced	Oxaliplatin	E3	VENTI	RANDOMI		Pathologic	resection	
	Gastric	by arterial		ONAL	ZED Interv		al	rate, The	
	Carcinoma	infusion plus			ention		Response	proportion	
		S-1 DRUG:			Model:		rate, The	of patients	
		SOX			PARALLEL		percentage	with	

neoadjuvant |
DRUG:
Sintilimab
neoadjuvant |
PROCEDUR
E:
gastrectomy
plus D2
lymph node
dissection | D
RUG: SOX
adjuvant,
Sequential S-
1 | DRUG:
Sintilimab
adjuvant

| Masking:
NONE | Pri
mary
Purpose:
TREATME
NT

of people margin-
who has free
less than or resection, 6
equal to months | 2-
10% year
residual Disease
viable Free Rate,
tumor after The
neoadjuva percentage
nt of
therapy., 6 individual
months s in this
study who
are free of
the signs
and
symptoms

of gastric
cancer at 2
years after
treatment,
2 years | 2-
year
Overall
Survival
Rate, The
percentage
of
individual
s in this
study who
are alive
two years
after their

diagnosis
or the start
of
treatment.,
2
years | path
ological
Complete
Response
rate, The
percentage
of people
with
complete
disappeara
nce of all
invasive

									carcinoma	
									cells., 6	
									months	
UNKNOWN	Solid	DRUG:	Ad-	PHAS	INTER	Allocation:	40	The	Preliminar	2018/10/1
	Tumor Ly	p53		E2	VENTI	NA Interve		primary	y	
	mphoma				ONAL	ntion		efficacy	assessment	
						Model:		endpoint is	of	
						SINGLE_G		objective	Duration	
						ROUP Mas		response	of	
						king:		rate (ORR),	Response	
						NONE Pri		Objective	(DoR) by	
						mary		response	RECIST	
						Purpose:		rate will be	1.1,	
						TREATME		evaluated	RECIST 1.1	
						NT		by RECIST	will be	
								1.1,	used to	
								Change in	determine	

tumor size Duration
at the end of
of Cycle 2 Response
(each cycle (DoR), Day
is 28 1 through
days) | Safe end of
ty study,
assessment approxima
s of tely 2
adverse years | Prel
events per iminary
CTCAE, assessment
Safety of
evaluation progressio
s will n free
tabulate survival
adverse (PFS) by

events per RECIST
CTCAE, 1.1,
Signed RECIST 1.1
Informed will be
Consent used to
through 30 determine
Days progressio
following n free
the final survival,
treatment Day 1
through
end of
study,
approxima
tely 2 years

ACTIVE_NO	HER2-	DRUG: ZW25	PHAS	INTER	Allocation:	279	The	Serum	Sep-16
T_RECRUITI	expressing	(Zanidatama	E1	VENTI	NA Interve		proportion	concentrati	
NG	Cancers	b) DRUG:		ONAL	ntion		of patients	ons of	
		Paclitaxel D			Model:		who	ZW25,	
		RUG:			SINGLE_G		experience	Througho	
		Capecitabine			ROUP Mas		dose-	ut the	
		DRUG:			king:		limiting	duration of	
		Vinorelbine			NONE Pri		toxicities	the study;	
		DRUG:			mary		(DLTs)	up to 2	
		Tucatinib D			Purpose:		(Part 1), Up	years The	
		RUG:			TREATME		to 8	proportion	
		Tucatinib			NT		months T	of patients	
							he	who	
							proportion	develop	
							patients	detectable	
							who	anti-drug	
							experience	antibodies,	

laboratory Through
abnormalities and/or duration of
adverse events as up to 2
defined by years | The
CTCAE v4.03 proportion
that of patients
are related with an
to objective
treatment response
(Parts 2 (partial
and 3), response
Through or
ut the complete
duration of response)
the study; as defined

up to 2 years by RECIST 1.1 criteria, Through out the duration of the study; up to 2 years | Progression free survival as defined by RECIST 1.1 criteria, Through out the duration of

the study;
up to 2
years | The
proportion
patients
who
experience
laboratory
abnormalit
ies and/or
adverse
events as
defined by
CTCAE
v4.03 that
are related
to

treatment
(Part 1),
Throughout
the
duration of
the study;
up to 2
years

ACTIVE_NO	Stomach	DRUG:	PHAS	INTER	Allocation:	30	Pathologic	R0	2020/9/16
T_RECRUITI	Neoplasms	Camrelizuma	E2	VENTI	NA Interve		complete	resection	
NG	Digestive	b DRUG:		ONAL	ntion		response	rate, 2-4	
	System	SOX PROCE			Model:		(pCR) rate,	months O	
	Neoplasms	DURE:			SINGLE_G		The AJCC	verall	
	Neoplasms	Surgery			ROUP Mas		TRG	response	
	Digestive				king:		system	rate(ORR),	
	System				NONE Pri		was used	2-4	
	Diseases St				mary		in this	months D	

omach
Diseases | N
eoplasms by
Site

Purpose:
TREATME
NT

study to isease
determine control
the effects rate(DCR),
of 2-4
treatment. months | M
TRG 0 ajor
indicating pathologic
athologic al response
complete (MPR), The
response AJCC TRG
(pCR), 2-4 system
months was used
in this
study to
determine
the effects
of

								treatment.,	
								2-4	
								months A	
								dverse	
								events	
								(AE) rate, 3	
								years	
RECRUITIN	Clinical	BIOLOGICA	PHAS	INTER	Allocation:	45	Maximum	Incidence	2020/2/13
G	Stage III	L:	E1	VENTI	NA Interve		tolerated	of adverse	
	Cutaneous	Pembrolizum		ONAL	ntion		dose	events,	
	Melanoma	ab DRUG:			Model:		(MTD) of	Assessed	
	AJCC	Sonidegib			SINGLE_G		sonidegib	by	
	v8 Clinical				ROUP Mas		in	National	
	Stage III				king:		combinatio	Cancer	
	Gastric				NONE Pri		n with	Institute	
	Cancer				mary		pembroliz	(NCI)	
	AJCC				Purpose:		umab (Part	Common	

v8 | Clinical
Stage III
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Clinical
Stage IV
Cutaneous
Melanoma
AJCC
v8 | Clinical
Stage IV
Gastric
Cancer
AJCC

TREATME
NT

A), MTD is Terminolo
defined as gy Criteria
the dose for
level below Adverse
the lowest Events
dose that (CTCAE)
induces version
dose- (v)5.0.
limiting Number of
toxicity severity of
(DLT) in at all adverse
least one- events will
third of be
patients. tabulated
Three and
patients summarize
will be d. The

v8 | Clinical
Stage IV
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Locally
Advanced
Gastric
Adenocarci
noma | Local
ly
Advanced
Gastroesoph
ageal
Junction

treated at a grade 3+
given dose adverse
level events will
combinatio also be
n and described
observed and
for at least summarize
21 days d in a
from start similar
of fashion.
treatment Overall
to assess toxicity
toxicity., incidence
Up to 21 as well as
days | Resp toxicity
onse rate of profiles by
sonidegib dose level

Adenocarci
noma | Local
ly
Advanced
Urothelial
Carcinoma |
Metastatic
Gastric
Adenocarci
noma | Meta
static
Gastroesoph
ageal
Junction
Adenocarci
noma | Meta
static Head

in and patient
combinatio will be
n with explored
pembroliz and
umab (Part summarize
B), d.
Assessed Frequency
by distributio
Response ns,
Evaluation graphical
Criteria in techniques
Solid and other
Tumors descriptive
(RECIST) measures
1.1 will form
criteria., the basis of
Up to 30 these

and Neck
Squamous
Cell
Carcinoma |
Metastatic
Lung Non-
Small Cell
Carcinoma |
Metastatic
Malignant
Solid
Neoplasm |
Metastatic
Melanoma |
Metastatic
Urothelial
Carcinoma |

days post analyses.,
treatment Up to 30
days post
treatment |
Response
profile,
Responses
will be
calculated
based on
RECIST 1.1
for this
study. Best
response is
defined to
be the best
objective

Recurrent
Head and
Neck
Squamous
Cell
Carcinoma |
Refractory
Lung Non-
Small Cell
Carcinoma |
Stage IV
Cutaneous
Squamous
Cell
Carcinoma
of the Head
and Neck

status
recorded
from the
start of the
treatment
until
disease
progressio
n/recurren
ce (taking
as
reference
for
progressiv
e disease
the
smallest

AJCC
v8 | Stage IV
Lung
Cancer
AJCC
v8 | Unresect
able
Malignant
Solid
Neoplasm |
Unresectabl
e Melanoma

measurem
ents
recorded
since the
treatment
started).
Responses
will be
summarize
d by
simple
descriptive
summary
statistics
delineating
complete
and partial

responses
as well as
stable and
progressiv
e disease in
this patient
population
. , Up to 30
days post
treatment |
Duration
of response
(DOR),
Determine
d only for
patients
with

confirmed
response.
Participant
s who
achieve a
confirmed
objective
response
who have
not
experience
d
radiograph
ic or
clinical
progressio
n will be

censored at
the date of
the last
available
post-
baseline
evaluatable
tumor
assessment
, From the
date on
which an
objective
response is
first
determined
until the

first date
on which
radiograph
ic disease
progressio
n is
determine
d, assessed
up to 30
days | Dise
ase control
rate (DCR),
Assessed
by RECIST
v1.1. DCR
defined as
proportion

of
participant
s who
achieve
complete
response
(CR),
partial
response
(PR), or
stable
disease
and do not
experience
subsequen
t
radiograph

ic
progressiv
e disease
for ≥ 6
months
from the
time of
treatment
initiation.,
At 6
months |O
verall
survival
(OS), Will
be
estimated
using

Kaplan-
Meier
method.,
From
study
entry to
death from
any cause,
assessed
up to 30
days post
treatment |
Progressio
n-free
survival
(PFS),
Disease

progression will be determined based on RECIST 1.1 criteria. PFS will be estimated using the Kaplan-Meier method. From study entry to the first of either

disease
 progression
 or death
 from any
 cause,
 assessed
 up to 30
 days post
 treatment

RECRUITIN	Sarcoma C	DRUG:	EARL	INTER	Allocation:	20	Subject	Disease	2023/3/2
G	arcinoma B	Recombinant	Y_PH	VENTI	NA Interve		incidence	Assessmen	
	reast	oncolytic	ASE1	ONAL	ntion		of adverse	t for	
	Cancer Pan	herpes			Model:		events, To	Disease	
	creatic	simplex virus			SINGLE_G		characteriz	Control	
	Cancer Col	type 1 (R130)			ROUP Mas		e the safety	Rate,	
	orectal				king:		profile of	Evaluate	
	Cancer Gas				NONE Pri		R130	the efficacy	

tric
Cancer | Liv
er
Cancer | Lun
g
Cancer | Gy
necologic
Cancer

mary
Purpose:
TREATME
NT

injection in endpoints
patients of DCR by
with the
advanced investigato
solid r with
tumors as RECIST
measured v1.1 and
by the iRECIST,
incidence Every 10
of Grade weeks for
鉞 ?3 12 months

Common
Terminolo
gy Criteria
for
Adverse
Events,

version 5.0
(CTCAE
v5.0), Up
to 6
months | S
ubject
incidence
of
laboratory
abnormalit
ies,
Detection
of liver and
renal
function,
electrocard
iogram,

routine

blood

examination

etc., Up

to 1

month | Systemic

immune

Response,

Detection

of

increased

systemic

immune

Response

markers in

sera

sera

(IL2,IL4,IL
6,IL8,IL10,
TNFa 镡孑
FN 纬, etc.)
and
peripheral
blood
mononucle
ar cells by
multi-
Color
fluorescen
ce-
activated
cell sorting
(FACS),

RECRUITING	Cancer, Metastatic Cancer Cancer of Pancreas Cancer of Liver Cancer of Stomach Cancer of Liver Cancer of Rectum Cancer of Kidney	OTHER: Clinical Trial Matching	OBSERVATIONAL	Observation Model: Time Perspective:	50000	Up to 6 months	Proportion of patients Eligible for CTE versus Actual CTE, Accrual Through study completion , average of 1 year	Impact of CTE on Overall Survival (OS), estimated by Kaplan-Meier and Cox multivariable survival analysis, OS, 4 years Imp	2018/1/1
------------	--	--------------------------------	---------------	--------------------------------------	-------	----------------	---	--	----------

Cancer of
Esophagus |
Cancer of
Cervix | Can
cer of
Colon | Canc
er of
Larynx | Can
cer,
Lung | Canc
er,
Breast | Canc
er,
Advanced |
Cancer
Prostate | Ca
ncer of

act of CTE
on
Progressio
n-Free
Survival
(PFS),
estimated
by Kaplan-
Meier and
Cox
multivaria
ble
survival
analysis,
PFS, 4
years | Iden
tification of

Neck | Canc
er of
Skin | Neuro
endocrine
Tumors | Ca
rcinoma | Mi
smatch
Repair
Deficiency |
BRCA Gene
Rearrangem
ent | Non
Hodgkin
Lymphoma
| Leukemia
| Non Small
Cell Lung

Barriers to
CTE, To
identify
barriers to
accruals to
clinical
trials, as
measured
and
reported
by a
questionna
ire,
Through
study
completion
, an

Cancer | Cho
langiocarcin
oma | Gliobl
astoma | Cen
tral Nervous
System
Tumor | Mel
anoma | Uro
thelial
Carcinoma |
Bladder
Cancer | Ova
rian
Cancer | End
ometrial
Cancer | Test
icular

average of
1
year | Real
World
Data
Analytics,
To
Analyze
Individual
Standard
of Care
Chemother
apy
Utilization
(nominal),
across
treatment

Cancer | Breast
Cancer | CO
VID | Myelof
ibrosis | Mye
loproliferati
ve
Neoplasm |
Myeloprolif
erative
Disorders | F
ollicular
Lymphoma
| Mantle
Cell
Lymphoma
| Marginal

lines
(numeric);
data will
be
combined
and
aggregated
to report
chemother
apy
utilization
rate (%).,
Through
study
completion
, an
average of

Zone

Lymphoma

| Myelodys

plastic

Syndromes

1

year | Virtu

al Tumor

Board

Utilization,

VTB Use

Rate,

Through

study

completion

, an

average of

1

year | Time

from

Interventio

n to Actual

CTE
(months),
Time to
CTE,
Through
study
completion
, an
average of
1 year

RECRUITIN G	HER2- positive Solid Tumors HE R2-positive Breast Cancer HE	DRUG: BDC- 1001 DRUG: Nivolumab	PHAS E1 PH ASE2	INTER VENTI ONAL	Allocation: 390 NON_RAN DOMIZED Intervention Model: PARALLEL Masking:	Incidence of adverse events (AEs) and serious adverse events	PK (Cmax) of BDC- 1001, Escalation and expansion periods, 2	2020/2/24
----------------	---	---	-------------------------	------------------------	---	--	---	-----------

R2-positive	NONE Pri	(SAEs),	years PK
Colorectal	mary	Escalation	(Cmin) of
Cancer HE	Purpose:	period, 2	BDC-1001,
R2-positive	TREATME	years Inci	Escalation
Gastroesoph	NT	dence and	and
ageal		nature of	expansion
Cancer HE		dose-	periods, 2
R2-positive		limiting	years PK
Endometrial		toxicities	(AUC0-t)
Cancer		(DLTs),	of BDC-
		Escalation	1001,
		period, up	Escalation
		to 21	period, 2
		days Incid	years PK
		ence of	(AUC0-inf)
		potential-	of BDC-
		immune	1001,

related Escalation
toxicities, period, 2
Escalation years | PK
period, 2 (CL) of
years | Max BDC-1001,
imum Escalation
tolerable period, 2
dose years | PK
(MTD) or a (Vz) of
tolerated BDC-1001,
dose below Escalation
MTD, period, 2
Escalation years | PK
period, 2 (t1/2) of
years | Obj BDC-1001,
ective Escalation
response period, 2

rate (ORR) years | Obj
of ective
confirmed response
complete rate (ORR)
or partial using
responses RECIST
(CR, PR), 1.1,
Expansion Escalation
period, 2 period, 2
years years | Dur
 ation of
 response
 (DOR),
 Escalation
 and
 expansion
 periods, 2

years | Dise
ase control
rate (DCR)
of
confirmed
CR, PR, or
stable
disease
(SD)
lasting 4 or
more
weeks,
Escalation
and
expansion
periods, 2
years | Pro

gression
Free
Survival
(PFS),
Escalation
and
expansion
periods, 2
years | Inci
dence of
anti-BDC-
1001
antibodies,
Escalation
and
expansion
periods, 2

years | Inci
dence of
adverse
events
(AEs) and
serious
adverse
events
(SAEs),
Expansion
period, 2
years | Inci
dence of
potential-
immune
related
toxicities,

							Expansion	
							period, 2	
							years	
RECRUITIN	Solid	DRUG:	PHAS	INTER	Allocation:	490	Assessmen	Evaluation 2019/11/11
G	Tumor,	DF1001 DRU	E1 PH	VENTI	NON_RAN		t of	of DF1001
	Adult	G:	ASE2	ONAL	DOMIZED		number of	Pharmaco
		Nivolumab			Intervention		dose	kinetics,
		DRUG: Nab			Model:		limiting	Concentrat
		paclitaxel			SEQUENTI		toxicities	ion vs time
					AL Maskin		experience	of DF1001
					g:		d on study	will be
					NONE Pri		as defined	measured
					mary		per criteria	using
					Purpose:		in the	blood
					TREATME		study	samples
					NT		protocol,	taken a
							To assess	various

the time points
number of on study,
adverse From start
events of
experience treatment
d during up through
the study 28 days
that meet after last
dose treatment.
limiting |Evaluatio
toxicity n of
criteria per DF1001
the study Immunoge
protocol., nicity,
First 3 Evaluate
weeks of the
treatment immunoge

for each nicity of
subject. | A DF1001 by
ssess measuring
Overall the
Response number of
Rate, To patients
assess the developing
Overall anti-
Response DF1001
Rate (ORR) antibodies,
per Every 3
RECIST weeks up
version 1.1 to 28 days
criteria per after last
an treatment.
Independe | Assess
nt Best

Endpoint Overall
Review Response,
Committee To assess
(IERC), Best
Through Overall
90 days Response
after (BOR) by
completion IERC
of the (efficacy
study, an expansion
average of cohorts).,
1 Through
year. | Asse 90 days
ss number after
of adverse completion
events of the
observed study, an

during average of
treatment 1
with year. | Asse
DF1001 in ss
combinatio Duration
n with of
Nivoluma Response,
b, To To assess
assess the Duration
safety of of
DF1001 in Response
Combinati (DOR) for
on therapy confirmed
with responses
nivolumab of DF1001
by per an
measuring IERC

Number of (efficacy
subjects expansion
with cohorts),
Treatment- From time
Emergent of
Adverse initiation
Events of therapy
according until the
to the date of first
National documente
Cancer d tumor
Institute progressio
Common n, assessed
Terminolo up to 24
gy Criteria months | A
for sses
Adverse Progressio

Events n Free
(NCI- Survival
CTCAE) (PFS), To
Version assess
5.0, Progressio
Screening n Free
visit up to Survival
28 days (PFS) for
after last DF1001 per
treatment an IERC
on (efficacy
study. | Ass expansion
ess cohorts),,
number of From time
adverse of
events initiation
observed of therapy

during treatment with DF1001 in combination with Nab paclitaxel, To assess the safety of DF1001 in Combination on therapy with Nab paclitaxel by measuring until the date of first documented tumor progression, assessed up to 24 months | Assess Overall Survival (OS) Time., To assess Overall Survival (OS), Time from

Number of enrollment
subjects in the
with study until
Treatment- death,
Emergent measured
Adverse up to 2
Events years after
according last
to the treatment
National on
Cancer study. | Ass
Institute ess ORR by
Common Investigato
Terminolo r
gy Criteria Assessmen
for t., To
Adverse assess

Events confirmed
(NCI- ORR by
CTCAE) Investigato
Version r
5.0, Assessmen
Screening t for
visit up to patients
28 days enrolled in
after last the dose
treatment escalation
on study. phase and
in the
efficacy
expansion
phase.,
From time
of

initiation
of therapy
until the
date of first
documente
d tumor
progressio
n, assessed
up to 24
months | A
ssess DOR
by
Investigato
r
Assessmen
t, To
assess

DOR for confirmed responses by Investigator Assessment for patients enrolled in the dose escalation phase and in the efficacy expansion phase.,

From time
of
initiation
of therapy
until the
date of first
documente
d tumor
progressio
n, assessed
up to 24
months | A
ssess BOR
by
Investigato
r
Assessmen

t., To
assess
confirmed
BOR by
Investigato
r
Assessmen
t for
patients
enrolled in
the dose
escalation
phase and
in the
efficacy
expansion
phase.,

Through
90 days
after
completion
of the
study, an
average of
1
year. |ASSESS PFS by
Investigato
r
Assessmen
t., To
assess PFS
by
Investigato

r
Assessment
t for
patients
enrolled in
the dose
escalation
phase and
in the
efficacy
expansion
phase.,
From time
of
initiation
of therapy
until the

								date of first documente d tumor progressio n, assessed up to 24 months	
RECRUITIN G	Anatomic Stage III Breast Cancer AJCC v8 Anatomic Stage IIIA Breast Cancer AJCC	DRUG: Cyclophosph amide BIOL OGICAL: Neoantigen Peptide Vaccine BIO LOGICAL: Pembrolizum ab BIOLOGI	PHAS E1	INTER VENTI ONAL	Allocation: NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose:	36	Incidence of adverse events, The maximum grade for each type of adverse event will be recorded	The number and percentage of participant s who completed the sequencing	2022/3/31

v8 | Anatomical
CAL:
c Stage IIIB Sargramostim
Breast Cancer
AJCC
v8 | Anatomical
c Stage IIIC
Breast Cancer
AJCC
v8 | Anatomical
c Stage IV
Breast Cancer
AJCC
v8 | Clinical
Stage III

TREATMENT
NT

for each patient. The attribution, quality grade, and registration type of n and adverse identified event (AE), at least 10 the dose actionable level, the peptides, tumor meet the type, and eligibility the prior criteria for treatment registration will be n, and able tabulated to initiate for each vaccine

Cutaneous
Melanoma
AJCC
v8 | Clinical
Stage III
Gastric
Cancer
AJCC
v8 | Clinical
Stage III
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Clinical
Stage III

patient, Up production
to 2 years , Feasibility
from first will be
vaccine defined as
administra the
tion number
and
percentage
of
participant
s who
completed
the
sequencing
with
satisfactor
y data

Merkel Cell
Carcinoma
AJCC
v8 | Clinical
Stage IV
Cutaneous
Melanoma
AJCC
v8 | Clinical
Stage IV
Gastric
Cancer
AJCC
v8 | Clinical
Stage IV
Gastroesoph
ageal

quality
registratio
n and
identified
at least 10
actionable
peptides,
meet the
eligibility
criteria for
registratio
n, and able
to initiate
vaccine
production
within 16
weeks., Up

Junction
Adenocarci
noma AJCC
v8 | Clinical
Stage IV
Merkel Cell
Carcinoma
AJCC
v8 | Clinical
Stage IVA
Gastric
Cancer
AJCC
v8 | Clinical
Stage IVA
Gastroesoph
ageal

to 16
weeks | Im
munogenic
ity
responders
, The
number
and
percentage
of patients
who are
vaccine
immunity
responders
will be
calculated.
The

Junction
Adenocarci
noma AJCC
v8 | Clinical
Stage IVB
Gastric
Cancer
AJCC
v8 | Clinical
Stage IVB
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Locally
Advanced

immunity
responder
for each
patient is
defined as
 $\geq 20\%$ of
neoantigen
s
formulated
into
vaccine
with at
least 3-fold
of value
increase at
any
timepoint,,

Cervical
Carcinoma |
Locally
Advanced
Endometrial
Carcinoma |
Locally
Advanced
Gastric
Adenocarci
noma | Local
ly
Advanced
Gastroesoph
ageal
Junction
Adenocarci

Within 24
weeks

noma | Local

ly

Advanced

Head and

Neck

Squamous

Cell

Carcinoma |

Locally

Advanced

Hepatocellu

lar

Carcinoma |

Locally

Advanced

Lung Non-

Small Cell

Carcinoma |

Locally

Advanced

Malignant

Solid

Neoplasm |

Locally

Advanced

Melanoma |

Locally

Advanced

Merkel Cell

Carcinoma |

Locally

Advanced

Renal Cell

Carcinoma |

Locally

Advanced

Skin

Squamous

Cell

Carcinoma |

Locally

Advanced

Triple-

Negative

Breast

Carcinoma |

Locally

Advanced

Unresectabl

e Breast

Carcinoma |

Locally

Advanced

Unresectabl

e Cervical

Carcinoma |

Locally

Advanced

Unresectabl

e Gastric

Adenocarci

noma | Local

ly

Advanced

Unresectabl

e

Gastroesoph

ageal

Junction

Adenocarci
noma | Local

ly

Advanced

Unresectabl

e Renal Cell

Carcinoma |

Locally

Advanced

Urothelial

Carcinoma |

Metastatic

Cervical

Carcinoma |

Metastatic

Endometrial

Carcinoma |

Metastatic

Gastric

Adenocarci

noma | Meta

static

Gastroesoph

ageal

Junction

Adenocarci

noma | Meta

static Head

and Neck

Squamous

Cell

Carcinoma |

Metastatic

Hepatocellular

carcinoma |

Metastatic

Lung Non-

Small Cell

carcinoma |

Metastatic

Malignant

Solid

Neoplasm |

Metastatic

Melanoma |

Metastatic

Merkel Cell

carcinoma |

Metastatic

Renal Cell

Carcinoma |

Metastatic

Skin

Squamous

Cell

Carcinoma |

Metastatic

Triple-

Negative

Breast

Carcinoma |

Metastatic

Urothelial

Carcinoma |

Pathologic

Stage III

Cutaneous
Melanoma
AJCC
v8 | Patholo
gic Stage III
Gastric
Cancer
AJCC
v8 | Patholo
gic Stage III
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Patholo
gic Stage III

Merkel Cell

Carcinoma

AJCC

v8 | Patholo

gic Stage

IIIA

Cutaneous

Melanoma

AJCC

v8 | Patholo

gic Stage

IIIA Gastric

Cancer

AJCC

v8 | Patholo

gic Stage

IIIA

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Patholo

gic Stage

IIIB

Cutaneous

Melanoma

AJCC

v8 | Patholo

gic Stage

IIIB Gastric

Cancer

AJCC

v8 | Patholo

gic Stage

IIIB

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Patholo

gic Stage

IIIC

Cutaneous

Melanoma

AJCC

v8 | Patholo

gic Stage

IIIC Gastric

Cancer

AJCC

v8 | Patholo

gic Stage

IIID

Cutaneous

Melanoma

AJCC

v8 | Patholo

gic Stage IV

Cutaneous

Melanoma

AJCC

v8 | Patholo

gic Stage IV

Gastric

Cancer

AJCC

v8 | Pathologic Stage IV
Gastroesophageal
Junction
Adenocarcinoma AJCC
v8 | Pathologic Stage IV
Merkel Cell
Carcinoma
AJCC
v8 | Pathologic Stage
IVA
Gastroesophageal

Junction

Adenocarci

noma AJCC

v8 | Patholo

gic Stage

IVB

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage III

Gastric

Cancer

AJCC

v8 | Postneo

adjuvant

Therapy

Stage III

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage IIIA

Gastroesoph

ageal

Junction

Adenocarci
noma AJCC
v8 | Postneo
adjuvant
Therapy
Stage IIIB
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Postneo
adjuvant
Therapy
Stage IV
Gastric
Cancer

AJCC

v8 | Postneo

adjuvant

Therapy

Stage IV

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage IVA

Gastroesoph

ageal

Junction

Adenocarci
noma AJCC
v8 | Postneo
adjuvant
Therapy
Stage IVB
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Prognos
tic Stage III
Breast
Cancer
AJCC
v8 | Prognos

tic Stage

IIIA Breast

Cancer

AJCC

v8 | Prognos

tic Stage IIIB

Breast

Cancer

AJCC

v8 | Prognos

tic Stage IIIC

Breast

Cancer

AJCC

v8 | Prognos

tic Stage IV

Breast

Cancer

AJCC

v8 | Skin

Squamous

Cell

Carcinoma |

Stage III

Cervical

Cancer

AJCC

v8 | Stage III

Cutaneous

Squamous

Cell

Carcinoma

of the Head

and Neck

AJCC

v8 | Stage III

Hepatocellular

Carcinoma

AJCC

v8 | Stage III

Lung

Cancer

AJCC

v8 | Stage III

Renal Cell

Cancer

AJCC

v8 | Stage III

Uterine

Corpus

Cancer

AJCC

v8 | Stage

IIIA

Cervical

Cancer

AJCC

v8 | Stage

IIIA

Hepatocellu

lar

Carcinoma

AJCC

v8 | Stage

IIIA Lung

Cancer

AJCC

v8 | Stage

IIIA Uterine

Corpus

Cancer

AJCC

v8 | Stage

IIIB Cervical

Cancer

AJCC

v8 | Stage

IIIB

Hepatocellu

lar

Carcinoma

AJCC

v8 | Stage

IIIB Lung

Cancer

AJCC

v8 | Stage

IIIB Uterine

Corpus

Cancer

AJCC

v8 | Stage

IIIC Lung

Cancer

AJCC

v8 | Stage

IIIC Uterine

Corpus

Cancer

AJCC

v8 | Stage

IIIC1

Uterine

Corpus

Cancer

AJCC

v8 | Stage

IIIC2

Uterine

Corpus

Cancer

AJCC

v8 | Stage IV

Cervical

Cancer

AJCC

v8 | Stage IV

Cutaneous

Squamous
Cell
Carcinoma
of the Head
and Neck
AJCC
v8 | Stage IV
Hepatocellular
Carcinoma
AJCC
v8 | Stage IV
Lung
Cancer
AJCC
v8 | Stage IV
Renal Cell

Cancer

AJCC

v8 | Stage IV

Uterine

Corpus

Cancer

AJCC

v8 | Stage

IVA

Cervical

Cancer

AJCC

v8 | Stage

IVA

Hepatocellu

lar

Carcinoma

AJCC

v8 | Stage

IVA Lung

Cancer

AJCC

v8 | Stage

IVA Uterine

Corpus

Cancer

AJCC

v8 | Stage

IVB Cervical

Cancer

AJCC

v8 | Stage

IVB

Hepatocellu

lar

Carcinoma

AJCC

v8 | Stage

IVB Lung

Cancer

AJCC

v8 | Stage

IVB Uterine

Corpus

Cancer

AJCC

v8 | Triple-

Negative

Breast

Carcinoma |

Unresectabl

e Cervical

Carcinoma |

Unresectabl

e

Endometrial

Carcinoma |

Unresectabl

e Gastric

Adenocarci

noma | Unre

sectable

Gastroesoph

ageal

Junction

Adenocarci

noma | Unre

sectable

Head and

Neck

Squamous

Cell

Carcinoma |

Unresectabl

e

Hepatocellu

lar

Carcinoma |

Unresectabl

e Lung Non-

Small Cell

Carcinoma |

Unresectabl

e Malignant

Solid

Neoplasm |

Unresectabl

e

Melanoma |

Unresectabl

e Merkel

Cell

Carcinoma |

Unresectabl

e Renal Cell

Carcinoma |

Unresectabl

e Skin

Squamous

Cell

Carcinoma |

Unresectabl

e Triple-
 Negative
 Breast
 Carcinoma |
 Unresectabl
 e Urothelial
 Carcinoma

ACTIVE_NO	Adenocarci	DRUG:	PHAS	INTER	Allocation:	262	Progressio	Progressio	2018/11/7
T_RECRUITI	noma of the	Nivolumab	E2	VENTI	RANDOMI		n-free	n-free	
NG	Stomach G	DRUG:		ONAL	ZED Interv		survival	survival	
	astroEsopha	Ipilimumab			ention		(PFS) Arm	(PFS) Arm	
	geal Cancer	DRUG:			Model:		A and B,	A1, A2, C,	
		mFOLFOX			PARALLEL		PFS,	PFS,	
		DRUG: FLOT			Masking:		defined as	defined as	
					NONE Pri		time from	time from	
					mary		randomiza	randomiza	
					Purpose:		tion to the	tion/enrol	

TREATME

NT

date of first ment to the
observed date of first
disease observed
progressio disease
n as progressio
assessed n as
by the assessed
investigato by the
r using CT investigato
criteria or r using CT
death from criteria or
any cause death from
assessed any cause
every 8 assessed
weeks for every 8
up to 3 weeks for
years Arm up to 3

A versus years for
Arm B, Up Arm A1,
to 3 Arm A2
years | Pro and Arm
gression- C, Up to 3
free years | Pro
Survival gression-
rate at 6 free
months Survival
Arm A2 rate at 6
and C, PFS months
rate at 6 Arms A
months is and B, PFS
defined as rate at 6
proportion months is
of patients defined as
being proportion

known to of patients
be alive being
and free of known to
disease be alive
progressio and free of
n as disease
assessed progressio
by the n as
investigato assessed
r using CT by the
criteria at 6 investigato
months r using CT
after criteria at 6
randomiza months
tion/enrol after
ment, 6 randomiza
months tion, 6

after months
randomiza after
tion/enrol randomiza
ment tion | Over
all
Response
Rate
(ORR),
ORR
defined as
proportion
of patients
with
complete
or partial
response
(CR + PR)

as assessed
according
to RECIST
criteria
every 8
weeks for
up to 2
years, Up
to 2
years | Dur
ation of
response
and
disease
stabilizatio
n,
Duration

of response
and
disease
stabilization defined
as time
from
documentation
of
tumor
response
(CR, PR) or
disease
stabilization (SD)
according
to RECIST

criteria to
disease
progressio
n or death
for up to 3
years, Up
to 3
years |Ove
rall
survival
(OS),
Overall
survival
according
to Kaplan-
Meier
assessed

from
randomiza
tion/enrol
ment to the
date of
death from
any cause,
Up to 3
years | Inci
dence and
severity of
adverse
events,
incidence
and
severity of
adverse

events
according
to CTCAE
(Common
Terminolo
gy Criteria
for
Adverse
Events)
Version
4.03
criteria as
assessed
every 2
weeks
during
treatment

and until
100 days
after the
last dose of
study
drug, Up
to 27
months | P
atient
reported
outcomes:
Quality of
life,
Quality of
life as
measured
by

questionnaire
EORTC-QLQ-C30
from randomization every 8 weeks until EOT and afterwards every 3 months until first observed disease progression

n or death
for up to 3
years, Up
to 3
years | Pro
gression-
free
survival
(PFS) by
PD-L1
expression
status,
Subgroup
analysis of
PFS,
defined as
time from

randomiza
tion/enrol
ment to the
date of first
observed
disease
progressio
n as
assessed
by the
investigato
r using CT
criteria or
death from
any cause
assessed
every 8

weeks for
up to 3
years,
according
to PD-L1
expression
status, Up
to 3
years |Ove
rall
survival
(OS) by
PD-L1
expression
status,
Subgroup
analysis of

overall
survival
according
to Kaplan-
Meier
assessed
from
randomiza
tion/enrol
ment to the
date of
death from
any cause
according
to PD-L1
expression

							status, Up		
							to 3 years		
RECRUITIN	Gastrointest	DRUG:	PHAS	INTER	Allocation:	20	Maximum	Progressio	2020/5/15
G	inal	Cyclophosph	E1 PH	VENTI	NON_RAN		tolerated	n-Free	
	Epithelial	amide DRU	ASE2	ONAL	DOMIZED		dose	Survival	
	Cancer Gas	G:			Intervention		(MTD),	(PFS),	
	trointestinal	Fludarabine			Model:		Highest	Progressio	
	Neoplasms	BIOLOGICA			SEQUENTI		dose at	n-Free	
	Cancer of	L: Tumor-			AL Maskin		which less	Survival	
	Gastrointest	Infiltrating			g:		than or	(PFS) of	
	inal	Lymphocytes			NONE Pri		equal to 1	patients	
	Tract Cance	(TIL) DRUG:			mary		of 6	with	
	r,	Aldesleukin			Purpose:		patients	metastatic	
	Gastrointest				TREATME		experience	gastrointes	
	inal Gastroi				NT		d a DLT or	tinal	
	ntestinal						the highest	cancers	
	Cancer Col						dose level	treated	

o-rectal
Cancer | Pan
creatic
Cancer | Gall
Bladder
Cancer | Col
on
Cancer | Eso
phageal
Cancer | Sto
mach
Cancer

studied if using the
DLTs are autologous
not lymphocyt
observed es, 2 Years
at any of or Disease
the dose Progressio
levels, 28 n | Overall
Days Post Survival
IL- (OS),
2 | Prelimin Overall
ary Survival
efficacy of (OS) of
tumor patients
reactive with
autologous metastatic
lymphocyt gastrointes
es with tinal

knockout cancers
of CISH treated
gene in using the
patients autologous
with lymphocyt
refractory es, 2 Years
metastatic or Disease
gastrointes Progressio
tinal n|Toxicity
epithelial profiles
cancers: resulting
changes in from
diameter, treatment
Changes in using these
the largest engineered
diameter tumor-
(unidimen infiltrating

sional lymphocyt
measurem es,
ent) of the Incidence
tumor of targeted
lesions and toxicities
the events, 2
shortest Years or
diameter Disease
in the case Progressio
of n
malignant
lymph
nodes are
used in the
RECIST
v1.1
criteria,

Every 4
Weeks for
the first
three
months,
then every
8 weeks
thereafter,
up to 2
years | Safe
ty of tumor
reactive
autologous
lymphocyt
es with
knockout
of the

CISH gene
- Incidence
of Adverse
Events,
Incidence
of Adverse
Events, 2
Years or
Disease
Progressio
n

RECRUITIN G	Locally Advanced Gastric Adenocarci noma PD-1	OTHER: DNA panel and RNA Sequencing	OBSER VATI ONAL	Observation 40 al Model: Time Perspective: p	Relative DNA biomarker s, At the DNA level, to identify	Conditions of immune microenvir onment, To monitor the	2022/7/18
----------------	---	--	-----------------------	--	--	---	-----------

the changes of
biomarker immune
s related to microenvir
the efficacy onment
of before and
neoadjuva after
nt therapy neoadjuva
with PD-1 nt
mab treatment
combined with PD-1
with mab
chemother combined
apy in with
locally chemother
advanced apy for
gastric locally
cancer., advanced

From the gastric
initiation cancer.,
date of From the
patients initiation
recruited date of
into patients
groups to recruited
the date of into
first groups to
documente the date of
d first
progressio documente
n or date of d
death from progressio
any cause, n or date of
whichever death from
came first, any cause,

assessed whichever
up to 2 came first,
years | Rela assessed
tive RNA up to 2
biomarker years | Dru
s, At the g
RNA level, resistance
to identify mechanis
the m, To
biomarker explore the
s related to drug
the efficacy resistance
of mechanis
neoadjuva m of
nt therapy locally
with PD-1 advanced
mab gastric

combined cancer
with after
chemother neoadjuva
apy in nt therapy
locally with PD-1
advanced mab
gastric combined
cancer., with
From the chemother
initiation apy., From
date of the
patients initiation
recruited date of
into patients
groups to recruited
the date of into
first groups to

documente the date of
d first
progressio documente
n or date of d
death from progressio
any cause, n or date of
whichever death from
came first, any cause,
assessed whichever
up to 2 came first,
years | Pre assessed
diction up to 2
model for years
efficacy, A
prediction
model for
the efficacy

of PD-1
mab
combined
with
chemother
apy,
constructe
d on the
basis of
clinical
pathology,
gene
variation,
gene
expression
and other
factors.,

From the
date of
completing
collecting
data, to the
date of
death from
any cause
or the end
date of the
whole trail,
whichever
came first,
assessed
up to 2
years

COMPLETE	Clinical	DRUG:	PHAS	INTER	Allocation:	9	Progressio	Overall	2019/4/19
D	Stage IV	Cyclophosph	E1 PH	VENTI	NA Interve		n-free	Survival,	
	Gastric	amide BIOL	ASE2	ONAL	ntion		Survival,	Estimated	
	Cancer	OGICAL:			Model:		Estimated	using the	
	AJCC	Cytokine-			SINGLE_G		using the	product-	
	v8 Clinical	based			ROUP Mas		product-	limit	
	Stage IV	Biologic			king:		limit	method of	
	Gastroesoph	Agent IRX-			NONE Pri		method of	Kaplan	
	ageal	2 BIOLOGIC			mary		Kaplan	and Meier.	
	Junction	AL:			Purpose:		and Meier.	From the	
	Adenocarci	Pembrolizum			TREATME		From	time of	
	noma AJCC	ab			NT		initial	initial	
	v8 Clinical						treatment	treatment	
	Stage IVA						until	until death	
	Gastric						progressio	from any	
	Cancer						n or death.	cause., Up	
	AJCC						Progressio	to 2	

v8 | Clinical
Stage IVA
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Clinical
Stage IVB
Gastric
Cancer
AJCC
v8 | Clinical
Stage IVB
Gastroesoph
ageal
Junction

n is years |Ove
defined rall
using Response,
Response Per
Evaluation Response
Criteria In Evaluation
Solid Criteria In
Tumors Solid
Criteria Tumors
(RECIST Criteria
v1.1), as a (RECIST
20% v1.1) for
increase in target
the sum of lesions and
the longest assessed
diameter by MRI:
of target Complete

Adenocarci
noma AJCC
v8 | Metastat
ic Gastric
Adenocarci
noma | Meta
static
Gastroesoph
ageal
Junction
Adenocarci
noma | Path
ologic Stage
IV Gastric
Cancer
AJCC
v8 | Patholo

lesions, or Response
a (CR),
measurabl Disappear
e increase ance of all
in a non- target
target lesions;
lesion, or Partial
the Response
appearanc (PR),
e of new $\geq 30\%$
lesions., decrease in
From first the sum of
day of the longest
study drug diameter
administra of target
tion to lesions;
disease Overall

gic Stage IV
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Patholo
gic Stage
IVA
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Patholo
gic Stage
IVB

progressio Response
n or death, (OR) = CR
assessed + PR, Up to
up to 2 2 years
years

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage IV

Gastric

Cancer

AJCC

v8 | Postneo

adjuvant

Therapy

Stage IV

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage IVA

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Postneo

adjuvant

Therapy

Stage IVB

Gastroesoph

ageal

Junction

Adenocarci

noma AJCC

v8 | Recurre

nt Gastric

Adenocarci

noma | Recu

rrent

Gastroesoph

ageal

Junction

Adenocarci

noma

RECRUITIN G	Liver Metastases	DRUG: Tislelizumab in Combination with Oxaliplatin and Tegafur	PHAS E2 PH ASE3	INTER VENTI ONAL	Allocation: 40 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose: TREATME NT	Objective Response Rate (ORR), The percentage of people in the study who have a partial or complete response to the treatment after 6 cycles of Tislelizum	progressio n-free survival, The length of time during and after the treatment, that liver metastasis does not get bigger or present new sites of metastasis, according	2022/4/10
----------------	---------------------	--	-------------------------	------------------------	---	--	--	-----------

ab to
 +Tegafur + RECIST1.1,
 Oxaliplatin up to 12
 , according months
 to after the
 RECIST1.1, end of last
 about 6 cycle of
 months treatment
 after the
 enrollment

RECRUITIN G	Advanced or Metastatic Solid Tumors Mi crosatellite Instability	DRUG: NC410 DRU G: Pembrolizum ab	PHAS E1 PH ASE2 ONAL	INTER VENTI ONAL	Allocation: 131 NA Interve ntion Model: SINGLE_G ROUP Mas king:	Number of participant s with treatment- emergent adverse events as	Objective Response Rate per RECIST, Objective response rate (ORR)	2022/10/6
----------------	---	---	---------------------------------	------------------------	---	--	---	-----------

Low Micro	NONE Pri	assessed	per
satellite	mary	by CTCAE	Response
Instability	Purpose:	v5.0,	Evaluation
High Micro	TREATME	Frequency,	Criteria in
satellite	NT	duration,	Solid
Stable Ovar		and	Tumors
ian		severity of	(RECIST)
Cancer Gas		treatment-	v1.1, until
tric		emergent	disease
Cancer Col		adverse	progressio
o-rectal		events	n, up to 24
Cancer Eso		(AEs), 24	months D
ophageal		Months D	uration of
Cancer End		efine a	Response
ometrial		recommen	per
Cancer Hea		ded Phase	RECIST,
d Neck		2 dose	Duration

Cancer | Cer
vical
Cancer | Lun
g Cancer

(RP2D) of of
NC410 Response
when (DoR) per
combined Response
with Evaluation
standard Criteria in
dose Solid
Pembroliz Tumors
umab, A (RECIST)
mTPI v1.1, until
design will disease
be utilized progressio
to n, up to 24
determine months |D
the RP2D isease
of NC410, Control
42 days Rate per

RECIST,
Disease
Control
Rate (DCR)
per
Response
Evaluation
Criteria in
Solid
Tumors
(RECIST)
v1.1, until
disease
progressio
n, up to 24
months | Pr
ogression-

free
Survival
(PFS) per
RECIST,
Progressio
n-free
Survival
(PFS) per
Response
Evaluation
Criteria in
Solid
Tumors
(RECIST)
v1.1, until
disease
progressio

							n, up to 24 months		
TERMINATE	Solid	DRUG:	PHAS	INTER	Allocation:	2	Number of	Pharmaco	2019/10/28
D	Tumor Trip	LY3435151 D	E1	VENTI	NON_RAN		Participant	kinetics	
	le-negative	RUG:		ONAL	DOMIZED		s With	(PK):	
	Breast	Pembrolizum			Intervention		LY3435151	Maximum	
	Cancer Gas	ab			Model:		Dose-	Concentrat	
	tric				PARALLEL		Limiting	ion (Cmax)	
	Adenocarci				Masking:		Toxicities	of	
	noma Head				NONE Pri		(DLTs), A	LY3435151	
	and Neck				mary		DLT is ,		
	Squamous				Purpose:		defined as	Pharmaco	
	Cell				TREATME		an Adverse	kinetics	
	Carcinoma				NT		Event that	(PK):	
	Cervical						is likely	Maximum	
	Carcinoma						related to	Concentrat	
	High Grade						the study	ion (Cmax)	

Serous	medication of
Ovarian	or LY3435151
Carcinoma	combination, Cycle 1
Hepatocellular	and Day 1
Carcinoma	fulfills any (C1D1)
Undifferentiated	one of the (Predose,
Pleomorphic	following 1, 3 hour
Sarcoma Leiomyosarcoma	criteria, (hr), C1D2
	graded (24 hr),
	according C1D4
	to the (72hr),
	National Cancer
	Institute's (168hr),
	(NCI) C1D15
	(336hr) P
	Common K: Cmax of
	Terminology LY3435151

gy Criteria in
for Combinati
Adverse on With
Events Pembroliz
(NCI- umab, PK:
CTCAE) Cmax of
Version LY3435151
5.0: in
Combinati
1. Any on with
death not Pembroliz
clearly due umab.,
to the Predose
underlying Cycle 1
disease or Day 1
extraneous through
causes Predose

2. Cycle 5
 Neutropenic fever 2. Day
 Any Grade Cycles) | Overall
 hematologic toxicity Rate
 (ORR):
 3. Grade Percentage
 of
 neutropenic or thrombocytopenia
 Participants With
 Complete Response
 \>7 days (CR) or
 4. Grade Partial
 Response

thrombocytopenia (PR),
Overall
with response
bleeding rate is the
5. Grade best
鉈 ? response of
nausea/vomiting or complete
diarrhea\> response
72 hours (CR) or
with partial
adequate response
antiemetic (PR) as
and other classified
supportive by the
care indepen-
dent central
6. Grade review

3+electrolyte abnormalities regardless of duration should count as a DLT

8. Grade 3 or higher target lesions (taking as reference the baseline sum of target diameters)

8. Grade 3 or higher target lesions (taking as reference the baseline sum of target diameters)

formula on without
2 separate progressio
electrocard n of non-
iogram target
readings lesions or
approxima appearanc
tely 5 min e of new
apart., lesions.
Baseline Overall
through response
Cycle 2 (21 rate is
Day calculated
Cycles) as a total
number of
participant
s with CR
or PR

divided by
the total
number of
participants
per
cohort
with at
least 1
measurable
lesion,
multiplied
by 100.,
Baseline
through
Disease
Progression
or Death

(Up to 4
Months) |
Disease
Control
Rate
(DCR):
Percentage
of
Participant
s With a
Best
Overall
Response
of CR, PR,
and Stable
Disease,
Disease

Control
Rate (DCR)
is the
percentage
of
participant
s with a
best
overall
response of
CR, PR, or
Stable
Disease
(SD) as per
Response
using
RECIST

v1.1

criteria. CR

defined as

the

disappeara

nce of all

target and

non-target

lesions and

no

appearanc

e of new

lesions. PR

defined as

at least a

30%

decrease in

the sum of
the LD of
target
lesions
(taking as
reference
the
baseline
sum LD),
no
progressio
n of non-
target
lesions,
and no
appearanc
e of new

lesions. SD
is neither
sufficient
shrinkage
to qualify
for PR nor
sufficient
increase to
qualify for
PD for
target
lesions, no
progressio
n of non-
target
lesions,
and no

appearanc
e of new
lesions. PD
is at least a
20%
increase in
the sum of
the
diameters
of target
lesions,
with
reference
being the
smallest
sum on
study and

an absolute
increase of
at least 5
mm, or
unequivoc
al
progressio
n of non-
target
lesions, or
1 or more
new
lesions.,
Baseline
through
Measured
Progressiv

e Disease
(Up to 4
Months) |
Duration
of
Response
(DoR),
DOR is the
time from
the date of
first
evidence of
complete
response
or partial
response to
the date of

objective
progression or the
date of
death due
to any
cause,
whichever
is earlier.
CR and PR
defined
using the
RECIST
v1.1. CR
defined as
the
disappearance

nce of all
target and
non-target
lesions and
no
appearanc
e of new
lesions. PR
defined as
at least a
30%
decrease in
the sum of
the LD of
target
lesions
(taking as

reference
the
baseline
sum LD),
no
progressio
n of non-
target
lesions,
and no
appearanc
e of new
lesions. If a
responder
was not
known to
have died

or have
objective
progressio
n as of the
data
inclusion
cutoff date,
duration of
response
was
censored at
the last
adequate
tumor
assessment
date. PD
was at least

a 20% increase in the sum of the diameters of target lesions, with reference being the smallest sum on study and an absolute increase of at least 5 mm, or

unequivoc
al
progressio
n of non-
target
lesions, or
1 or more
new
lesions.,
Date of CR
or PR to
Date of
Objective
Disease
Progressio
n or Death
Due to

Any Cause
(Up to 4
Months) | T
ime to
Response
(TTR),
Time to
response
(TTR) is
defined as
the time
from the
date of
start of
treatment
to the date
measur

ent criteria
for
confirmed
CR or PR
(whichever
is first
recorded)
are first
met. For
participants
who are
not known
to have
achieved
CR or PR
as of the
data

inclusion
cut-off
date, TTR
will be
censored at
the date of
the last
objective
disease
assessment
prior the
date of any
subsequen
t
systematic
anticancer
therapy.,

Baseline to
Date of CR
or PR (Up
to 4
Months) | P
rogression
Free
Survival
(PFS), PFS
time was
measured
from the
date of
randomiza
tion until
the first
radiograph

ic
documenta
tion of
progressio
n as
defined by
Response
Evaluation
Criteria in
Solid
Tumors
(RECIST)
version 1.1,
or death
from any
cause.
Progressiv

e Disease
(PD) was at
least a 20%
increase in
the sum of
the
diameters
of target
lesions,
with
reference
being the
smallest
sum on
study and
an absolute
increase of

at least 5
mm, or
unequivoc
al
progressio
n of non-
target
lesions, or
1 or more
new
lesions. If a
participant
does not
have a
complete
baseline
disease

assessment
, then the
PFS time
was
censored at
the date of
first dose,
regardless
of whether
or not
objectively
determine
d disease
progressio
n or death
has been
observed

for the
participant
. If a
participant
was not
known to
have died
or have
objective
progressio
n as of the
data
inclusion
cutoff date
for the
analysis,
the PFS

time was
censored at
the last
adequate
tumor
assessment
date.,
Baseline to
Objective
Progressio
n or Death
Due to
Any Cause
(Up to 4
Months)

COMPLETE	Progressive	BIOLOGICA	PHAS	INTER	Allocation: 26	The Safety	Clinical	May-07
D	Metastatic	L: ALT-801	E1	VENTI	NA Interve	and	Antitumor	
	Malignancie			ONAL	ntion	Toxicity of	Response	
	s				Model:	ALT-801 in	to ALT-	
					SINGLE_G	Patients	801,	
					ROUP Mas	With	Number of	
					king:	Progressiv	subjects	
					NONE Pri	e	with a	
					mary	Metastatic	complete	
					Purpose:	Malignanci	response	
					TREATME	es,	(CR),	
					NT	Number of	partial	
						serious	response	
						adverse	(PR) or	
						events per	stable	
						cohort, 18	disease	
						months T	(SD). CR is	

he defined as
Maximum- disappeara
tolerated nce of all
Dose tumor
(MTD) of lesions
ALT-801, selected for
Number of measurem
dose ent. PR is
limiting defined as
toxicities at least
(DLTs). A 30%
DLT is a decrease in
toxicity the sum of
that results all tumor
in patient lesions
withdrawa selected for
l from the measurem

study as ent. Stable
defined in disease is
the defined as
protocol, neither
18 months sufficient
tumor
shrinkage
to qualify
for PR nor
sufficient
tumor
increase to
qualify for
progressiv
e disease
(PD) which
is defined

as at least
20%
increase
the sum of
the all
tumor
lesions
selected for
measurem
ent., 24
months | A
LT-801
Induced
Cell-
mediated
Immune
Responses,

Number of
tumor-
responsive
(interferon
-gamma
positive
(IFN γ +))
immune
cells in
blood post
dosing, 24
months | I
mmunoge
nicity of
ALT-801,
Titer of
anti-drug

							Abs at week 4, 24 months	
RECRUITIN G	Acute Myeloid Leukemia Anatomic Stage III Breast Cancer AJCC v8 Anatomic Stage IV Breast Cancer AJCC v8 Clinical	PROCEDURE: Biospecimen Collection OTHER: Medical Chart Review	OBSER VATI ONAL	Observation al Model: Time Perspective: p	1000	Procure, store and distribute longitudin al biospecime ns and associated clinical data, Will procure, store and distribute longitudin	Pan-cancer gene panel tumor next generation sequencing test, Statistical analysis will be descriptive and will be analyzed for each BSS as well	2020/11/11

Stage III

Cutaneous

Melanoma

AJCC

v8 | Clinical

Stage IV

Cutaneous

Melanoma

AJCC

v8 | Clinical

Stage IV

Esophageal

Adenocarci

noma AJCC

v8 | Clinical

Stage IV

Esophageal

al as study

biospecime aggregate.,

ns and Until

associated completion

clinical of

data for biospecime

current n

and future collection,

cancer up to 3

research in years | Can

order to cer

elucidate Research

molecular Data

mechanis Commons,

ms of The Cancer

sensitivity Imaging

and Archive

Squamous
Cell
Carcinoma
AJCC
v8 | Clinical
Stage IV
Gastric
Cancer
AJCC
v8 | Clinical
Stage IV
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8 | Lung

intrinsic or and
acquired database of
resistance Genotypes
to and
standard Phenotype
of care s data
systemic contributio
therapies, n,
including Statistical
immunoth analysis
erapy. will be
Cases will descriptive
be and will be
grouped analyzed
according for each
to patient BSS as well
demograp as study

Non-Small
Cell
Carcinoma |
Lung Small
Cell
Carcinoma |
Malignant
Solid
Neoplasm |
Metastatic
Prostate
Carcinoma |
Multiple
Myeloma |S
tage III Lung
Cancer
AJCC

hics, aggregate.,
cancer type Until
and completion
treatment of
regimen. biospecime
Statistical n
analysis collection,
will be up to 3
descriptive years |Perc
and will be entage of
analyzed minority
for each and
Biospecim underserv
en Source ed study
Site (BSS) participant
as well as s accrued,
study Statistical

v8 | Stage III

Ovarian

Cancer

AJCC

v8 | Stage IV

Colorectal

Cancer

AJCC

v8 | Stage IV

Lung

Cancer

AJCC

v8 | Stage IV

Ovarian

Cancer

AJCC

v8 | Stage IV

aggregate., analysis

Up to 10 will be

years | Perc descriptive

entage of and will be

enrolled analyzed

patients by for each

cancer type BSS as well

and as study

treatment aggregate.,

regimen Until

overall, completion

Will assess of

the biospecime

percentage n

of enrolled collection,

patients by up to 3

cancer type years | Perc

Prostate
Cancer
AJCC
v8 | Stage
IVB Prostate
Cancer
AJCC v8

and entage of
treatment enrolled
regimen patients for
overall and whom
those who molecular
contribute profiling is
samples to attempted,
the Drug Statistical
Resistance analysis
and will be
Sensitivity descriptive
Network and will be
and other analyzed
approved for each
investigato BSS as well
rs. as study
Statistical aggregate.

analysis Will also
will be be assessed
descriptive by patient
and will be demograp
analyzed hics,
for each cancer type
BSS as well and
as study treatment
aggregate., regimen.,
Until Until
completion completion
of of
biospecime biospecime
n n
collection, collection,
up to 3 up to 3
years |Perc years |Perc

entage of entage of
minority enrolled
and patients for
underserv whom
ed study molecular
participant profiling
s accrued, results are
Statistical generated,
analysis Statistical
will be analysis
descriptive will be
and will be descriptive
analyzed and will be
for each analyzed
BSS as well for each
as study BSS as well
aggregate., as study

Until aggregate.
completion Will also
of be assessed
biospecime by patient
n demograp
collection, hics,
up to 3 cancer type
years and
treatment
regimen.,
Until
completion
of
biospecime
n
collection,
up to 3

years | Percentage of
enrolled
patients for
whom
samples
are
obtained at
each
longitudinal
timepoint,
Statistical
analysis
will be
descriptive
and will be

analyzed
for each
BSS as well
as study
aggregate.
Will also
be assessed
by patient
demograp
hics,
cancer type
and
treatment
regimen.,
Until
completion
of

biospecimen
collection,
up to 3
years | Perc
centage of
collected
biospecimens
that are
delivered
to the
Patient
Derived
Models
Repository
, Statistical
analysis

will be
descriptive
and will be
analyzed
for each
BSS as well
as study
aggregate.
Will also
be assessed
by patient
demograp
hics,
cancer type
and
treatment
regimen.,

Until completion of biospecimen collection, up to 3 years

NOT_YET_RECRUITING	Gastric Cancer	DRUG: Sintilimab	PHASE2	INTERVENTIONAL	Allocation: 90% NA Interventional Model: SINGLE_GROUP Masking: NONE Primary	90	Pathological complete response rate (pCR), the proportion of patients	Objective Response Rate (ORR), ORR refers to the proportion of subjects with	Oct-22
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Purpose:
PREVENTI
ON

who have confirmed
no residual best
viable overall
tumor in response of
the complete
resected response
specimens. (CR) or
partial
The response
primary (PR), based
aim of the on RECIST
study is to 1.1 DCR
test the refers to
hypothesis the
that after percentage
neoadjuva of
nt therapy confirmed

complete
remission
(CR),
partial
remission
(PR), and
stable
disease
(SD) cases
among
patients
with
evaluable
response,
an average
of 4
months. | D

isease

Control

Rate

(DCR),

DCR refers

to the

proportion

(%) of

patients

with at

least one

visit

response of

complete

response

(CR) or

partial

response
(PR), or
stable
disease
(SD) based
on
RECIST1.1,
an average
of 4
months. |
Major
pathologic
al response
rate
(MPR),
MPR refers
to as the

proportion
of patients
with less
than 10%
viable
tumour at
resection.,
after
surgery 铤
突 n
average of
6
months. | T
umor
Regression
Grade
(TRG),

TGR
grading
using the
Becker
criteria as
follows:
TRG1a (no
residual
tumor),
equivalent
to pCR;
TRG1b
(\<10%
residual
tumor);
TRG2
(10%-50%

residual
tumor);
TRG3
(\>50%
residual
tumor)., an
average of
6
months. | R
0 resection
rate, R0
resection
rate refers
to the
proportion
of all
patients

with
negative
margins
under the
microscop
e of tumor
specimens
after
surgery to
the total
number of
participant
s., an
average of
6
months. | T
(tumor)

and/or
N(node)
downstagi
ng rate,
T(tumor)
and/or
N(node)
downstagi
ng is
defined as
the
postoperat
ive
pathologic
al T
and/or N
stage

lower than
the
original
stage by
imaging
before
neoadjuva
nt
treatment,
an average
of 6
months. |3
0-day post-
operative
surgical
complicati
on rate,

based on
the
Clavien-
Dindo
classificati
on, 30 days
postoperat
ion. | Disea
se-free
survival
(DFS),
Disease-
free
survival
was
defined as
from the

start of
surgery to
disease
recurrence
or death
(for any
reason),
up to 2
years after
surgery. |
Overall
Survival 镞
卍 S 镞 ?
Overall
survival
was
defined as

the date
from
patient
enrollment
to death of
any cause.,
up to 2
years after
surgery. |I
ncidence of
Treatment-
Emergent
Adverse
Events 铸
托 afety 铸?
Safety as
measured

by number
and grade
of adverse
events.

Numbers
of
Participant
s With
Treatment-
emergent
Adverse
Events
(TEAEs)
and
Serious
Adverse
Events

(SAEs),
 events will
 be
 classified
 according
 to CTCAE
 V5.0., up to
 2 years
 after
 surgery.

RECRUITIN	Gastric	BIOLOGICA	PHAS	INTER	Allocation:	30	Frequency	Overall	2022/8/17
G	Cancer Can	L: IMU-	E2	VENTI	NON_RAN		and	Survival,	
	cer of	131 DRUG:		ONAL	DOMIZED		Severity of	Overall	
	Stomach G	Ramuciruma			Intervention		Treatment-	Survival	
	astric	b plus			Model:		Emergent	(OS) is	
	Adenocarci	Paclitaxel BI			PARALLEL		Adverse	defined as	
	noma Stom	OLOGICAL:			Masking:		Events	the time	

ach	Pembrolizum	NONE Pri	[safety and from first
Cancer Sto	ab	mary	tolerability dose of
mach		Purpose:] of HER- study drug
Adenocarci		TREATME	Vaxx in to death
noma Gastr		NT	combinatio due from
oesophageal			n with any cause.,
Junction			chemother From date
Adenocarci			apy or of
noma			pembroliz enrollment
			umab, until the
			Treatment- date of
			Emergent death from
			Adverse any cause,
			Events an average
			\[safety of 1
			and year Prog
			tolerability resion

Free Survival, Progression Free Survival (PFS) defined as the time from first dose of study drug to first documentation of objective progressive disease (PD) based on CTCAE v5.0, From Survival date of (PFS) enrollment defined as through the time study from first completion dose of , an study drug average of to first 6 months | Objective progressive Response e disease Rate of (PD) based

HER-Vaxx on RECIST
in 1.1, or to
combination death from
n with any cause,
chemother From date
apy or of
pembroliz enrollment
umab, until the
Objective date of first
Response documente
Rate (ORR) d
measured progressio
from n or date of
enrollment death from
as the any cause,
proportion an average
of patients of 6

achieving a months | D
confirmed uration of
best Response,
overall Duration
response of of
complete Response
response (DoR)
(CR) or measured
partial from
response earliest CR
(PR) or PR until
according first
to RECIST documenta
1.1, From tion of PD
date of based on
enrollment RECIST 1.1
until the or death

date of first due to any
documente cause.,
d From date
progressio of earliest
n or date of CR or PR
death from until the
any cause, date of first
an average documente
of 6 d
months progressio
n or date of
death from
any cause,
an average
of 3
months

RECRUITIN G	MSI-H Colorectal Cancer Mel anoma Ana l Carcinoma Mesothelio ma Triple Negative Breast Cancer Lun g Adenocarci noma Chol angiocarcin oma Cervic al	DRUG: Spartalizuma b DRUG: Tislelizumab	PHAS E2	INTER VENTI ONAL	Allocation: 184 NON_RAN DOMIZED Intervention Model: PARALLEL Masking: NONE Pri mary Purpose: TREATME NT	Overall Response rate (ORR) (Cohort 3), Proportion of patients with best overall response of complete response (CR) or partial response (PR), as per local investigato	Clinical Benefit Rate (CBR) in patients with high mRNA PD1 expressing tumors (Cohort 3), Proportion of patients with a best overall response of CR, PR or an overall	2021/4/12
----------------	--	--	------------	------------------------	--	--	--	-----------

Carcinoma |
Kidney
Clear Cell
Carcinoma |
Stomach
Adenocarci
noma | Esop
hageal
Adenocarci
noma | Uteri
ne
Adenocarci
noma | Head
and Neck
Squamous
Cell
Carcinoma |

r 麓 s lesion
assessment response of
and Stable
according Disease
to (SD) or
Response Non-
Evaluation PR/Non-
Criteria in progressio
Solid n disease
Tumors (PD)
(RECIST) lasting
version 1.1 鋳 ?24
criteria., weeks,
Until based on
objective local
tumor investigato
response, r 麓 s

Sarcoma Lung	on average	assessment
Squamous Cell Carcinoma Urothelial Carcinoma Thyroid Carcinoma Hepatocellular Carcinoma Uveal Melanoma HER2-positive Breast	10 months	according to RECIST v1.1., Until objective tumor response, on average 10 months Progression free survival (PFS) in patients with high mRNA

Cancer | Pan
creatic
Adenocarci
noma | Squa
mous
Esophageal
Carcinoma |
Epithelial
Ovarian
Cancer | Ute
rine
Carcinosarc
oma | Small
Cell Lung
Cancer | Hor
mone
Receptor

PD1
expressing
tumors
(Cohort 3),
Time from
allocation
to the first
occurrence
of disease
progressio
n, as
determine
d locally
by the
investigato
r using
RECIST

Positive /
HER2-
negative
Breast
Cancer | Lun
g
Adenocarci
noma
EGFR-
mutated/
ALK
Traslocation
| Colorectal
Adenocarci
noma | Prost
ate
Adenocarci

v.1.1, or
death from
any cause,
whichever
occurs
first., From
date of
allocation
to disease
progressio
n or death
from any
cause,whic
hever came
first,
assessed
up to

noma | Carci
noma of
Unknown
Primary | Ot
her
Histology

approxima
tely 36
months | D
uration of
response
(DoR) in
patients
with high
mRNA
PD1
expressing
tumors
(Cohort 3),
Time from
the first
occurrence
of a

documented objective response to disease progression, as determined locally by the investigator through use of RECIST v.1.1, or death from any cause, whichever

occurs
first, From
date of
allocation
to disease
progressio
n or death
from any
cause,whic
hever came
first,
assessed
up to
approxima
tely 36
months |Ti
me to

response
(TtR) in
patients
with high
mRNA
PD1
expressing
tumors
(Cohort 3),
Time from
allocation
to the first
objective
tumor
response
(tumor
shrinkage

of 鋳 70%)

observed

for patients

who

achieved a

CR or PR.,

Until

objective

tumor

response,

on average

10

months | O

verall

survival

(OS) in

patients

with high
mRNA
PD1
expressing
tumors
(Cohort 3),
Time from
allocation
to death
from any
cause,
From date
of
allocation
to death
assessed
up to

approximately 36 months | PFS compared to PFS on prior line of therapy (pre-PFS) in patients with high mRNA PD1 expressing tumors (Cohort 3), PFS on

study
treatment
compared
to PFS on
prior line
of therapy
(pre-PFS).,
From date
of
allocation
to disease
progressio
n or death
from any
cause,whic
hever came
first,

assessed
up to
approximately 36
months | O
RR in
patients
with low
mRNA
PD1-
expressing
tumors
(Cohorts 1
and 2),
Proportion
of patients
with best

overall
response of
complete
response
(CR) or
partial
response
(PR), as per
local
investigato
r 麓 s
assessment
and
according
to
Response
Evaluation

Criteria in
Solid
Tumors
(RECIST)
version 1.1
criteria.,
Until
objective
tumor
response,
on average
10
months | C
BR in
patients
with low
mRNA

PD1
expressing
tumors
(Cohorts 1
and 2),
Proportion
of patients
with a best
overall
response of
CR, PR or
an overall
lesion
response of
Stable
Disease
(SD) or

Non-
PR/Non-
progressio
n disease
(PD)
lasting
鈰 ?24
weeks,
based on
local
investigato
r 麓 s
assessment
according
to RECIST
v1.1., Until
objective

tumor
response,
on average
10
months | P
FS in
patients
with low
mRNA
PD1
expressing
tumors
(Cohorts
1 and 2),
Time from
allocation
to the first

occurrence
of disease
progressio
n, as
determine
d locally
by the
investigato
r using
RECIST
v.1.1, or
death from
any cause,
whichever
occurs
first, From
date of

allocation
to disease
progressio
n or death
from any
cause,whic
hever came
first,
assessed
up to
approxima
tely 36
months |D
oR in
patients
with low
mRNA

PD1

expressing

tumors

(Cohorts

1 and 2),

Time from

the first

occurrence

of a

documente

d objective

response to

disease

progressio

n, as

determine

d locally

by the
investigato
r through
use of
RECIST
v.1.1, or
death from
any cause,
whichever
occurs
first, From
date of
allocation
to disease
progressio
n or death
from any

cause, which
never came
first,
assessed
up to
approximately 36
months | Tt
R in
patients
with low
mRNA
PD1
expressing
tumors
(Cohorts 1
and 2),

Time from
allocation
to the first
objective
tumor
response
(tumor
shrinkage
of $\geq 30\%$)
observed
for patients
who
achieved a
CR or PR,
Until
objective
tumor

response,
on average
10
months | O
S in
patients
with low
mRNA
PD1
expressing
tumors
(Cohorts 1
and 2),
Time from
allocation
to death
from any

cause,
From date
of
allocation
to death
assessed
up to
approximately 36
months | P
FS
compared
to PFS on
prior line
of therapy
(pre-PFS)
in patients

with low
mRNA
PD1
expressing
tumors
(Cohorts 1
and 2), PFS
on study
treatment
compared
to PFS on
prior line
of therapy
(pre-PFS).,
From date
of
allocation

to disease
progressio
n or death
from any
cause,whic
hever came
first,
assessed
up to
approxima
tely 36
months | In
cidence,
seriousnes
s,
treatment-
related and

intensity of
Treatment
Emergent
Adverse
Events,
Incidence,
seriousnes
s,
treatment-
related and
intensity of
Treatment
Emergent
Adverse
Events
(TEAEs)
assessed

by the NCI
Common
Terminolo
gy for
Classificati
on of
Adverse
Events
(CTCAE)
version 5,
including
dose
reductions,
delays and
treatment
discontinu
ations.,

During the
whole
treatment
period
(from
baseline
until
patients'
final
treatment
which is
defined as
the end of
the
Treatment
Phase of
the study,

								an average		
								of 10		
								months		
RECRUITIN	Solid	BIOLOGICA	PHAS	INTER	Allocation:	22	Safety	of	Overall	2021/8/1
G	Tumor Bre	L: RAPA-201	E1 PH	VENTI	NA Interve		RAPA-201	Response		
	ast	Rapamycin	ASE2	ONAL	ntion		Cell	Rate, To		
	Cancer Sm	Resistant T			Model:		Therapy,	determine		
	all Cell and	Cells DRUG:			SINGLE_G		To	the overall		
	Non-small	Chemotherap			ROUP Mas		determine	RECISTv1.		
	Cell Lung	y Prior to			king:		the safety	1 criteria		
	Cancer Tri	RAPA-201			NONE Pri		of RAPA-	response		
	ple Negative	Therapy			mary		201 cell	rate		
	Breast				Purpose:		therapy	(partial		
	Cancer Gas				TREATME		when used	response		
	tric				NT		in	or better)		
	Cancer Eso						combinatio	of		
	ophageal						n with a	autologous		

Adenocarci
noma | Gastr
ic Junction
Adenocarci
noma | Esop
hageal
Squamous
Cell
Carcinoma |
Head and
Neck
Cancer | Squ
amous Cell
Carcinoma
of Oral
Cavity | Squ
amous Cell

carboplati RAPA-201
n plus cells and
paclitaxel standard-
(CP) of-care
standard- chemother
of-care apy
chemother (carboplati
apy n +
regimen. paclitaxel)
Specificall in patients
y, the with solid
treatment tumors
will be resistant to
determine PD-(L)1.,
d to be safe One (1)
if the year after
following the last

Carcinoma
of
Larynx | Squamous Cell
Carcinoma
of
Nasopharynx | Squamous Cell
Carcinoma
of Other
Specified
Sites of
Skin | Carcinoma of
Unknown
Primary | Bl

parameters dose of
are met: RAPA-201
(Metric #1) cells. | Prog
using the resection
metric of Free
"unresolved Survival
d grade 3 (PFS) and
toxicity Overall
attributable Survival
e to the (OS), To
RAPA-201 characteriz
cell e the effect
therapy": of therapy
for positive on solid
determinant tumor
ion of disease
safety, this control, as

adder
Cancer | Mal
ignant
Melanoma

metric measured
must occur by
in 3 or progressio
fewer n free
patients survival
out of the (PFS) and
initial 10 overall
patients; survival
(Metric #2) (OS)., One
using the (1) year
metric of after the
"grade 4 last dose of
non- RAPA-201
hematologi cells. | Qual
c toxicity ity of Life
that is (QOL), To
probably evaluate

attributable effect of
to RAPA-201 therapy on
cell quality of
therapy": life (QOL)
for positive using the
determinant Short
ion of Form-36
safety, this Survey.,
metric One (1)
must occur year after
in 1 or the last
fewer dose of
patients RAPA-201
out of the cells.
initial 10
patients;
and

(Metric #3)
using the
metric of
"grade 5
toxicity
that is
probably
attributable
to RAPA-
201 cell
therapy":
for positive
determination
of
safety, this
metric
must occur

in 1 or few
patients
out of the
initial 10
patients.,
Completi
n of RAPA-
201
Therapy as
Defined by
the End-of-
Treatment
Visit,
which
occurs on
average at
6-months

UNKNOWN	Gastric Cancer Stage IV	DRUG: olaparib+pe mbrolizumab +paclitaxel	PHAS E1 PH ASE2	INTER VENTI ONAL	Allocation: 71 NA Interve ntion Model: SINGLE_G ROUP Mas king: NONE Pri mary Purpose: TREATME NT	71	after treatment initiation progressio n survival, 6 weeks dos e limiting toxicity, 21 days	overall free response rate, 6 weeks	2021/10/1
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TERMINATE	Advanced	DRUG:	PHAS	INTER	Allocation:	46	Number of	Objective	2020/6/10
D	or	NC410	E1 PH	VENTI	NA Interve		participant	Response	
	Metastatic		ASE2	ONAL	ntion		s with	Rate per	
	Solid				Model:		treatment-	RECIST,	
	Tumors Ov				SINGLE_G		emergent	Objective	
	arian				ROUP Mas		adverse	response	
	Cancer Gas				king:		events as	rate (ORR)	
	tric				NONE Pri		assessed	per	
	Cancer Col				mary		by CTCAE	Response	
	o-rectal				Purpose:		v5.0,	Evaluation	
	Cancer				TREATME		Frequency,	Criteria in	
					NT		duration,	Solid	
							and	Tumors	
							severity of	(RECIST)	
							treatment-	v1.1 and	
							emergent	modified	
							adverse	RECIST	

events (mRECIST
(AEs), up) v1.1, 14
to 14 months | D
months | D uration of
efine a Response
maximum per
tolerated RECIST,
dose Duration
(MTD) or of
pharmacol Response
ogically (DoR) per
active dose Response
(PAD), A 3 Evaluation
+ 3 design Criteria in
will be Solid
utilized to Tumors
determine (RECIST)

the MTD of v1.1 and
NC410, 28 modified
days RECIST
(mRECIST
) v1.1, 14
months | D
isease
Control
Rate per
RECIST,
Disease
Control
Rate (DCR)
per
Response
Evaluation
Criteria in

Solid
Tumors
(RECIST)
v1.1 and
modified
RECIST
(mRECIST
) v1.1, 14
months | M
aximum
Plasma
Concentrat
ion (Cmax)
of NC410,
To
evaluate
the

Maximum
Plasma
Concentration (C_{max})
of NC410,
14 weeks
