Recruitment Status	Condition	Intervention	Phase	Study type	Study design	Target size	Primary outcome	Secondary outcome	Date enrollement
Recruiting	Gastric Cancer	Drug: tirelizumab;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;	Diagnostic New Technique Clincal Study	Cause/Relative factors study	Case study	patient group: 50;	Progress Free Survival;Disease control rate;adverse events;Lymphocyte subpopulations and cytokine levels;		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 pathological complete response (cCR/pCR)	Rate of cCR/pCR (long term follow up);Subgroup analysis of cCR/pCR; Rate of salvage	01/08/2023

					Masking: None (Open Label).			surgery;Mortality;Determination of the sites of tumor relapse;Safety Endpoints	
Recruiting	Immunotherapy Gastrict Cancer	Drug: Tislelizumab; Drug: apatinib;Drug: oxaliplatin;Drug: S-1	Phase 2/Phase 3	Interventional	Allocation: Randomized. Intervention model: Parallel Assignment. Primary	130	Pathological complete response	Major pathological response;Objective Response Rate (ORR)	10/05/2023

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

								S);R0 resection rate;Adverse events	
Not recruiting	Advanced Gastric or Gastroesophageal Junction Adenocarcinoma	Drug: Serplulimab; Drug: Lenvatinib;Drug: Paclitaxel	Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	59	Objective response rate (ORR)	Progression-free survival (PFS);Overall survival (OS);Disease Control Rate (DCR);Duration of Overall Response (DOR);Safe	01/11/2022

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

	Effect;Radiotherapy	Radiation: Radiotherapy			Parallel Assignment. Primary purpose: Treatment. Masking: None (Open Label).		response rate) per RECIST 1.1	(OS);Disease-free survival (DFS);R0 resection rate	
Not recruiting			Phase 2	Interventional	Allocation: Randomized. Intervention model: Parallel Assignment. Primary purpose:	141			25/08/2022

					Treatment. Masking: None (Open Label).				
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 Clincal Study	Diagnostic test	Diagnostic test for accuracy	Target condition:286; Difficult condition:0	Objective response rate after the second treatment period;	Objective response rate after fourth treatment period;Pathological complete response rate;3 year overall survival rate;3 year	11/06/2022

		test:The effect of immunotherapy and chemotherapy by protein profiling;				disease-free survival rate;Disease control rate;3 year progess-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: Circulating exosomal lncRNA-GC1 detection	Observational [Patient Registry]		80	Levels of circulating exosomal lncRNA-GC1;Levels of circulating exosomal lncRNA-GC1	Survival outcomes of circulating 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 Gastric Cancer	including blood and tissue collection;Procedure: CTC detection;Procedure: ctDNA detection;Procedure: 10 脑 genomics single cell RNA sequence;Procedure: Whole exon sequence;Pro	Randomized. 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	Immunotherapy;Gastric Cancer	Drug: Tislelizumab; Drug: Apatinib Mesylate;Drug: oxaliplatin;Drug: Tegafur	Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking:	40	Total/moderate tumor regression rate under pathology	Objective Response Rate (ORR);Overall survival (OS)	31/10/2021

					None (Open Label).				
Recruiting	Gastric Cancer;Chemotherapy;Immunotherapy	Drug: Sintilimab 200 mg, intravenously (IV) every 3 weeks(Q3W)	Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	31	Objective Response Rate (ORR)	Progression-free Survival (PFS);Disease Control Rate (DCR);Duration of Response (DoR);Adverse events (AEs)	15/02/2022

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;hyperprogressive group: 100;No serious adverse reactio	Tumor growth rate;	time to progress;	01/11/2021

	carcinoma; Advanced gastric cancer	group:Liquid biopsy or puncture biopsy;				ns or no super-progression group: 100;		
Not Recruiting	gastric cancer	case series:Nil;	0	Observational study	Sequential	case series: 20;	68Ga-FAPI PET/CT related parameters, PFS, OS;	01/12/2021
Recruiting	Advanced Solid Tumor;Unresectable Solid Tumor;Clear Cell Renal	Drug: MDNA11 Monotherapy ;Drug: Combination (MDNA11 +	Phase 1/Phase 2	Interventional	Allocation: N/A. Intervention model: Sequential Assignment. Primary	115	Recommended Dose for Expansion (RDE) for MDNA11;Incidence of	Pharmacokinetic characteristics on MDNA11 - Cmax (ug/mL);P	27/08/2021

Cell Carcinoma; Triple Negative Breast Cancer;Non-Small Cell Lung Cancer Squamous; Non-Small Cell Lung Cancer Non-squamous;Colorectal Cancer (MSI-	pembrolizumab)	purpose: Treatment. Masking: None (Open Label).	Treatment Related Adverse Events (TRAEs);Incidence of Treatment Emergent Adverse Events (TEAEs)	harmacokinetic characteristics on MDNA11 - Tmax (h);Pharmacokinetic characteristics on MDNA11 - AUClast (h.ug/mL); Pharmacodynamic effects of MDNA11;

H);Gastric Cancer;Cervical Cancer;Basal Cell Carcinoma; Bladder Cancer;Merkel Cell Carcinoma; Squamous Cell Carcinoma of Head and Neck;Cutaneous Squamous		Anti-tumor activity of MDNA11 (alone or in combination with CPI) - Overall Response Rate (ORR);Anti-tumor activity of MDNA11 (alone or in combination with CPI)

Cell Carcinoma; Pleural Mesothelioma;Esophageal Cancer;Hepatocellular Carcinoma; Endometrial Carcinoma; Solid Tumor;Solid Tumor, Adult;MSI-H Solid Malignant	- Disease Control Rate (DCR);Anti-tumor activity of MDNA11 (alone or in combination with CPI) - Progression 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;Gastric Cancer	Procedure: Surgery;Drug: Chemotherapy, anti-targeted agents and immunotherapy;Radiation: Radiotherapy	Observational	10000	Diagnostic and therapeutic approach	Epidemiological profiles;Risk factors;Pathological features;Clinical and diagnostic approach; Treatments adjusted to prognostic variables;Validate and compare prognostic	27/04/2020

						models;Prognostic factors;Create and validate a predictive model	
Not recruiting	Gastric Cancer;Magnetic Resonance Imaging;Tomography, X-Ray Computed;Neoadjuvant	Drug: PD-1 inhibitor	Observational [Patient Registry]	200	Predictive value of CT and MRI after the neoadjuvant treatment for developing	Predictive value of CT and MRI after the neoadjuvant treatment for pathologic	01/06/2021

Immunotherapy;Neoadjuvant Chemotherapy	a pCR at surgery	T staging;Predictive value of CT and MRI after the neoadjuvant treatment for pathologic response according to the Tumor Regression

								Grading (TRG);Prediction 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 and/or metabolite concentrations, which are useful for predicting overall survival in patients treated with anti-PD-1/PL-L1 antibody	amino acid and/or metabolite concentrations, which are useful for predicting progression free survival in patients treated with anti-PD-1/PL-L1 antibody

Recruiting	Gastric Cancer;Colo-rectal Cancer	Drug: Tislelizumab; Drug: Anlotinib	Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	40	objective response rate	progression-free survival;overall survival	01/03/2021
Recruiting	Gastric Cancer;Stomach Neoplasm	Drug: XELOX or SOX;Drug: JS001+XELOX or SOX	Phase 2	Interventional	Allocation: Randomized. 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(OS);pCR;R0 resection rate;Adverse event incidence rate	
Recruiting	Gastric Adenocarcinoma;Metastatic Gastric Cancer;Met	Drug: Atezolizumab + Ipatasertib;Drug:	Phase 2	Interventional	Allocation: Non-Randomized. Intervention	60	Objective response rate	Overall survival;Progression-free survival;Sa	19/03/2021

	astatic Adenocarcinoma;Advanced Gastric Carcinoma	Atezolizumab + Bevacizumab			model: Parallel Assignment. Primary purpose: Treatment. Masking: None (Open Label).			fety, treatment-related adverse events	
Recruiting	gastric cancer	1:Anti PD-1 immunotherapy;	0	Interventional study	Single arm	1:20;	overeall survival;		31/12/2020
Recruiting	gastric cancer	patients recieve combination of immunothera	1	Interventional	single arm study, open(masking not used),	12	safety	progression free survival overall survival<b	22/02/2021

		py (Nivolumab) and radiotherapy		uncontrolled control, single assignment, treatment purpose		r>response rate disease 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: Randomized. Intervention model: Parallel Assignment. Primary	210	Feasibility - enrollment ;Feasibility , defined as completion of study activities;C	Change in participant anxiety, using the State Subscale of the State and Trait	23/01/2021

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).	hange in participant knowledge, using the Immunotherapy Knowledge Assessment;Change in participant knowledge, using the Immunotherapy Knowledg	Anxiety Inventory; Change in participant anxiety, using the State Subscale of the State and Trait Anxiety Inventory; Patient questions asked in visit with 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 Assessment

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

	Stage IV Cervical Cancer;Stage IV Endometrial Cancer;Stage IV Mesothelioma;Immunotherapy;Immune Checkpoint Inhibitors								
Recruiting	Gastric cancer	experimental group: Sindilimumab combined	4	Interventional study	Single arm	experimental group: 100;	ORR;	Incidence of adverse events and serious	14/10/2020

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

		A24-De, OTSGC-A24-Ki, OTSGC-A24-VE1 and OTSGC-A24-Ur 1.0 碌mol (as API) administered subcutaneously 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	interventional	Randomization: N/A, Blinding:	5	Side effect. Timepoint: 7 days.	Clinical and immune	20/01/2021

ant neoplasm of stomach	immunogenetic 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.	response. 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 overexpression 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.Leukophoresis and isolation of monocytes from

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

and lymphocytes by specific leukophoresis 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: 30;	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 groups:Use of immunotherapy ;				activated and inactive 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:60;esophageal squamous	overall response rate;T cell receptor repertoire sequencing information;	08/10/2020

		inhibitor and anlotinib;				cell carcinoma group: 60;		
Not Recruiting	gastric cancer	control group:chemotherapy after surgery;Experimental group 1:radiotherapy combined with immunotherapy before surgery;Exp	2	Interventional study	Case-Control study	control group: 20;Experimental group 1:20;Experimental group 2:20;	DFS;ct-DNA;T cell subsets;tumor immune microenvironment;PD-1/PD-L1;cytokines;	01/08/2020

		rimental group 2:radiotherapy ? chemotherapy combined with immunotherapy before surgery;						
Authorised	For patients with advanced/ metastatic gastric adenocarcinomas in	 Trade Name: Avastin Product Name: Bevacizumab Product	Human pharmacology (Phase I): no	Interventional clinical trial of medicinal	Controlled: 60 no Randomised: no Open: yes Single blind:	Main Objective: To assess the efficacy of personalized targeted	Secondary end point(s): - Progression-free survival evaluated	21/01/2021

progression MedDRA version: 21.1 Level: LLT Classification code 10071114 Term: Metastatic gastric adenocarcinoma System Organ Class: 10000000486	Code: L01XC07 Pharmaceutical Form: Concentrate and solvent for solution for infusion Product Name: ipatasertib 100mg Product Code: RO5532961 Pharmaceutical Form:	Therapeutic exploratory (Phase II): yes Therapeutic confirmatory - (Phase III): no Therapeutic use	product	no Double blind: no Parallel group: no Cross over: no Other: yes Other trial design description: Umbrella If controlled, specify comparator,	immunotherapy combinations in recurrent advanced/ metastatic gastric carcinoma patients, assessed by the objective response rate (ORR). ;Secondary	according to iRECIST criteria. - Overall survival. - Toxicity using NCI-CTCAE v5.0. - Translational research: tumor immune gene expression

4 ;Therapeutic area: Diseases [C] - Cancer [C04]	Film-coated tablet Trade Name: Tecentriq Product Name: atezolizumab Product Code: RO5541267 Pharmaceutical Form: Concentrate for solution for infusion 	(Phase IV): no	Other Medicinial Product: no Placebo: no Other: no Number of treatment arms in the trial: 3 	Objective: - To assess other efficacy parameters of personalized targeted immunotherapy combinations in recurrent advanced/ recurrent metastatic gastric	(inflamed, excluded, desert), tumor mutational load and circulating DNA mutational load, kinetics of circulating hPG80, gut microbiome flora. ;Time point(s) of

 Product Name: ipatasertib 200mg Product Code: RO5532961 Pharmaceutical Form: Film-coated tablet 	carcinoma patients with survival analyses (PFS, OS) - To assess the safety of personalized targeted immunotherapy combinations in metastatic	evaluation of this end point: The whole treatment period or at the end of treatment

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

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

							of this end point: The whole treatment period.		
Recruiting	Gastric Cancer	A: chemotherapy combined with anti-pd1 immunotherapy;B:Active supportive therapy;	0	Interventional study	Non randomized control	A:50;B:30;	PFS;	ORR;OS;Safety;	01/06/2020
Recruiting	Locally Advanced Solid Tumor;Meta	Drug: ACE1702;Drug: Cyclophosph	Phase 1	Interventional	Allocation: Non-Randomized.	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	administering ACE1702;Evaluate immune function after administering 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;Overall Survival;Deepness of		10/02/2020

		unotherapy; Anlotinib;Toripalimab			Assignment. Primary purpose: Treatment. Masking: None (Open Label).			response;Disease control rate;adverse events	
Recruiting	Esophageal Adenocarcinoma;Gastric Adenocarcinoma	Drug: Nal-IRI;Drug: Oxaliplatin;Drug: 5-FU;Drug: Trastuzumab; Drug: Pembrolizumab;Drug: Nivolumab	Phase 2	Interventional	Allocation: Non-Randomized. Intervention model: Single Group Assignment. Primary	52	Cohort 1: Objective Response Rate (ORR);Cohort 3: Objective Response Rate (ORR);Coh	Progression Free Survival (PFS);Disease Control Rate (DCR);Progression Free Survival at	13/07/2020

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

Not recruiting	Advanced Solid Tumor;Lymphoma;Gastric Cancer;Colorectal Cancer;Head and Neck Cancer;Squamous Cell Carcinoma; EGFR Positive Solid Tumor;HER2-positive	Genetic: Allogeneic natural killer (NK) cell	Observational	20	Overall Survival (OS) post-Infusion	11/06/2019

Breast Cancer;Hepatocellular Carcinoma; Small-cell Lung Cancer;Renal Cell Carcinoma; Pancreas Cancer;Melanoma;NSCLC;Urothelial Carcinoma; Cervical Cancer;Microsatellite

	Instability; Merkel Cell Carcinoma								
Recruiting	Gastric Cancer;GastroEsophageal Cancer;Adenocarcinoma	Drug: Pembrolizumab Monotherapy;Drug: Ramucirumab;Drug: Paclitaxel	Phase 2	Interventional	Allocation: Randomized. Intervention model: Sequential Assignment. Primary purpose: Treatment. Masking: None (Open Label).	58	Cohort 1: Evaluate the best overall response rate (BORR) by pooling Arm A and Arm B;Cohort 2: Evaluate Progression free	Cohort 1: Compare BORR between Arm A and Arm B.;Cohort 1: Evaluate duration of response between Arm A and B.;Cohort 1: Evaluate	01/12/2020

survival (PFS) of Ramucirumab (RAM) plus Paclitaxel plus Pembrolizumab (PEM)	irPFS between Arm A and B.;Cohort 1: Evaluate overall survival (OS) between Arm A and B.;Cohort 1: Compare progression 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. Fluoropyrimidine prodru (5-FU 150mg/day or FT (600mg/day or HCFU 400mg/day) was administered orally from 14 days after

to the combinatory CEA and APRs.

gastrectomy over 1 year. MMC was injected intravenously 20 mg intraoperatively and/or 10 mg on postoperative day 1.
CEA(-)APR(-)
CEA(-)APR(+)
CEA(+) APR(-)

		 CEA(+) APR(+) T1: Gastrectomy alone or Gastrectomy + PSK T2-4: Gastrectomy + MMC + F + PSK							
Not recruiting	Gastric Cancer;Adenocarcinoma of the Esophagoga	Drug: Nivolumab;Drug: relatlimab;Drug: Oxaliplatin;D	Phase 2	Interventional	Allocation: Randomized. Intervention model: Parallel	21	Rate of pathological complete responses	Determination of pathological response rate;Determination	26/09/2019

stric Junction	rug: Docetaxel;Drug: 5-Fluorouracil (5-FU);Drug: Folic acid (FA)	Assignment. Primary purpose: Treatment. Masking: None (Open Label).	of Curative (R0) resection rate;Assessment of disease-free survival rate;Assessment of Survival rate;Evaluation of number of patients with adverse

events grade 1 through grade 5 adverse events (AEs), graded according to NCI CTCAE Version 5.0.;Assessment of perioperative morbidity;

								Assessment of perioperative mortality;Time to relapse;Patient-reported outcome (PRO)	
Recruiting	Localized Oesogastric Adenocarcinoma;MSI and or dMMR	Drug: Nivolumab 10 MG/ML;Drug: Ipilimumab	Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group	32	Complete pathological 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 participants with treatment-related adverse events;Analyze MSI status;Quantification 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 proportions of patients with positive serum	The proportion of ctDNA content decreased in patients with good	01/02/2019

							ctDNA that have postoperative relapse	therapeutic effect		
Recruiting	Esophagus Cancer;Hepatoma;Glioma;Gastric Cancer	Biological: CAR-T/TCR-T cells immunotherapy	Phase 1/Phase 2	Interventional	Allocation: N/A. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	50	Number of Participants With Adverse Events evaluated with NCI CTC AE, version 4.0	Clinical response	01/09/2019	

Authorised	oeso-gastric adenocarcinoma MedDRA version: 20.0 Level: PT Classification code 10001150 Term: Adenocarcinoma gastric	 Trade Name: OPDIVO Product Name: nivolumab Pharmaceutical Form: Solution for infusion INN or Proposed INN: NIVOLUMAB Other	Human pharmacology (Phase I): no Therapeutic exploratory (Phase II): yes	Interventional clinical trial of medicinal product	 Controlled: no Randomised: no Open: yes Single blind: no Double blind: no Parallel group: no Cross over: no 	32	Main Objective: To evaluate the rate of complete pathologic response rate (cPRR) with nivolumab and ipilimumab combination in patients	 Secondary end point(s): - DFS, - OS and safety (NCI CTCAE v5.0), - IHC evaluation of MMR proteins followed by tumor BRAF	13/06/2019

System Organ Class: 10029104 - Neoplasms benign, malignant and unspecified (incl cysts and polyps) ;Therapeutic area: Diseases [C]	descriptive name: NIVOLUMAB Concentration unit: mg/ml milligram(s)/ millilitre Concentration type: equal Concentration number: 10- Trade Name: YERVOY<br	Therapeutic confirmatory - (Phase III): no Therapeutic use (Phase IV): no	Other: no If controlled, specify comparator, Other Medicinial Product: no Placebo: no Other: no Number of treatment	with MSI and/or dMMR localized oeso-gastric cancer;Primary end point(s): Complete pathological response rate (cPRR);Timepoint(s) of evaluation	analysis (germline mutation) and/or MLH1 promoter hypermethylation analysis (somatic mutation) when MLH1 protein is absent (Lynch versus

- Cancer [C04]	> Product Name: ipilimumab Pharmaceutical Form: Solution for infusion INN or Proposed INN: IPILIMUMAB Other descriptive name:	arms in the trial: 1 	of this end point: cPRR will be defined as complete tumor disappearance of tumor in the low esophagus or the stomach (from 1/3 inferior of the	sporadic cases testing), - PD-1 and PD-L1 expression evaluation (CPS in addition to TPS), (PD-L1 [+] expression cut-off =1% or =5%), - CD3,

IPILIMUMAB Concentration unit: mg/ml milligram(s)/millilitre Concentration type: equal Concentration number: 5- 		oesophagus to pylorus) after-surgery examination; Secondary Objective: - To assess disease-free survival (DFS), - To assess overall survival	CD8, FOXP3 expression evaluation, - Blood samples : Evaluation of the potential role of immune checkpoint inhibitors: PD-1, PD-L1, PD-L2, CTLA-4,

(OS), - To evaluate the safety (National Cancer Institute Common Terminology Criteria for Adverse Events [NCI CTCAE] v5.0), - To	TIM-3, LAG-3, GAL9, and IDO using nanostring technology and IHC as predictive markers of patients 鈥?respons e to treatment, - blood samples : ctDNA

evaluate the efficacy of nivolumab and ipilimumab regimen according to selected tumor - biomarkers: 鈥 ?MMR proteins status (Lynch versus	evolution during treatment, MSI status and CD4+ T cells in blood, - Microbiota analysis. ; Timepoint(s) of evaluation of this end point: -

sporadic), 鈥 ?BRAF gene mutational status and/or MLH1 gene epigenetic status, 鈥 ?PD-1 and PD-L1 expression (combined positive	DFS is defined as the time from the date of starting treatment to local recurrence and/or metastases or death irrespective of cause and censored at the date of

score [CPS] in addition to tumor proportion score [TPS]), (=1% and =5% versus no expression), 鈥 ?CD3+, CD8+, and FOXP3 (expressio n versus no expression	last contact. - OS is defined as time between the date of the first dose of study treatment and the death date. - AEs : at every visit

),
- To evaluate whetherPD-L1, PD-L2, PD-1, (-4, TIM-3, LAG-3, GAL9, IDO, expression could be predictive of patients 鈥?response to these molecules,

during treatment and at 3 months after treatment ends(NCI-CTCAE version 5.0)
- MSI and/or dMMR had to be confirmed with an archival or

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

and efficacy of nivolumab and/or ipilimumab treatment. 	neoadjuvant treatment, at C1D1 after surgery, 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: Non-Randomized. Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	30	Pathological remission rate (PRR) rate of PD-1 antibody monotherapy or in combination with anti-angiogenesis VEGFR2-TKI apatinib 卤 S1 卤	objective response rate (ORR) of PD-1 antibody monotherapy or in combination with anti-angiogenesis VEGFR2-TKI apatinib 卤 S1 卤 Oxaliplatin	01/04/2019

Oxaliplatin in neoadjuvant (preoperative) treatment of resectable locally advanced gastric cancer.;Immunotherapy-related biomarkers	in neoadjuvant (preoperative) treatment of resectable locally advanced gastric cancer.;progression free survival (PFS)of PD-1

antibody monotherapy or in combination with anti-angiogenesis VEGFR2-TKI apatinib 卤 S1 卤 Oxaliplatin in neoadjuvant (preoperati

ve) treatment of resectable locally advanced gastric cancer.;overall survival (OS) of PD-1 antibody monotherapy or in combination with anti-

angiogenesis VEGFR2-TKI apatinib 卤 S1 卤 Oxaliplatin in neoadjuvant (preoperative) treatment of resectable locally advanced

gastric cancer.;safety as measured by the rate of adverse events (AEs), laboratory abnormalities, dose adjustment, discontinuation of administration, early

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

	Treatment. Masking: None (Open Label).	to iRECIST;Duration of response using RECIST 1.1 and iRECIST;Progression free survival according to RECIST 1.1 and iRECIST;Occurrence of adverse

								events;Overall survival (OS);Duration of stable disease using RECIST 1.1 and iRECIST	
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;R	Rate of induction of specific CTL response;Progression-	21/02/2019

					Parallel Assignment. Primary purpose: Treatment. Masking: None (Open Label).		esponse Rate	free Survival;O verall Survival	
Authorised	Advanced gastric or gastro-oesophageal junction adenocarcinoma MedDRA	 Product Name: MEDI4736 Product Code: MEDI4736 	Human pharmacology (Phase I): no	Interventional clinical trial of medicinal product	 Controlled: yes Randomised: yes Open: yes Single blind: no 	94	Main Objective: - Percentage of patients alive and without progression at 4 months of	 Secondary end point(s): Progression free survival (PFS) median:<b	27/11/2018

version: 20.0 Level: LLT Classification code 10042080 Term: Stomach cancer System Organ Class: 10000000486 4	Pharmaceutical Form: Concentrate for solution for infusion INN or Proposed INN: DURVALUMAB CAS Number: 1428935-60-7 Current Sponsor code:	Therapeutic exploratory (Phase II): yes Therapeutic confirmatory - (Phase III): no Therapeutic	Double blind: no Parallel group: no Cross over: no Other: no If controlled, specify comparator, Other Medicinial Product:	FOLFIRI plus durvalumab versus FOLFIRI plus durvalumab plus tremelimumab in patients with advanced-stage gastric or gastro-oesophage	r> Is defined as the time between date of randomization and date of the first radiological progression (according to RECIST 1.1) or death

  MedDRA version: 20.0 Level: LLT Classification code 10026476 Term: Malignant neoplasm of stomach	MEDI4736 Concentration unit: mg/ml milligram(s)/ millilitre Concentration type: equal Concentration number: 50- Product Name: tremelimumab 	eutic use (Phase IV): no	yes Placebo: no Other: no Number of treatment arms in the trial: 2 	al junction adenocarcinoma and who progressed after a first line chemotherapy (based on RECIST 1.1 rating scale evaluated by the investigator).;Primary end	(from any cause), whichever occurs first. Patients alive without progression will be censored at date of last news. Overall Survival (OS):

System Organ Class: 100000004864 ;Therapeutic area: Diseases [C] - Cancer [C04]	Product Code: MEDI1123 Pharmaceutical Form: Concentrate for solution for infusion INN or Proposed INN: TREMELIMUMAB CAS Number:	point(s): The primary endpoint is the percentage of patients alive and without radiological progression (according to RECIST 1.1) at 4 months	Is defined as the time between date of randomization and date of death (from any cause). Patients alive will be censored at date of last news.

745013-59-6 Current Sponsor code: MEDI1123 Other descriptive name: MEDI1123 Concentration unit: mg/ml milligram(s)/ millilitre Concentratio	after randomization according to investigator. ;Timepoint(s) of evaluation of this end point: 4 months after the last patient inclusion; Secondary	Time to progression (TTP): Is defined as the time between date of randomization and the date of first radiological progression (according

n type: equal Concentration number: 20- 	Objective: - Percentage of patients alive and without progression at 4 months according to centralized review - Overall survival (OS) - Time to	to RECIST v1.1). Patients without progression will be censored at date of last news or date of death. The death will not be considered as an event.

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

objective response rate (BRR) and disease control rate (DCR) according to the investigator and centralized review (according RECIST V1.1 and iRECIST	to RECIST v1.1. Disease control rate (DCR) at each timepoint: Is defined as complete or partial response or stable disease at the best

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

(from any cause) or the date of first radiological progression in the FOLFIRI + durvalumab arm or date of the second radiological progression 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 progression, then this progression will not be considered for this endpoint.

Safety profile

Toxicities will be graded according to the NCI-CTCAE v4.0 classificati ons.

 Quality of life (QoL)
 Is evaluated using EORTC

QLQ-C30 and the STO22 questionnaires.

Centralized evaluation of PD-L1 expression
All efficacy endpoints (OS, PFS, TTP, BRR and DCR)

will be evaluated according to the expression of PD-L1.

 Centralized radiological assessments 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. 		
Not recruiting	Peritoneal Carcinomatosis;Peritoneal	Biological: anti-CEA CAR-T cells	Phase 1	Interventional	Allocation: N/A. Intervention model:	18	Safety of Intraperitoneal CAR-T Cell ;Timepoint(s) of evaluation of this end point: One year after the last patient inclusion	Progression-Free Survival;Overall	13/09/2018

Metastases; Colorectal Cancer;Gastric Cancer;Breast Cancer;Pancreas Cancer;Carcinoembryonic Antigen	Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	Infusions as Measured by Number of Participants 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;Radiographic treatment response by PET;Serologic response rates	
Not recruiting	Gastric Cancer;Cancer of the Stomach;Esophagogastric Junction	Biological: BMS-986213;Biological: Nivolumab;Drug: XELOX;Drug:	Phase 2	Interventional	Allocation: Randomized. Intervention model: Parallel Assignment. Primary	274	BICR-Assessed Objective Response Rate (ORR) in Randomized LAG-3	Objective Response Rate (ORR);Duration of Response (DOR);Overall	16/10/2018

FOLFOX;Drug: SOX	purpose: Treatment. Masking: None (Open Label).	Positive (>=1 %) Participants	Survival (OS);Progression-Free Survival (PFS);Number of Participants With Adverse Events (AEs);Number of Deaths;Number of Participants With Laboratory

							Abnormalities in Specific Liver Tests;Number of Participants With Laboratory Abnormalities in Specific Thyroid Tests		
Recruiting	B-cell Acute Lymphoblastic	Biological: CAR-T cell	Phase 1/Phase 2	Interventional	Allocation: N/A. Intervention	73	Number of Participants With	Clinical response;C	01/03/2018

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 庐 (100mg/10ml) Pharmaceutical Form:	Human pharmacology (Phase I): no	Interventional clinical trial of medicinal	Controlled: yes Randomised: yes Open: yes Single blind: no	44	Main Objective: Primary endpoint is the rate of pathological	Secondary end point(s): 鈥?Pathological response rate	23/05/2019

and adenocarcinoma of the esophago-gastric junction MedDRA version: 21.1 Level: PT Classification code 10017758 Term: Gastric cancer System	Concentrate for solution for infusion INN or Proposed INN: Nivolumab Other descriptive name: NIVOLUMAB Concentration unit: mg/ml milligram(s)/millilitre 	Therapeutic exploratory (Phase II): yes Therapeutic confirmatory - (Phase III): no Therapeutic use	product	Double blind: no Parallel group: yes Cross over: no Other: no If controlled, specify comparator, Other Medicinial Product: yes Placebo: no Other: no Number of	complete responses (pCR) as determined by pathological examination of the resected tumor following preoperative systemic therapy. A pCR rate of	(complete or subtotal response pCR/pSR) according to the Becker criteria 鈥 ?R0 resection rate 鈥 ?Disease-free survival rate at 3 years per RECIST

Organ Class: 10029104 - Neoplasms benign, malignant and unspecified (incl cysts and polyps) MedDRA version: 21.0 Level: LLT Classification code	Concentration type: equal Concentration number: 10- Product Name: Relatlimab Product Code: BMS-986016 Pharmaceutical Form: Solution for solution for infusion INN or	(Phase IV): no	treatment arms in the trial: 2	15% is expected serves as historical control, which could be achieved with the standard FLOT chemotherapy based on the results of the FLOT4 trial. An	1.1 鈥 ?Overall survival rate at 3 years 鈥 ?Safety and tolerability 鈥 ?Perioperative morbidity and mortality 鈥 ?Feasibil

10030151 Term: Oesophageal cancer System Organ Class: 10029104 - Neoplasms benign, malignant and unspecified (incl cysts and polyps) MedD	Proposed INN: Relatlimab Other descriptive name: RELATLIMAB Concentration unit: mg/ml milligram(s)/millilitre Concentration type: equal Concentration number: 10-	increase to 35% in Arm B or D is assumed to be clinically relevant. ;Secondary Objective: 鈥 etermination of pathological response rate (complete or subtotal	ity of perioperative immunotherapy and immunochemotherapy, completeness of pre- and postoperative therapy 鈥 ?Patient reported outcomes

RA version: 21.0 Level: LLT Classification code 10056267 Term: Gastroesophageal cancer System Organ Class: 10029104 - Neoplasms benign, malignant and	 Trade Name: Fluorouracil-GRY 庐 50 mg/ml Product Name: 5-Fluorouracil Pharmaceutical Form: Concentrate for solution for infusion INN or Proposed INN:	response pCR/pSR) according to the Becker criteria 鈥 urative (R0) resection rate 鈥 ssessment of disease-free Survival (DFS) rate	assessed by Quality of Life questionnaire 鈥 ?Translational endpoints: tumor sample, flow cytometry, microbiome analysis of gastric fluid and stool ;

unspecified (incl cysts and polyps) ;Therapeutic area: Diseases [C] - Cancer [C04]	Fluorouracil Other descriptive name: 5-Fluorouracil Concentration unit: mg/ml milligram(s)/millilitre Concentration type: equal Concentration number: 50- Trade Name:	at 3 years per Response Evaluation Criteria In Solid Tumors (RECIST) 1.1 鈥 valuation of overall survival (OS) rate at 3 years 鈥 ssessmen	Timepoint(s) of evaluation of this end point: Evaluations will be done after reaching the corresponding end points.	

Leucovorin 10 mg/ml Pharmaceutical Form: Concentrate for solution for infusion INN or Proposed INN: CALCIUM FOLINATE Other descriptive name: Folic	t of safety and tolerability 鈥 erioperative morbidity and mortality 鈥 easibility of perioperative immunotherapy and immunoch

acid
Con
centration
unit: mg/ml
milligram(s)/
millilitre
Concentratio
n type:
equal
Co
ncentration
number: 10-

Tra
de Name:
Docetaxel-
ratiopharm 庐
20
mg/ml
P
harmaceutica

emotherap
y,
completen
ess of pre-
and
postoperat
ive
therapy
鈥 atient
reported
Quality of
Life
鈥
ranslatio
nal
endpoints
for
investigati

l Form: Concentrate for solution for infusion INN or Proposed INN: Docetaxel Other descriptive name: DOCETAXEL TRIHYDRATE Concentration unit: mg/ml	on of immunomodulatory agents alone and in combination with cytotoxic agents: ;Primary end point(s): Primary endpoint is the rate of pCR as

milligram(s)/millilitre
Concentration type: equal
Concentration number: 20-

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

determined by pathological examination of the resected tumor following preoperative systemic therapy.

; Timepoint(s) of evaluation

infusion INN or Proposed INN: OXALIPLATIN CAS Number: 61825-94-3 Concentration unit: mg/ml milligram(s)/millilitre Concentration type: equal Concentration		of this end point: Pathological examination 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 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, elevated CK-MB, new-onset morphological electrocardiogram abnormalities, or a reduction in the left ventricular ejection fraction of >10%	tic deterioration in at least one New York Heart Association functional class; (3) lethal arrhythmia, including advanced 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 dermatological, ophthalmological, neurological, hematological, gastrointestinal, endocrine, genitourin

								ary, respiratory, and musculoskeletal adverse events; and (6) all-cause death.	
Not Recruiting	Gastric or Gastroesophageal Junction Adenocarcinoma 	 Product Name: Relatlimab/ Nivolumab 1:3 Fixed Dose	Human pharmacology	Interventional clinical trial of medicinal	Controlled: yes Randomised: yes	2420	 Main Objective: - To compare OS of BMS-986213 in	 Secondary end point(s): 1/ Incidence of Adverse Events	06/07/2018

MedDRA version: 20.1 Level: PT Classification code 10017758 Term: Gastric cancer System Organ Class: 10029104 -	Combination Product Code: BMS-986213 Pharmaceutical Form: Solution for injection/infusion INN or Proposed INN: NIVOLUMAB CAS Number:	(Phase I): no Therapeutic exploratory (Phase II): no Therapeutic confirmatory - (Phase III):	product	Open: no Single blind: no Double blind: yes Parallel group: yes Cross over: no Other: no	combination with chemotherapy with OS of chemotherapy alone in participants with unresectable, untreated, locally advanced or metastatic	(AE) 2/ Incidence of Serious Adverse Events (SAEs) 3/ Incidence of AEs leading to discontinuation 4/

Neoplasms benign, malignant and unspecified (incl cysts and polyps) MedDRA version: 20.0 Level: LLT Classification code	946414-94-4 Current Sponsor code: BMS-936558 Other descriptive name: MDX-1106, ONO-4538 Concentration unit: mg/ml milligram(s)/ millilitre Concentratio	yes Therapeutic use (Phase IV): no	If controlled, specify comparator, Other Medicinial Product: yes Placebo: no Other: no Number of treatment arms in the trial: 3	LAG-3 positive gastric or GEJ adenocarcinoma - To compare PFS of BMS-986213 in combination with chemotherapy with PFS of chemother	Number of deaths 5/ Incidence of laboratory abnormalities 6/ Objective Response Rate (ORR) 7/ Duration

10056267 Term: Gastroesophageal cancer System Organ Class: 10029104 - Neoplasms benign, malignant and unspecified (incl cysts and polyps)	n type: equal Concentration number: 12- INN or Proposed INN: Relatlimab Current Sponsor code: BMS-986016 Other descriptive name: anti-	apy alone as assessed by Blinded Independent Central Review (BICR) in participants with unresectable, untreated, locally advanced or metastatic LAG-3	of Response (DOR) ; Timepoint(s) of evaluation of this end point: 1/ Up to 5 years 2/ Up to 5 years 3/ Up to 5

;Therapeutic area: Diseases [C] - Cancer [C04]	LAG-3 Concentration unit: mg/ml milligram(s)/ millilitre Concentration type: equal Concentration number: 4- Pharmaceutical form of the placebo: Solution for infusion 	positive GC or GEJ adenocarcinoma ; Secondary Objective: - To assess the overall safety and tolerability of BMS-986213 in combination with chemotherapy with	years 4/ Up to 5 years 5/ Up to 5 years 6/ Up to 5 years 7/ Up to 5 years

Route of administration of the placebo: Intravenous use Pharmaceutical form of the placebo: Solution for infusion Route of administration of the placebo: Intravenous use 	chemotherapy alone and in treated participants with advanced or metastatic GC or GEJ cancer tumors; - To compare objective response

Trade Name: Opdivo (100 mg/10 ml) Product Name: NIVOLUMAB - 10ml vial-COMMERCIAL Product Code: BMS-936558 Pharmaceutical Form: Concentrate for solution	rate (ORR) of BMS-986213 in combination with chemotherapy and with ORR of chemotherapy alone in randomized participants with advanced

for infusion INN or Proposed INN: NIVOLUMAB CAS Number: 946414-94-4 Current Sponsor code: BMS-936558 Other descriptive	or metastatic GC or GEJ cancer, by BICR and by investigator - To estimate Duration of Response (DOR) of BMS-986213 in combinatio

name: MDX-1106, ONO-4538
 Concentration unit: mg/ml milligram(s)/millilitre
 Concentration type: equal
 Concentration number: 10-
 Pharmaceutical form of the placebo:

n with chemotherapy and with DOR of chemotherapy alone in randomized participants with advanced or metastatic GC or GEJ cancer, by

Solution for infusion
Route of administration of the placebo: Intravenous use
Pharmaceutical form of the placebo: Solution for infusion
Route of administration of the placebo:

BICR and by investigator
1) unresectable, untreated, locally advanced or metastatic
;
Primary end point(s): 1/

Intravenous use 	Overall survival (OS) 2/ Progression Free Survival (PFS) ; Timepoint(s) of evaluation of this end point: 1/ Up to 5 years

							2/ Up to 5 years 			
Authorised	Advanced gastrooesophageal and colorectal cancer MedDRA version: 20.0 Level: PT Classification code 10009944 Term: Colon cancer System	 Product Name: Domatinostat Product Code: Domatinostat Pharmaceutical Form: Tablet IN N or Proposed INN: (E)-N-(2-aminophenyl)-3-(1-(4-(1-	Human pharmacology (Phase I): no Therapeutic exploratory (Phase II): yes Therapeutic	Interventional clinical trial of medicinal product	Controlled: no Randomised: no Open: no Single blind: no Double blind: no Parallel group: no Cross over: no Other: no If	83	Main Objective: This trial is designed to evaluate the safety and efficacy of administering Domatinostat a histone deacetylate lysine-	Secondary end point(s): Toxicity and safety Progression free survival Overall survival Translational endpoints; Timepoint(	24/10/2018	

Organ Class: 10029104 - Neoplasms benign, malignant and unspecified (incl cysts and polyps) MedDRA version: 20.0 Level: LLT Classification code	methyl-1H-pyrazol-4-yl)-phenylsulfonyl)-1H-pyrrol-3-yl)-acrylamide tosylate (IUPAC); proposed INN: domatinostat CAS Number: 1186222-89-8 Current Sponsor code: 4SC-	confirmatory - (Phase III): no Therapeutic use (Phase IV): no	controlled, specify comparator, Other Medicinial Product: no Placebo: no Other: no 	specific demethylase inhibitor plus avelumab, an anti-PD-L1 monoclonal antibody in patients with advanced bowel, stomach or oesophageal adenocarci	s) of evaluation of this end point: Toxicity and safety will be assessed throughout study on an ongoing basis Survival will be assessed on an ongoing

10042080 Term: Stomach cancer System Organ Class: 10029104 - Neoplasms benign, malignant and unspecified (incl cysts and polyps) MedD	202 Other descriptive name: None Concentration unit: mg milligram(s) Concentration type: equal Concentration number: 100mg per tablet- Trade Name: Bavencio 	noma who have been previously treated with chemotherapy. This trial is in 2 stages: the first stage (Phase IIA, safety run-in) will establish a safe and tolerated dose of	basis Translational endpoints will be based on biopsy and plasma samples at baseline, C1 and C4.	

RA version: 21.0 Level: PT Classification code 10030137 Term: Oesophageal adenocarcinoma System Organ Class: 10029104 - Neoplasms benign,	Product Name: Bavencio Pharmaceutical Form: Concentrate for solution for infusion INN or Proposed INN: Avelumab CAS Number: 1537032-82-8 Other	Domatinostat in combination with avelumab and the second stage (Phase IIB, efficacy) will assess the efficacy of this combination therapy in achieving

malignant and unspecified (incl cysts and polyps) ;Therapeutic area: Diseases [C] - Cancer [C04]	descriptive name: Anti-PD-L1 Concentration unit: mg/ml milligram(s)/ millilitre Concentration type: equal Concentration number: 20 milligram-millilitre Product Name:	radiological response according to RECIST 1.1 criteria. ;Secondary Objective: Assess safety and side effects of Domatinostat plus avelumab and impact on survival

Domatinostat Pharmaceutical Form: Tablet INN 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-

rimary end point(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 measures: ORR according to RECIST 1.1 measured using CT imaging. Timepoint(s) of evaluation of this outcome

measure is best response at 6 months.
;Timepoint(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 Esophagogastric Junction Adenocarcinoma	Drug: Nivolumab and Ipilimumab; Other: chemotherapy	Phase 2	Interventional	Allocation: Randomized. Intervention model: Parallel Assignment.	197	Disease free survival (DFS)	Overall survival (OS);Loco-regional failure rates;Distant failure	17/07/2019

	Primary purpose: Treatment. Masking: None (Open Label).	rates;Rate of adverse events according to NCI-CTCAE;Quality of life assessed with the EORTC Quality of Life Questionnaire (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: Parallel Assignment. Primary purpose: Treatment. Masking: None (Open Label).			response;Adverse event rate	
Recruiting	Gastric Adenocarcinoma or Gastroesophageal Junction Adenocarcinoma or	Drug: 5-Fluorouracil (5-FU);Drug: Leucovorin;Drug: Oxaliplatin;Drug: Atezolizuma	Phase 1/Phase 2	Interventional	Allocation: Randomized. Intervention model: Parallel Assignment. Primary	410	Percentage of Participants With Objective Response, as Determine	Progression-Free Survival (PFS), as Determined by Investigator	13/10/2017

Esophageal Carcinoma	b;Drug: Cobimetinib; Biological: Ramucirumab;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 Response Evaluation Criteria in Solid Tumors (RECIST) Version 1.1 (v1.1);Percentage of Participants with Adverse	According to RECIST v1.1;Overall Survival (OS);Percentage of Participants Who Are Alive at Month 6 and at Month 12;Duration of Response, as Determine

Atezolizumab;Drug: Cobimetinib; Drug: Cisplatin;Drug: Tiragolumab; Drug: 5-Fluorouracil (5-FU)		Events (AEs);For Arm 1L-A : Percentage of Participants with Serious and Non-serious Treatment-related AEs	d by Investigator According to RECIST v1.1;Percentage of Participants With Disease Control, as Determined by the Investigator 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 Participants With ADA to BL-8040	
Not recruiting	Non-small Cell Lung Cancer;Small Cell Lung Cancer;Pancreas Cancer;Hepatocellular Carcinoma; Gastric Cancer;Rena	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 examinatio	01/03/2017

	l Cell Carcinoma			None (Open Label).				
Recruiting	Colon Cancer;Esophageal Carcinoma; Pancreatic Cancer;Prostate Cancer;Gastric Cancer;Hepatic Carcinoma; Colon Cancer;Esophageal	Biological: CAR-T cell immunotherapy;Biological: CAR-T cell immunotherapy;Biological: CAR-T cell immunotherapy;Biological: CAR-T cell immunotherapy	Phase 1/Phase 2	Interventional	Intervention model: Single Group Assignment. Primary purpose: Treatment. Masking: None (Open Label).	60	Toxicity profile of the EpCAM targeted CAR T cells with Common Toxicity Criteria for Adverse Effects (CTCAE) version 4.0;Toxicit	n;Tumor Marker Survival time of anti-EpCAM CAR T cells in vivo;Anti-tumor efficacy of CAR-T therapy by Response Evaluation Criteria In Solid	01/01/2017

Carcinoma; Pancreatic Cancer;Prostate Cancer;Gastric Cancer;Hepatic Carcinoma; Colon Cancer;Esophageal Carcinoma; Pancreatic Cancer;Prostate Cancer;Gast	y profile of the EpCAM targeted CAR T cells with Common Toxicity Criteria for Adverse Effects (CTCAE) version 4.0;Toxicity profile of the EpCAM	Tumors (RECIST) v1.1

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

Not recruiting	Breast Cancer;Lung Cancer;Pancreatic Cancer;Head and Neck Cancer;Ovarian Cancer;Colo Rectal Cancer;Gastric Cancer;Esophageal	Biological: INO-1400;Biological: INO-9012;Biological: INO-1401	Phase 1	Interventional	Purpose: Treatment 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;Chemotherapy;Advanced Gastric Cancer;Precision Cell Immunotherapy;Chemotherapy;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

Recruiting	Gastric Cancer Precision Cell Immunotherapy;Chemotherapy;Advanced Malignancies	Drug: Chemotherapy;Biological: Precision Cells	Phase 1/Phase 2	Interventional	Purpose: Treatment Allocation: Randomized, Endpoint Classification: Safety/Efficacy Study, Intervention Model: Parallel Assignment, Masking: Open Label, Primary	40	Overall survival;Progress-free survival	Quality of life 01/08/2016

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	Purpose: Treatment 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 non-hematologic or grade 4 hematologic toxicity per Common Terminology Criteria for Adverse	Persistence of an 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 Adenocarcinoma;Stage IV Colorectal Cancer AJCC v7;Stage IV Esophageal Cancer AJCC v7;Stage IV	Events version 4.0	response defined by T cell interferon gamma release in response to selected personalized peptide antigens;Persistence 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;Persistence of an immune response defined by detection of antigen

spreading; Proportion of patients who have received T cell infusion that is alive and progression 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 progression;Response rate (CR

								+ PR);Overall survival		
Not Recruiting	gastric cancer	moxibusion treatment group:scarring moxibusion; Grain moxibustion combined with CIK group:Grain moxibustion combined with CIK treatment;CI	New Treatment Measure Clinical Study	Interventional study	Parallel	moxibusion treatment group: 30;Grain moxibustion combined with CIK group:	White blood cells;lymphocyte;neutrophil;Platelet;CD19+;CD28+;CD8+/CD28+;CD8+/CD28-;CD3+;CD3+/HLA-DR+;CD3+/HR-	European Organization for Research and Treatment of Cancer Quality of Life Questionnaire;	08/06/2016	

K group:CIK treatment;Blank control group:Don't do anything with normal people;	30;CIK group: 30;Blank control group: 30;	DR-;CD-/CD16+56+;CD4+CD25+;CD4+/CD29+;CD4+/CD45RA+;CD4+/CD45RO+;Differential expression analysis of genes;GO and KEGG function notes;rng-

							seq analysis;		
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	Progression-Free-Survival(PFS)	Incidences of adverse events or serious adverse events	01/03/2016

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

					Assignment, Masking: Open Label, Primary Purpose: Treatment				
Not recruiting	Gastric Cancer	Biological: CIK;Biological: ?d 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

					Single (Investigator).				
Recruiting	gastric cancer	Simple chemotherapy group:chemotherapy ;Chemotherapy combined with immunotherapy group:Chemotherapy combined with	II (Phase II study)	Interventional study	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

		immunotherapy ;				group: 40;		ulator T cell in PBMC;suppressor T cell in PBMC;	
Recruiting	Breast Cancer;Lung Cancer;Pancreatic Cancer;Head and Neck Squamous Cell Cancer;Ovarian	Biological: INO-1400;Biological: INO-9012	Phase 1	Interventional	Allocation: Non-Randomized, Endpoint Classification: Safety/Efficacy Study, Intervention Model: Single	54	Adverse events graded in accordance with "Common Terminology Criteria for Adverse Events	Time to progression;Antigen specific cellular immune responses; Antigen specific ELISA;H&E stain;	01/12/2014

Cancer;Colorectal Cancer;Gastric Cancer;Esophageal Cancer;Hepatocellular Cancer	Group Assignment, Masking: Open Label, Primary Purpose: Treatment	(CTCAE)", NCI version 4.03;Injection site reactions including, but not necessarily limited to, local skin erythema, induration, pain and tenderness at administra	immunohistochemistry for CD45, CD3, CD8, FoxP3; and TCRbeta molecular analysis of baseline/archival tumor tissue and relapsed tumor tissue,

							tion site [;Changes in safety laboratory parameters from baseline	when possible.	
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

					Parallel Assignment, Masking: Open Label, Primary Purpose: Treatment	immunoth erapy		
Not recruiting	Metastatic Gastric Cancer;Metastatic Breast Cancer;Metastatic Colorectal Cancer;Met	Drug: OBI-833/OBI-821	Phase 1	Interventional	Allocation: Non-Randomized. Intervention model: Sequential Assignment. Primary purpose:	25	Safety and tolerability assessed by adverse events, changes in laboratory values, and changes in vital signs.	22/12/2015

	astatic Lung Cancer				Treatment. Masking: None (Open Label).				
Not recruiting	Gastric Cancer	Biological: DC-CIK;Drug: S-1;Drug: Cisplatin	Phase 1/Phase 2	Interventional	Allocation: Non-Randomized. Intervention model: Parallel Assignment. Primary purpose: Treatment. Masking:	63	Progression free survival(PFS)	Overall survival;Response rate;Adverse Events;Quality of life	01/02/2013

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	None (Open Label). 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 interventional multicentre open-label non-randomized single arm study in comparison to historical controls (Treatment)	40	1. Decrease of the incidence of clinically significant malignant ascites 2. Decrease of the Incidence of intestinal obstruction with the need of	1. Safety parameters : 1.1. The need to discontinue catumaxomab infusion 1.2. Frequency, relationship and intensity of clinically relevant	01/10/2011

: Laparoscopy or laparotomy and exact staging of peritoneal carcinomatosis will be mandatory. Implantation of an i.p.-port or a catheter-device will be performed. Patients with laparoscopy can be treated

surgical interventio n or parenteral nutrition
3. Decrease of the incidence of ECOG deteriorati on
4. Decrease of the incidence of death

grade III and IV adverse events
2. Immunolo gical monitoring :
2.1. Induction of anti-tumour response
2.2. Quality and quantity of

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

5. Every parameter will be analysed separately in comparison to historical controls

epithelial cell adhesion molecule (EpCAM)-expression
2.3. Disseminated tumour cells and tumour stem cells within the peripheral blood during therapy<br

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 catumaxomab is completed by 10-20-50-200 碌g on day 0-3-7-10 after start of treatment. Catumaxomab treatment is followed by intravenous chemotherapy within day

Induction of human anti-mouse antibodies (HAMA)
2.7. Systemic levels of catumaxomab 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 recommended, but any other chemotherapy according to previous chemotherapy and decision of the medical oncologist is allowed. This is followed by

a second cycle of catumaxoma b i.p. immunotherapy between day 91 and 120; followed by another i.v.-chemotherapy between day 121 and day 180.

Multimodal chemotherapy including

		biological modifiers (i.e. Cetuximab, Bevacizumab, Trastuzumab or others) is not permitted.							
Not Recruiting	stage I-III stomach cancer	Control group PSK before surgery group 3 times per day (3g) 2 weeks p.o. daily	Not selected	Interventional	Parallel Randomized	50	Immunosuppressive parameter(IL-6, IL-10, TGF-beta) Each parameter is	Incidence of Surgical Site Infections Surgical stress marker (MCP-1; Monocyte	01/01/2010

measured to the following timing. Before PSK administration before surgery After PSK administration before surgery Within 3 days after surgery 3 weeks	Chemoattractant Protein-1) Serum albumin Perioperative changes of CRP Withdrawal rate of clinical path Period of hospitalization

							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;Gallbladder 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 Cancer;Pancreatic Cancer;Testicular Germ Cell Tumor				Primary Purpose: Treatment			
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: 0 Non-Randomized, Endpoint Classification: Safety/Efficacy Study, Intervention Model:	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 induce snit-HER-2 antibody in patients with metastatic or recurrent cancer	responses to this drug in these patients.	
Not recruiting	Breast Cancer;Gastric Cancer;Ovarian Cancer	Biological: HER-2/neu intracellular domain protein;Biological: therapeutic	N/A	Interventional	Endpoint Classification: Safety Study, Intervention Model: Single	3	Safety		01/02/2000

		autologous dendritic cells			Group Assignment, Masking: Open Label, Primary Purpose: Treatment				
Not recruiting	Breast Cancer;Colorectal Cancer;Extrahepatic Bile Duct Cancer;Gallbladder Cancer;Gastric	Biological: CEA RNA-pulsed DC cancer vaccine	Phase 1	Interventional	Endpoint Classification: Safety Study, Intervention Model: Single Group Assignment, Masking:	24	Safety	Immune response	01/02/1997

Cancer;Head and Neck Cancer;Liver Cancer;Lung Cancer;Metastatic Cancer;Ovarian Cancer;Pancreatic Cancer;Testicular Germ Cell Tumor	Open Label, Primary Purpose: Treatment	

COMPLETED	Advanced Gastroesophageal Junction Adenocarcinoma|Clinical Stage III Esophageal Adenocarcinoma AJCC v8|Clinical Stage III Gastric Cancer AJCC v8|Clinical Stage IV	BIOLOGICAL: Pembrolizumab	EARLY_PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	9	Objective response rate (ORR), Defined as the proportion of the subjects in the analysis population who have a complete response (CR) or partial response	Duration of response, Based on assessments by MD Anderson radiology per RECIST 1.1. Summary statistics using Kaplan-Meier method, if	2018/2/9

Esophageal Adenocarcinoma AJCC v8|Clinical Stage IV Gastric Cancer AJCC v8|Clinical Stage IVA Esophageal Adenocarcinoma AJCC v8|Clinical Stage IVA Gastric Cancer	(PR). Responses are based on assessments by the blinded MD Anderson radiology per Response Evaluation Criteria in Solid Tumors (RECIST)	sample size permits., From first documented evidence of CR or PR up to 4 years|Disease control rate, Defined as the percentage of subjects who have achieved	

AJCC v8|Clinical Stage IVB Esophageal Adenocarcinoma AJCC v8|Clinical Stage IVB Gastric Cancer AJCC v8|Gastroesophageal Junction Adenocarcinoma|Metastatic	1.1. Exact method based on binomial distribution (Clopper-Pearson method)., Up to 4 years	CR, PR, or stable disease (SD) for at least 24 weeks based on assessments by MD Anderson 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 Adenocarcinoma AJCC v8|Pathologic Stage IIIA Gastric Cancer AJCC v8|Pathologic Stage IIIB Esophageal Adenocarcinoma AJCC v8|Pathologic Stage

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

IIIB Gastric Cancer AJCC v8|Pathologic Stage IIIC Gastric Cancer AJCC v8|Pathologic Stage IV Esophageal Adenocarcinoma AJCC v8|Pathologic Stage IV Gastric Cancer	RECIST 1.1 based on assessments 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 | Postneoadjuvant Therapy Stage IV Gastric Cancer AJCC v8 | Unresectable Gastroesophageal Junction Adenocarcinoma	up to 4 years | Incidence of adverse events, Defined by National Cancer Institute Common Terminology 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_NOT_RECRUITING	Non-Small Cell Lung Cancer|Small Cell Lung Cancer|Urothelial Carcinoma|Head and Neck Squamous Cell Carcinoma|Merkel Cell Carcinoma|Melanoma|Renal Cell Carcinoma|	DRUG: N-803 + Pembrolizumab|DRUG: N-803 + Nivolumab|DRUG: N-803 + Atezolizumab|DRUG: N-803 + Avelumab|DRUG: N-803 + Durvalumab|DRUG: N-803 + Pembrolizum	PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	147	Objective Response Rate, Assess ORR, defined as Investigator-assessed CR + PR, per RECIST 1.1., 24 months	Disease-specific Survival, Assess time from first treatment to death resulting from cancer., 24 months|Overall Survival, Assess time from first	2018/12/11

Gastric Cancer|Cervical Cancer|Hepatocellular Carcinoma|Microsatellite Instability|Mismatch Repair Deficiency|Colorectal Cancer	ab + PD-L1 t-haNK|DRUG: N-803 + Nivolumab + PD-L1 t-haNK|DRUG: N-803 + Atezolizumab + PD-L1 t-haNK|DRUG: N-803 + Avelumab + PD-L1 t-haNK|DRUG: N-803 + Durvalumab	treatment to death resulting from any cause., 24 months|Time to Response, Assess time to response, 24 months|Duration of Response, Assess duration of

+ PD-L1 t-haNK		response, 24 months|Incidence of Adverse Events, Assess incidence of adverse events., 24 months|Quality of Life (QOL), Compare changes in QOL scores

from baseline., 24 months|Progression Free Survival, Assess time from first treatment to disease progression or death from any cause, whichever

								occurs first., 24 months	
UNKNOWN	Gastric Cancer	DRUG: Camrelizumab | DRUG: Oxaliplatin | DRUG: S1	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED | Intervention Model: PARALLEL | Masking: NONE | Primary Purpose: TREATMENT	70	Major pathologic response (MPR), It is defined as residual tumors less than 10% after neoadjuvant chemotherapy., At	Objective response rate(ORR), It is defined as the proportion of patients whose tumors shrink to a predetermined size and	May-20

time of surgery	maintain a 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 documented

progressio
n 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 progression, 3years | Overall survival(OS), 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 documented progression or date of

								death from any cause, whichever came first,assessed up to 3 years|OSR, overall survival rate, 3years	
RECRUITING	Lung Cancer, Nonsmall Cell|Renal Cell Carcinoma|Melanoma|	DIAGNOSTIC_TEST: Blood screening|DIAGNOSTIC_TEST: Tissue screening	PHASE1|PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL|Masking:	200	Differentially expressed genes in circulating immune cells	Association of pre-treatment BMI, neutrophil-to-lymphocyt	2020/12/15

Gastric Cancer | Hepatocellular Carcinoma | Endometrial Cancer | Mesothelioma	NONE | Primary Purpose: DIAGNOSTIC	between patients with and without irAEs., This objective will be achieved through single-cell sequencing., Week 0-48 | Expression of TIM-3, LAG3,	e ratio and other clinical parameters with irAEs., Week 0-48	

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 spectrometry., Week 0-48		
UNKNOWN	Advanced Gastric Cancer|Advanced Gastroesophageal Junction Adenocarcinoma	DRUG: PD-1 inhibitor(Tislelizumab) ,SOX(S-1+ Oxaliplatin)	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	20	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

time, From the initiation date of first cycle (each cycle is 21 days) to the date of first documented progression or date of death from any cause, whichever came first,	certain period of time, From the initiation date of first cycle (each cycle is 21 days) to the date of first documented progression or date of death from any cause,

assessed up to 1 years	whichever came first, assessed up to 1 years|pCR rate, Pathological 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 microscopically 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.|postoperative complications, Complications refer to the occurrence of another or several diseases related to

the therapeutic behavior of this disease during the treatment of a certain disease, Investigator assessment ,from the initiation date of the operation day,

							assessed up to 1 years.	
UNKNOWN	Stomach Neoplasms	BIOLOGICAL: EPCAM-targeted CAR-T cells	NA	INTERVENTIONAL	Allocation: 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

RECRUITING	Metastatic Esophageal Cancer|Metastatic Gastric Cancer	DRUG: Atezolizumab	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	52	Safety run-in phase: To recommend a safe and tolerable dose of combination DKN-01 and atezolizumab for use in the main (Phase IIB efficacy) phase of	The safety of DKN-01 plus atezolizumab will be assessed in the Safety Population (SFP) according to the National Cancer Institute Common Terminology Criteria	2020/2/11

this trial., Progression through dose levels will be determined by the occurence of dose limiting toxicities in the study population, The DLT period is 28 days from the	for Adverse Events (NCI-CTCAE) version 5.0, Up to 135 days after the last dose|Progression free survival (PFS) according to RECIST 1.1, PFS

start of the combination of DKN-01 and atezolizumab for any given patient (i.e. from C2 D1)|Main phase IIB (efficacy) phase: Best objective response rate (ORR) using

will be estimated in the mITT population using the Kaplan Meier method and presenting median survival with 95% confidence intervals. 6 month and

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

1.1 criteria) as their best overall response during treatment. The rate will be presented as a proportion with an exact 95% confidence interval., 24 months	months|Overall survival, OS will be estimated in the mITT population using the Kaplan Meier method and presenting median survival 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 administration (C1D1) to date of death from any cause., Up to 24 months	
RECRUITING	Advanced Gastric	DRUG: Paclitaxel|DRUG:	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention	36	Overall survival (OS), OS	The number of patients	2020/7/31

Adenocarcinoma	Olaparib|DRUG: Pembrolizumab	Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	will be measured from the time of drug administration at Cycle 1, Day 1 until death due to any cause. All subjects who receive at least one dose of the	experiencing study drug-related toxicities., Number of patients experiencing study drug-related adverse adverse events Grade 3 or higher as defined by

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

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

							Kaplan-Meier curve., 4 years			
RECRUITING	Gastric Cancer	DRUG: Sintilimab|DRUG: Albumin-Paclitaxel|DRUG: Capecitabine|DRUG: Oxaliplatin|RADIATION: Radiation|PROCEDURE: Radical	PHASE2|PHASE3	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	60	1 year Progression Free Survival (PFS), Approximately 3 years after the first participant is included	R0 surgical resection percentage, Approximately 2 years after the first participant is included|Operative conversion	2021/8/7

gastric cancer surgery		percentage, Approximately 2 years after the first participant is included | Overall survival (OS), Approximately 4 years after the first participant

is included | Number of participants experiencing clinical and laboratory adverse events (AEs), Approximately 4 years after the first participant

								is included| Percentage of pathologic complete response(pCR), Approximately 2 years after the first participant is included	
COMPLETED	Esophagogastric	DRUG: Telomelysin	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention	17	Overall response rate, as	Disease control rate, as	2019/5/9

Adenocarcinoma	Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	assessed by radiographic imaging, Examination of patients with a partial response or complete response., 2 year	assessed by radiographic imaging, Examination of subjects with stable disease, a partial response, or complete response., 1 year|Duration of

response, as assessed by radiographic imaging, Defined as the duration that subjects who have responded to combination 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 radiographic imaging and survival., Defined as the time from registration to cancer progression or death due to any

								cause, 1 year	
RECRUITING	Gastric Cancer	DRUG: Fruquintinib +PD-1	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	60	Progression free survival (PFS), Tumor assessment will be performed using radiography method every 8 weeks, until the occurrence	Overall survival (OS), Tumor assessment will be performed using radiography method every 8 weeks until the occurrence of	Apr-23

of progressive disease (PD), using RECIST v 1.1, from randomization up to progressive disease or EOT due to any cause, assessed up to 2 year	progressive disease (PD), using RECIST v 1.1, from randomization until death due to any cause, assessed up to 3 year|Objective response rate (ORR), Tumor

assessment will be performed using radiography method every 8 weeks until the occurrence of progressive disease (PD), using RECIST v 1.1, from randomiza

tion up to progressive disease or EOT due to any cause, assessed up to 2 year | Disease control rate (DCR), Tumor assessment will be performed using radiography method

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

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

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

TERMINATED	Advanced Cancer	DRUG: Avelumab | DRUG: Utomilumab | DRUG: PF-04518600 | DRUG: PD 0360324 | DRUG: CMP-001	PHASE1 | PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED | Intervention Model: | Masking: NONE | Primary Purpose: TREATMENT	409	Number of participants with Dose-Limiting Toxicities (DLT), For Phase 1b: DLTs for Combination A (avelumab and PF-05082566) or Combination B	Cmax of avelumab (MSB0010718C), Cmax defined as the maximum plasma concentration of avelumab (MSB0010718C), Pre-dose and 1 hour post-dose on	2015/11/9

(avelumab and PF-04518600) or Combination C (avelumab and PD 0360324) or Combination D (Avelumab and utomilumab and PF-04518600)occurring	Days 1, 8, and 15 of Cycle 1, then on Day 1 of Cycles 2, 4, 6, and 10|Cmax of PF-05082566, Cmax defined as the maximum plasma concentration of PF-	

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

during the first 4 weeks of treatment (first cycle)., First 8 weeks of treatment (Combination A-D) First 4 weeks of treatment (CombinationF)|Objective	defined as the trough plasma concentration at the end of an avelumab dosage interval., Pre-dose and 1 hour post-dose on Days 1, 8, and 15 of Cycle 1, then on Day 1 of

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

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

Immunogenicity assessment of avelumab (MSB0010718C)., Pre-dose on Day 1 of Cycles 1, 2, 4, 6, and 10|Anti-Drug Antibody (ADA) levels of PF-

05082566, Immunogenicity 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 (NSCLC) or date of first dose of study

treatment (melanoma and SCCHN) to the first documentation of objective tumor response., Baseline up to approximately 24 months|Duration of Response

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

objective tumor response to the first documentation of objective tumor progression 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 progression 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 randomization (NSCLC) or date of first dose of study treatment (melanoma and SCCHN) to the date of death., Baseline up to approxima

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

lymphocyt
es,
Baseline|C
max of PF-
04518600,
Cmax
defined as
the
maximum
plasma
concentrati
on 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, Immunogenicity assessment of PF-

04518600., Pre-dose on Day 1 of Cycles 1, 2, 4, 6, and 10|Ctrough of PF-04518600, Ctrough is defined as the trough plasma concentration 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	
RECRUITING	Advanced Cancer|Advanced Solid Tumor|Neo	DRUG: Fosifloxuridine Nafalbenamide|DRUG:	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model:	91	Number of patients tolerating dose levels (maximum tolerated dose; MTD) in each of the combinations, MTD	2023/3/8

plasm Malignant | Metastatic Cancer | Melanoma | Classical Hodgkin Lymphoma | Non Small Cell Lung Cancer | Renal Cell Carcinoma | Urothelial Carcinoma | Head and Neck	Leucovorin | DRUG: Pembrolizumab | DRUG: Docetaxel	PARALLEL | Masking: NONE | Primary Purpose: TREATMENT	of NUC-3373 in each of the combinations in each patient, Assessed from baseline to 30 days after last dose of study drug | Number of patients reporting treatment-emergent adverse events (TEAEs) in each of the combinations, TEAEs in each patient, including clinically significant laboratory changes, and changes in physical exam, vital signs and serial

Squamous Cell Carcinoma | Subungual Squamous Cell Carcinoma | Oesophageal Carcinoma | MSI-H Colorectal Cancer | Gastric Cancer | Triple 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	PHASE1 | PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose:	29	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

TREATMENT	with * 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_NOT_RECRUITING	Solid Tumor	DRUG: Durvalumab	PHASE4	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model: PARALLEL |Masking:	165	Number of participants with adverse events as assessed by	Efficacy of durvalumab in terms of Overall Response Rate (ORR) in patients	2019/9/5

NONE|Primary Purpose: TREATMENT	Common Toxicity Criteria for Adverse Events (CTCAE v5.0), Type, frequency and severity of adverse events (including those treatment and post-	who undergo retreatment with durvalumab, The analysis of ORR will be based on investigator assessments using RECIST 1.1, 3 years|Effic

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

be based on investigator assessments using RECIST 1.1, 3 years|Overall Survival (OS), Assessments of Overall Survival will be

								made at periodic time points until death, 3 years	
RECRUITING	Gastric Adenocarcinoma|Esophageal Adenocarcinoma	DRUG: Capecitabine |DRUG: Oxaliplatin| DRUG: Retifanlimab	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose:	25	Effect of chemo- and immunotherapy on the interferon gamma expression signature in the	Overall survival, Determine overall survival of patients within the study, 60 months|Overall survival,	2021/11/5

TREATMENT	tumor microenvironment, RNA expression analysis (Nanostring) to determine changes in Interferon gamma expression signature before and during treatment,	Compare overall survival with a propensity score matched cohort, 60 months|Progression free survival (PFS), Assess the PFS of patients within the

40 months|Effect of chemo- and immunotherapy on the immune infiltrate in the tumor microenvironment, Flow cytometry to determine	study, 60 months|Progression free survival (PFS), Compare PFS with a propensity score matched cohort, 60 months|Response rate, Determine response	

changes in immune infiltrate in the tumor before and during treatment, 40 months | Effect of chemo- and immunotherapy on the immune infiltrate

rate by comparing RECIST evaluation of CT scans before and during treatment, 60 months | Adverse events, To determine adverse events of CapOx and retifanlima

on the tumor microenvironment, Multicolor immunohistochemstry to determine changes in immune infiltrate in the tumor before and during treatment, 40 months	b, 60 months | Measure	PROMs via established PROFILES, Patient reported outcome measures (PROMs) are measured with the established PROFILES infrastruct

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

compared at baseline and throughout treatment, 60 months|Percentage subsequent treatment lines, The percentage of patients proceeding to subsequen

								t lines of treatment after progression, 60 months	
UNKNOWN	Gastric Cancer	DRUG: Paclitaxel + S-1 + anti-PD-1 antibody (Peritoneal metastasis) | DRUG: SOX regimen + anti-PD-1 antibody (Liver	PHASE2	INTERVENTIONAL	Allocation: 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)	TREATMENT	survival rate, Defined as the ratio of patients surviving two years after randomization., 2-years	certain degree and maintained for a certain period of time, including CR+PR., 2 years|Pathologic complete response, Defined as the number of people

who have achieved complete pathological remission accounted for the proportion of people who met the plan., 6 months|Overall survival, Defined as the time

								from the start of randomization to the death of the patient., 2 years	
ACTIVE_NOT_RECRUITING	HER2-expressing Cancers	DRUG: ZW49	PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose:	174	Incidence of dose-limiting toxicities (DLTs), Number of participants who experience	Serum concentrations of ZW49, End of infusion concentration, maximum serum	2019/4/15

TREATMENT	d a DLT. DLTs are events that occur following administration of any amount of ZW49 and are considered related to ZW49 per the investigator. DLTs will	concentration, and trough concentration of ZW49, Up to 7 months|Incidence of anti-drug antibodies (ADAs), Number of participants who develop ADAs, Up

include only events considered related to ZW49., Up to 4 weeks|Incidence of adverse events, Number of participants who experienced an adverse to 7 months|Objective response rate (ORR), Number of participants who achieved a best response of either complete or partial response during treatment

event, Up to 7 months|Incidence of lab abnormalities, Number of participants who experienced a maximum severity of Grade 3 or higher post-	according to the Response Evaluation Criteria in Solid Tumors (RECIST) version 1.1, Up to 6 months|Disease control rate, Number of participants who

baseline laboratory abnormality, including either hematology and chemistry. Grades are defined using National Cancer Institute's Common Terminolo

achieved a best response of complete response, partial response, or stable disease during treatment according to the Response Evaluation Criteria in Solid

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

(LVEF) abnormalities, Number of participants who experienced an abnormal ECG or LVEF, Up to 7 months|Incidence of dose reductions of ZW49,	gression-free survival, Median progression-free survival (in months) and range (minimum, maximum), Up to 2 years|Overall survival, Median

							Number of doses reduced and number of participants who require a dose reduction, Up to 7 months	overall survival (in months) and range (minimum, maximum), Up to 2 years	
RECRUITING	Gastric Cancer|Hepatocellular Carcinoma|	DRUG: PRL3-zumab	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_G	30	Objective response rate, From start of treatment to first occurence of disease progression or death, up to 2		2019/9/3

	Advanced Solid Tumor				ROUP|Masking: NONE|Primary Purpose: TREATMENT	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	
COMPLETED	Gastric Cancer	DRUG: PD-1 antibody, paclitaxel or irinotecan,	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model:	The Overall Overall Response Rate, The	survival, Time from the start of	2019/5/30

Apatinib mesylate	SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	proportion of CR and PR, From date of randomization until the date of first documented progression or date of death from any cause, whichever came first, assessed	treatment to the occurrence of death, From date of randomization until the date of death from any cause or the last visit date, whichever came first, assessed up to 60

up to 24 months|Progression Free Survival, Time from the start of treatment to the progression of the disease, From date of randomization until the date of

months|Disease Control rate, The proportion of CR,PR and SD, From date of randomization until the date of first documented progression or date of

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

							end of the treatment		
TERMINATED	Carcinoma, Squamous Cell of Head and Neck|Gastric Adenocarcinoma|Gastroesophageal Junction Adenocarcinoma|Non-small Cell Lung Cancer	BIOLOGICAL: ilixadencel|DRUG: Pembrolizumab	PHASE1	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose: TREATMENT	21	Frequency of adverse events (AEs) (Phase 1b), Number of adverse events, Up to Week 27|Severity 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 (checkpoint inhibitor) in each	2019/1/14

Grading per Common Terminology Criteria for Adverse Events (CTCAE) v5.0, Up to Week 27|Number of Dose Limiting Toxicities (DLTs) (Phase 1b),	tumor type, investigator and centrally assessed using RECIST (Response Evaluation Criteria in Solid Tumors) v1.1, Up to Week 27|Antitumor

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

significant laboratory test abnormalities (Phase 1b), Grading per Common Terminology Criteria for Adverse Events (CTCAE) v5.0, Up to Week	r assessed using iRECIST (Immune Response Evaluation Criteria in Solid Tumors), Up to Week 27|Clinical Benefit Rate (Phase 1b and Phase 2), Rate of

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

(CTCAE) v5.0, Up to Week 27|Antitumor Objective Response Rate (ORR) (Phase 2), Antitumor activity of ilixadencel plus CPI (checkpoint inhibitor) in each tumor	27|Duration of response (Phase 1b and Phase 2), Measured in weeks. Assessed using RECIST v1.1 and iRECIST, Up to 24 months after Cycle 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 | Progression-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|Frequency of adverse events (AEs) (Phase 2), Number of adverse

events, Up to Week 27|Severity of adverse events (AEs) (Phase 2), Grading per Common Terminology 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 | Number of subjects with clinically significant laboratory test abnormalities (Phase 2), Grading per Common Terminology Criteria

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

RECRUITING	Advanced Esophageal Adenocarcinoma | Advanced Gastric Adenocarcinoma | Advanced	DRUG: Fluorouracil | DRUG: Leucovorin Calcium | DRUG: Oxaliplatin | DRUG:	PHASE3	INTERVENTIONAL	Allocation: RANDOMIZED | Intervention Model: PARALLEL | Masking: NONE | Pri	382	Overall survival (OS), Will compare the distributions of OS between	Common Terminology Criteria for Adverse Events (CTCAE) v5.0, Up to Week 27 Progression-free survival (PFS), PFS will be evaluated as a time to event	2023/1/23

Gastroesophageal Junction Adenocarcinoma|Clinical Stage III Esophageal Adenocarcinoma AJCC v8|Clinical Stage III Gastric Cancer AJCC v8|Clinical Stage III Gastroesoph	Irinotecan|BIOLOGICAL: Nivolumab|PROCEDURE: Magnetic Resonance Imaging|PROCEDURE: Computed Tomography|PROCEDURE: Biospecimen Collection|OTHER: Questionnaire	mary Purpose: TREATMENT	the two treatment arms to determine if patients treated with modified fluorouracil, leucovorin calcium, oxaliplatin, and irinotecan (mFOLFIRINOX)	outcome and compared in a secondary manner between the two treatment arms. Patients who are alive and progression-free at their last evaluation

ageal Junction Adenocarcinoma AJCC v8|Clinical Stage IV Esophageal Adenocarcinoma AJCC v8|Clinical Stage IV Gastric Cancer AJCC v8|Clinical Stage IV Gastroesoph	Administration	(with or without nivolumab) have an OS benefit compared to those treated with fluorouracil, leucovorin, and oxaliplatin (FOLFOX) (with or without	will be censored at that time point., The time from registration to the time of documented progression and/or death, assessed up to 3 years|Overall

ageal Junction Adenocarcinoma AJCC v8 | Metastatic Esophageal Adenocarcinoma | Metastatic Gastric Adenocarcinoma | Metastatic Gastroesophageal Junction	nivolumab). Kaplan-Meier methodology will be used to estimate the distributions for the treatment arms. To compare the OS distributions between the two	response rate, The best response achieved after initiation of therapy on protocol will also be assessed based on the Response Evaluation Criteria in

Adenocarcinoma | Unresectable Esophageal Adenocarcinoma | Unresectable Gastric Adenocarcinoma | Unresectable Gastroesophageal Junction Adenocarcinoma	treatment arms, we will use a one-sided logrank test to evaluate if mFOLFIRINOX (with or without nivolumab) is superior to mFOLFOX (with or without nivolumab	Solid Tumors (RECIST) 1.1 criteria and will be summarized by treatment arm. The overall response rate will be calculated as the number of patients who	

) based on an intention to treat analysis. The hazard ratio, median OS, and estimated OS rates at 1 and 2 years will be estimated along with correspon

achieve a response (partial response, complete response) divided by the total number of patients randomize d to the correspon ding treatment arm., Up to 3

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

	stratificatio n factors., Up to 2 years from the time of randomiza tion.	without progressio n or are lost to follow-up), 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 Terminology 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. Tolerability will further be assessed by summarizing 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 summarized within and compared between treatment arms. To

evaluate between-arm differences in patient-reported symptomatic 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 chi\^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 chi\^2 test or Fisher's exact test with a nominal significance level of alpha = 0.10., At baseline,

								day 1 of cycles 1-8 and day 1 of each odd-numbered cycle thereafter	
NOT_YET_RECRUITING	Clinical Stage IV Gastric Cancer AJCC v8|Gastric Adenocarcinoma|Gastroesophageal	BIOLOGICAL: Aldesleukin|PROCEDURE: Biopsy|PROCEDURE: Biospecimen Collection|P	PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary	15	Change of reduction in the peritoneal carcinomatosis index, About 90 days after last dose of	Histological response of the peritoneal metastasis, Will be assessed using the peritoneal	Nov-23

Junction Adenocarcinoma | Metastatic Gastric Carcinoma | Metastatic Malignant Neoplasm in the Peritoneum	ROCEDURE: Computed Tomography | PROCEDURE: 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|PROCEDURE: Positron Emission Tomography	days after last dose of aldesleukin (IL-2)|Progression 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 progression or death, assessed up to 3 years|Overall 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

								last follow up, assessed up to 3 years	
COMPLETED	HER2 Positive Gastric Cancer|Colorectal Cancer|Head and Neck Squamous Cell Carcinoma|EGFR Positive	DRUG: FATE-NK100|DRUG: Cetuximab|DRUG: Trastuzumab	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	44	Incidence of dose-limiting toxicity (DLT), The incidence of dose-limiting toxicity (DLT) within each dose	Objective-response rate (ORR), Objective-response rate (ORR): defined as the proportion of patients who achieve	2018/1/18

Solid Tumor | Advanced Solid Tumors | HER2-positive Breast Cancer | Hepatocellular Carcinoma | Non Small Cell Lung Cancer | Renal Cell Carcinoma | Pancreatic Cancer | Melanoma	cohort within the first 28 days after FATE-NK100 administration (ie, Day 1 through Day 29)., 28 days	partial response (PR) or complete response (CR) per Response Evaluation Criteria in Solid Tumors (RECIST) 1.1 at any time on study., 28 days, 57 days, 113	

days, 169 days, 225 days, 281 days, 337 days, and 366 days.|Pharmacokinetics (PK) of FATE-NK100, The PK of FATE-NK100, as assessed by the proportion

of lymphocytes in peripheral blood that are of donor/product 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	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary	10	Phase I: Adverse events attributed to the administration of the anti-MUC1 CAR-pNK	Phase II: Objective Response Rate, The objective response rate (ORR) is defined as the	Jul-16

Negative Invasive Breast Carcinoma | Malignant Glioma of Brain | Colorectal Carcinoma | Gastric Carcinoma	Purpose: TREATMENT	cells, Determine the toxicity profile of the MUC1 targeted CAR-pNK cells with Common Toxicity Criteria for Adverse Effects (CTCAE) version 4.0., 2 years	proportion of patients who achieve radiographic partial or complete response (PR or CR) according to the Response Evaluation Criteria in Solid 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: 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 time, the overall survival time, 3 years | Disease-Free Survival, Disease-Free Survival of participants with with	2021/7/31

advanced gastric cancer with peritoneal metastasis followed by surgery, 3 years|OR R, Objective Response Rate, 3 years|Adverse Events,

ACTIVE_NOT_RECRUITING	HER2 Positive Solid Tumors	DRUG: SBT6050|DRUG: pembrolizumab|DRUG: Cemiplimab	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model: PARALLEL |Masking: NONE|Primary Purpose: TREATMENT	58	The proportion of subjects experiencing dose limiting toxicities, Part 1 and 3 only, 28 days|The incidence and	Number and degree of Adverse Events, 3 years Objective response rate, defined as confirmed Complete Response (CR) or Partial Response (PR), Parts1 and	2020/7/27

severity of adverse events (AEs) and serious adverse events, Parts 1, 2, 3, 4, and 5, 2 years|Objective response rate, defined as confirmed Complete	3 only, 2 years|Duration of response, defined as the time from date of first response (CR or PR), Parts 1 and 3 only, 2 years|Disease control rate, defined as CR, PR, or

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

and 5, 2 years	Parts 1, 2, 3, 4, and 5, 2 years | Estimates of selected pharmacokinetics (PK) parameters for SBT6050, AUC: Parts 1, 2, 3, 4, and 5, 2 years | Incidence of	

								antidrug antibodies (ADA) to SBT6050, Parts 1 and 2, 2 years|Progression free survival, Parts 2, 4, and 5, 2 years	
COMPLETED	Gastric or Gastroesophageal Junction	BIOLOGICAL: MEDI4736 + tremelimuma	PHASE1|PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention	114	Number of Participants With Treatment-	Percentage of Participants With	2015/3/31

Adenocarcinoma	b|BIOLOGICAL: MEDI4736 + tremelimumab|BIOLOGICAL: MEDI4736|BIOLOGICAL: Tremelimumab|BIOLOGICAL: MEDI4736+tremelimumab|BIOLOGICAL: MEDI4736 +	Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	emergent Adverse Events (TEAEs) and Treatment Emergent Serious Adverse Events (TESAEs) in Phase 1b, An adverse event (AE) is any untoward	Objective Response in Phase 1b, OR: best overall response (BOR) of confirmed complete response (CR) or partial response (PR) per RECIST v1.1. BOR:

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

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

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

baseline that worsened in intensity after administration of study drug or events absent at baseline that emerged after administration of study	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

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

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

the administration of MEDI4736 and tremelimumab). The DLTs are: any Grade 4 immune-related adverse event (irAE), any Grade \>=3 non-irAE, \>=	EOT up to 12 months post-EOT, and every 6 months after month 12 post-EOT (approximately up to 4 years and one month)|Duration of Stable Disease (DSD) in

Grade 3 colitis, Grade 3 or 4 noninfectious pneumonitis irrespective of duration, Grade 2 pneumonitis, liver transaminase elevation	Phase 1b, The DSD was defined as the time from the date of first dose of study treatment for Phase 1b until the first date of documented PD (per RECIST v1.1), or

\> 8 脳 upper limit of normal (ULN) or total bilirubin \> 5 脳 ULN. Immune-related AEs are defined as AEs of an immune nature (ie, inflammatory) in the	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

absence of a clear alternative etiology., From first dose of Study drug (Day 1) through 28 days after the administration of MEDI4736 and tremelimumab|Number of	least 5mm), appearance of one or more new lesions, substantial worsening in non-target disease, increase in tumor burden leading to discontinuation of	

ber of Participants With Clinical Laboratory Abnormalities Reported as TEAEs in Phase 1b, Number of participants with clinical laboratory abnormalit	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

ies reported as TEAEs are reported. Clinical laboratory abnormalities are defined as any abnormal findings in analysis of serum chemistry, hematology, and	90 post-EOT up to 12 months post-EOT, and every 6 months after month 12 post-EOT (approximately up to 4 years and one month) | Median Best Percentage Change

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

Examinations	RECIST v1.1 was derived as the biggest decease or the smallest increase from baseline on the SLD among all post-baseline disease assessment including
Reported as TEAEs in Phase 1b, Number of participants 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 unscheduled assessments. Best percent change is the maximum reduction from baseline or the minimum increase from baseline in the

rate). Abnormal physical examinations are defined as any abnormal impact on measurements of height and weight.,	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 months post-EOT,
Day 1 up to 90 days after the last dose	

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

s with abnormal electrocardiograms (ECGs) reported as TEAEs are reported. Abnormal ECGs are defined as any abnormal findings in heart rate, PR, RR, QRS and

1b, The disease control rate at 16 weeks was defined as the percentage of participants who achieved a BOR of confirmed CR, confirmed PR, or had

QT intervals from the primary lead of the digital 12-lead ECG., Day 1 up to 90 days after the last dose (approximately 4 years and one month) | Eastern

SD with duration of SD for a minimum duration of 110 days, following the date of first dose of study drug. The DC was defined as a BOR of confirmed CR, 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 of their ability to care for themselves, daily activity, and physical ability. ECOG Performance Status Scorings are: 0= fully active, able	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

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

sedentary nature (for example, light house work, office work); 2= ambulatory and capable of all self-care but unable to carry out any work activities, up and

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 first dose of study

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,

drug. The DC was defined as a BOR of confirmed CR, confirmed PR or SD per RECIST v1.1. CR: disappearance of all target/non-target lesions; PR: at least

cannot carry on any self-care, totally confined to bed or chair; 5= dead. The baseline performance status of participants is presented., Baseline (Day	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

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

response (PR) per RECIST v1.1. BOR: best response (CR, PR, stable disease \[SD\], progressive disease \[PD\], and not evaluable) among all overall 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

responses recorded from date of randomization for Arm A, B, C participants or date of first dose of study drug for Arms D, E participants until progressio	study drug for Phase 1b participants to the earlier of the dates of the first objective documentation of radiographic disease progression (per RECIST v1.1) or

n, or last evaluable disease assessment or discontinuation from the study, whichever occurred first. CR: disappearance of all target/non-target lesions; PR: at least	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 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|Number of Participants With Treatment-emergent Adverse Events (TEAEs) and Treatment Emergent Serious Adverse Events (TESAEs)

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	in Phase 2, An adverse event (AE) is any untoward medical occurrence in a participant who received study drug without regard to possibility of causal relationshi

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

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

(approximately up to 4 years and one month)|Progression Free Survival at 6 (PFS-6) Month in Phase 2, The PFS-6 is the 6-month progression-free survival	TEAEs are defined as events present at baseline that worsened in intensity after administration of study drug or events absent at baseline that emerged

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	after administration of study drug., Day 1 up to 90 days after the last dose (approximately 4 years and one month) | Number of Participants With

for Arm A, B, and C participants or the date of first dose of study drug for Arm D and Arm E participants to the earlier of the dates of the first objective documentation of	Clinical Laboratory Abnormalities Reported as TEAEs in Phase 2, Number of participants with clinical laboratory abnormalities reported as TEAEs are reported.

radiographic disease progression (per RECIST v1.1) or death due to any cause. PFS was censored at the date of their last evaluable tumor assessment. Kaplan	Clinical laboratory abnormalities are defined as any abnormal findings in analysis of serum chemistry, hematology, and urine., Day 1 up to 90 days after the last

Meier method was used to evaluate PFS-6., From Day 1 upto 6 months	dose (approximately 4 years and one month)|Number of Participants With Abnormal Vital Signs and Physical Examinations Reported as TEAEs

in Phase 2, Number of participants 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

Participants With Abnormal Electrocardiograms Reported as TEAEs in Phase 2, Number of participants with abnormal electrocardiograms (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 (approximately 4 years and one month) | Eastern Cooperative Oncology Group (ECOG) Performance Status at Baseline in

Phase 2, The ECOG scale of performance status describes the level of functioning of participants in terms of their ability to care for themselves, daily activity,

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

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

ambulatory 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 performance status of participants is presented., Baseline (Day 1)|Percentage of Participants With Disease Control at 16 Weeks

in Phase 2, The disease control rate at 16 weeks was defined as the percentage of participants 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 randomization for Arm A, B, and C participants and the date of first dose of

study drug for Arm D and E participants. The DC was defined as a BOR of confirmed CR, confirmed 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 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|Percentage of Participants With Disease Control at 24 Weeks

in Phase 2, The disease control rate at 24 weeks was defined as the proportion of participants 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 randomization for Arm A, B, and C participants and the date of first dose of

study drug for Arm D and E participants. The DC was defined as a BOR of confirmed CR, confirmed 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 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|Duration of Response (DoR) in Phase 2, The DoR was

defined as the time from the date of first documented response (CR or PR) until the first date of documented progression 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 (approximately up to

4 years and one month) | Time to Response (TTR) in Phase 2, TTR: time from date of randomization of participants for Arm A, B, and C or date of first dose

of study drug for Arm D and Arm E until first documented 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 evaluable) among all overall responses recorded from date of randomization/date of first dose of study drug until progressio

n, or last evaluable disease assessment or discontinuation from the study, whichever occurred first. CR: disappearance 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), appearance of one or more new lesions, substantial

worsening in non-target disease, increase in tumor burden leading to discontinuation 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)|Duration 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 participants or the date of first dose of study drug for Arm D and Arm E participants until the first date of documented 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), appearance of one or more new lesions, substantial worsening in non-target disease, increase in tumor burden leading to discontinuation 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 (approximately up to 4 years and one month) | Median 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 decease 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 (approximately up to 4 years and one month) | Progression Free Survival in Phase 2, The PFS was defined as

the time from the date of randomization for Arm A, B, and C participants or the date of first dose of study treatment for Arm D and E participants to the

earlier of the dates of the first objective documentation of radiographic disease progression (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 (approximately 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 progression 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 participants 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 documentation of radiographic disease progression (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 9 months|Overall Survival (OS) in Phase 2, The OS was defined as the time from date of randomization for Arm A, B, and C

participants or the date of first dose of study drug for Arm D and Arm E participants 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 (approximately up to 4 years and one month) | Overall

Survival at 12 Months in Phase 2, The OS was defined as the time from date of randomization for Arm A, B, and C participants 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|Percentage of Participants With Objective Response With

Positive Interferon Gamma (IFN-纬) Gene Expression in Phase 2, Percentage of participants with OR with positive IFN-纬 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 randomization for Arm A, B, C participants or date of first dose of study drug for Arms D, E participants until progression, or last evaluable

disease assessment or discontinuation from the study, whichever occurred first. CR: disappearance 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), appearance of one or more new

lesions, substantial worsening in non-target disease, increase in tumor burden leading to discontinuation 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- 纬 Gene

Expression in Phase 2, Percentage of participants 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 participants or the date of first dose of study drug for Arm D and Arm E participants to the earlier of the dates of the first objective

documentation of radiographic disease progression (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 (approximately 4 years and one month)|Percentage 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 programmed 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 \>= 1% tumor cells (better response), PD-L1 low/neg if \< 1% tumor cells (low response)., Day 1 through Day 30 post EOT (approxim

								ately 4 years and one month)	
COMPLETED	Ovarian|Melanoma|Renal|Prostate|Colorectal|Endometrial Carcinoma|Cervical Carcinoma|Testicular Cancer|Thyroid Cancer|Sm	BIOLOGICAL: PSMA/PRAME|BIOLOGICAL: PSMA/PRAME	PHASE1	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	12	To determine the immunologic response to the treatment with MKC1106-PP regimen and 2) to	to determine the blood plasmid levels by PCR analysis, Every 6 Weeks|measure cytokine levels, Every 6	Feb-07

all Cell Lung Carcinoma | Mesothelioma | Breast Carcinoma | Esophageal Carcinoma | Gastric Cancer | Pancreatic Carcinoma | Neuroendocrine Cancer | Liver Cancer | Gallbladder		determine the safety and adverse event profile of MKC1106-PP, Every 6 Weeks	Weeks | to describe any objective tumor responses to the treatment with MKC1106-PP, Every 6 Weeks

RECRUITING	Cancer|Biliary Tract Cancer|Anal Carcinoma|Bone Sarcomas|Soft Tissue Sarcomas|Carcinoma of Unknown Origin, Primary Lung Cancer|Bronchial Cancer|No	DRUG: Recombinant oncolytic herpes	EARLY_PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model:	24	Subject incidence of adverse events, To	Disease Assessment 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 鈮 ?3 Common Terminolo	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|Ovarian Cancer			gy Criteria for Adverse Events, version 5.0 (CTCAE v5.0), Up to 6 months|Subject incidence of laboratory abnormalities, Detection of liver and	Assessment for Duration of Response, Evaluate the efficacy endpoints of DOR by the investigator with RECIST v1.1 and iRECIST, Every 10 weeks for

renal function, electrocardiogram, routine blood examination etc., Up to 1 month|Systemic Immune Response, Detection of increased systemic	12 months|Quality of Life Assessment, Evaluate with EORTC QLQ-C30, Every 6 weeks for 12 months

immune Response markers in sera (IL2,IL4,IL6,IL8,IL10, TNFa 锛孖FN 纬, etc.) and peripheral blood mononuclear cells by multi-Color fluorescence-

							activated cell sorting (FACS), Up to 6 months		
NOT_YET_RECRUITING	HER2-positive|Locally Advanced Solid Tumor|Immunotherapy|Sintilimab|S-1|Oxaliplatin|Gastric or Gastroesoph	DRUG: sintilimab|DRUG: Trastuzumab|DRUG: S-1 plus oxaliplatin	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	44	Major pathological response rate (MPR), Proportion of subjects with residual tumor less than 10% or	Pathological response rate (refer to Becker-TRG evaluation standard), TRG level 1-3: 1a: No tumor	2022/4/1

ageal Junction Adenocarcinoma		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|Objective response rate (ORR), Proportion of subjects with initial RECIST 1.1 measurable disease who have complete response (CR) or partial

response (PR) according to iRECIST, Up to 3 years|Disease-free survival (DFS), Time from Cycle 1 Day 1 treatment administration 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 administration to death due to any cause., Up to 3 years|Incidende 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 to3 years | Bio marker assessment , To analyze the differences of gene and immune microenvir onment 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 to3 years	
ENROLLING_BY_INVITATION	Hepatocellular Carcinoma|Cholangiocarcinoma|Gallbladder Cancer|Biliary Tract Cancer|Gastric Cancer|Colorectal Cancer	OBSERVATIONAL	Observational Model: |Time Perspective: p	1000	Evaluate the overall survival rate of all patients with hepatobiliary tumor,	Evaluate the recurrence free survival rate of patients with	2017/2/16

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 tumor recurrence samples from patients with hepatobiliary cancers, 5

years | Evaluate the cancer-specific survival rate of patients with hepatobiliary tumor, In order to identify the potential influence factors of tumor-

induced death in patients with hepatobiliary tumors, 5 years | Evaluate the Progression Free Survival rate of patients with hepatobiliary 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: NA|Intervention	120	The change of diversity	The change of the number of	2019/12/20

chemotherapy	Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: OTHER	of intestinal flora in faeces during chemotherapy, The 1st day before the start of each cycle of chemotherapy, and the 1st day after the completion	Gastrin in blood during chemotherapy, the 1st day before the start of each cycle of chemotherapy(each cycle is 21 days,except for the FOLFOX regimen of colon

of each cycle of chemotherapy(each cycle is 21 days,except for the FOLFOX regimen of colon cancer is 14 days),through chemotherapy completion, six	cancer is 14 days),through chemotherapy completion, 6 months.|The change of the number of CD4+T cell and CD8+T cell in blood during chemother

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

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	ugh chemother apy completion , 6 months.|T he change of the number of Interleukin (IL)- 2,Interleuk in(IL)- 4,Interleuk in(IL)-6, in blood during

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

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

cancer is 14 days),through chemotherapy completion, six months.|The change of abundance of urethral flora in urine during chemotherapy, The	the start of each cycle of chemotherapy(each cycle is 21 days,except for the FOLFOX regimen of colon cancer is 14 days),through chemotherapy

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

FOLFOX regimen of colon cancer is 14 days),through chemotherapy completion, six months.|The change of concentration of purine metabolite

s 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,except for the FOLFOX regimen of colon cancer is 14 days),through chemotherapy completion, six months.|The 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 chemotherapy(each cycle is 21 days,except for the FOLFOX regimen of colon cancer is 14 days),through chemother

							apy completion, six months.		
COMPLETED	Liver Metastases	BIOLOGICAL: anti-CEA CAR-T cells | DEVICE: Sir-Spheres	PHASE1	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose: TREATMENT	8	Safety of CAR-T cell hepatic artery infusions in combination with Sir-Spheres as Measured by Number of Participant	Treatment response (Liver tumor response by MRI, PET, CEA level, and biopsy), Liver tumor response by MRI,	Apr-15

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

Microspheres when following anti-CEA CAR-T hepatic artery infusions (HAI) for CEA-expressing liver metastases., 14 weeks	fibrosis (biopsy), 14 weeks|Serum cytokine levels, Measurement of cytokines as indicators of immune response, 14 weeks|CAR-T

detection in liver tumors, normal liver, and extrahepatic sites, Quantification of CAR-T cells in biopsy and blood samples, 14 weeks

COMPLETED	Gastric Cancer	BIOLOGICAL: Pembrolizumab|DRUG: Oxaliplatin|DRUG: TS-1|DRUG: Cisplatin	PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	100	Objective response rate (ORR) according to Response Evaluation Criteria In Solid Tumors version 1.1 (RECIST 1.1) assessed by Blinded Independent Central	ORR according to immune-related Response Evaluation Criteria In Solid Tumors (iRECIST) assessed by BICR, For the secondary efficacy analysis,	2018/3/26

Review (BICR), For the primary efficacy analysis, ORR is defined as the percentage of participants who have a best response of Complete Response

ORR is defined as the percentage of participants whose best response based on imaging is CR (disappearance of all lesions) or PR (鈮?0% decrease in

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

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

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

confirmed by iRECIST criteria., Up to ~2 years|Duration of Response (DOR) according to RECIST 1.1 assessed by BICR, For participants 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 progression 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|DOR according to iRECIST assessed by BICR, For participants who demonstrate 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 progression 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 (disappearance of all lesions), PR (鈧?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|DCR according to iRECIST 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 (鈮?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 modification 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 | Tim
e 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 (disappearance of all lesions) or PR (鈮?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 (鈪?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 modification to RECIST that takes into account unique patterns of atypical response in immunotherapy and

enables treatment beyond initial radiographic progression., Up to ~2 years | Progression-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 documented disease progression 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 documented disease progression or death due to any cause, whichever occurs first. Responses are

according to iRECIST 1.1 as assessed by BICR. iRECIST is a modification 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. Participants without documented death at the time of the final analysis will be censored at the date of the last

follow-up., Up to ~2 years | Adverse events (AEs), The number of participants 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 unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) 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) | Treatment

discontinuations due to AEs, The number of participants that discontinue 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 unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) 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|Gastric Cancer|Pancreatic Cancer|Liver Cancer|Gallbladder Cancer|Bowel Cancer	DRUG: Recombinant Human Interleukin-2|DRUG: HER2Bi-Armed T Cells	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	6	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-immunotherapy baseline at any time point after immunotherapy will be considered as continuous outcomes., Baseline to up to 12 months|Changes in

phenotyping induced by immunotherapy in peripheral blood mononuclear cells (PBMC), PBMC from the patients will be obtained before and after

immunoth
erapy to
determine
if there are
any
phenotype
changes
induced by
immunoth
erapy.
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 subpopulation (FACS), tumor marker (CBA/ELISA) and tumor killing

ability of PBMC., Baseline to up to 12 months|Clinical 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 investigation., Point and exact confidence

interval estimates will be calculated for response rate., Up to 12 months|Overall 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|Progression 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

								erapy to progression or death, assessed up to 12 months	
COMPLETED	Gastric Cancer|Esophageal Cancer|Adenocarcinoma Gastric|HER2 Positive Gastric Cancer|Metastatic	DRUG: Nivolumab| DRUG: Nivolumab| DRUG: Ipilimumab	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose:	97	Overall Survival, Overall survival including milestone rate at 12 months, Milestone at 12 months,	Incidence of Treatment-Emergent Adverse Events [Safety and Tolerability], according to	2018/3/1

Gastric Cancer|GastroEsophageal Cancer	TREATMENT	max observation period 48 months	Common Terminology Criteria for Adverse Events and to the obtained data on vital signs, clinical parameters and feasibility of the regimen, 48

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

to RECIST v1.1, 15 months|Health related Quality of Life, EORTC QLQ-C30 (European Organisation 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

symptomatology / problems, 48 months|Health related Quality of Life, EORTC STO-22 (European Organisation for Research and Treatment

of Cancer - Quality of Life Questionnaire Gastric Module (STO = stomach) (22 items), comprising 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 summated into a scaled score from 0 to 100, with a higher score representing a worse QOL., 48 months|Translational research

tumor block, Tumor-infiltrating lymphocytes (TiL) repertoire determination from tumor, 48 months|Translational research blood - immunoprofiling, Liquid

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

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

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

48 months|Central Imaging Review - ORR, Retrospective central radiological review of ORR according to modified RECIST, 48 months|Central

								Imaging Review - PFS, Retrospective central radiological review of PFS according to modified RECIST, 48 months	
RECRUITING	Gastric Neoplasms|Gastroesophageal	DRUG: Zanidatamab |DRUG: Tislelizumab	PHASE3	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention	714	Progression-free survival (PFS) by	Confirmed objective response rate (ORR)	2021/12/2

Adenocarcinoma|Esophageal Adenocarcinoma	|DRUG: Trastuzumab |DRUG: Capecitabine |DRUG: Oxaliplatin| DRUG: Cisplatin|DRUG: 5-Fluorouracil| DIAGNOSTIC_TEST: In situ hybridization (ISH)-based companion diagnostic	Model: PARALLEL |Masking: NONE|Primary Purpose: TREATMENT	blinded independent central review (BICR), The time from randomization to the date of documented disease progression (per Response Evaluation Criteria in	by BICR, Number of patients who achieved a best overall response of complete response (CR) or (PR) as determined per RECIST 1.1 as assessed by BICR,

assay|DIAGNOSTIC_TEST: Immunohistochemistry (IHC)-based companion diagnostic assay	Solid Tumors \[RECIST \] version 1.1) as assessed by BICR or death from any cause, Up to 2.5 years|Overall survival, The time from randomization to	Up to 2.5 years|Duration of response (DOR) by BICR, The time from the first objective response (CR or PR) per BICR to documented progressive disease

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

documente
d disease
progressio
n (per
RECIST
1.1) as
assessed
by
Investigato
r or death
from any
cause, Up
to 2.5
years|Con
firmed
ORR per
Investigato

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

r, Up to 2.5 years|DOR per Investigator assessment, The time from the first objective response (CR or PR) per Investigator to documented

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 experienced adverse events or serious adverse events, Up to 2 years|Incidence of clinical laboratory abnormalities, Number of patients who

experienced a maximum severity of Grade 3 or higher post-baseline laboratory abnormality, including either hematology or chemistry. Grades are

			defined using National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAE), version 5.0,
			Up to 2 years
			Health-related quality of

life (HRQoL) as assessed by the European Organisation for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire (core cancer

questionna ire) 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 Questionnaire (oesophago-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-dimensions 5-levels (EQ-5D-5L) questionnaire, Changes from baseline in the EORTC EQ-5D-5L questionna

ire scores, Up to 2.5 years|Serum concentration of zanidatamab and tislelizumab, Up to 2 years|Incidence of anti-drug antibodies (ADAs), Number of patients

								who develop ADAs, Up to 2 years	
ACTIVE_NOT_RECRUITING	Clinical Stage 0 Gastric Cancer AJCC v8 | Clinical Stage 0 Gastroesophageal Junction Adenocarcinoma AJCC v8 | Clinical	DRUG: Fluorouracil | RADIATION: Intensity-Modulated Radiation Therapy | BIOLOGICAL: Ipilimumab | BIOLOGICAL: Nivolumab | DRUG:	PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose: TREATMENT	36	Incidence of adverse events, The Bayesian method of Thall, Simon and Estey will be implemented for toxicity monitoring	Response rates, Response rates will be estimated along with the corresponding exact 95% confidence interval.,	2019/1/7

Stage I Gastric Cancer AJCC v8|Clinical Stage I Gastroesophageal Junction Adenocarcinoma AJCC v8|Clinical Stage IIB Gastric Cancer AJCC v8|Clinical	Oxaliplatin|PROCEDURE: Therapeutic Conventional Surgery	. Safety data will be summarized using frequency tables by organ system, grade and attribution for the neoadjuvant period and adjuvant period	Up to 5 years|Incidence of adverse events in patients with resected gastroesophageal junction (GEJ) or gastric cancer, The Bayesian method of Thall,

Stage IIB Gastroesophageal Junction Adenocarcinoma AJCC v8|Clinical Stage III Gastroesophageal Junction Adenocarcinoma AJCC v8|Clinical Stage IVA Gastric Cancer		separately., Up to 30 days	Simon and Estey will be implemented for toxicity monitoring. Safety data will be summarized using frequency tables by organ system, grade and

AJCC v8|Clinical Stage IVA Gastroesophageal Junction Adenocarcinoma AJCC v8|Gastric Adenocarcinoma|Localized Gastric Carcinoma| Localized Gastroesophageal Junction	attribution for the neoadjuvant period and adjuvant period separately., Up to 5 years|Disease-free survival, Will be estimated using the method of Kaplan

Adenocarcinoma|Pathologic Stage 0 Gastric Cancer AJCC v8|Pathologic Stage 0 Gastroesophageal Junction Adenocarcinoma AJCC v8|Pathologic 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|Patholo
gic Stage
IIIB
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8|Patholo
gic Stage
IVA
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8

TERMINATED	Solid Tumor|Hepatocellular Carcinoma|Gastric Cancer|Gastroesophageal Junction Adenocarcinoma	DRUG: Vorolanib|DRUG: Nivolumab|DRUG: Pembrolizumab	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	16	Recommended phase II dose (RP2D) of vorolanib plus pembrolizumab, -The maximum tolerated dose (MTD) is defined as the dose level immediately below	Safety and toxicity of vorolanib plus pembrolizumab as measured by the number and type of adverse events experienced by participant, -The description	2018/9/11

the dose level at which 2 patients of a cohort (of 2 to 6 patients) experience dose-limiting toxicity during the first cycle. Dose escalations will proceed

s and grading scales found in the revised NCI Common Terminology Criteria for Adverse Events (CTCAE) version 5.0 will be utilized for all toxicity

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

cohorts (estimated to be 13 months)|Recommended phase II dose (RP2D) of vorolanib plus nivolumab, -The maximum tolerated dose (MTD) is defined as

number and type of adverse events experienced by participant, -The descriptions and grading scales found in the revised NCI Common Terminolo

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

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

							n of enrollment to Dose Escalation cohorts (estimated to be 13 months)		
RECRUITING	HER2+ Gastric Cancer/Gastroesophageal Junction Adenocarcinoma	DRUG: SHR-A1811 锛 汴 HR-1701 锛沿 apecitabine锛 泼 xaliplatin|DRUG: SHR-A1811 锛 汴	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary	156	Phase Ib: Dose limiting toxicity (DLT) rates, Occurrence of adverse	ORR 锛 先 hase Ib 锛? An average of approximately 12 months|DoR 锛 先	2023/3/14

HR-1701 锛汴 apecitabine 锛 泼 xaliplatin	Purpose: TREATMENT	events (AEs), and serious adverse events (SAEs), Safety will be assessed for approximately 24 months from informed consent|Phase II: Objective	hase Ib 锛? An average of approximately 18 months|PFS 锛 先 hase Ib 锛? An average of approximately 18 months|OS 锛先 hase Ib 锛? An average of

Response Rate (ORR)[, An average of approximately 12 months	approximately 30 months|DoR 锛 先 hase II 锛? An average of approximately 18 months|PFS 锛 先 hase II 锛? An average of approximately 18

months|O

S 锛屽 hase

II 锛？An

average of

approxima

tely 30

months|O

ccurrence

of adverse

events

(AEs), and

serious

adverse

events

(SAEs) 锛

屽 hase II

								锛？Safety will be assessed for approximately 24 months from informed consent]	
COMPLETED	Neoplasms	DRUG: PF-04518600|DRUG: PF-04518600|DRUG: PF-04518600 plus PF-	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: SINGLE_GROUP|Mas	174	Number of Participants With Dose Limiting Toxicities (DLTs) in	Objective Response Rate (ORR) Assessed by Response Evaluation	2015/4/23

05082566|DRUG: PF-04518600 plus PF-05082566	king: NONE|Primary Purpose: TREATMENT	Part A1, DLT was defined as any of the following adverse events occurring in the first two cycle of treatment (28 days), unless there was a clear alternative	Criteria in Solid Tumor (RECIST) Version 1.1 and Immune Related Response Evaluation Criteria in Solid Tumors (irRECIST) in Part A, ORR was defined as

explanation: hematologic: grade 4 neutropenia lasting \>7 days, febrile neutropenia; grade 鈥? neutropenic infection; grade 鈥? thrombocytopenia with	the percentage of patients with best overall response (BOR) of CR or PR relative to the appropriate analysis set. CR: Complete response is

clinically significant bleeding or requiring medical interventio n; grade 4 thrombocy topenia; grade 4 anemia; grade 鈧? anemia related to hemolysis or autoimmu	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

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

allergic reactions, except those that had not been maximally treated or could be easily treated. The severity of adverse events was graded as per

taking as reference the baseline sum diameters.

Overall immune related complete response (irCR): Complete disappearance of all lesions

common terminology criteria for adverse events(CTCAE) version 4.03, and there were no DLTs reported., The first 2 cycles of treatment (Day 1 up to Day 28)|Numb	(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

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

Part A, Adverse event (AE) was graded by the investigator according to CTCAE version 4.03 and coded using the Medical Dictionary for Regulatory	鈭 ?0%., Baseline up to 24 months post first dose.|Kaplan-Meier Estimate of Median Progression-Free Survival (PFS) in Part A, PFS was defined as the time

Activities (MedDRA): Grade 3 (Severe) events=unacceptable or intolerable events. Grade 4 (Life-threatening) events caused participant to be in imminent	from randomization date to date of first documentation of progressive disease(PD) based on RECIST, irRECIST or death due to any cause. PD was

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

were absent before treatment or that worsened relative to pretreatment state. TEAEs were defined as those with initial onset or increasing in severity

Median Time to Progression (TTP) in Part A, TTP was defined as the time from start date to the date of the first documentation of PD. PD was documented after start

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

other reason: death; initial or prolonged inpatient hospitalization; life-threatening experience (immediate risk of dying); persistent or significant	Part A, 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

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

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

s With Laboratory Test Abnormalities in Part A, Following parameters were analyzed for laboratory examination: hematology (hemoglob	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.

in, hematocrit, platelet count, white blood cell count, total neutrophils, eosinophils, monocytes, basophils, lymphocytes, partial thromboplastin time	PR was defined as greater than or equal to 30% decrease under baseline of the sum of diameters of all target measurable lesions. The short diameter is

(PTT), Prothrombin (PT), PT international ratio); liver function (aspartate aminotransferase(AST), alanine aminotransferase(ALT), total bilirubin, gamma-glutamyl

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

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

potassium, chloride, calcium , phosphate, magnesium); clinical chemistry (glucose, creatine kinase, thyroxine (T4), thyroid stimulating hormone(TSH)), 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 unavailable) minus

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

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

applicable) |Number of Participants With DLTs in Part B1, DLT was defined as any of the following adverse events occurring in the first two cycle of

Concentration (Cmax) of PF-04518600 Following Single Dose on Cycle 1 Day 1 (C1D1) and Steady-State Maximum Serum Concentration(Css,Ma

treatment (28 days), unless there was a clear alternative explanation: hematologic: grade 4 neutropenia lasting \>7 days, febrile neutropenia; grade 鈮 ?	x) Following Multiple Doses on Cycle 3 Day 1 (C3D1) in Part A, Cmax was defined as maximum observed serum concentration and can be observed

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

grade 鈮? anemia related to hemolysis or autoimmune disease. non hematologic: grade 鈮? toxicities that were considered clinically significant, including	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.|Area Under the Concentration-Time

cytokine release syndrome, infusion reactions and allergic reactions, except those that had not been maximally treated or could be easily treated.	Profile From Time 0 to Time Tau (AUCtau) of PF-04518600 Following Single Dose on C1D1 and Following Multiple Doses on C3D1 in Part A, 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 concentration curve from time 0 to end of dosing interval where dosing interval was 2 weeks., For Part A1, pre-dose,

The First 2 Cycles of Treatment (Day 1 up to Day 28)|Number of Participants With All-causality TEAEs and SAEs, and Treatment-Related TEAEs and SAEs in Part B,	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

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

(MedDRA) : Grade 3 (Severe) events=un acceptable or intolerable events. Grade 4 (Life-threatening) events caused participant to be in imminent danger of

04518600 Following Single Dose on C1D1 and Following Multiple Doses on C3D1 in Part A, AUCinf was defined as area under the plasma concentration versus

death. Grade 5 (Death) events=death related to an AE. Treatment-emergent events=between first dose of study drug and up to 35 days after last dose that were	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 A1, pre-dose, 1, 4, and 24

absent before treatment or that worsened relative to pretreatment state. TEAEs were defined as those with initial onset or increasing in severity after the

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

first dose of study medication. Serious adverse event (SAE) was an AE resulting in any of the following outcomes or deemed significant for any other

dose on Day 1 of Cycles 3.|Terminal Half-Life (t1/2) of PF-04518600 Following Single Dose on C1D1 and Following Multiple Doses on C3D1 in Part A,

reason: death; initial or prolonged inpatient hospitalization; life-threatening experience (immediate risk of dying); persistent or significant disability/	t1/2 was defined as the time measured for the serum concentration to decrease by one half of the initial concentration., For Part A1, pre-dose, 1, 4, and 24

incapacity; congenital anomaly., AEs: The informed consent date up to the last dosing date + 60 days or all drug-related toxicities resolved date. SAEs: The	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

informed consent date through first dosing date + 98 days or up to the last dosing date + 60 days, and any post-reporting period.|Number of Participants With

dose on Day 1 of Cycles 3.|Lowest Serum Concentration Observed During the Dosing Interval (Cmin) of PF-04518600 Following Multiple Doses on

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

hematocrit, platelet count, white blood cell count, total neutrophils, eosinophils, monocytes, basophils, lymphocytes, partial thromboplastin time (PTT),	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-

Prothrombin (PT), PT international ratio); liver function (aspartate aminotransferase(AST), alanine aminotransferase(ALT), total bilirubin, gamma-glutamyl transpepti	dose and 1 hour post dose on Day 1 of Cycles 3.|Average Serum Concentration Over the Dosing Interval (Cav) of PF-04518600 Following Multiple Doses on

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

chloride, calcium , phosphate, magnesium); clinical chemistry (glucose, creatine kinase, thyroxine (T4), thyroid stimulating hormone(TSH)), Amylase,	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

Lipase), urinalysis (dipstick \[protein, blood\], microscopy \[urine red blood cell (RBC), white blood cell (WBC), Epithelial Cells\], miscellaneous \[urine	3.|Clearance (CL) of PF-04518600 Following Multiple Doses on C3D1 in Part A, Drug clearance was a quantitative measure of the rate at which a drug

casts and bacteria\]) ., The first dosing date to the earlier date between the last dosing date + 35 days and the first new anti-cancer therapy date (if applicable)

substance is removed from the blood (rate at which a drug is metabolized or eliminated by normal biological processes). CL=Dose/ AUCss,tau , 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.|Apparent Volume of Distribution at Steady State (Vss) of PF-04518600 Following Multiple Doses on C3D1 in Part A.,

Vss was defined as volume of distributio n 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.	Accumulation Ratio (Rac) of PF-04518600		

at C3D1 Following Multiple Doses on C3D1 in Part A, Accumulation ratio was calculated as, Rac obtained from Area Under the Concentration 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.|Number of Participants 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).|Mean Unbound Cell Surface OX40 in Part A1, Mean unbound cell surface OX40 in peripheral blood was

measured to characterize the degree of target engagement (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 appropriate analysis set.

CR: Complete response is defined (per RECIST 1.1) as disappearance of all target and non target lesions. Any pathological lymph nodes (whether

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

PR: Partial response is difined (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

measurable lesions decreases 鈮 ?0%., Baseline up to 24 months post first dose.|Kaplan-Meier Estimate of Median PFS in Part B, PFS was defined as the time from

randomiza
tion date to
date of first
documenta
tion of
progressiv
e
disease(PD
) based on
RECIST,
irRECIST
or death
due to any
cause.

PD was
progressio

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

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

or SD per RECIST., Baseline up to 24 months post first dose.|Number of Participants 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.|Kaplan-Meier Estimate of Median DoR in Part B, DoR was

defined as the time from first documentation of PR or CR to date of first documentation 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 measurable 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.|Kaplan-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 unavailable) 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.|Cmax of PF-04518600 Following Single Dose on C1D1 and Css,Max Following Multiple Doses on C3D1 in Part B, Cmax was

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

Css,max was the Cmax 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.|AUCtau of PF-04518600 Following Single Dose on C1D1 and Following Multiple Doses on C3D1 in Part B, AUCtau

was defined as area under the concentration 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.|t1/2 of PF-04518600 Following Single Dose on C1D1 and Following

Multiple Doses on C3D1 in Part B, t1/2 was defined as the time measured for the serum concentration 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 concentration 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=Dose/ AUCss,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 distribution 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, Accumulation ratio was calculated as, Rac obtained from Area Under the Concentration 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 Css,Max Following Multiple Doses on C3D1 in Part B, Cmax was defined as maximum observed serum concentration and can be observed

directly from data.

Css,max was the Cmax 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.
AUCtau	of Utomilumab

Following Single Dose on C1D1 and Following Multiple Doses on C3D1 in Part B, AUCtau was defined as area under the concentration 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 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.|t1/2 of Utomilumab Following Single Dose on C1D1 and Following Multiple Doses on C3D1 in Part B, t1/2 was defined as

the time measured for the serum concentration to decrease by one half of the initial concentration., 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 Utomilumab 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 Utomilumab Following Multiple

Doses on C3D1 in Part B, Cav was defined as average serum concentration 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 Utomilumab 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=Dose/ AUCss,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 Utomilumab Following Multiple Doses on C3D1 in Part B, Vss was defined as volume of distribution 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 Utomilumab			Following Multiple Doses on C3D1 in Part B, Accumulation ratio

was calculated as, Rac obtained from Area Under the Concentration 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.|Number of Participants 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).|Number of Participants With ADA and NAb Against Utomilumab 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).	
RECRUITING	Locally Advanced Gastric Adenocarcinoma	DRUG: PD-1 antibody combined with FOLFIRINOX regimen|DR	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL	124	Major pathological response(MPR), Surgery	Pathological complete response(pCR), Surgery|D	May-21

UG: PD-1 antibody combined with SOX program	|Masking: SINGLE (INVESTIGATOR)|Primary Purpose: TREATMENT	isease-free survival(DFS) rate of 3 years, Time to relapse or progression of disease (PD) or death from any cause within 3 years from subject screening to first

recorded, progression of disease (PD) or death from any cause within 3 years|Disease-free survival(DFS) rate of 5 years, Time to relapse or progression of

disease (PD) or death from any cause within 5 years from subject screening to first recorded, progression of disease (PD) or death from any cause

								within 5 years	
COMPLETED	Gastric Neoplasms|Pancreatic Neoplasms	DRUG: ASG-5ME	PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	51	Incidence of adverse events and laboratory abnormalities, Through 1 month after last dose	Best clinical response, Every 2 months|Overall and progression-free survival, Every month until death or study closure|Concentrati	Jul-10

ons of ASG-5ME and metabolites in blood, Through 1 month after last dose|Incidence of antitherapeutic antibodies in blood, Through 1 month

							after last dose	
WITHDRAWN	Advanced Solid Tumor|Metastatic Cancer|HER2-positive Breast Cancer|HER2-positive Gastric Cancer|HER-2 Protein Overexpression|Esophageal	BIOLOGICAL: SNK01|DRUG: Trastuzumab|DRUG: Cetuximab	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	0	Phase 1 - To determine recommended Phase 2 dose (RP2D) of SNK01 in combination with trastuzumab in subjects with advanced	Phase 2a - To assess the progression-free survival (PFS) of SNK01 in combination with trastuzumab in subjects with advanced	Mar-21

Cancer|Ovarian	HER2 cancers., Evaluated by the number of DLTs graded using NCI CTCAE v5.0., Up to 6 months|Phase 1 - To determine recommended Phase 2 dose	HER2 cancers., 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|Endometrium		
Cancer|Bladder		
Cancer|Pancreatic		
Cancer|Colorectal		
Cancer|Non Small Cell Lung		
Cancer|EGF-R Positive Non-Small Cell Lung		

Cancer|Head and Neck Squamous Cell Carcinoma|Triple Negative Breast Cancer|Cervical Cancer|Sarcoma	(RP2D) of SNK01 in combination with cetuximab in subjects with advanced EGFR cancers., Evaluated by the number of DLTs graded using NCI CTCAE	or death from any cause, whichever comes first., Up to 12 months|Phase 2a - To assess the progression-free survival (PFS) of SNK01 in combinatio	

v5.0., Up to 6 months|Phase 2a - To assess objective response rate (ORR) of SNK01 in combination with trastuzumab in subjects with advanced	n with cetuximab in subjects with advanced EGFR cancers., Defined by the time of the date of first dose of study drug until confirmed disease progression based on

HER2 cancers., Defined by percentage of subjects with a best response of complete response (CR), partial response (PR) or stable disease (SD) by investigato	investigato r assessment per RECIST 1.1 or death from any cause, whichever comes first., Up to 12 months|P hase 2a - To assess the overall survival

	r assessment per RECIST 1.1., Up to 12 months|Phase 2a - To assess objective response rate (ORR) of SNK01 in combination with cetuximab	(OS) of SNK01 in combination with trastuzumab in subjects with advanced HER2 cancers., Defined as time from first dose of study drug to death due

in subjects with advanced EGFR cancers., Defined by percentage of subjects with a best response of complete response (CR), partial response (PR) or stable	to any cause., Up to 24 months|Phase 2a - To assess the overall survival (OS) of SNK01 in combination with cetuximab in subjects with advanced EGFR

disease (SD) by investigator assessment per RECIST 1.1., Up to 12 months	cancers., Defined as time from first dose of study drug to death due to any cause., Up to 24 months|Phase 2a - To assess the duration of response (DOR) of

SNK01 in combinatio n with trastuzum ab in subjects with advanced HER2 cancers., Defined as duration of time from initial response (complete response

\[CR\] or partial response \[PR\]) to first documentation of disease progression or death from any cause, whichever occurs first., Up to 12 months|P

hase 2a - To assess the duration of response (DOR) of SNK01 in combinatio n 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 documentation of disease progression or death from any cause,

whichever occurs first., Up to 12 months|Phase 2a - To assess the clinical benefit rate (CBR) of SNK01 in combination with trastuzumab 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|Phase 2a - To assess the clinical benefit rate (CBR) of SNK01 in combination 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|Phase 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 Questionnaire 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 \[fatigue, pain and nausea/vomiting\] and one global health status scale). The remaining six

questions are single-item scales (dyspnea, appetite loss, sleep disturbance, constipation, 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|Phase 2a - Impact of SNK01 in combination with cetuximab on quality of life in subjects with advanced EGFR cancers evaluated using European

Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire 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 \[fatigue, pain and nausea/vomiting\] and one global health status scale). The remaining six questions are single-item scales (dyspnea,

appetite loss, sleep disturbance, constipation, 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 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|Phase 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 Questionnaire Lung Cancer 13 (QLQ-LC13)., The EORTC QLQ-LC13 is a supplementary 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 hemoptysis.

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|Phase 2a - Impact of SNK01 in combination with cetuximab on quality of life in subjects with advanced EGFR

cancers evaluated using European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire Lung Cancer 13 (QLQ-

LC13).,

The EORTC QLQ-LC13 is a supplementary lung-cancer specific questionnaire and is used in conjunction 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 neuropathy, alopecia, and hemoptysis.

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	
RECRUITING	HER2-expressing Gastrointestinal Cancers,	DRUG: ZW25 (Zanidatamab)|DRUG: Capecitabine |DRUG:	PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model:	362	Incidence of dose-limiting toxicities (DLTs)	Objective response rate (ORR) (Part 1), Number of	2019/8/29

Including Gastroesophageal Adenocarcinoma, Biliary Tract Cancer, and Colorectal Cancer	Cisplatin|DRUG: Fluorouracil|DRUG: Leucovorin|DRUG: Oxaliplatin|DRUG: Bevacizumab|DRUG: Gemcitabine	PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	(Part 1), Number of participants who experienced a DLT. DLTs include adverse events considered to be related to study treatment, including the	participants who achieved a best response of either CR or PR during treatment per RECIST 1.1, Up to 10 months|Disease control rate (Parts

evaluated dose level of ZW25, any component or combination of the components of a chemotherapy regimen, or the combination of ZW25 plus a	1 and 2), Number of participants who achieved a best response of CR, PR, or stable disease (SD) during treatment per RECIST 1.1, Up to 10

chemotherapy regimen., Up to 6 weeks|Incidence of adverse events (Part 1), Number of participants who experienced an adverse event, Up to 11 months|Duration of response (Parts 1 and 2), Median duration of response (in months) and range (minimum, maximum), Up to 2 years|Clinical benefit rate (Parts

months|Incidence of lab abnormalities (Part 1), Number of participants who experienced a maximum severity of Grade 3 or higher post-baseline laboratory

1 and 2), Number of participants with SD for 鈮?24 weeks or a confirmed, best overall response of CR or PR per RECIST 1.1, Up to 2 years|Progression-free

abnormality, including either hematology and chemistry. Grades are defined using National Cancer Institute's Common Terminology Criteria for	survival (Parts 1 and 2), Median progression-free survival (in months) and range (minimum, maximum), Up to 2 years|Overall survival (Parts 1

Adverse Events (CTCAE), version 5.0., Up to 11 months|Objective response rate (ORR) (Part 2), Number of participants who achieved a best response of and 2), Median overall survival (in months) and range (minimum, maximum), Up to 2 years|Incidence of anti-drug antibodies (ADAs) (Parts 1 and 2),

either complete response (CR) or partial response (PR) during treatment according to the Response Evaluation Criteria in Solid Tumors (RECIST)	Number of participants who develop ADAs, Up to 11 months|End of infusion concentration of ZW25 (Parts 1 and 2), Up to 11 months|Maximum

	version 1.1, Up to 10 months	serum concentration of ZW25 (Parts 1 and 2), Up to 11 months|Trough concentration of ZW25 (Parts 1 and 2), Up to 11 months|Incidence of

adverse events (Part 2), Number of participants who experienced an adverse event, Up to 11 months|Incidence of lab abnormalities (Part 2), Number of

participants who experienced a maximum severity of Grade 3 or higher post-baseline laboratory abnormality, including either hematology and

								chemistry. Grades are defined using National Cancer Institute's CTCAE, version 5.0., Up to 11 months	
UNKNOWN	Gastric Cancer|Neoplasms|Gastrointestinal Neoplasms|Digestive	DRUG: Chemotherapy|BIOLOGICAL: Ag-D-CIK	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL	40	Progress-free survival, 3 years	Overall survival, 3 years|Quality of life (QOL), 3 years|Phe	Aug-14

System Neoplasms| Gastrointestinal Diseases	|Masking: NONE|Primary Purpose: TREATMENT	notypic analysis of T cells, The number of CD3+ (or CD8+ or CD4+ or CD56+) T cell, 1 years|Severity of adverse events, According to National Cancer Institute

								Common Terminology Criteria for Adverse Events 锛 圩 CI-CTCAE), 1 years	
RECRUITING	Metastatic or Recurrent Gastric Adenocarcinoma	DRUG: Envafolimab |DRUG: Oxaliplatin| DRUG: S1	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Pri	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

RECRUITING	Advanced Gastric Adenocarcinoma|Advanced Gastroesophageal Junction Adenocarcinoma|Clinical Stage III Gastric Cancer AJCC v8|Clinical Stage III Gastroesoph	DRUG: Lenvatinib|BIOLOGICAL: Pembrolizumab	EARLY_PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	15	Overall response rate, through study completion, an average of 1 year	2022/2/14

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 Gastroesophageal Junction Adenocarcinoma AJCC v8|Clinical

Stage IVB Gastric Cancer AJCC v8|Clinical

Stage IVB Gastroesophageal Junction Adenocarcinoma AJCC v8|Metastatic Gastric Adenocarcinoma|Metastatic Gastroesophageal Junction Adenocarcinoma|Pathologic Stage

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

IIIA Gastroesophageal Junction Adenocarcinoma AJCC v8 | Pathologic Stage IIIB Gastric Cancer AJCC v8 | Pathologic Stage IIIB Gastroesophageal 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 Gastroesophageal Junction Adenocarcinoma AJCC v8|Postneo adjuvant Therapy Stage IIIB Gastroesophageal Junction Adenocarci

noma AJCC v8 | Postneo adjuvant Therapy Stage IV Gastric Cancer AJCC v8 | Postneo adjuvant Therapy Stage IV Gastroesophageal Junction Adenocarcinoma AJCC

v8|Postneo adjuvant Therapy Stage IVA Gastroesophageal Junction Adenocarcinoma AJCC v8|Postneo adjuvant Therapy Stage IVB Gastroesophageal Junction Adenocarci

	noma AJCC v8|Unresectable Gastric Adenocarcinoma|Unresectable Gastroesophageal Junction Adenocarcinoma								
COMPLETED	Cancer|Solid Tumor	DRUG: Fludarabine|DRUG: Cyclophosphamide|BIOLOGICAL:	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL	38	Incidence of adverse events (Safety and tolerability) of	Peripheral T-cell persistence (assessment of frequency	2017/6/30

IMA101 product | BIOLOGICAL: Recombinant human interleukin-2 | DIAGNOSTIC_TEST: IMADetect | DRUG: Atezolizumab	|Masking: NONE | Primary Purpose: TREATMENT	IMA101 alone or in combination with atezolizumab, up to 18 months	of T-cells over time), up to 18 months | Tumor response per Response Evaluation Criteria In Solid Tumors (RECIST) 1.1 and immune-related RECIST	

								(irRECIST), up to 18 months	
RECRUITING	Gastric Cancer|Gastroesophageal Junction Adenocarcinoma	DRUG: GEN-001|DRUG: Avelumab	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	42	To assess the anti-tumor activity of GEN-001, when administered as combined with avelumab, Objective Response (OR) per	Incidence of Adverse Events, Assessed as per CTCAE v5.0, 1 years|Incidence of Laboratory abnormalities, Assessed as per	2022/4/7

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	
RECRUITING	Stomach Neoplasms|Esophagogastric Junction Disorder|Neoadjuvant Therapy|Chemoradiotherapy|Im	DRUG: Oxaliplatin|DRUG: Tegafur-Gimeracil-Oteracil|DRUG: Sintilimab|RADIATION: Concurrent	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose:	152	Pathological complete regression (pCR) rate, The primary endpoint is the pathologic	Pathological response rate (pRR), 1) The pathological response rate (pRR) is defined as the proportion	2021/9/28

munotherapy | Gastrectomy | Adenocarcinoma | Adjuvant Therapy	chemoradiation | PROCEDURE: D2/R0 gastrectomy	TREATMENT	al complete regression (pCR) rate: the proportion of patients who achieve pCR after preoperative therapy. Patients with a CY0 status at the time of enrollment	of patients with a pathological response. The tumor regression will be evaluated according to Ryan's tumor regression grading (TRG). The pathological response

should have no residual tumor cells in the primary lesion and in the dissected lymph nodes in the surgical specimens (ypT0N0M0). Patients with a CY1 is defined as TRG0 and TRG1 of the primary lesion after preoperative therapy., 6 months after the enrollment of the last subject|R0 resection rate, The R0

status at the time of enrollment should reach both ypT0N0M0 and a CY0 status., 6 months after the enrollment of the last subject

resection rate is defined as the proportion of patients who achieve R0 resection. For patients with a CY0 status at the time of recruitment, 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 preoperative therapy. The ORR will be evaluated using the RESIST1.1 protocol., 6 months after the recruitment of the last

subject.|Event-free survival (EFS), The EFS will be calculated from the date of randomization to the date of any event or censoring. The event is defined as below: (1)

locoregional recurrence; (2) peritoneal seeding; (3) distant metastasis; (4) death of any reason; (5) tumor progression 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 recruitment of the last subject.|Safety of perioperative therapy include chemo(radio)therapy and PD-1 antibody., Treatment related adverse

events (TRAEs) of perioperative therapy will be graded and documented according to NCI-CTC AE v5.0 from the beginning of treatment

to 28 days after the last date of treatment. Documentary 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 pneumonitis, interstitial lung disease, acute hepatitis, hyperthyroidism, autoimmune

thyroiditis, thyroid disorder, hypopituitarism, colitis, maculopapular rash and epidermal capillary hyperplasia., One month after the last date of treatment|

Safety of surgery after preoperative therapy include chemo(radio)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, anastomotic fistula, pancreatic fistula of grade B or above, and incision complications (infection, bleeding, rupture).,

UNKNOWN	Gastric Cancer		OBSERVATIONAL	Observational Model: |Time Perspective: p	170	OS (overall survival), the time from receiving the first dose of Immune checkpoint Inhibitors treatment to death or the end of	During or one month after surgery progression-free survival (PFS), the time from receiving the first dose of Immune checkpoint Inhibitors treatment to	2016/12/12

							the observation, through study completion, an average of 3 years	progression of disease (PD) or death, through study completion, an average of 3 years	
COMPLETED	Advanced Solid Tumors | Lymphoma | Gastric Cancer | Col	DRUG: FT500 | DRUG: Nivolumab | DRUG: Pembrolizum	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED | Intervention Model: PARALLEL	37	The incidence of participants with Dose	Objective-response rate (ORR), ORR is defined as the	2019/2/15

orectal Cancer|Head and Neck Cancer|Squamous Cell Carcinoma|EGFR Positive Solid Tumor|HER2-positive Breast Cancer|Hepatocellular Carcinoma|Small Cell Lung	ab|DRUG: Atezolizumab|DRUG: Cyclophosphamide|DRUG: Fludarabine|DRUG: IL-2	|Masking: NONE|Primary Purpose: TREATMENT	Limiting Toxicities (DLTs) within each dose level cohort., The incidence of participants with DLTs within each assessed dose level	proportion of participants who achieve immune partial reponse/partial response (iPR/PR) or immune complete response/complete response (iCR/CR).

	Cancer | Renal Cell Carcinoma | Pancreas Cancer | Melanoma | NSCLC | Urothelial Carcinoma | Cervical Cancer | Microsatellite Instability | Merkel Cell Carcinoma	cohort to determine the maximum tolerated dose (MTD) or maximum assessed dose (MAD)., Day 29	Tumor response will be assessed using modified Response Evaluation Criteria in Solid Tumors (iRECIST) or Response Evaluation Criteria in Lymphom

a (RECIL), as applicable. , Day 29 and every 8 weeks thereafter through Day 366|Duration of FT500 persistence , Duration of FT500 response is defined as

								duration from Day 1 to undetectable levels of FT500 cells per uL blood., Day 1 through Day 366	
ACTIVE_NOT_RECRUITING	Gastric Cancer	DRUG: SHR1210 combined with FOLFOX	PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Mas	60	R0 resection rate, The percentage of patients who have	Near pathological complete response (near-pCR)	2019/7/24

king: NONE|Primary Purpose: TREATMENT	no residual cancer cells (gross or microscopically) at the resection margins., Up to approximately 16 weeks|pathological complete response (pCR) rate, The percentage	rate, Near-pCR rate is defined as the percentage of patients with grade 0-1 tumors per NCCN tumor regression grading (TRG)., Up to approximately 16 weeks|Ov

of patients with no residual cancer cells at the primary cancer site and N(-) per histological evaluation., Up to approximately 16 weeks	erall survival(OS), OS is defined as the time from the first dose to all-cause death., From randomization to the date of death (up to approximately 4

years) | Progression-free survival(PFS), PFS is defined as the time from the first dose to objective disease progression or death., up to 2 years | Disease-free survival

(DFS), DFS is defined as the time from the postoperative baseline imaging evaluation to disease recurrence or death in subjects who are disease-free after surgery.,

From randomization to the date of recurrence or death (up to approximately 4 years) | Percentage of Participants 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 determined per NCI-

UNKNOWN	Metastatic Gastric Cancer|Locally Advanced Gastric Adenocarcinoma	DRUG: Camrelizumab plus mFLOT regimen|PROCEDURE: R0 surgery	PHASE2	INTERVENTIONAL	Allocation: |Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose: TREATMENT	40	margin-free-(R0) resection rate, R0 resection was defined as no tumor identified on microscopic examinatio	CTCAE 4.0., up to approximately 1 years pathological complete response (pCR), 6-9 weeks after immunochemotherapy and R0 surgery|overall response rate (ORR),	Aug-20

n of proximal, distal,or circumferential margins., 6-9 weeks after immunochemotherapy	up to 24 months|Number of participants with treatment-related adverse events as assessed by CTCAE v5.0, up to 24 months|sugery complications, sugery

complicati
ons, up to 2
months
after the
period of
surgery | p
rogression
free
survival
(PFS),
randomisa
tion to
disease
progressio
n, relapse,
or death;
surgical

								morbidity and mortality, up to 24 months|overall survival (OS), up to 24 months	
RECRUITING	Gastric Cancer (GC) Gastroesophageal Junction Cancer (GEJ)	DRUG: Serplulimab+Paclitaxel+Apatinib|DRUG: Paclitaxel 卤 Ramucirumab	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Pri	107	6-month PFS%, Progression-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 1.1, The Percent of patinets after first progressio n until disease progressio n in 6 months	any cause 锛 宍 ssessed up to 2 years]|PF S2, Progressio n-free survival by IRRC assessment per RECIST 1.1, From date of randomiza tion until

the date of second-line treatment progression or date of death from any cause, whichever came first|PFS1, Progression-free survival by IRRC assessment per

RECIST 1.1, From date of randomization until the date of first documented progression or date of death from any cause, whichever came first

UNKNOWN	Colorectal Cancer|Triple Negative Breast Cancer|Sarcoma|Nasopharyngeal Carcinoma|Prostate Cancer|Gastric Cancer	BIOLOGICAL: Adoptive Cell Transfer of NKG2DL-targetting Chimeric Antigen Receptor-grafted Gamma Delta T cell	PHASE1	INTERVENTIONAL	Allocation: |Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose: OTHER	10	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 occurence of any adverse events (AEs) and serious adverse events	2019/12/1

	(DLTs) during 4 cycles of treatment and the week after treatment., 6 months	(SAEs) during 4 cycles of treatment and the week after treatment, 6 months|Observation 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|Observation for progression-free survival, A secondary outcome is to observe for progression-free survival (PFS) and after the

start of 1st cycle of treatment, up to 2 years|Observation 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	
RECRUITING	Gastric Cancer|Breast Cancer|Cervical Cancer|Lung Cancer	DRUG: KK-LC-1 TCR-T cells|DRUG: Aldesleukin 720,000 IU/kg IV	PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SEQUENTIAL|Masking:	42	Maximum tolerated dose (MTD) of KK-LC-1 TCR-T cells, The	Adverse events of KK-LC-1 TCR T cells, Adverse event	2022/9/26

every hours	eight	NONE|Primary Purpose: TREATMENT	highest dose level achieved according to the protocol-defined criteria for DLTs and determination of MTD., 30 days	determination as measured by National Cancer Institute (NCI) Common 5.0Terminology Criteria for Adverse Events (CTCAE) Criteria Version

5.0, 30 days|Tumor response rate, Tumor response will be determined by RECIST criteria as per the protocol description, 6 weeks|Tu

mor response duration, Tumor response duration will be determined by RECIST criteria as per the protocol description, Through study completion

								, up to 5 years	
RECRUITING	Advanced Solid Tumors | Genital Neoplasm, Female | Urogenital Neoplasms | Lung Neoplasm | Neoplasms by Site | Papillomavirus Infection | E	DRUG: STAR0602	PHASE1 | PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED | Intervention Model: SEQUENTIAL | Masking: NONE | Primary Purpose: TREATMENT	365	Phase 1 (Dose Escalation) :Number of Participants with Dose-limiting Toxicities (DLTs) in Cycle 1, Cycle 1 (Cycle length= 28	Phase 1 and 2 (Dose Escalation and Expansion) : Percentage of Participants with ORR, Up to 3 years | Phase 1 and 2	2023/1/4

pstein-Barr Virus Infections | Carcinoma | Neoplasms | Vulvar Neoplasms | Vulvar Diseases | Abdominal Neoplasm		days) | Phase 1 and 2 (Dose Escalation and Expansion) : Number of Participants with Adverse Events (AEs) and Serious Adverse Events (SAEs), Up	(Dose Escalation and Expansion) : Duration of Responses (DOR), Up to 3 years | Phase 1 and 2 (Dose Escalation and Expansion) : Percentage

to 3 years | Phase 2 (Dose Expansion): Percentage of Participants with Overall Objective Tumor Responses (ORR), Complete response (CR) and	of Participants with Disease Control (CR, PR, and Stable Disease), Up to 3 years | Phase 2 (Dose Expansion): Progression Free Survival (PFS), Up

partial response (PR), Up to 3 years	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 (Cmax) 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)|Phase 1 and 2 (Dose Escalation and Expansion): Time (Tmax) to Reach the

Maximum Plasma Concentration (Cmax) 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)|Phase 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)|Phase 1 and 2 (Dose Escalation and Expansion): Terminal

Elimination Half-life (t1/2) 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)|Phase 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)|Phase 1 and 2 (Dose Escalation and Expansion): Apparent Volume of Distribution (Vd) 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)|Phase 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)	
RECRUITING	Advanced Solid Tumor|Metastatic Cancer	DRUG: AU-007|DRUG: Aldesleukin	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose:	69	Evaluate the safety and tolerability of AU-007, Measured by the frequency of DLTs (Dose limiting	Magnitude of Pharmacokinetic changes in the blood after dosing determined by area under the	2022/4/4

TREATMENT	Toxicity) and safety profile, Day 1 thru EOT visit (28 days after last dose)|Establish the maximum tolerated dose (MTD) and or/ recommended Phase 2 dose	curve (AUC) of AU-007, The AUC of AU-007 will be measured at different timepoints after AU-007 administration, Day 1 thru EOT visit (28 days after last

(RP2D), With AU-007 alone or in combination with aldesleukin measured by PK, PD, and Biomarkers, Day 1 thru EOT visit (28 days after last dose)	dose) | Magnitude of Pharmacokinetic changes in the blood after dosing determined by maximum concentration (Cmax) of AU-007, The Cmax 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 Pharmacokinetic changes in the blood

after dosing determined by time of maximum concentration (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)|Magnitude of Pharmacokinetic changes in the blood after dosing determined by Half-life (T1/2) of AU-007,

The T1/2 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)|Magnitude of immunogenicity after dosing with AU-007 alone or in combinatio

n with aldesleukin, Assessed by summarizing 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 aldesleukin in patients with unresectable locally advanced or metastatic cancer, Clinical anti-tumor activity

will be evaluated using conventional 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)	
RECRUITING	Gastrointestinal Cancer|Pancreatic Cancer|Gastric Cancer|Colon Cancer|Rectal Cancer	DRUG: Cyclophosphamide|DRUG: Fludarabine|DRUG: Aldesleukin|BIOLOGICAL: anti-KRAS G12D mTCR PBL	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose: TREATMENT	70	Response rate, Percentage of patients who have a clinical response (PR+CR) to treatment (objective tumor regression), 6 weeks and 12 weeks following administration of the cell product, then every 3 months x3, then every 6 months x 2 years, then per PI discretion|Frequency	2019/5/16

							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	PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_G	48	Efficacy, Monitoring of CEA levels, pre and post	Safety, Monitoring and recording of all	Oct-12

					ROUP|Masking: NONE|Primary Purpose: TREATMENT		infusion of T cells. Monitoring of CT and PET scans pre and post infusion., 24 months	adverse and serious adverse events using CTC 4.0 criteria., 24 months	
TERMINATED	Gastric Cancer	BIOLOGICAL: Cetuximab|DRUG: Capecitabine|DRUG: Cisplatin	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Pri	1	Dose limiting toxicity, Patients will be evaluated for dose limiting	Metabolic response, Metabolic response, as measured by F-18-FDG PET-	Feb-12

mary Purpose: TREATMENT	toxicities until four weeks after combined radio-chemo-immunotherapy	CT measurement of SUVmax, After 6 weeks of chemo-immunotherapy | Secondary resectability, Decided by a multidisciplinary team 3-5 weeks after

the end of neoadjuvant treatment | Major histopathological response rate, at surgery 4-6 weeks after end of neoadjuvant therapy | R-0 resection rate, at

surgery 4-6 weeks after the end of neoadjuvant therapy|Surgical morbidity, within 30 days after surgery|Overall survival, Measured by median, 1-, 2-, and 3- year

survival rates|Time to local and systemic progression after R0-resection, 5 years after completion of the trial treatement|Feasibility, Defined as completion of

preoperative therapy (including surgery in patients with initially resectable tumors) and being alive 30 days postoperatively.|Toxicity (according to NCI-

								CTCAE, Version 4.0), Within 30 days after completion of the trial treatement	
RECRUITING	Gastric Cancer|Peritoneal Metastases|Ascites, Malignant	DRUG: Sintilimab in Combination With S-1/oxaliplatin With nab-paclitaxel intraperitoneal	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary	35	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|OTHER: Blood samples, tumor biopsy specimens, ascites, and feces samples will be collected	Purpose: TREATMENT	calculated as a summed ratio of patients with disappeared and decreased ascites to the total number of patients., 1 year	year|Progress free survival (PFS), PFS is defined as the time from the date of treatment to the first date of disease, 1 year|12 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|Objective response rate of Solid tumor lesion (if

exists), Number of participants with partial response or complete response treating by anloitnib according to RESIST criteria v1.1, 1 year|Safety

assessment, Number and percentage of participants with Adverse Events (any Grade and Grade 3/4), 1 year|Changes of ascite cell subsets in patients,

Changes in ascites cell subsets in patients before and after treatment. Differences in the proportion of subpopulations and gene expression levels of ascites cells

								between responders and non-responders by single-cell sequencing., 1 year	
COMPLETED	Breast Cancer|Gastric Cancer	BIOLOGICAL: margetuximab	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model: SINGLE_GROUP|Masking: NONE|Pri	66	Occurrence of Adverse Events and Serious Adverse Events, Note that serious	Number of participants with dose limiting toxicities for weekly dosing, Characterize	Jul-10

mary Purpose: TREATMENT	adverse events that are considered study drug related can be reported at any time after Study Day 50 or 28 days after the last infusion., Up to 28 days after	maximum tolerated dose (MTD) or maximum administered dose (MAD) (if no MTD is defined) of margetuximab, up to Study Day 28 for weekly dosing|Number of

last infusion	participants with dose limiting toxicities every 3-week dosing, Characterize maximum tolerated dose (MTD) or maximum administered 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

margetuximab, Study Day 1, 2, 4, 5, 8, 15, 22, 29 ,36, 50, every 4 weeks thereafter throughout study completion, average 2 months.|Number of patients who develop

treatment-emergent anti-drug antibodies to margetuximab (Immunogenicity), Study Day 1, 22, 50, every 4 weeks thereafter throughout study completion

, average 2 months.|

Maximum Concentration of Margetuximab at Steady State once every 3 weeks schedule, Study Day 1, 2, 4, 5, 22, 29 ,36, 50, every 3 weeks

thereafter throughout study completion, average 10 months.|Area Under the Concentration Time Curve at Steady State (AUCss) once every 3 weeks

schedule, AUC is a mathematical calculation that describes the drug concentration in the blood over time., Study Day 1 through Day 22|Area Under the

Concentration Time Curve at Steady State (AUCss) weekly dosing schedule, AUC is a mathematical calculation that describes the drug concentration in the

blood over time., Study Day 1 through Day 8|Clearance once every 3 weeks schedule, Drug clearance is the amount of drug removed from the

bloodstrea
m 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|Terminal Half-life once every 3 weeks

schedule, Terminal half-life is the time required to divide the plasma concentration by two after reaching pseudo-equilibrium., 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|Number of Patients with a

Complete Response (CR) or Partial Response (PR) to Treatment, Investigate the preliminary anti-tumor activity as measured by response to treatment

of margetuximab, using conventional Response Evaluation Criteria in Solid Tumors (RECIST) 1.1, Assessed at 6, 18, 30, 42, and 54 weeks, they every

24 weeks until treatment discontinuation, average 10 months|Duration of response, Duration of response is calculated at the time from CR or PR to relapse or

cancer progression, Assessed at 6, 18, 30, 42, and 54 weeks, they every 24 weeks until treatment discontinuation,average 10 months|Progression 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 discontinuation, average 10 months|Number of patients with complete response, partial response, stable

disease, or progressive disease according to each CD16A-158 genotype (FF, FV, VV), Fc Receptor polymorphisms may affect responsiveness 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 discontinuation, average 10 months|Changes in immune cell subsets, Changes in immune cell subsets may affect responsiveness to immunotherapies,

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 | Amount HER2 in the blood, Levels of HER2 in the bloodstream 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 | Antibody dependent cellular cytotoxicity (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	
RECRUITING	Upper Digestive Tract Cancer	BIOLOGICAL: Radiopharmaceutical 68Ga-PSMA	PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose:	20	Tumor uptake of 68Ga-PSMA, Proportion of participants with tumor uptake equal to or	Tumor heterogeneity, Proportion of tumor lesions identified on CT that accumulate 68Ga-PSMA in	2022/1/17

DIAGNOSTIC	greater than 1.5 times the mean hepatic uptake (SUVmean) on 68Ga-PSMA PET according to the criteria suggested by the European Association of	each participant, At 1 hour post-injection acquisition |Tumor lesions that do not accumulate 68Ga-PSMA, Proportion of patients with CT-identified tumor

Nuclear Medicine (EANM), At 1 hour post-injection acquisition	lesions that do not accumulate 68Ga-PSMA, At 1 hour post-injection acquisition |Effective half-life of 68Ga-PSMA, Comparison 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 extrapolated from 68Ga-PSMA results, At 30

						minutes, 60 minutes and120 minutes post-injection		
RECRUITING	Gastric Cancer|Gastric Adenocarcinoma	DRUG: pabolizumab	OBSERVATIONAL	Observational Model: |Time Perspective: p	32	Pathologic Complete Response (pCR) Rate, pCR is defined as absence of viable tumor (pT0pT0N0) in	Overall Survival (OS), Overall survival is defined as the time from randomization to death due	2023/3/1

examined tissue, Up to approximately 15 Weeks (Time of surgery)	to any cause., Up to approximately 71 months.|Progression free survival (PFS), The time from registration to the date of disease progression 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	Oesophageal Adenocarcinoma|Gastric Adenocarcinoma	DRUG: Capmatinib| DRUG: Spartalizumab	PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	90	Tumor response, Overall response rate defined as the proportion of patients with at least one objective tumour response (complete or partial) according	Proportion of unacceptable toxicity of the regimen during the first and second cycles of administration, Presence of at least one of (composite endpoint):	2022/3/22

to response evaluation criteria in solid tumours (RECIST) v1.1 within 6 months., 6 months	* Adverse event (AE) grade \>3 (NCI-CTCAE v5), at least possibly related to the treatment or unrelated to disease, progressio n, intercurren	

t illness, concomitant medications

* Non-hematological AE grade 鈮?

* Recurring grade 2 pneumonitis, Myocarditis grade 鈮?

*

Autoimmune hemolytic anemia, hemolytic uremic syndrome, acquired hemophilia grade 鈪?

* Guillain-Barre, severe peripheral or autonomic

neuropathy, transverse myelitis, encephalitis, aseptic meningitis

* Laboratory abnormality grade 鈥? 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, documented infection with absolute neutrophil count\<10\^9/L, grade 3 neutropenia \>7days, grade 4 neutropenia or thrombocytopenia, or bleeding

with platelet transfusion * AE with discontinuation \>21days * Significant drug-related AE, Day 42|Proportion of unacceptable 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, progression, intercurrent illness, concomitant medications

* Non-hematologi

cal AE grade 鋸?

* Recurring grade 2 pneumonitis, Myocarditis grade 鋸?

* Autoimmune hemolytic anemia, hemolytic uremic syndrome,

acquired hemophilia grade 鈪?

* Guillain-Barre, severe peripheral or autonomic neuropathy, transverse myelitis, encephalitis, aseptic meningitis

*

Laboratory abnormality grade 鈥? for \>7days (except nephritis grade 3-4, combined elevations of aspartate or alanine transaminase and total bilirubin,

hyperglycemia, serum electrolytes/enzymes changes without clinical impact)

* Febrile neutropenia, documented infection with absolute neutrophil count\<10

\^9/L, grade 3 neutropenia \>7days, grade 4 neutropenia or thrombocytopenia, or bleeding with platelet transfusion * AE with discontinuation \>21days

*

Significant drug-related AE, 12 months or treatment discontinuation|Proportion of patients with adverse events during the whole treatment

course, All adverse events during the whole treatment course, 12 months or treatment discontinuation|Duration of overall response, Time between the first

occurrence of tumor objective response, partial or complete (RECIST 1.1) and the first radiological progression, with response assessment every 9 weeks, up

to 24 months, 24 months|Time 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|Progression-free survival, Time between inclusion

and the date of the first radiological progression (according to RECIST 1.1), death (any cause), or last follow-up (maximum =24 months),

whichever occurs first., 24 months|Overall survival, Time between inclusion and death (any cause) or last follow-up (maximum =24 months), whichever

							occurs first, 24 months	
ACTIVE_NOT_RECRUITING	Stomach Neoplasms|Neoplasm Metastasis	PROCEDURE: Gastrectomy; Hepatectomy	OBSERVATIONAL	Observational Model: |Time Perspective: p	3000	1-year overall survival, The proportion (%) of gastric cancer liver metastasis patients that survived beyond	The incidence of gastric cancer liver metastasis cases, The rate of gastric cancer liver metastasis cases divided by	2010/1/1

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 survived beyond three-year follow-up period., 2011/01/01-2021/12/31|5-year overall survival, The proportion (%) of gastric cancer	proportion (%) of synchronous or metachronous gastric cancer liver metastases cases in all gastric cancer cases, 2010/01/01-2019/12/31|The

liver metastasis patients that survived beyond five-year follow-up period., 2011/01/01-2021/12/31	survival of patients that recieved different therapeutic methods, The proportion (%) of patients under different therapies that survived beyond

specific follow-up period., 2010/01/01-2019/12/31|The prognostic predictive value for patients with different C-GCLM classification, The proportion

							(%) of patients of different classification that survived beyond specific follow-up period., 2010/01/01-2019/12/31	
RECRUITING	Stage IV Esophageal Adenocarci	RADIATION: Radiation Therapy (RT)	NA	INTERVENTIONAL	Allocation: NA | Intervention	28	Overall response rate (ORR),	ORR by immune-Modified	2020/8/7

noma|Stage IV Esophageal Squamous Cell Carcinoma|Stage IV Gastric Cancer|Stage IV Adenocarcinoma of the Gastroesophageal Junction|Stage IVA Esophageal	Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	Proportion of patients who achieve as their best overall response according to Response Evaluation Criteria in Solid Tumors (RECIST) v. 1.1 criteria:	Response Evaluation Criteria in Solid Tumors (iRECIST), Will be determined by immune-Modified Response Evaluation Criteria in Solid Tumors (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 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 Adenocarcinoma|Stage IVB Esophageal Squamous Cell Carcinoma|Stage IVB Gastric Cancer|Stage IVB Gastroesophageal Junction Adenocarcinoma|Meta

will be reported for the entire cohort and stratified by histologic subtype, programmed cell death protein 1 (PD-1)/programmed death-

unconfirmed progressive disease (iUPD). The same definition will be used for per lesion analysis. PD will be designated for all patients with PD determinat

static Anal Canal Carcinoma | Metastatic Colorectal Carcinoma | Metastatic Esophageal Carcinoma | Metastatic Gastric Carcinoma | Metastatic Gastroesophageal Junction Adenocarci	ligand 1 (PD-L1) status, microsatellite instability (MSI), and organs treated if sample size allows. Patients with unevaluable or unknown	ion by RECIST v1.1 or immune-confirmed progressive disease (iCPD) by iRECIST. Unconfirmed response for all patients designated as iUPD. Will be

noma | Metastatic Hepatocellular Carcinoma | Metastatic Malignant Digestive System Neoplasm | Metastatic Small Intestinal Carcinoma | Pancreatobiliary Carcinoma |	response status will be considered nonresponders., Up to 8 weeks	reported as proportion of response and corresponding exact confidence intervals. Patients with unevaluable or unknown response status will be considered

Pathologic Stage IV Gastric Cancer AJCC v8|Pathologic Stage IVA Esophageal Adenocarcinoma AJCC v8|Pathologic Stage IVA Esophageal Squamous Cell	nonresponders., Up to 8 weeks|Progression free survival (PFS), PFS is defined as the duration of time from start of radiation treatment to time of progressio

Carcinoma AJCC v8|Pathologic Stage IVB Esophageal Adenocarcinoma AJCC v8|Pathologic Stage IVB Esophageal Squamous Cell Carcinoma AJCC v8|Pathologic Stage IVB

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 Gastroesophageal Junction Adenocarcinoma AJCC v8|Postneoadjuvant Therapy	Stage IV Esophageal Squamous Cell Carcinoma AJCC v8|Postneo	MSI, and organs treated if sample size allows.	Time to local progression will be described using the cumulative incidence method and compariso

adjuvant Therapy Stage IV Gastric Cancer AJCC v8|Postneo adjuvant Therapy Stage IV Gastroesophageal Junction Adenocarcinoma AJCC v8|Postneo adjuvant	ns between strata via Gray's test, if sample size allows; Otherwise, Kaplan-Meier methodology will be used and comparisons will be made via log-rank test; and

Therapy Stage IVA Esophageal Adenocarcinoma AJCC v8|Postneo adjuvant Therapy Stage IVA Esophageal Squamous Cell Carcinoma AJCC v8|Postneo adjuvant Therapy	Cox proportional hazards analysis, if possible., Up to 36 months|Overall survival (OS), OS will be measured from the date of initiation of RT. OS is defined as

Stage IVA Gastroesophageal Junction Adenocarcinoma AJCC v8|Postneoadjuvant Therapy	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
Stage IVB Esophageal Adenocarcinoma AJCC v8|Postneoadjuvant Therapy	
Stage IVB	

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 Hepatocellular Carcinoma AJCC v8|Stage IVA Colorectal Cancer AJCC v8|Stage IVA Hepatocellu

sample size allows., Up to 36 months|Determine local control in radiated lesion(s), Local control will be defined as absence of per-lesion PD in an

lar	irradiated
Carcinoma	lesion (as
AJCC	defined
v8|Stage	above, a
IVB	20%
Colorectal	increase in
Cancer	the longest
AJCC	diameter
v8|Stage	since the
IVB	treatment
Hepatocellu	started or a
lar	5 mm
Carcinoma	increase
AJCC	over the
v8|Stage	nadir
IVC	longest
Colorectal	diameter

Cancer AJCC v8	from initiation of radiation therapy to time of progression of radiated lesion(s), Up to 36 months|Tumor measurement change by RECIST or

iRECIST, Abscopal response rate is defined as present for all patients for whom an unirradiated target or non-target lesion previously determined 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|Incidence 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 comparisons between strata via

Gray's test, if sample size allows; Kaplan-Meier methodology will be used and comparisons will be made via log-rank test; and Cox proportional 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 proportional hazards analysis, if possible., Up to 36 months	
COMPLETED	Advanced Solid Tumors	BIOLOGICAL: ALKS 4230|BIOLO	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|	116	Incidence of Adverse Events	Proportion of subjects with	2019/2/26

GICAL: Pembrolizumab	Intervention Model: PARALLEL |Masking: NONE|Primary Purpose: TREATMENT	(AEs), and identify the RP2D of ALKS 4230 in Part A, Includes AEs that are both serious and drug-related, From time of initiation of therapy until 30	objective evidence of Complete Response (CR)/immune CR (iCR), Overall response rate (ORR) will be based on investigator review of radiographic or photograp

days after last dose of study drug, assessed up to 24 months|Number of subjects experiencing AEs that are both serious and drug-related in Part B,	hic images, From time of initiation of therapy until the date of first documented tumor progression, assessed up to 24 months|Proportion of subjects with objective

Includes AEs that are both serious and drug-related, From time of initiation of therapy until 30 days after last dose of study drug, assessed up to 24	evidence of Partial Response (PR)/immune PR (iPR), ORR will be based on investigator review of radiographic or photographic images, From time of initiation

months | Clinical Activity of combination treatment with ALKS 4230 and pembrolizumab in each Part B tumor type., Overall Response rate (ORR) will be	of therapy until the date of first documented tumor progression, assessed up to 24 months | Duration of response in subjects with CR/iCR, CR/iCR duration, Time from

based on investigator review of radiographic and photographic images, From time of therapy until the date of first documented tumor progression, assessed up to 24 months	the first documentation of complete response, measured approximately every 6 weeks, to the first documentation of objective tumor progression or death due to any

cause (estimated up to 24 months) | Duration of response in subjects with PR/iPR, PR/iPR duration, Time from the first documentation of complete response,

measured approximately every 6 weeks, to the first documentation of objective tumor progression or death due to any cause (estimated up to 24 months) | Non-

progressio
n for Part
B, Time
from first
dose of SC
ALKS 4230
to the time
of
progressio
n or death,
Assessed
up to 24
months|O
verall
survival
for Part B,
Time from

first dose of SC ALKS 4230 to the time of death, Assessed up to 24 months|Serum concentrations of ALKS 4230 will be determined 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|Serum 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|Immunophenotyping of

peripheral blood mononuclear cells will be performed by flow cytometry at various time points, Results 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|Serum concentrations of proinflammatory cytokines

will be assessed using a multiplex method at various time points, Results 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	
COMPLETED	Melanoma|Renal Cell Carcinoma|Non Small Cell Lung Cancer|Urothelial Carcinoma|Triple	DRUG: Dose Escalation Doublet: Combination of NKTR-214 + nivolumab|DRUG: Dose Expansion	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary	557	Part 1 Dose Escalation: Incidence of Dose-limiting Toxicity (DLT) During the DLT Evaluation Window, Part 1of the study was a dose-escalation phase that evaluated the safety and tolerability and	2016/12/19

Negative Breast Cancer|HR+/HER2- Breast Cancer|Gastric Cancer	Doublet: Combination of NKTR-214 + nivolumab| DRUG: Schedule Finding Triplet: Combination of NKTR-214+ nivolumab+ ipilimumab| DRUG: Dose Expansion Triplet:	Purpose: TREATMENT	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

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 (卤 7 days) from Cycle 1 Day 1 and end of treatment (unless scan done within 4 weeks) up to

							approximately 27 months.		
RECRUITING	Malignant Neoplasm of Nasopharynx TNM Staging Distant Metastasis (M) | Breast Cancer Recurrent | Gastric Cancer With Metastasis	BIOLOGICAL: EpCAM CAR-T cells	PHASE1	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose: TREATMENT	30	Number of participants with treatment-related adverse events/dose limiting toxicity as assessed by CTCAE v4.0, Determine the largest dose of	Response rate of participants treated with EpCAM CAR-T cells assessed by RECIST v1.1, Determine whether there is therapeuti	Jul-16

EpCAM CAR-T cells for patients with nasophary ngeal carcinoma, breast cancer and other tumors expressing EpCAM., 6 weeks after infusion	c efficacies of the safe dose infusion of EpCAM CAR-T cells for patients with solid tumors., 24 months after infusion of the CAR-T cells | Persi stence of EpCAM

								CAR-T cells and correlation with the Response rate, 24 months post CAR-T infusion	
RECRUITING	Gastric Cancer	DRUG: camrelizumab+chemotherapy|DRUG: Chemotherapy	PHASE1|PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Pri	100	major pathologic response rate, complete or subtotal regression (\<10%	complete pathologic response rate, complete regression (no residual	2022/7/1

mary Purpose: TREATMENT	residual tumor per tumor bed), one month after surgery	tumor per tumor bed), one month after surgery | R0 resection rate, surgically removed tissue without residual cancer cells, one month after

surgery|Overall survival, the time from the start of randomization 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		
COMPLETED	Anaplastic Astrocytoma|Anaplastic Oligoastrocytoma|Anaplastic Oligodendr	BIOLOGICAL: DEC-205/NY-ESO-1 Fusion Protein CDX-1401|OTHER: Laboratory Biomarker	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Pri	18	Incidence of adverse events in patients receiving the DEC-205/NY-ESO-1	NY-ESO-1 specific cellular immunity, Analyzed via an analysis-of-	Mar-12

oglioma | Estrogen Receptor Negative | Estrogen Receptor Positive | Glioblastoma | Hormone-Resistant Prostate Cancer | Metastatic Prostate Carcinoma | Metastatic Renal Cell	Analysis | OTHER: Pharmacological Study | DRUG: Sirolimus	mary Purpose: TREATMENT	fusion protein CDX-1401 with and without sirolimus, as evaluated according to the NCI CTCAE scale version 4.0, The safe schedule of the combinato	covariance (ANCOVA) model with post-treatment levels modeled as a function pretreatment levels and main effects correspon ding to the 3 + 3 design.,

Cancer | Recurrent Adult Brain Neoplasm | Recurrent Bladder Carcinoma | Recurrent Breast Carcinoma | Recurrent Colorectal Carcinoma | Recurrent Esophageal Carcinoma | Recurrent	rial regimen is established at the dose before 2/6 patients experience dose-limiting toxicity. Estimated using a one-sided, 95%, exact binomial confidence interval	Up to 12 months post-treatment | NY-ESO-1 specific humoral immunity, ANCOVA model with post-treatment levels modeled as a function pretreatme	

Gastric Carcinoma | Recurrent Hepatocellular Carcinoma | Recurrent Lung Carcinoma | Recurrent Melanoma | Recurrent Ovarian Carcinoma | Recurrent Prostate Carcinoma |		(Clopper-Pearson)., Up to 12 months post-treatment	nt levels and main effects correspon ding to the 3 + 3 design., Up to 12 months post-treatment

Recurrent Renal Cell Carcinoma | Recurrent Uterine Corpus Carcinoma | Resectable Hepatocellular Carcinoma | Sarcoma | Stage IA Breast Cancer | Stage 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 | Stage IIA Breast Cancer | Stage IIA Lung Carcinoma | Stage IIA Ovarian Cancer | Stage IIB Breast Cancer | Stage IIB Esophageal Cancer | Stage IIB Lung Carcinoma |

Stage IIB Ovarian Cancer | Stage IIB Skin Melanoma | Stage IIC Ovarian Cancer | Stage IIC Skin Melanoma | Stage IIIA Breast Cancer | Stage IIIA Esophageal Cancer | Stage 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 | Stage IIIB Skin Melanoma | Stage IIIB Uterine Corpus Cancer | Stage IIIC Breast Cancer | Stage IIIC Esophageal Cancer | Stage IIIC Ovarian Cancer | Sta

ge IIIC Skin Melanoma | Stage IIIC Uterine Corpus Cancer | Stage IV Bladder Urothelial Carcinoma | Stage IV Esophageal Cancer | Stage IV Ovarian Cancer | Stage IV

	Prostate Cancer | Stage IV Skin Melanoma | Stage IVA Uterine Corpus Cancer | Stage IVB Uterine Corpus Cancer							
RECRUITING	Chemotherapy | Immune Checkpoint Inhibitor | Locally	DRUG: delayed toripalimab | DRUG: control	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED | Intervention Model:	70	pathological complete response rate, the	rate of adverse events, rate of adverse events, 3	2021/6/25

	Advanced Gastric Carcinoma				PARALLEL | Masking: NONE | Primary Purpose: TREATMENT	proportion of patients with no tumor cells in the postoperative specimens, 6 months	months | disease-free survival, the rate of patients who keep from disease at three years, 3 years	
ACTIVE_NOT_RECRUITING	Solid Tumor | Gastric Cancer | Gastroesophageal Junction	BIOLOGICAL: BNT141 | DRUG: Nab-paclitaxel | D	PHASE1 | PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED | Intervention Model: SEQUENTI	96 Occurrence of treatment-emergent adverse events	BNT141 pharmacokinetic: Area under the concentration time	2022/1/18

Adenocarcinoma | Esophageal Adenocarcinoma | Pancreatic Cancer | Biliary Tract Cancer | Cholangiocarcinoma | Metastatic Cancer	RUG: Gemcitabine	AL | Masking: NONE | Primary Purpose: TREATMENT	(TEAEs) within a patient including Grade 鈮 ?3, serious, fatal TEAE by relationship, TEAEs will be graded according to the National Cancer	curve (AUC), pre-dose until 60 days after last dose | BNT 141 pharmacokinetic: Clearance (CL), pre-dose until 60 days after last dose | BNT 141	

Institute Common Terminology Criteria for Adverse Events (NCI-CTCAE) v 5.0., up to 36 months|Occurrence of dose reductions and discontinu	pharmacokinetic: Volume of distribution (VD), pre-dose until 60 days after last dose|BNT 141 pharmacokinetic: Maximum concentration of the drug

ation of BNT141 due to TEAEs throughout the study and up to 60 days after last subject last treatment, up to 36 months|Occurrence of dose-limiting toxicities	(Cmax), pre-dose until 60 days after last dose|BNT 141 pharmacokinetic: Time to maximum concentration (Tmax), pre-dose until 60 days after last	

(DLTs) within a patient during the DLT evaluation period, DLTs are assessed during the first cycle (21 days) in each cohort to determine maximum tolerated	dose | BNT 141 pharmacokinetic: Concentration prior to next dose (Ctrough), pre-dose until 60 days after last dose | BNT 141 pharmacokinetic: Eliminatio	

dose (MTD) and/or recommended phase 2 dose (RP2D)., assessed during the first cycle (21 days) in each cohort	n half-life (t half), pre-dose until 60 days after last dose|BNT 141 - Objective response rate (ORR), ORR is 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 progression (progressive disease per RECIST v

								1.1) or death from any cause, whichever occurs first., up to 36 months	
COMPLETED	Biomarkers			OBSERVATIONAL	Observational Model: |Time Perspective: p	116	Overall survival, Overall survival of patients with gastric cancer, two years		2017/1/1
ACTIVE_NOT_RECRUITING	Gastric Adenocarcinoma|Oesophageal	DRUG: FLOT-A	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_G	44	Pathological complete response rate of	Number of participants with grade 3 or 4	2017/7/31

Adenocarcinoma	ROUP|Masking: NONE|Primary Purpose: TREATMENT	combination FLOT-A, The primary objective is to assess the efficacy of FLOT-A in the peri-operative setting in patients with operable GOAs. We aim to increase	treatment-related adverse events as assessed by CTCAE v4.0, Safety of peri-operative FLOT-A will be assessed by summarising grade 3-4 toxicity and DLT

the pCR rate after peri-operative treatment from 10% (minimum expected path CR rate for peri-operative FLOT chemotherapy), to a superior pCR rate of	rates as proportions., Within 2 years | Radiological response rate using RECIST 1.1 criteria, Radiological response rate assessed at the pre-operative scan using RECIST 1.1

\>25%, by adding Avelumab to FLOT.	criteria. Radiological tumour response before surgery will be defined as partial response or complete response., Within 3 years|Median progressio
Complete histopathologic response is defined by no vital tumour cells neither in the oesophagus, the	

stomach nor in the regional lymph nodes. In cases of residual tumour, the response assessment will follow criteria described by Mandard et al.,

n free survival by Kaplan Meir method, PFS will be summarised using Kaplan Meier methods, presenting median survival with 95% confidence intervals.

Within 2 years of study opening	PFS is defined as time from registration to clinical/radiological progression 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|	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	134	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 | Esophageal Cancer | Esophageal Squamous Cell Carcinoma | Gastric Cancer | Gastroesophageal Junction Adenocarcinoma | Head and Neck Squamous Cell Carcinoma |	DRUG: Paclitaxel | DRUG: FOLFIRI Protocol | DRUG: 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 | Microsatellite Instability-High Solid Malignant Tumor | Mismatch Repair Deficient Solid Malignant Tumor | Microsatellite 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 | Mismatch Repair Deficient Colorectal Cancer | Non-small Cell Lung Cancer | Renal Cell Carcinoma | Small Cell Lung Cancer | Squamous 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

RECRUITING	Adenocarcinoma | Adenocystic Carcinoma | Anal Cancer | Appendix Cancer | Brain Tumor | Glioblastoma | Astrocytoma | Bile Duct Cancer | Cholangiocarcinoma | Bladder	DIAGNOSTIC_TEST: Biomarker Testing (L) | DRUG: Systemic Treatment (T) | OTHER: Patient Reported Outcomes (P)	OBSERVATIONAL	Observational Model: | Time Perspective: p	100000	Best overall response (BOR) - 1st line of therapy, The best overall response for 1st line of therapy as determined by physician assessment, 1st line of	Overall survival (OS), The overall survival of a patient from the time of being diagnosed with advanced disease until death, through study	2021/5/5

Cancer|Bone Cancer|Synovial Sarcoma|Chondrosarcoma|Liposarcoma|Sarcoma, Kaposi|Sarcoma,Soft Tissue|Sarcoma|Osteosarcoma|CNS Cancer|Brain Stem	therapy, on average less than 1 year|Best overall response (BOR) - 2nd line of therapy, The best overall response for 2nd line of therapy as determined by	completion, on average less than 3 years	

Neoplasms | Breast Cancer | Cervical Cancer | Colorectal Cancer | Rectal Cancer | Colon Cancer | Esophageal Cancer | Esophagus Cancer | Cancer 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|Cancer of Pancreas|Testis Cancer|Testicular Cancer|Ureter Cancer|Renal Cell Carcinoma|Kidney Cancer|Gestational Trophoblastic

as determined 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 Lymphoblastic Leukemia | Multiple Myeloma | Non Hodgkin Lymphoma |Carcinoid Tumor |Lung Cancer |Neuroendocrine Tumors |Me	therapy, The best overall response for 5th line of therapy as determined by physician assessment, 5th line of therapy, on average less than 1 year |Progression-

sothelioma | Thyroid Cancer | Parathyroid Neoplasms | Adrenal Cancer | Small Bowel Cancer | Stomach Cancer | Liver Cancer | Hepatic Cancer | Melanoma | Skin Cancer | Un	free survival (PFS) - 1st line of therapy, The progression free survival for 1st line of therapy as determined 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 Macroglobulinemia|Cancer, Advanced|Thymus Cancer|Nasopharyngeal Carcinoma|Multiple Endocrine Neoplasia|Pheochromocytoma|Small Cell Carcinoma|

determined by physician assessment, 2nd line of therapy, on average less than 1 year|Progression-free survival (PFS) - 3rd line of therapy, The progressio

Pulmonary Carcinoma	n free survival for 3rd line of therapy as determined by physician assessment, 3rd line of therapy, on average less than 1 year|Progression-free survival

(PFS) - 4th line of therapy, The progression free survival for 4th line of therapy as determined by physician assessment, 4th line of therapy, on average

less than 1 year|Progression-free survival (PFS) - 5th line of therapy, The progression free survival for 5th line of therapy as determined by

							physician assessment, 5th line of therapy, on average less than 1 year		
RECRUITING	Gastric Cancer|Microsatellite Instability	DRUG: Durvalumab |DRUG: Tremelimumab	PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model: SINGLE_GROUP|Masking: NONE|Primary	31	Primary outcome of Cohort 1: Pathological complete response (ypT0N0) and negative	Patients' quality of life, Quality of life will be assessed through Patient reported outcomes	2021/4/1

Purpose: TREATMENT	ctDNA status, Rate of patients (%) achieving both pathological complete response (ypT0N0) and negative ctDNA status after neoadjuva	(PRO) instrument. EORTC QLQ-C30 For questions 1-28 of EORTC QLQ-C30 a 4-point scale is used. It scores from 1 to 4: 1 ("Not at all"), 2 ("A little"), 3

nt immunotherapy in the intention-to-treat population of Cohort 1, From the enrollment of the first patient in Cohort 1 up to 4 months from the enrollment	("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 the

of the last patient in Cohort 1|Primary outcome of Cohort 2: 2-year complete response rate, 2-year complete response rate, defined as the absence of macroscop

questions 29 and 30 of EORTC QLQ-C30 a 7-points scale is used. It scores from 1 to 7: 1 ("very poor") to 7 ("excellent"). Half points are not allowed. The range

ic or microscopic residual disease (locally, regionally and distantly) at radiological examinations, tissue and liquid biopsy, in absence of salvage

is 6. First of all, raw score has to be calculated with mean values. Afterwards linear transformation is performed to be comparable. More points are considered

gastrectomy., From the enrollment of the first patient in Cohort 2 up to 2 years from the end of pre-operative treatment of the last patient enrolled in Cohort 2	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|Patients' 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|Patients' 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 gastroesophageal 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|Metastases-

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|Gastrectomy-free survival (Cohort 2 only), time from the inclusion in the study to the

occurrence of gastrectomy or death from any cause., From the enrollment of the first patient up to 5 years from the enrollment of the last patient|Incidence of Treatment-

Emergent Adverse Events [Safety and Tolerability], 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|Post gastrectomy complications, 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|Up	RADIATION: Stereotactic body radiotherapy |RADIATION: Palliative RT	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL |Masking: NONE|Primary Purpose:	200	Overall survival, Overall survival is the time interval from the 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 | Hepatobiliary Cancer | Gastric Cancer | Small Bowel Cancer | Esophageal Cancer | Melanoma | Colon Cancer | Oli	TREATMENT	date of death whatever the cause of death. Patients who are alive are censored at the last date known to be alive., 7.5 years from first patient in	first patient in | Time to disease progression, Disease-specific survival is the time interval from the date of randomization to the date of cancer-related	

gometastasis			death., 9 years from first patient in|Time to development of new metastatic lesions, Time to development of new metastatic lesions is the time interval from the

date of randomization to the date of first occurrence of any of the following events:

* Development 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 randomization 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,

* Development 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 Terminology Criteria for adverse events (NCI-CTCAE) version 5.0, 9 years from first patient in | Health-related quality of life evaluated

using self-administered EORTC QLQ-C30 questionnaires, 9 years from first patient in|Health-related quality of life evaluated using self-administered EQ-5D-

RECRUITING	Gastric Cancer	DRUG: Toripalimab | DRUG: Docetaxel | DRUG: Fluorouracil | DRUG: Leucovorin | DRUG: Oxaliplatin	PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose:	35	3-year Disease-Free Survival Rate, The primary end point of the study is the effect of perioperati	5L questionnaires, 9 years from first patient in Major pathological (complete and nearly complete) response (MPR), Proportion of patients with	2019/9/26

TREATMENT	ve time flot regimen combined with Toripalimab and D2 radical operation on the 3-year disease-free survival time of resectable gastric cancer., Up	gastric cancer who received Toripalimab combined with FLOT regimen after 4 cycles of neoadjuvant therapy and postoperative pathological

to 3 years | Pathological complete response rate (pCR), Proportion of patients with gastric cancer who received Toripalimab combined with FLOT regimen	examination TRG1a or 1b., Up to 6 months | Adverse Events, For any adverse reactions, the researchers refer to the National Cancer Institute (NCI) standard

after 4 cycles of neoadjuvant therapy and postoperative pathological examination TRG1a, Up to 6 months	of common toxicity (CTC), Up to 6 months|5-year Disease-Free Rate, The proportion of patients with resectable gastric cancer who have no recurrence

or metastasis after 5 years of perioperative treatment, Up to 5 years|5-year Survival Rate, Proportion of patients with resectable gastric

						cancer who survived 5 years after perioperative treatment, Up to 5 years		
NOT_YET_RECRUITING	Lung Cancer|Breast Cancer|Kidney Cancer|Bladder Cancer|Gastric	OTHER: EQ-5D-5L questionnaire|OTHER: FACT-G (Functional Assessment of Cancer Therapy - General)|OTHER: FACT-EGFRI-18 (Functional Assessment of Cancer	OBSERVATIONAL	Observational Model: |Time Perspective: p	420	Quality of life in patients undergoing anti-PD1/PDL1/CTLA4 or cyclin-dependent	Role of gender, To describe differences in quality of life based on gender., 18 months|R	2023/5/22

Cancer|Skin Cancer|Melanoma|Head Neck Cancer	Therapy - Epidermal Growth Factor Inhibitors 18 Item)	kinase (CDK) inhibitors., To investigate the correlation between the skin toxicity related to the use of monoclonal antibody against the PD1/PDL1/CTLA4 or	ole of therapy, To describe differences in quality of life based on type of therapy received (Immunotherapy vs CDK inhibitors).	, 18 months

to cyclin-dependent kinase (CDK) inhibitors and the quality of life., 18 months|Quality 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 na茂ve for monoclonal antibody anti-PD1/PDL1/CTLA4 or with cyclin-dependent kinase (CDK) inhibitors., 18 months			
RECRUITING	Gastric Adenocarcinoma|Gastr	OTHER: non-intervention	OBSERVATIONAL	Observation|Time	169	Major pathologic response	Pathological complete	2021/5/25	

oesophageal Junction Adenocarcinoma	Perspective: p	(MPR) rate, Defined as \<10% residual viable tumor cells in the resection specimen after neoadjuvant drug treatment., From the initiation date of first	response (pCR) rate, Defined as the percentage of participants having a pathological complete response., From the initiation date of first cycle to the date of

cycle to the date of surgery, an average of 10 weeks	surgery, an average of 10 weeks|R0 resection rate, Rate of microscopically margin-negative resection., From the initiation date of first cycle to the date of	

surgery, an average of 10 weeks|Disease-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 investigator., 3 years		
UNKNOWN	Gastric Cancer	DRUG: MCS110/PDR001 combination	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Mas	30	Identification of potential biomarkers of MCS110 in	Objective response rate, According to RECIST v1.1		2019/1/17

king: NONE|Primary Purpose: TREATMENT	combination with PDR001, The current study explores potential biomarkers of MCS110 in combination with PDR001 that predict tumor	criteria, 6weeks|Immune-related response rate, According to RECIST v1.1 criteria, 6weeks|Progression-free survival, Time from randomization until

response in the tumor tissue and blood of patients with gastric cancer., 3weeks	disease progression or death, 6weeks | Duration of response, Time from documentation of tumor response to disease progression, 6weeks | Disease control

rate, The percentage of patients who have achieved complete response, partial response and stable disease, 6weeks|Overall survival, Time from randomization 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 gastric cancer, The analysis of tumor DNA and RNA sequencing data will provide the mutational distributio n of patients with gastric	presented by HLA-I, Computati onal pipelines will be employed to predict the pairing of neoantigen s and HLA molecules. Subsequen tly, the ratio of those

cancer, which could give rise to neoantigens. Of those, neoantigens derived from hotspot mutations in Vietnamese gastric cancer patients will be predicted neoantigens will be validated by co-immunoprecipitation with anti-HLA antibodies and mass spectrometry analysis for their binding to corresponding HLA

identified., 3 months from the beginning of the study	molecules., 6 months from the beginning of the study | The ratio of predicted neoantigens being immunogenic., Immunoassays will be employed to identify

neoantigens that could activate CD4 and CD8 T cells to kill tumor cells and serve as putative candidates for immunotherapy., 12 months from the beginning

RECRUITING	HER2-positive | Adenocarcinoma | Bile Duct Cancer | Biliary Tract Cancer | Bladder Cancer | Breast Cancer | Breast Neoplasm | Carcinoma,	BIOLOGICAL: CT-0508 | BIOLOGICAL: Pembrolizumab	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED | Intervention Model: PARALLEL | Masking: NONE | Primary Purpose: TREATMENT	48	Assess the safety and tolerability of CT-0508 by estimating the frequency and severity of adverse events in subjects with HER2 overexpres	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 overexpressing solid	2021/2/2

Ductal | Carcinoma, Hepatocellular | Cancer | Lung Cancer, Non-Small-Cell | Carcinoma, Ovarian Epithelial | Carcinoma, Small Cell | Carcinoma, Squamous | Carcinoma,	sing solid tumors., tumors., Frequency and severity of adverse events including, but not limited to, estimating frequency and severity of Cytokine Release Syndrome	tumors., Proportion of subjects with an objective response (either a complete response \[CR\] or partial response \[PR\]) in subjects who received at least 1 dose

Transitional Cell | Colorectal Cancer | Esophagogastric Junction Neoplasms | Inflammatory Breast Cancer | Stomach Neoplasms | Malignant Neoplasms | Ovarian Neoplasms | Pancreatic	(CRS), 14 months | Assess the feasibility of manufacturing CT-0508 by describing the percentage of products passing release criteria., Percentage	of CT-0508 and at least the 8-week tumor evaluation as determined by the investigator using RECIST v1.1., 24 months | Estimate progression-free survival

Cancer | HER2-positive Solid Tumors | HER2-positive Breast Cancer | HER2-positive Gastric Cancer | HER-2 Protein Overexpression | HER-2 Gene Amplification | Prostate Cancer | Hea	of products that pass release criteria among all manufactured products., 12 months | Assess the safety and tolerability of CT-0508 in combinatio	(PFS)., Defined as the time between the date of first dose and the date of first documented disease progression as determined by the investigator using RECIST

d and Neck Cancer | Endometrial Cancer | Lung Cancer, Small Cell	n with pembrolizumab by estimating the frequency and severity of adverse events in subjects with HER2 overexpressing solid tumors (CT-0508 and	v1.1 or death due to any cause, whichever occurs first. Defined as the time between the date of first dose and the date of first documented disease

pembrolizumab 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

							Release Syndrome (CRS), 14 months		
ACTIVE_NOT_RECRUITING	Metastatic Esophageal Carcinoma | Metastatic Gastric Carcinoma | Metastatic Gastroesophageal Junction Adenocarcinoma | Recurrent	DRUG: Olaparib | BIOLOGICAL: Ramucirumab	PHASE1 | PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose: TREATMENT	49	Dose limiting toxicity and maximum tolerated dose of olaparib (Phase I), Will be assessed by National	Progression free survival, Will be compared for duration of response survival with Kaplan-Meier estimates	2018/2/6

Esophageal Carcinoma | Recurrent Gastric Carcinoma | Recurrent Gastroesophageal Junction Adenocarcinoma | Stage III Esophageal Cancer AJCC v7 | Stage III Gastric	Cancer Institute (NCI) Common Terminology Criteria (CTCAE) for Adverse Events version 5.0., Up to 14 days | Objective response rate (Phase	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.

Cancer AJCC v7|Stage IV Esophageal Cancer AJCC v7|Stage IV Gastric Cancer AJCC v7|Unresectable Esophageal Carcinoma|Unresectable Gastric Carcinoma|

II), Will be defined as complete or partial response assessed by Response Evaluation Criteria in Solid Tumors version 1.1. Will be estimated using the 95%

For multivariate analysis, the proportional hazards Cox model will be applied to investigate potential prognostic factors, such as age and stage of disease of the PFS

Unresectable Gastroesophageal Junction Adenocarcinoma		confidence interval (CI) based on Wilson's method. A 5% 2-sided alpha will be used. The Wilcoxon rank sum test and Fisher's exact test will be applied to	data. The adjusted p-values of the hazard ratios and the adjusted 95% confidence interval will be reported., From start of treatment to time of progressio

study the association between the response status and the continuous and categorical variables, respectively. The generalized non-linear model and

n or death, whichever occurs first, assessed up to 6 years|Overall survival, Will be compared for duration of response survival with Kaplan-

logistic regression will be applied for multivariable data 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 | Incidence 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 ramucirumab monotherapy. Ninety-five percent confidence intervals will be

								calculated for each of these., Up to 30 days of last dose administration	
ACTIVE_NOT_RECRUITING	Localized Resectable Tumor|MSI/dMMR or EBV-positive Gastric Cancers	DRUG: Pembrolizumab	PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose:	160	Rate of complete pathological response (pCR) after surgery, A complete pathological response will be	Safety of the perioperative treatment, Safety profile, determined using the National	2021/10/18

TREATMENT	defined as 0% viable tumor cells., 6 weeks after first injection	Cancer Institute - Common Terminology Criteria for Adverse Event (NCI-CTCAE) 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 complicati

ons (post-operative morbidity) will be assessed according to modified Clavien Dindo scoring, 1 Month after sugery | Rate of patients with the R0

resection, Percentage of patients with the R0 resection, 36 Months | Major pathological response rate, Percentage of patients with major pathological response (鈮 ?10%

residual viable tumor), 36 Months | Recurrence-free survival (RFS), RFS defined as the time from the date of first study treatment administration to the date of first

documente
d
recurrence,
36
Months|O
verall
response
rate (ORR)
at 4 weeks
after the
injection of
neodjuvan
t
pembroliz
umab,
Percentage
of patients

with objective response at 1 month (complete or partial response) after neoadjuvant pembrolizumab, 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|The overall survival (OS), OS,

defined from the date of first study treatment administration to the date of death due to any cause., From 36 months|Progression-free survival (PFS) after

recurrence, PFS, defined from the date of first documented recurrence to the date of documented progression., 36 months|Quality 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

COMPLETED	Breast Neoplasms | Peritoneal Neoplasms | Ovarian Neoplasms | Pancreatic Neoplasms | Stomach Neoplasms	OTHER: 虏鹿虏 Pb-TCMC-Trastuzumab |BIOLOGICAL: trastuzumab	PHASE1	INTERVENTIONAL	Allocation: NA |Intervention Model: SINGLE_GROUP |Masking: NONE |Primary Purpose: TREATMENT	18	Safety and tolerability: To measure the number of participants who experience adverse events after intraperito	prognostic index (LIPI), 36 months Immunogenicity: To characterize the human immune response against 虏鹿虏 Pb-TCMC-Trastuzumab given via IP	Jul-11

neal (IP) administration of 虏鹿虏 Pb-TCMC-Trastuzumab., Adverse events considered dose limiting toxicity: * Grade 3 elevations of ALP,	infusion., Assessed at six weeks visit | Anti-tumor effects: To monitor for anti-tumor effects as assessed by physical examination, radiographic imaging,	

bilirubin, ALT, or AST lasting 鈮? days * Grade 3 elevations of serum creatinine within 6 weeks of treatment * Grade 2 elevations of serum creatinine lasting 鈮?	and tumor marker studies., Assessed after six and twelve weeks, and then at twelve-week intervals until progressio n.|Pharma cokinetics: To determine

days that occur after 6 weeks * Grade 3 proteinuria * Any other Grade 3 or 4 non-hematologic toxicity * Grade 4 neutropenia lasting 鋸? days or febrile	the plasma pharmacokinetics and assess the extent of exit of radioactivity from the peritoneal cavity by 纬 -camera imaging., Up to 3 days post-injection

neutropeni
a of any
duration
* Grade 3
thrombocy
topenia
that fails to
recover to
鈮?Grade 2
at 6 weeks
* Grade 4
thrombocy
topenia
lasting 鈮?
days or
thrombocy
topenia

						accompanied by bleeding, Assessed periodically during study treatment follow-up, up to five years.		
TERMINATED	Solid Tumor|HER-2 Protein Overexpression	BIOLOGICAL: ACTR T Cell Product|DRUG: Trastuzumab	PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Mas	6	Safety and tolerability of ACTR T cell product with	Anti-tumor activity as measured by overall response	2019/3/13

king: NONE|Primary Purpose: TREATMENT	trastuzumab as assessed by committee review of dose limiting toxicities (DLTs), incidence and severity of adverse events (AEs) and clinically	rate (ORR) per iRECIST, 52 weeks|Anti-tumor activity as measured best overall response (BOR), 52 weeks|Anti-tumor activity as measured by

significant abnormalities of laboratory values, 42 days|Determination of recommended phase 2 dose (RP2D) regimen, Review of DLTs, maximum tolerated duration of response (DOR), 52 weeks|Anti-tumor activity as measured by progression-free survival (PFS), 52 weeks|Anti-tumor activity as measured by overall

dose (MTD), incidence and severity of AEs and clinically significant abnormalities of laboratory values, 42 days	survival (OS), 52 weeks | Assessment of persistence of ACTR as measured by flow cytometry, 52 weeks | Assessment of persistence of ACTR as measured by quantitativ

e polymeras 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 inflammatory markers and cytokines/ chemokines after ACTR T cell product administration, Levels of inflammatory

markers, cytokines/ chemokines in blood, 52 weeks|Trastuzumab pharmacokinetics (PK), trastuzumab serum concentration, Area Under the Curve (AUC),

								trough levels, 52 weeks		
WITHDRAWN	Locally Advanced Unresectable Gastric Adenocarcinoma|Metastatic Gastroesophageal Junction Adenocarcinoma|Metastatic Unresectabl	DRUG: Liposomal Irinotecan|OTHER: Quality-of-Life Assessment|OTHER: Questionnaire Administration|BIOLOGICAL:	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	0	Dose limiting toxicity (DLT) (Phase I), DLT is defined as follows: For hematological toxicity: Drug-related grade 4	Best overall response (BOR) as measured by Response Evaluation Criteria in Solid Tumors (RECIST) version 1.1 criteria,	2020/4/6

e Gastric Adenocarcinoma|Unresectable Gastroesophageal Junction Adenocarcinoma|Gastric Adenocarcinoma|Gastroesophageal Junction Adenocarcinoma	Ramucirumab	neutropenia for more than 5 days without fever or infection; Grade 4 neutropenia of any duration accompanied by fever or infection, Grade 4 thrombocytopenia.	BOR will be evaluated from start of treatment until progression/recurrence., Up to 6 months|Incidence of adverse events graded according to CTCAE

For non-hematological toxicity: All grade 3-4 that represents a 2 grade increase over baseline, excluding: Untreated or inadequately treated nausea, vomiting,	version 4.0, Analyses of safety/toxicity will be performed for all patients having received at least one dose of study drug., Up to 6 months

diarrhea lasting shorter than 24 hours; Alopecia; Grade 3 fatigue that returns to grade 2 or less within 7 days; Grade 3 laboratory abnormalities that are

not considered clinically significant and that return to grade 2 or less within 72 hours., Up to 28 days|Progression-free survival (PFS) (Phase II), PFS will be

calculated from treatment start date to date of disease progression or date of death due to any cause, or to the time of last follow-up, whichever occurs

							first., Up to 6 months	
TERMINATED	Solid Tumor, Adult	DRUG: FT538|DRUG: Cyclophosphamide|DRUG: Fludarabine|COMBINATION_PRODUCT: Monoclonal antibody - Dose Escalation|COMBINATIO	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose: TREATMENT	16	Define the Recommended Phase 2 Dose (RP2D), To define the RP2D of FT538 in combination with the following mAbs in subjects with advanced solid tumors: avelumab, trastuzumab, cetuximab, atezolizumab, nivolumab, and pembrolizumab, Up to ~1.5 years|Incidence and Severity of Adverse Events (AEs)0, To	2021/10/15

		N_PRODUCT: Monoclonal antibody - Dose Expansion							
RECRUITING	Oncology | Melanoma | Ovarian Cancer | NSCLC | Non Small Cell	BIOLOGICAL: E-602 | BIOLOGICAL: Cemiplimab	PHASE1 | PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED | Intervention Model: SEQUENTI	273	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 Incidence of AEs and SAEs (Phase 1), Incidence of adverse	Noncompartmental PK Parameters of E-602 (Phase 1),	2022/2/11

Lung Cancer | Colorectal Cancer | Pancreatic Cancer | Cancer | Cancer | CRC | Colon Cancer | Breast Cancer | Gastric Cancer | EGJ | Esophagogastric Junction Cancer | Hea	AL | Masking: NONE | Primary Purpose: TREATMENT	events (AEs) and serious adverse events (SAEs) graded according to National Cancer Institute (NCI) Common Terminology Criteria for Adverse	Maximum plasma concentration (Cmax), 12 Months | Noncompartmental PK Parameters of E-602 (Phase 1), Area under the plasma concentration-time curve	

d and Neck Cancer|Urothelial Cancer|Bladder Cancer					
		Events (CTCAE) v5.0., 15 Months|Dose-Limiting Toxicities (Phase 1), Incidence of dose-limiting toxicities (DLTs) within a modified 3+3 trial design, 21	(AUC), 12 Months|Subjects with Antidrug Antibodies (Phase 1), Number and percentage of subjects who develop detectable antidrug antibodies, 13		

days|Objective Response Rate (Phase 2), Objective response rate of confirmed complete response and partial response, 12 Months|Duration of Response

Months|Objective Response Rate (Phase 1), Objective response rate of confirmed complete response and partial response using Response Evaluation Criteria in

(Phase 2), Duration of Response of confirmed complete response or partial response., 16 Months|Progression Free Survival (Phase 2), Time from	Solid Tumors (RECIST) v1.1 and Immunotherapy Response Evaluation Criteria in Solid Tumors (iRECIST)., 12 Months|Duration of Response (Phase 1),

first study treatment dose until the first date when progressive disease (PD) is objectively documented or death from any cause, 15 Months|Overall Survival (Phase 2),	Duration of Response of confirmed complete response or partial response, 16 Months|Progression Free Survival (Phase 1), Time from first dose

Time from first study treatment dose until death, 15 Months	to first evidence of radiographically detectable disease or death from any cause, 15 Months|Overall Survival (Phase 1), Time from first study treatment dose until

death, 15 Months | Incidence of AEs and SAEs (Phase 2), Incidence of adverse events (AEs) and serious adverse events (SAEs) graded according to National

Cancer Institute (NCI) Common Terminology Criteria for Adverse Events (CTCAE) v5.0, 15 Months|Noncompartmental PK Parameters of E-602 (Phase 2),

Maximum plasma concentration (Cmax), 12 Months | Noncompartmental PK Parameters of E-602 (Phase 2), Area under the plasma concentration-time curve

(AUC), 12 Months|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	PHASE1	INTERVENTIONAL	Allocation: 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

Carcinoma | Colorectal Cancer | Esophageal Cancer | Hepatic Cancer | Renal Cell Carcinoma | Cholangiocarcinoma | Pancreatic Cancer | Other Solid Tumors	cohorts, The rates of drug-related adverse events will be summarized, and maximum tolerated dose will be determined., Approximately 12	dose through 90 days after last dose | Objective Response Rate, The percentage of patients who achieve a confirmed immune complete response (iCR) or

months|Tumor-specific expansion cohorts: To further evaluate the safety of CDX-585 by tumor type., The rates of drug-related adverse events will	immune partial response (iPR), Assessed up to approximately 1-3 years.|Clinical Benefit Rate, The percentage of patients who achieve best

be summarized, and further evaluated in specific tumor types., Approximately 6 months	response of confirmed iCR or iPR, or immune stable disease (iSD) for at least four months, Assessed up to approximately 1-3 years.|Duration of Response, The

interval from which measurement criteria are first met for iCR or iPR until the first date that progressive disease is objectively documented, First occurrence of a

documente
d objective
response to
disease
progressio
n or death
(up to
approxima
tely 1-3
years) | Pro
gression-
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)|Pharmacokinetic Evaluation, CDX-585 serum concentrations 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| Immunogenicity 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	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	20	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 desease 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

							death from any cause, whichever came first.		
UNKNOWN	Stomach Cancer|Gastro Esophageal Junction Cancer	DRUG: Atezolizumab|DRUG: Capecitabine|DRUG: Oxaliplatin|DRUG: Docetaxel	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	20	Incidence of adverse events following treatment (safety), Adverse events will be assessed (according to CTC-AE v4.0) during treatment, until 100	pathological tumor regression grade, determined using the Mandard tumor regression grading system, Within 6 months after last	2018/3/7

							days after last patient last study drug treatment	patient inclusion		
RECRUITING	Gastric Cancer	DRUG: Fluorouracil (5-FU)|DRUG: Capecitabine |BIOLOGICAL: Durvalumab |DRUG: Oxaliplatin| BIOLOGICAL:	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL |Masking: NONE|Primary Purpose: TREATMENT	357	Part 1: Occurrence of adverse events (AEs) and serious adverse events (SAEs), graded according	Part 1: Objective Response Rate (ORR), Confirmed ORR per RECIST 1.1 is the percentage of patients with	2020/6/3	

Trastuzumab |DRUG: Trastuzumab deruxtecan| DRUG: Cisplatin|BIOLOGICAL: Pembrolizumab|BIOLOGICAL: MEDI5752	to NCI CTCAE v5.0, Occurrence of AEs and SAEs graded according to NCI CTCAE v5.0, Safety will be assessed up to the follow-up period, approxima	Complete Response or Partial Response that is subsequently confirmed., Efficacy will be assessed at an average of approximately 12 months|Part 2 and

tely 24 months. | Part 1: Ocurrence of dose-limiting toxicities (DLTs), Occurrence of dose limiting toxicities, Safety will be assessed up to the follow-up period,	Part 3: Occurrence of adverse events (AEs) and serious adverse events (SAEs), Occurrence of AEs and SAEs graded according to NCI CTCAE

approxima tely 24 months.|P art 1: Changes from baseline in laboratory parameters , Changes in laboratory parameters (every in appropriat e units) compared

v5.0, Safety will be assessed up to follow-up period, approxima tely 24 months|P art 2 and Part 3: Changes from baseline in laboratory parameters , Changes

to baseline in results., Safety will be assessed up to the follow-up period, approxima tely 24 months.|P art 1: Changes from baseline in vital signs, Changes in vital signs laboratory parameters (every in appropriat e units) compared to baseline results., Safety will be assessed up to follow-up period, approxima tely 24 months|P

results compared to baseline results., Safety will be assessed up to the follow-up period, approximately 24 months.|Part 1: Changes from baseline in electrocardart 2 and Part 3: Changes from baseline in vital signs, Changes in vital signs results compared to baseline results., Safety will be assessed up to follow-up period,

iogram (ECG) results, Changes in ECG results compared to baseline results., Safety will be assessed up to the follow-up period, approxima tely 24 months.|P

approxima tely 24 months|P art 2 and Part 3: Changes from baseline in body weight, Changes in body weight in kilograms compared to baseline results.,

art 2 and Part 3: Endpoint assessed by Investigator per RECIST v1.1: Confirmed Objective Response Rate (ORR), Confirmed ORR per RECIST 1.1	Safety will be assessed up to follow-up period, approximately 24 months|Part 2 and Part 3: Changes from baseline in electrocardiogram (ECG) results,

is the percentage of patients with Complete Response or Partial Response that is subsequently confirmed., (Endpoint: ORR) Efficacy will be	Changes in ECG results compared to baseline results., Safety will be assessed up to follow-up period, approximately 24 months|Duration of Response (DoR),

assessed at an average of approximately 12 months	DOR is defined as the time from the date of first documented response until the date of documented progression or death, Until progression or death, efficacy

(DoR) will be assessed up to approximately 24 months|Disease 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 approximately 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|Serum concentration of T-DXd, total anti-HER2 antibody, and MAAA-1181a in all

arms, Individual participant data and descriptive statistics will be provided for serum concentration 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 , approximately 24 months|Serum concentration of durvalumab in study arms

including T-DXd in combination with durvalumab, 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, respectivel y), 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 , approximately 24 months|Comparison of ORR, Comparison of

objective response rate between participants 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 DCR, Comparison 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 ,

approxima
tely 24
months|C
omparison
of DoR,
Compariso
n of
duration of
response
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 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 , approximately 24 months|Comparison of OS, Comparison of overall survival between participants 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	
ACTIVE_NOT_RECRUITING	Advanced Malignancies	BIOLOGICAL: Toripalimab, Recombinant Humanized anti-PD-1 Monoclonal Antibody	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED | Intervention Model: SEQUENTIAL | Masking: NONE | Primary Purpose: TREATMENT	198	Number of participants with treatment-related adverse events as assessed by CTCAE v4.0, Number of participants with treatment-related	Objective Response Rate (ORR), The treatment effect of Toripalimab will be assessed using RECIST 1.1 to determine objective response	2018/3/14

adverse events as assessed by CTCAE v4.0, Through Day 90 of last dose	rate., Every 8 weeks (Part A) or every 9 weeks (Part B) through study completion, an average of 1 year | Disease Control Rate (DCR), The treatment

effect of Toripalimab 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|Progression-Free survival (PFS), The treatment effect of Toripalimab will be assessed using RECIST 1.1

to determine progression-free survival time., Every 8 weeks (Part A) or every 9 weeks (Part B) through study completion, an average of

COMPLETED	Advanced Solid Tumor	DRUG: SRF617|DRUG: Gemcitabine |DRUG: Albumin-Bound	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model: PARALLEL |Masking:	85	Dose Limiting Toxicity of SRF617, Evaluation of dose-limiting	1 year|Overall survival (OS), Through study completion, an average of 1 year	Safety Analysis: Summary of adverse events (AEs) and based on	2020/3/16

Paclitaxel | DRUG: Pembrolizumab	NONE | Primary Purpose: TREATMENT	toxicity (DLT)., Assessed during first 28 days of treatment	treatment-emergent AEs (TEAEs), Safety and tolerability of SRF617 monotherapy and combination therapy will be assessed by summarizing 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|Pharmacokinetics (PK) of SRF617, Serum concentrations of SRF617

will be collected and analyzed to evaluate the PK of SRF617., Up to 24 months|Pharmacodynamics of SRF617, Pharmaco dynamics of SRF617 will be evaluated

via serum target occupancy. , Up to 24 months|Objective 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|Duration of response (DoR), DoR is defined as the time from the first documented response (CR or PR)

to documented disease progression as determined by applicable disease criteria, or documented death due to any cause, whichever occurs first., Up to

24 months | Disease 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|Progression-free survival (PFS), PFS is defined as the time from the first treatment on study with study drug to documented disease

progressio
n as
determine
d by
applicable
disease
criteria or
death., Up
to 24
months|L
andmark
PFS rate,
Landmark
PFS is
defined as
the
percentage

of patients who have not developed PFS events (ie, death or documented disease progression as determined by applicable disease criteria) at 6 months, 1

year, 1.5 years, and 2 years., Up to 24 months|Effect of SRF617 on intratumoral CD39 enzymatic activity, Levels of intratumoral 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 卢 CDx and FoundationOne 卢 Liquid NA	INTERVENTIONAL	Allocation: 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

(incl. TMB and MSI status) computed as the number of patients who harbors at least one mutation divided by the number of total patients in the pooled	up to 4 weeks after biospecimen provision | Relative frequency of targetable mutations (incl. TMB and MSI status) per disease group, Relative frequency

patient population., up to 4 weeks after biospecimen provision	of targetable mutations (incl. TMB and MSI status) per disease group, up to 4 weeks after biospecimen 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 provision	
RECRUITING	Pancreatic Cancer|Gastric Cancer|Gastrointestinal Cancer|Colon Cancer|Rectal Cancer	DRUG: Cyclophosphamide|DRUG: Fludarabine|BIOLOGICAL: Anti-KRAS G12V mTCR PBL|DRUG: Aldesleukin	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose: TREATMENT	110	Response rate, Percentage of patients who have a clinical response (PR+CR) to treatment (objective tumor regression), 6 weeks and 12 weeks following administration of the cell product, then every 3 months x3, then every 6 months x 2 years, then per PI discretion|Frequency and severity of	2017/9/21

								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|Gastroesophageal Cancer	OTHER: Cell infusion for Dose-finding (Group A)|OTHER: Cell infusion	NA	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: SEQUENTI	18	Safety assessment, Evaluation of adverse events and	Tumor assessment, Imaging of the chest, abdomen	2019/10/8	

for Extended research (Group B)	AL|Masking: NONE|Primary Purpose: TREATMENT	severity according to CTCAE v5.0, 4 weeks|Hematology toxicity, After 7 days of treatment, the 鈪?4 degree hematotoxicity (excluding lymphocyte	and pelvis (either enhanced CT or MRI) and tumor markers should be obtained at baseline (before the pretreatment of first lymphocyte clearance) 锛?this imaging

reduction) related to UCB-NK treatment could not recover to 鈮 ?3 degree, 7 days|Non hematologic toxicity, Any non hematologic toxic reaction 鈮? degree related to	evaluation is the baseline examination of this study. After the infusion, patients need to return to the hospital at the 1st, 2nd, 3rd, 4th, 6th and 12th

UCB-NK treatment cannot be reduced to 鈪? degree within 3 days and no further improvement is found; Gastric mucosal injury including gastric hemorrhag	month (卤 7 days) and every 6 months (卤 1 month) after the 12th month to check the imaging of chest, abdomen and pelvis and tumor markers. Follow up to the

e 鈮 ? degree related to UCB-NK treatment; Other non hematologic toxicity 鈮? degree related to UCB-NK treatment lasted for more than 7 days., 7 days	disease progress, unwilling to be followed up, loss of follow-up, death or the end of the study, whichever occurs first. Imaging evaluation is up to the

							established disease progression (PD) according to the RECIST 1.1., 4 years		
RECRUITING	Advanced Solid Tumors|Gastric Cancer|Gastroesophageal Junction Cancer|Urothelial	DRUG: PF-07265028|BIOLOGICAL: Sasanlimab	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: SEQUENTIAL|Masking: NONE|Pri	240	Number of participants with Dose-limiting toxicities (DLTs) in Dose Escalation	The pharmacokinetic profile of single and multiple doses PF-07265028 alone and	2022/2/24

Cancer|Non Small Cell Lung Cancer|Head and Neck Squamous Cell Carcinomas	mary Purpose: TREATMENT	(Part 1), DLTs will be evaluated during Cycle 1 (a cycle is 28 days) in Part 1. The number of DLTs will be used to determine the optimal dose, Cycle 1 (28	in combination with sasanlimab through Cmax., Maximum observed plasma concentration of PF-07265028 (Cmax) and Maximum observed steady

days) | Number of participants with adverse events (AEs), AEs characterized by type, frequency, severity (as graded by National Cancer Institute Common Terminolo	state plasma concentration (Cmax, ss), Days 1, 8, 15, 16 and 22 of Cycle 1 (each cycle is 28 days) | The pharmacokinetic profile of single and multiple doses PF-

gy Criteria for Adverse Events \[NCI CTCAE\] version 5.0), timing, seriousness, and relationship to study therapy., Baseline through up to 2	07265028 alone and in combination with sasanlimab through Tmax., Time to maximal observed plasma concentration of PF-07265028 (Tmax) 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 (Tmax,ss)., Days 1, 8, 15, 16 and 22 of Cycle 1 (each cycle is 28 days)|The pharmacokinetic

NCI CTCAE version 5.0), and timing., Baseline through up to 2 years|Objective response rate (ORR) in Dose Expansion (Part 2), Tumor response	profile of single and multiple doses PF-07265028 alone and in combination with sasanlimab through AUC, Area under the concentration versus time curve from time

based on Response Evaluation Criteria in Solid Tumors (RECIST) v1.1, Baseline through up to 2 years or until disease progression	zero to the last quantifiable time point prior to the next dose (AUClast) of PF-07265028 and area under the curve within one dose interval at steady

state (AUCtau,ss), 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

Cmax., Maximum observed plasma concentration of PF-07265028 (Cmax) 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 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 quantifiabl

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 Cmin, Minimum plasma concentrati

on (Cmin) will be calculated through the measured pre-dose plasma concentration, 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 immunogenicity of sasanlimab when given in combination with PF-07265028 through

ADA and NAb, Incidence and titers of anti-drug antibodies (ADA) and neutralizing 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 biomarkers 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 progression or study completion (approximately 2 years) | Time 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 (approximately 2 years)	
NOT_YET_RECRUITING	Advanced Gastric Carcinoma|CD8+ Tumor Infiltrating Lymphocytes|Neoadjuvs|Neoadjuv	COMBINATION_PRODUCT: radical surgery after neoadjuvant immunotherapy|COMBINATION_PRO	PHASE3	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Pri	120	The number of CD8+ tumor-infiltrating lymphocytes in tumor tissue and	Objective response rate (ORR), Complete response (CR) + partial response	2022/3/1

ant Immunotherapy	DUCT: radical surgery after neoadjuvant chemotherapy	mary Purpose: TREATMENT	adjacent tissue before and after treatment, Changes in the number of CD8+ tumor-infiltrating lymphocytes in the tumor and adjacent tissues of the	(PR), 6 months|Disease-free survival (DFS), Time from study entry to disease recurrence or patient death due to disease progression, 2 years|Overall

experimental group before and after the surgery compared with the control group., 6 months	survival (OS), Time from study entry to death from any cause., 2 years|Therapeutic drug safety, Adverse events (AEs), serious adverse events

(SAEs), drug-related AEs, SAEs, and class-specific AEs (eg, hypertension, proteinuria, and hand-foot syndrome), 6 months|Surgical safety, R0

resection rate, operative mortality, surgical complications (bleeding, anastomotic leakage, incision infection), reoperation rate, hospital stay, etc., 6 months

UNKNOWN	Gastric Adenocarcinoma|Gastroesophageal Junction Adenocarcinoma|Esophageal Adenocarcinoma	DRUG: MBP-426/Leucovorin/5-FU	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	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	To characterize the safety profile of the combination therapy, 4 months|To determine the plasma and urine pharmacokinetics of MBP-426 when	May-09

	acid or FA) and fluorouracil (5-FU), 4 months	given in combination with leucovorin and 5-FU, 4 months | To undertake a preliminary exploration of anti-tumor activity of the combinatio

								n therapy, 4 months|To characterize the safety profile of the combination therapy, 16 months	
TERMINATED	Colorectal Cancer|Gastric Cancer|Oesophageal Cancer	PROCEDURE: Hepatic Biopsy|DRUG: BO-112 with	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Mas	18	Anti-tumour efficacy:overall response rate, ORR	Disease control rate, Best response for CR, PR as well as	2020/6/17

Pembrolizumab	king: NONE|Primary Purpose: TREATMENT	based on the BOR using RECIST 1.1 of repeated IT administrations of BO-112 in metastatic liver lesions in combination with IV pembrolizumab, Throughout	stable disease (SD) using RECIST 1.1, Throughout study completion, an average of 3 years|Objective response rate, Based on best overall

ut study completion, an average of 3 years.|Safety: Adverse Events, Number and proportion of subjects with study treatment-related TEAEs	response using RECIST modified for immune-based therapies (iRECIST), Throughout study completion, an average of 3 years|Disease Control

with severity Grade 3 (NCI-CTCAE v 5.0), Throughout study completion, an average of 3 years	Rate, Comprising best response for CR, PR as well as SD using iRECIST, Throughout study completion, an average of 3 years | Duration of response,

Duration of response, Up to 36 months|PFS, Progression-free survival, Up to 36 months|Survival Rate, Overall Survival Rate, Up to 36 months

COMPLETED	Liver Metastases	BIOLOGICAL: anti-CEA CAR-T cells	PHASE1	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose: TREATMENT	5	Safety of CAR-T cell hepatic artery infusions, delivered using the Surefire Infusion System (SIS) as Measured by Number of Participants with Adverse	Radiographic treatment response by MRI, Changes in tumor size, 10 weeks | Radiographic treatment response by PET, Changes in tumor metabolic activity, 10	2017/2/1

Events, To determine the safety and regimen limiting toxicity (RLT) of anti-CEA CAR-T hepatic artery infusions (HAI) via the Surefire Infusion	weeks|CA R-T detection in liver tumors, Quantification of CAR-T cells in liver tumor core biopsies, 10 weeks|CA R-T detection in normal

System (SIS) for CEA-expressing liver metastases, 10 weeks	liver tissue, Quantification of CAR-T cells in normal liver core biopsies, 10 weeks | CAR-T detection in extrahepatic sites, Quantification of

CAR-T in blood samples, 10 weeks|Serum Cytokine Levels, Measurement of cytokines as indicators of immune response, 10 weeks|CE

A level, Measurement of serum tumor marker (ng/ml), 10 weeks|Tumor biopsy, Assessment of tumor necrosis and fibrosis, 10 weeks|Saf

ety of Direct Intrapancreatic 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|Colorectal Carcinoma|	BIOLOGICAL: anti-MUC1 CAR-T cells	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_G	20	Adverse events attributed to the administra	Objective Response Rate, The objective response	Nov-15

Gastric Carcinoma	ROUP|Masking: NONE|Primary Purpose: TREATMENT	tion of the anti-MUC1 CAR-T cells, Determine the toxicity profile of the MUC1 targeted CAR-T cells with Common Toxicity Criteria for Adverse Effects (CTCAE)	rate (ORR) is defined as the proportion of patients who achieve radiographic partial or complete response (PR or CR) according to the Response Evaluation Criteria in

							version 4.0., 2 years	Solid Tumors (RECIST) v1.1 guideline., Safety follow-up is 100 days from last CAR-T infusion.	
RECRUITING	Locally Advanced Gastric Carcinoma	DRUG: Oxaliplatin by arterial infusion plus S-1|DRUG: SOX	PHASE3	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL	190	Major Pathological Response rate, The percentage	R0 resection rate, The proportion of patients with	May-23

neoadjuvant|DRUG: Sintilimab neoadjuvant|PROCEDURE: gastrectomy plus D2 lymph node dissection|DRUG: SOX adjuvant, Sequential S-1|DRUG: Sintilimab adjuvant	|Masking: NONE|Primary Purpose: TREATMENT	of people who has less than or equal to 10% residual viable tumor after neoadjuvant therapy., 6 months	margin-free resection, 6 months|2-year Disease Free Rate, The percentage of individuals 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 individuals in this study who are alive two years after their

							diagnosis or the start of treatment., 2 years | pathological Complete Response rate, The percentage of people with complete disappearance of all invasive

										carcinoma cells., 6 months	
UNKNOWN	Solid Tumor|Lymphoma	DRUG: Ad-p53		PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	40	The primary efficacy endpoint is objective response rate (ORR), Objective response rate will be evaluated by RECIST 1.1, Change in	Preliminary assessment of Duration of Response (DoR) by RECIST 1.1, RECIST 1.1 will be used to determine	2018/10/1

tumor size at the end of Cycle 2 (each cycle is 28 days)|Safety assessments of adverse events per CTCAE, Safety evaluations will tabulate adverse	Duration of Response (DoR), Day 1 through end of study, approximately 2 years|Preliminary assessment of progression free survival (PFS) by

events per CTCAE, Signed Informed Consent through 30 Days following the final treatment	RECIST 1.1, RECIST 1.1 will be used to determine progression free survival, Day 1 through end of study, approximately 2 years	

ACTIVE_NOT_RECRUITING	HER2-expressing Cancers	DRUG: ZW25 (Zanidatamab) | DRUG: Paclitaxel | DRUG: Capecitabine | DRUG: Vinorelbine | DRUG: Tucatinib | DRUG: Tucatinib	PHASE1	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose: TREATMENT	279	The proportion of patients who experience dose-limiting toxicities (DLTs) (Part 1), Up to 8 months | The proportion patients who experience	Serum concentrations of ZW25, Throughout the duration of the study; up to 2 years | The proportion of patients who develop detectable anti-drug antibodies,	Sep-16

laboratory abnormalities and/or adverse events as defined by CTCAE v4.03 that are related to treatment (Parts 2 and 3), Throughout the duration of the study;	Throughout the duration of the study; up to 2 years | The proportion of patients with an objective response (partial response or complete response) as defined

up to 2 years	by RECIST 1.1 criteria, Throughout the duration of the study; up to 2 years | Progression free survival as defined by RECIST 1.1 criteria, Throughout the duration of

					the study; up to 2 years|The proportion patients who experience laboratory abnormalities 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_NOT_RECRUITING	Stomach Neoplasms|Digestive System Neoplasms|Neoplasms|Neoplasms|Digestive System Diseases|St	DRUG: Camrelizumab|DRUG: SOX|PROCEDURE: Surgery	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary	30	Pathologic complete response (pCR) rate, The AJCC TRG system was used in this	R0 resection rate, 2-4 months|Overall response rate(ORR), 2-4 months|D	2020/9/16

omach Diseases|Neoplasms by Site	Purpose: TREATMENT	study to determine the effects of treatment. TRG 0 indicating athologic complete response (pCR), 2-4 months	isease control rate(DCR), 2-4 months|Major pathological response (MPR), The AJCC TRG system was used in this study to determine the effects of	

							treatment., 2-4 months|Adverse events (AE) rate, 3 years		
RECRUITING	Clinical Stage III Cutaneous Melanoma AJCC v8|Clinical Stage III Gastric Cancer AJCC	BIOLOGICAL: Pembrolizumab|DRUG: Sonidegib	PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose:	45	Maximum tolerated dose (MTD) of sonidegib in combination with pembrolizumab (Part	Incidence of adverse events, Assessed by National Cancer Institute (NCI) Common	2020/2/13

v8 | Clinical Stage III Gastroesophageal Junction Adenocarcinoma AJCC v8 | Clinical Stage IV Cutaneous Melanoma AJCC v8 | Clinical Stage IV Gastric Cancer AJCC	TREATMENT	A), MTD is defined as the dose level below the lowest dose that induces dose-limiting toxicity (DLT) in at least one-third of patients. Three patients will be	Terminology Criteria for Adverse Events (CTCAE) version (v)5.0. Number of severity of all adverse events will be tabulated and summarized. The

v8|Clinical Stage IV Gastroesophageal Junction Adenocarcinoma AJCC v8|Locally Advanced Gastric Adenocarcinoma|Locally Advanced Gastroesophageal Junction	treated at a given dose level combination and observed for at least 21 days from start of treatment to assess toxicity., Up to 21 days|Response rate of sonidegib	grade 3+ adverse events will also be described and summarized in a similar fashion. Overall toxicity incidence as well as toxicity profiles by dose level

Adenocarcinoma | Locally Advanced Urothelial Carcinoma | Metastatic Gastric Adenocarcinoma | Metastatic Gastroesophageal Junction Adenocarcinoma | Metastatic Head	in combination with pembrolizumab (Part B), Assessed by Response Evaluation Criteria in Solid Tumors (RECIST) 1.1 criteria., Up to 30	and patient will be explored and summarized. Frequency distributions, graphical techniques and other descriptive measures will form the basis of these

and Neck Squamous Cell Carcinoma | Metastatic Lung Non-Small Cell Carcinoma | Metastatic Malignant Solid Neoplasm | Metastatic Melanoma | Metastatic Urothelial Carcinoma |	days post treatment	analyses., 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 progression/recurrence (taking as reference for progressive disease the smallest

AJCC v8|Stage IV Lung Cancer AJCC v8|Unresectable Malignant Solid Neoplasm|Unresectable Melanoma	measurements recorded since the treatment started). Responses will be summarized by simple descriptive summary statistics delineating complete and partial

responses as well as stable and progressive disease in this patient population., Up to 30 days post treatment|Duration of response (DOR), Determined only for patients with

confirmed response. Participants who achieve a confirmed objective response who have not experienced radiographic or clinical progression will be

censored at the date of the last available post-baseline evaluable tumor assessment., From the date on which an objective response is first determined until the

first date on which radiographic disease progression is determined, assessed up to 30 days|Disease control rate (DCR), Assessed by RECIST v1.1. DCR defined as proportion

of participants who achieve complete response (CR), partial response (PR), or stable disease and do not experience subsequent radiograph

ic progressive disease for \>= 6 months from the time of treatment initiation., At 6 months|Overall survival (OS), Will be estimated using

Kaplan-Meier method., From study entry to death from any cause, assessed up to 30 days post treatment| Progression-free survival (PFS), Disease

progressio
n will be
determine
d 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	
RECRUITING	Sarcoma|Carcinoma|Breast Cancer|Pancreatic Cancer|Colorectal Cancer|Gas	DRUG: Recombinant oncolytic herpes simplex virus type 1 (R130)	EARLY_PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Pri	20	Subject incidence of adverse events, To characterize the safety profile of R130	Disease Assessment for Disease Control Rate, Evaluate the efficacy	2023/3/2

tric Cancer|Liver Cancer|Lung Cancer|Gynecologic Cancer	mary Purpose: TREATMENT	injection in patients with advanced solid tumors as measured by the incidence of Grade 鈮 ?3 Common Terminology Criteria for Adverse Events,	endpoints of DCR by the investigator with RECIST v1.1 and iRECIST, Every 10 weeks for 12 months	

version 5.0 (CTCAE v5.0), Up to 6 months|Subject incidence of laboratory abnormalities, Detection of liver and renal function, electrocardiogram,

routine blood examination etc., Up to 1 month|Systemic Immune Response, Detection of increased systemic immune Response markers in sera

(IL2,IL4,IL6,IL8,IL10, TNFa 锛孒FN 纬, etc.) and peripheral blood mononuclear cells by multi-Color fluorescence-activated cell sorting (FACS),

RECRUITING	Cancer, Metastatic|Cancer|Cancer of Pancreas|Cancer of Liver|Cancer of Stomach|Cancer Liver|Cancer of Rectum|Cancer of Kidney|Ca	OTHER: Clinical Trial Matching	OBSERVATIONAL	Observational Model: |Time Perspective: p	50000	Up to 6 months	Proportion of patients Eligible for CTE versus Actual CTE, CTE Accrual, Through study completion, an 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

ncer of Esophagus | Cancer of Cervix | Cancer of Colon | Cancer of Larynx | Cancer, Lung | Cancer, Breast | Cancer, Advanced | Cancer Prostate | Cancer of

act of CTE on Progression-Free Survival (PFS), estimated by Kaplan-Meier and Cox multivariable survival analysis, PFS, 4 years | Identification of

Neck|Cancer of Skin|Neuroendocrine Tumors|Carcinoma|Mismatch Repair Deficiency|BRCA Gene Rearrangement|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 questionnaire, Through study completion, an

Cancer | Cholangiocarcinoma | Glioblastoma | Central Nervous System Tumor | Melanoma | Urothelial Carcinoma | Bladder Cancer | Ovarian Cancer | Endometrial Cancer | Testicular	average of 1 year | Real World Data Analytics, To Analyze Individual Standard of Care Chemotherapy Utilization (nominal), across treatment

Cancer|Breast Cancer|COVID|Myelofibrosis|Myeloproliferative Neoplasm|Myeloproliferative Disorders|Follicular Lymphoma|Mantle Cell Lymphoma|Marginal	lines (numeric); data will be combined and aggregated to report chemotherapy utilization rate (%)., Through study completion, an average of

Zone Lymphoma |Myelodysplastic Syndromes	1 year|Virtual Tumor Board Utilization, VTB Use Rate, Through study completion, an average of 1 year|Time from Intervention to Actual

								CTE (months), Time to CTE, Through study completion, an average of 1 year	
RECRUITING	HER2-positive Solid Tumors|HER2-positive Breast Cancer|HE	DRUG: BDC-1001|DRUG: Nivolumab	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED| Intervention Model: PARALLEL |Masking:	390	Incidence of adverse events (AEs) and serious adverse events	PK (Cmax) of BDC-1001, Escalation and expansion periods, 2	2020/2/24

R2-positive Colorectal Cancer | HER2-positive Gastroesophageal Cancer | HER2-positive Endometrial Cancer	NONE | Primary Purpose: TREATMENT	(SAEs), Escalation period, 2 years | Incidence and nature of dose-limiting toxicities (DLTs), Escalation period, up to 21 days | Incidence of potential-immune	years | PK (Cmin) of BDC-1001, Escalation and expansion periods, 2 years | PK (AUC0-t) of BDC-1001, Escalation period, 2 years | PK (AUC0-inf) of BDC-1001,	

related toxicities, Escalation period, 2 years|Maximum tolerable dose (MTD) or a tolerated dose below MTD, Escalation period, 2 years|Objective response	Escalation period, 2 years|PK (CL) of BDC-1001, Escalation period, 2 years|PK (Vz) of BDC-1001, Escalation period, 2 years|PK (t1/2) of BDC-1001, Escalation period, 2

rate (ORR) of confirmed complete or partial responses (CR, PR), Expansion period, 2 years	years | Objective response rate (ORR) using RECIST 1.1, Escalation period, 2 years | Duration 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|Incidence of anti-BDC-1001 antibodies, Escalation and expansion periods, 2

years | Incidence of adverse events (AEs) and serious adverse events (SAEs), Expansion period, 2 years | Incidence of potential-immune related toxicities,

RECRUITING	Solid Tumor, Adult	DRUG: DF1001|DRUG: Nivolumab|DRUG: Nab paclitaxel	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose: TREATMENT	490	Assessment of number of dose limiting toxicities experienced on study as defined per criteria in the study protocol, To assess	Expansion period, 2 years Evaluation of DF1001 Pharmacokinetics, Concentration vs time of DF1001 will be measured using blood samples taken a various	2019/11/11

the number of adverse events experienced during the study that meet dose limiting toxicity criteria per the study protocol., First 3 weeks of treatment	time points on study, From start of treatment up through 28 days after last treatment. |Evaluation of DF1001 Immunogenicity, Evaluate the immunoge

for each subject.|Assess Overall Response Rate, To assess the Overall Response Rate (ORR) per RECIST version 1.1 criteria per an Independent	nicity of DF1001 by measuring the number of patients developing anti-DF1001 antibodies, Every 3 weeks up to 28 days after last treatment.|Assess Best

Endpoint Review Committee (IERC), Through 90 days after completion of the study, an average of 1 year.|Asse ss number of adverse events observed	Overall Response, To assess Best Overall Response (BOR) by IERC (efficacy expansion cohorts)., Through 90 days after completion of the study, an

during treatment with DF1001 in combination with Nivolumab, To assess the safety of DF1001 in Combination therapy with nivolumab by measuring	average of 1 year.|Assess Duration of Response, To assess Duration of Response (DOR) for confirmed responses of DF1001 per an IERC

Number of subjects with Treatment-Emergent Adverse Events according to the National Cancer Institute Common Terminology Criteria for Adverse	(efficacy expansion cohorts)., From time of initiation of therapy until the date of first documented tumor progression, assessed up to 24 months|Assess Progressio

Events (NCI-CTCAE) Version 5.0, Screening visit up to 28 days after last treatment on study. | Assess number of adverse events observed	n Free Survival (PFS), To assess Progressio n Free Survival (PFS) for DF1001 per an IERC (efficacy expansion cohorts)., From time of initiation of therapy

during treatment with DF1001 in combination with Nab paclitaxel, To assess the safety of DF1001 in Combination 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 subjects with Treatment-Emergent Adverse Events according to the National Cancer Institute Common Terminology Criteria for Adverse	enrollment in the study until death, measured up to 2 years after last treatment on study. | Assess ORR by Investigator Assessment., To assess

Events (NCI-CTCAE) Version 5.0, Screening visit up to 28 days after last treatment on study.	confirmed ORR 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 documented tumor progression, assessed up to 24 months|Assess DOR by Investigator Assessment., 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 documented tumor progression, assessed up to 24 months | Assess BOR by Investigator Assessmen

t., To assess confirmed BOR by Investigator Assessment 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 Investigator Assessment., To assess PFS by Investigato

r 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 documented tumor progression, assessed up to 24 months		
RECRUITING	Anatomic Stage III Breast Cancer AJCC v8|Anatomic Stage IIIA Breast Cancer AJCC	DRUG: Cyclophosphamide|BIOLOGICAL: Neoantigen Peptide Vaccine|BIOLOGICAL: Pembrolizumab|BIOLOGI	PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose:	36	Incidence of adverse events, The maximum grade for each type of adverse event will be recorded	The number and percentage of participants who completed the sequencing	2022/3/31

v8|Anatomic Stage IIIB Breast Cancer AJCC v8|Anatomic Stage IIIC Breast Cancer AJCC v8|Anatomic Stage IV Breast Cancer AJCC v8|Clinical Stage III	CAL: Sargramostim	TREATMENT	for each patient. The attribution, grade, and type of adverse event (AE), the dose level, the tumor type, and the prior treatment will be tabulated for each	with satisfactory data quality registration and identified at least 10 actionable peptides, meet the eligibility criteria for registration, and able to initiate vaccine

Cutaneous Melanoma AJCC v8 | Clinical Stage III Gastric Cancer AJCC v8 | Clinical Stage III Gastroesophageal Junction Adenocarcinoma AJCC v8 | Clinical Stage III	patient, Up to 2 years from first vaccine administration	production, Feasibility will be defined as the number and percentage of participants who completed the sequencing with satisfactory data	

Merkel Cell Carcinoma AJCC v8|Clinical Stage IV Cutaneous Melanoma AJCC v8|Clinical Stage IV Gastric Cancer AJCC v8|Clinical Stage IV Gastroesophageal	quality registration and identified at least 10 actionable peptides, meet the eligibility criteria for registration, and able to initiate vaccine production within 16 weeks., Up

Junction Adenocarcinoma AJCC v8|Clinical Stage IV Merkel Cell Carcinoma AJCC v8|Clinical Stage IVA Gastric Cancer AJCC v8|Clinical Stage IVA Gastroesophageal

to 16 weeks|Immunogenicity responders, The number and percentage of patients who are vaccine immunity responders will be calculated. The

Junction Adenocarcinoma AJCC v8|Clinical Stage IVB Gastric Cancer AJCC v8|Clinical Stage IVB Gastroesophageal Junction Adenocarcinoma AJCC v8|Locally Advanced	immunity responder for each patient is defined as \>= 20% of neoantigens formulated into vaccine with at least 3-fold of value increase at any timepoint,,

Cervical Carcinoma | Locally Advanced Endometrial Carcinoma | Locally Advanced Gastric Adenocarcinoma | Locally Advanced Gastroesophageal Junction Adenocarci	Within weeks	24

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 Unresectable Breast Carcinoma |

Locally Advanced Unresectable Cervical Carcinoma | Locally Advanced Unresectable Gastric Adenocarcinoma | Locally Advanced Unresectable Gastroesophageal

Junction Adenocarcinoma | Locally Advanced Unresectable 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

Hepatocellu
lar
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|Pathologic Stage III Gastric Cancer AJCC v8|Pathologic Stage III Gastroesophageal Junction Adenocarcinoma AJCC v8|Pathologic Stage III

Merkel Cell Carcinoma AJCC v8 | Pathologic Stage IIIA

Cutaneous Melanoma AJCC v8 | Pathologic Stage IIIA

Gastric Cancer AJCC v8 | Pathologic 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 Gastroesophageal Junction Adenocarcinoma AJCC v8|Pathologic Stage IIIC Cutaneous Melanoma AJCC v8|Pathologic 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|Patholo
gic Stage IV
Gastroesoph
ageal
Junction
Adenocarci
noma AJCC
v8|Patholo
gic Stage IV
Merkel Cell
Carcinoma
AJCC
v8|Patholo
gic Stage
IVA
Gastroesoph
ageal

Junction Adenocarcinoma AJCC v8 | Pathologic Stage IVB Gastroesophageal Junction Adenocarcinoma AJCC v8 | Postneoadjuvant Therapy Stage III Gastric Cancer

AJCC v8 | Postneo adjuvant Therapy Stage III Gastroesophageal Junction Adenocarcinoma AJCC v8 | Postneo adjuvant Therapy Stage IIIA Gastroesophageal 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 Gastroesophageal Junction Adenocarcinoma AJCC v8 | Postneo adjuvant Therapy Stage IVA Gastroesophageal 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
Hepatocellu
lar
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 | Unresectable

e Endometrial Carcinoma | Unresectable

e Gastric Adenocarcinoma | Unresectable

Gastroesophageal Junction Adenocarcinoma | Unresectable

Head and Neck Squamous Cell Carcinoma | Unresectable Hepatocellular Carcinoma | Unresectable Lung Non-Small Cell Carcinoma | Unresectable Malignant Solid

Neoplasm | Unresectable Melanoma | Unresectable Merkel Cell Carcinoma | Unresectable Renal Cell Carcinoma | Unresectable Skin Squamous Cell Carcinoma | Unresectabl

	e Triple-Negative Breast Carcinoma|Unresectable Urothelial Carcinoma								
ACTIVE_NOT_RECRUITING	Adenocarcinoma of the Stomach|GastroEsophageal Cancer	DRUG: Nivolumab|DRUG: Ipilimumab|DRUG: mFOLFOX|DRUG: FLOT	PHASE2	INTERVENTIONAL	Allocation: RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose:	262	Progression-free survival (PFS) Arm A and B, PFS, defined as time from randomization to the	Progression-free survival (PFS) Arm A1, A2, C, PFS, defined as time from randomization/enrol	2018/11/7

TREATMENT	date of first observed disease progression as assessed by the investigator using CT criteria or death from any cause assessed every 8 weeks for up to 3 years Arm	ment to the date of first observed disease progression as assessed by the investigator using CT criteria or death from any cause assessed every 8 weeks for up to 3

A versus Arm B, Up to 3 years|Progression-free Survival rate at 6 months Arm A2 and C, PFS rate at 6 months is defined as proportion of patients being

years for Arm A1, Arm A2 and Arm C, Up to 3 years|Progression-free Survival rate at 6 months Arms A and B, PFS rate at 6 months is defined as proportion

known to be alive and free of disease progression as assessed by the investigator using CT criteria at 6 months after randomization/enrolment, 6 months

of patients being known to be alive and free of disease progression as assessed by the investigator using CT criteria at 6 months after randomization, 6

after randomization/enrolment	months after randomization|Overall 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|Duration of response and disease stabilization, 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 progression or death for up to 3 years, Up to 3 years|Overall survival (OS), Overall survival according to Kaplan-Meier assessed

from randomization/enrolment to the date of death from any cause, Up to 3 years|Incidence and severity of adverse events, incidence and severity of adverse

events according to CTCAE (Common Terminology 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|Patient 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 progressio

n or death for up to 3 years, Up to 3 years|Progression-free survival (PFS) by PD-L1 expression status, Subgroup analysis of PFS, defined as time from

randomization/enrolment to the date of first observed disease progression as assessed by the investigator 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|Overall survival (OS) by PD-L1 expression status, Subgroup analysis of

overall survival according to Kaplan-Meier assessed from randomization/enrolment to the date of death from any cause according to PD-L1 expression

							status, Up to 3 years		
RECRUITING	Gastrointestinal Epithelial Cancer|Gastrointestinal Neoplasms|Cancer of Gastrointestinal Tract|Cancer, Gastrointestinal|Gastrointestinal Cancer|Col	DRUG: Cyclophosphamide|DRUG: Fludarabine|BIOLOGICAL: Tumor-Infiltrating Lymphocytes (TIL)|DRUG: Aldesleukin	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: SEQUENTIAL|Masking: NONE|Primary Purpose: TREATMENT	20	Maximum tolerated dose (MTD), Highest dose at which less than or equal to 1 of 6 patients experienced a DLT or the highest dose level	Progression-Free Survival (PFS), Progression-Free Survival (PFS) of patients with metastatic gastrointestinal cancers treated	2020/5/15

o-rectal Cancer|Pancreatic Cancer|Gall Bladder Cancer|Colon Cancer|Esophageal Cancer|Stomach Cancer	studied if DLTs are not observed at any of the dose levels, 28 Days Post IL-2|Preliminary efficacy of tumor reactive autologous lymphocytes with	using the autologous lymphocytes, 2 Years or Disease Progression|Overall Survival (OS), Overall Survival (OS) of patients with metastatic gastrointestinal	

knockout of CISH gene in patients with refractory metastatic gastrointestinal epithelial cancers: changes in diameter, Changes in the largest diameter (unidimen	cancers treated using the autologous lymphocytes, 2 Years or Disease Progression|Toxicity profiles resulting from treatment using these engineered tumor-infiltrating

sional measurement) of the tumor lesions and the shortest diameter in the case of malignant lymph nodes are used in the RECIST v1.1 criteria,	lymphocytes, Incidence of targeted toxicities events, 2 Years or Disease Progression	

Every 4 Weeks for the first three months, then every 8 weeks thereafter, up to 2 years|Safety of tumor reactive autologous lymphocytes with knockout of the

						CISH gene - Incidence of Adverse Events, Incidence of Adverse Events, 2 Years or Disease Progression		
RECRUITING	Locally Advanced Gastric Adenocarcinoma|PD-1	OTHER: DNA panel and RNA Sequencing	OBSERVATIONAL	Observational Model: |Time Perspective: p	40	Relative DNA biomarkers, At the DNA level, to identify	Conditions of immune microenvironment, To monitor the	2022/7/18

the biomarkers related to the efficacy of neoadjuvant therapy with PD-1 mab combined with chemotherapy in locally advanced gastric cancer.,	changes of immune microenvironment before and after neoadjuvant treatment with PD-1 mab combined with chemotherapy for locally advanced

From the initiation date of patients recruited into groups to the date of first documented progression or date of death from any cause, whichever came first, gastric cancer., From the initiation date of patients recruited into groups to the date of first documented progression or date of death from any cause,

assessed up to 2 years|Relative RNA biomarkers, At the RNA level, to identify the biomarkers related to the efficacy of neoadjuvant therapy with PD-1 mab	whichever came first, assessed up to 2 years|Drug resistance mechanism, To explore the drug resistance mechanism of locally advanced gastric

combined with chemotherapy in locally advanced gastric cancer., From the initiation date of patients recruited into groups to the date of first

cancer after neoadjuvant therapy with PD-1 mab combined with chemotherapy., From the initiation date of patients recruited into groups to

documented progression or date of death from any cause, whichever came first, assessed up to 2 years|Prediction model for efficacy, A prediction model for the efficacy	the date of first documented progression or date of death from any cause, whichever came first, assessed up to 2 years

of PD-1 mab combined with chemotherapy, constructed 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

COMPLETED	Clinical Stage IV Gastric Cancer AJCC v8|Clinical Stage IV Gastroesophageal Junction Adenocarcinoma AJCC v8|Clinical Stage IVA Gastric Cancer AJCC	DRUG: Cyclophosphamide|BIOLOGICAL: Cytokine-based Biologic Agent IRX-2|BIOLOGICAL: Pembrolizumab	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	9	Progression-free Survival, Estimated using the product-limit method of Kaplan and Meier. From initial treatment until progression or death. Progressio	Overall Survival, Estimated using the product-limit method of Kaplan and Meier. From the time of initial treatment until death from any cause., Up to 2	2019/4/19

v8|Clinical Stage IVA Gastroesophageal Junction Adenocarcinoma AJCC v8|Clinical Stage IVB Gastric Cancer AJCC v8|Clinical Stage IVB Gastroesophageal Junction	n is defined using Response Evaluation Criteria In Solid Tumors Criteria (RECIST v1.1), as a 20% increase in the sum of the longest diameter of target	years|Overall Response, Per Response Evaluation Criteria In Solid Tumors Criteria (RECIST v1.1) for target lesions and assessed by MRI: Complete	

Adenocarcinoma AJCC v8|Metastatic Gastric Adenocarcinoma|Metastatic Gastroesophageal Junction Adenocarcinoma|Pathologic Stage IV Gastric Cancer AJCC v8|Pathologic Stage IV Gastric Cancer	lesions, or a measurable increase in a non-target lesion, or the appearance of new lesions., From first day of study drug administration to disease	Response (CR), Disappearance of all target lesions; Partial Response (PR), \>=30% decrease in the sum of the longest diameter of target lesions; Overall

gic Stage IV Gastroesophageal Junction Adenocarcinoma AJCC v8|Pathologic Stage IVA Gastroesophageal Junction Adenocarcinoma AJCC v8|Pathologic Stage IVB	progression or death, assessed up to 2 years	Response (OR) = CR + PR, Up to 2 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

RECRUITING	Liver Metastases	DRUG: Tislelizumab in Combination with Oxaliplatin and Tegafur	PHASE2|PHASE3	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	40	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	progression-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 +Tegafur + Oxaliplatin, according to RECIST1.1, about 6 months after the enrollment	to RECIST1.1, up to 12 months after the end of last cycle of treatment	
RECRUITING	Advanced or Metastatic Solid Tumors|Microsatellite Instability	DRUG: NC410|DRUG: Pembrolizumab	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking:	131	Number of participants with treatment-emergent adverse events as	Objective Response Rate per RECIST, Objective response rate (ORR)	2022/10/6

Low|Microsatellite Instability High|Microsatellite Stable|Ovarian Cancer|Gastric Cancer|Colo-rectal Cancer|Esophageal Cancer|Endometrial Cancer|Head Neck	NONE|Primary Purpose: TREATMENT	assessed by CTCAE v5.0, Frequency, duration, and severity of treatment-emergent adverse events (AEs), 24 Months|Define a recommended Phase 2 dose	per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1, until disease progression, up to 24 months|Duration of Response per RECIST, Duration

Cancer | Cervical Cancer | Lung Cancer	(RP2D) of NC410 when combined with standard dose Pembrolizumab, A mTPI design will be utilized to determine the RP2D of NC410, 42 days	of Response (DoR) per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1, until disease progression, up to 24 months | Disease Control Rate per	

RECIST, Disease Control Rate (DCR) per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1, until disease progression, up to 24 months|Progression-

free Survival (PFS) per RECIST, Progressio n-free Survival (PFS) per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1, until disease progressio

TERMINATED	Solid Tumor|Triple-negative Breast Cancer|Gastric Adenocarcinoma|Head and Neck Squamous Cell Carcinoma|Cervical Carcinoma|High Grade	DRUG: LY3435151|DRUG: Pembrolizumab	PHASE1	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking: NONE|Primary Purpose: TREATMENT	2	Number of Participants With LY3435151 Dose-Limiting Toxicities (DLTs), A DLT is defined as an Adverse Event that is likely related to the study	n, up to 24 months Pharmacokinetics (PK): Maximum Concentration (Cmax) of LY3435151, Pharmacokinetics (PK): Maximum Concentration (Cmax)	2019/10/28

Serous Ovarian Carcinoma | Hepatocellular Carcinoma | Undifferentiated Pleomorphic Sarcoma | Leiomyosarcoma	medication or combination, and fulfills any one of the following criteria, graded according to the National Cancer Institute's (NCI) Common Terminolo	of LY3435151., Cycle 1 Day 1 (C1D1) (Predose, 1, 3 hour (hr), C1D2 (24 hr), C1D4 (72hr), C1D8 (168hr), C1D15 (336hr) | PK: Cmax of LY3435151	

gy Criteria for Adverse Events (NCI-CTCAE) Version 5.0: 1. Any death not clearly due to the underlying disease or extraneous causes	in Combination With Pembrolizumab, PK: Cmax of LY3435151 in Combination with Pembrolizumab., Predose Cycle 1 Day 1 through Predose

2. Neutropenic fever 2. Any Grade 鈥? non-hematologic toxicity 3. Grade 鈥? neutropenia or thrombocytopenia \>7 days 4. Grade 鈥?	Cycle 5 Day 1 (21 Day Cycles)|Overall Response Rate (ORR): Percentage of Participants With Complete Response (CR) or Partial Response

thrombocytopenia with bleeding 5. Grade 鈮? nausea/vomiting or diarrhea\> 72 hours with adequate antiemetic and other supportive care 6. Grade	(PR), Overall response rate is the best response of complete response (CR) or partial response (PR) as classified by the independent central review

鈭? fatigue 鈭? week 7. Grade 鈭 ? electrolyte abnormalit y that lasts\>72 hours, unless the Participant has clinical symptoms, in which case all Grade	according to the Response Evaluation Criteria In Solid Tumors (RECIST v1.1). CR is a disappeara nce of all target and non-target lesions and normalizat ion of

3+electrolyte abnormality regardless of duration should count as a DLT 8. Grade 鈪? prolongation of QT interval corrected using the Fridericia	tumor marker level. PR is an at least 30% decrease in the sum of the diameters of target lesions (taking as reference the baseline sum diameter)

formula on 2 separate electrocardiogram readings approximately 5 min apart., Baseline through Cycle 2 (21 Day Cycles)	without progression of non-target lesions or appearance of new lesions. Overall response rate is calculated as a total number of participants 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 Participants With a Best Overall Response of CR, PR, and Stable Disease, Disease

Control Rate (DCR) is the percentage of participants with a best overall response of CR, PR, or Stable Disease (SD) as per Response using RECIST

v1.1 criteria. CR defined as the disappearance of all target and non-target lesions and no appearance 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 progression of non-target lesions, and no appearance of new

lesions. SD is neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD for target lesions, no progression 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 unequivocal progression 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 progressio n 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 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 progression of non-target lesions, and no appearance of new lesions. If a responder was not known to have died

or have objective progression 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

unequivocal progression of non-target lesions, or 1 or more new lesions., Date of CR or PR to Date of Objective Disease Progression or Death Due to

Any Cause (Up to 4 Months)|Time to Response (TTR), Time to response (TTR) is defined as the time from the date of start of treatment to the date measurem

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 subsequent systematic anticancer therapy.,

Baseline to Date of CR or PR (Up to 4 Months)|Progression Free Survival (PFS), PFS time was measured from the date of randomization until the first radiograph

ic documentation of progression 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 unequivocal progression 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 determined disease progression or death has been observed

for the participant. If a participant was not known to have died or have objective progression 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 Progression or Death Due to Any Cause (Up to 4 Months)

COMPLETED	Progressive Metastatic Malignancies	BIOLOGICAL: ALT-801	PHASE1	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	26	The Safety and Toxicity of ALT-801 in Patients With Progressive Metastatic Malignancies, Number of serious adverse events per cohort, 18 months|T	Clinical Antitumor Response to ALT-801, Number of subjects with a complete response (CR), partial response (PR) or stable disease (SD). CR is	May-07

he Maximum-tolerated Dose (MTD) of ALT-801, Number of dose limiting toxicities (DLTs). A DLT is a toxicity that results in patient withdrawal from the	defined as disappearance of all tumor lesions selected for measurement. PR is defined as at least 30% decrease in the sum of all tumor lesions selected for measurem

study as defined in the protocol., 18 months	ent. Stable disease is defined as neither sufficient tumor shrinkage to qualify for PR nor sufficient tumor increase to qualify for progressive disease (PD) which is defined

as at least 20% increase the sum of the all tumor lesions selected for measurement., 24 months | ALT-801 Induced Cell-mediated Immune Responses,

Number of tumor-responsive (interferon-gamma positive (IFNg+)) immune cells in blood post dosing, 24 months|Immunogenicity of ALT-801, Titer of anti-drug

RECRUITING	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	OBSERVATIONAL	Observational Model: | Time Perspective: p	1000	Procure, store and distribute longitudinal biospecimens and associated clinical data, Will procure, store and distribute longitudin	Abs at week 4, 24 months 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 Adenocarcinoma AJCC v8|Clinical Stage IV Esophageal	al biospecimens and associated clinical data for current and future cancer research in order to elucidate molecular mechanisms of sensitivity and	as study aggregate., Until completion of biospecimen collection, up to 3 years|Cancer Research Data Commons, The Cancer Imaging Archive	

Squamous Cell Carcinoma AJCC v8|Clinical Stage IV Gastric Cancer AJCC v8|Clinical Stage IV Gastroesophageal Junction Adenocarcinoma AJCC v8|Lung	intrinsic or acquired resistance to standard of care systemic therapies, including immunotherapy. Cases will be grouped according to patient demograp	and database of Genotypes and Phenotypes data contribution, Statistical analysis will be descriptive and will be analyzed for each BSS as well as study	

Non-Small Cell Carcinoma | Lung Small Cell Carcinoma | Malignant Solid Neoplasm | Metastatic Prostate Carcinoma | Multiple Myeloma | Stage III Lung Cancer AJCC	hics, cancer type and treatment regimen. Statistical analysis will be descriptive and will be analyzed for each Biospecimen Source Site (BSS) as well as study	aggregate., Until completion of biospecimen collection, up to 3 years | Percentage of minority and underserved study participants accrued, 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., Up to 10 years|Percentage of enrolled patients by cancer type and treatment regimen overall, Will assess the percentage of enrolled patients by cancer type	analysis will be descriptive and will be analyzed for each BSS as well as study aggregate., Until completion of biospecimen collection, up to 3 years|Perc

Prostate Cancer AJCC v8|Stage IVB Prostate Cancer AJCC v8	and treatment regimen overall and those who contribute samples to the Drug Resistance and Sensitivity Network and other approved investigators.	entage of enrolled patients for whom molecular profiling is attempted, Statistical analysis will be descriptive and will be analyzed for each BSS as well as study Statistical aggregate.

analysis will be descriptive and will be analyzed for each BSS as well as study aggregate., Until completion of biospecimen collection, up to 3 years | Perc	Will also be assessed by patient demographics, cancer type and treatment regimen., Until completion of biospecimen collection, up to 3 years | Perc

entage of minority and underserved study participants accrued, Statistical analysis will be descriptive and will be analyzed for each BSS as well as study aggregate.,	entage of enrolled patients for whom molecular profiling results are generated, Statistical analysis will be descriptive and will be analyzed for each BSS as well as study

Until completion of biospecimen collection, up to 3 years	aggregate. Will also be assessed by patient demographics, cancer type and treatment regimen., Until completion of biospecimen 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 demographics, cancer type and treatment regimen., Until completion of

biospecimen collection, up to 3 years|Percentage 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 demographics, cancer type and treatment regimen.,

								Until completion of biospecimen collection, up to 3 years	
NOT_YET_RECRUITING	Gastric Cancer	DRUG: Sintilimab	PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary	90	Pathological complete response rate (pCR), pCR rate is the proportion of patients	Objective Response Rate (ORR), ORR refers to the proportion of subjects with	Oct-22

Purpose: PREVENTION	who have no residual viable tumor in the resected specimens. The primary aim of the study is to test the hypothesis that after neoadjuvant therapy	confirmed best overall response of complete response (CR) or partial response (PR), based on RECIST 1.1 DCR refers to the percentage of confirmed

铗 宋 atients with ctDNA clearance result in a higher rate of pCR., an average of 6 months.

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 pathological response rate (MPR), MPR refers to as the

proportion of patients with less than 10% viable tumour at resection., after surgery 锛宎n average of 6 months.|Tumor 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.|R0 resection rate, R0 resection rate refers to the proportion of all patients

with negative margins under the microscope of tumor specimens after surgery to the total number of participants., an average of 6 months.|T (tumor)

and/or N(node) downstaging rate, T(tumor) and/or N(node) downstaging is defined as the postoperative pathological T and/or N stage

lower than the original stage by imaging before neoadjuvant treatment., an average of 6 months.|30-day post-operative surgical complication rate,

based on the Clavien-Dindo classification, 30 days postoperation.|Disease-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 锛

圩 S 锛?

Overall survival was defined as

the date from patient enrollment to death of any cause., up to 2 years after surgery.|Incidence of Treatment-Emergent Adverse Events 锛 圯 afety 锛?

Safety as measured

by number and grade of adverse events.

Numbers of Participants 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.	
RECRUITING	Gastric Cancer|Cancer of Stomach|Gastric Adenocarcinoma|Stom	BIOLOGICAL: IMU-131|DRUG: Ramucirumab plus Paclitaxel|BIOLOGICAL:	PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED|Intervention Model: PARALLEL|Masking:	30	Frequency and Severity of Treatment-Emergent Adverse Events	Overall Survival, Overall Survival (OS) is defined as the time	2022/8/17

ach Cancer|Stomach Adenocarcinoma|Gastroesophageal Junction Adenocarcinoma	Pembrolizumab	NONE|Primary Purpose: TREATMENT	[safety and tolerability] of HER-Vaxx in combination with chemotherapy or pembrolizumab, Treatment-Emergent Adverse Events \[safety and tolerability	from first dose of study drug to death due from any cause., From date of enrollment until the date of death from any cause, an average of 1 year|Progression

\] will be graded according to CTCAE v5.0, From date of enrollment through study completion , an average of 6 months|Objective Response Rate of	Free Survival, Progression Free Survival (PFS) defined as the time from first dose of study drug to first documentation of progressive disease (PD) based

HER-Vaxx in combination with chemotherapy or pembrolizumab,	Objective Response Rate (ORR) measured from enrollment as the proportion of patients	on RECIST 1.1, or to death from any cause, From date of enrollment until the date of first documented progression or date of death from any cause, an average of 6

achieving a confirmed best overall response of complete response (CR) or partial response (PR) according to RECIST 1.1, From date of enrollment until the	months | Duration of Response, Duration of Response (DoR) measured from earliest CR or PR until first documentation of PD based on RECIST 1.1 or death

date of first documented progression or date of death from any cause, an average of 6 months	due to any cause., From date of earliest CR or PR until the date of first documented progression or date of death from any cause, an average of 3 months

RECRUITING	MSI-H Colorectal Cancer | Melanoma | Anal Carcinoma | Mesothelioma | Triple Negative Breast Cancer | Lung Adenocarcinoma | Cholangiocarcinoma | Cervical	DRUG: Spartalizumab | DRUG: Tislelizumab	PHASE2	INTERVENTIONAL	Allocation: NON_RANDOMIZED | Intervention Model: PARALLEL | Masking: NONE | Primary Purpose: TREATMENT	184	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 Adenocarcinoma | Esophageal Adenocarcinoma | Uterine Adenocarcinoma | Head and Neck Squamous Cell Carcinoma |	r 麓 s assessment and according to Response Evaluation Criteria in Solid Tumors (RECIST) version 1.1 criteria., Until objective tumor response,	lesion response of Stable Disease (SD) or Non-PR/Non-progression disease (PD) lasting 鈮 ?24 weeks, based on local investigator 麓 s	

Sarcoma | Lung Squamous Cell Carcinoma | Urothelial Carcinoma | Thyroid Carcinoma | Hepatocellular Carcinoma | Uveal Melanoma | HER2-positive Breast	on average 10 months	assessment according to RECIST v1.1., Until objective tumor response, on average 10 months | Progression free survival (PFS) in patients with high mRNA

Cancer | Pancreatic Adenocarcinoma | Squamous Esophageal Carcinoma | Epithelial Ovarian Cancer | Uterine Carcinosarcoma | Small Cell Lung Cancer | Hormone Receptor	PD1 expressing tumors (Cohort 3), Time from allocation to the first occurrence of disease progression, as determined locally by the investigator using RECIST

Positive / HER2-negative Breast Cancer|Lung Adenocarcinoma EGFR-mutated/ ALK Traslocation |Colorectal Adenocarcinoma|Prostate Adenocarci	v.1.1, or death from any cause, whichever occurs first., From date of allocation to disease progression or death from any cause,whichever 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 progression or death from any cause,whichever came first, assessed up to approximately 36 months|Time 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 鈮?0%)

observed for patients who achieved a CR or PR., Until objective tumor response, on average 10 months|Overall 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

approxima
tely 36
months|P
FS
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 progression or death from any cause,whichever came first,

assessed up to approximately 36 months|ORR 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 investigator 蘆s assessment and according to Response Evaluation

Criteria in Solid Tumors (RECIST) version 1.1 criteria., Until objective tumor response, on average 10 months|CBR 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-progression disease (PD) lasting 鈭?24 weeks, based on local investigator 蘆s assessment according to RECIST v1.1., Until objective

tumor response, on average 10 months|PFS in patients with low mRNA PD1 expressing tumors (Cohorts 1and 2), Time from allocation to the first

occurrence of disease progression, as determined locally by the investigator using RECIST v.1.1, or death from any cause, whichever occurs first., From date of

allocation to disease progression or death from any cause,whichever came first, assessed up to approximately 36 months|DoR in patients with low mRNA

PD1 expressing tumors (Cohorts 1and 2), 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 progression or death from any

cause,whic
hever came
first,
assessed
up to
approxima
tely 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 鈧?0%) observed for patients who achieved a CR or PR., Until objective tumor

response, on average 10 months|OS 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|PFS 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 progression or death from any cause,whichever came first, assessed up to approximately 36 months|Incidence, seriousness, treatment-related and

intensity of Treatment Emergent Adverse Events, Incidence, seriousness, treatment-related and intensity of Treatment Emergent Adverse Events (TEAEs) assessed

by the NCI Common Terminology for Classification of Adverse Events (CTCAE) version 5, including dose reductions, delays and treatment discontinuations.,

During the whole treatment period (from baseline until patients' final treatment which is defined as the end of the Treatment Phase of the study,

RECRUITING	Solid Tumor | Breast Cancer | Small Cell and Non-small Cell Lung Cancer | Triple Negative Breast Cancer | Gastric Cancer | Esophageal	BIOLOGICAL: RAPA-201 Rapamycin Resistant T Cells | DRUG: Chemotherapy Prior to RAPA-201 Therapy	PHASE1 | PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose: TREATMENT	22	Safety of RAPA-201 Cell Therapy, To determine the safety of RAPA-201 cell therapy when used in combination with a	an average of 10 months Overall Response Rate, To determine the overall RECISTv1.1 criteria response rate (partial response or better) of autologous	2021/8/1

Adenocarcinoma | Gastric Junction Adenocarcinoma | Esophageal Squamous Cell Carcinoma | Head and Neck Cancer | Squamous Cell Carcinoma of Oral Cavity | Squamous Cell	carboplatin plus paclitaxel (CP) standard-of-care chemotherapy regimen. Specifically, the treatment will be determined to be safe if the following	RAPA-201 cells and standard-of-care chemotherapy (carboplatin + paclitaxel) in patients with solid tumors resistant to PD-(L)1., One (1) year after 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 are met: (Metric #1) using the metric of "unresolved grade 3 toxicity attributable to the RAPA-201 cell therapy": for positive determination of safety, this

dose of RAPA-201 cells.|Progression Free Survival (PFS) and Overall Survival (OS), To characterize the effect of therapy on solid tumor disease control, as

adder Cancer|Malignant Melanoma		metric must occur in 3 or fewer patients out of the initial 10 patients; (Metric #2) using the metric of "grade 4 non-hematologic toxicity that is probably	measured by progression free survival (PFS) and overall survival (OS)., One (1) year after the last dose of RAPA-201 cells.|Quality of Life (QOL), To evaluate

attributable to RAPA-201 cell therapy": for positive determination of safety, this metric must occur in 1 or fewer patients out of the initial 10 patients; and	effect of therapy on quality of life (QOL) using the Short Form-36 Survey., One (1) year after the last dose of RAPA-201 cells.

(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., Completion of RAPA-201 Therapy as Defined by the End-of-Treatment Visit, which occurs on average at 6-months

							after treatment initiation		
UNKNOWN	Gastric Cancer Stage IV	DRUG: olaparib+pembrolizumab+paclitaxel	PHASE1|PHASE2	INTERVENTIONAL	Allocation: NA|Intervention Model: SINGLE_GROUP|Masking: NONE|Primary Purpose: TREATMENT	71	progression free survival, 6 weeks|dose limiting toxicity, 21 days	overall response rate, 6 weeks	2021/10/1

TERMINATED	Advanced or Metastatic Solid Tumors | Ovarian Cancer | Gastric Cancer | Colo-rectal Cancer	DRUG: NC410	PHASE1 | PHASE2	INTERVENTIONAL	Allocation: NA | Intervention Model: SINGLE_GROUP | Masking: NONE | Primary Purpose: TREATMENT	46	Number of participants with treatment-emergent adverse events as assessed by CTCAE v5.0, Frequency, duration, and severity of treatment-emergent adverse	Objective Response Rate per RECIST, Objective response rate (ORR) per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1 and modified RECIST	2020/6/10

events (AEs), up to 14 months|Define a maximum tolerated dose (MTD) or pharmacologically active dose (PAD), A 3 + 3 design will be utilized to determine	(mRECIST) v1.1, 14 months|Duration of Response per RECIST, Duration of Response (DoR) per Response Evaluation Criteria in Solid Tumors (RECIST)

				the MTD of NC410, 28 days		v1.1 and modified RECIST (mRECIST) v1.1, 14 months|Disease 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|Maximum Plasma Concentration (Cmax) of NC410, To evaluate the

			Maximum Plasma Concentration (Cmax) of NC410, 14 weeks