

SERVICE DE GYNÉCOLOGIE-ONCOLOGIE

PROTOCOLES EN RECRUTEMENT

TUMEURS SOLIDES

PROTOCOLES	PTES S/R/Tx/FUP	PHASE	DESCRIPTION
REFMAL-473 IUT MARIE MARTIN AU 30737 POUR RÉFÉRENCE		I	<p>An open-label, Phase I trial to determine the maximum-tolerated dose and investigate safety, pharmacokinetics, and efficacy of BI 754091 in patients with advanced solid tumours Phase Ib (dose expansion)</p> <ul style="list-style-type: none"> Patients with a histologically confirmed diagnosis of select advanced, unresectable, and/or metastatic solid tumours with specific histology/tumour types and/or specific genetic profiles as specified in the following cohorts: Cohort 4: solid tumours including NSCLC, bladder cancer, melanoma, gastric cancer, ovarian cancer, triple-negative breast cancer, and renal-cell cancer Cohort 5: Tumours with high TMB (showing ≥ 10 mutations/mega base) excluding those with high microsatellite instability (MSI-high) Cohort 6: Refractory squamous cell cervical, anal, and skin tumours. Cohort 7: Recurrent HPV-positive, or HPV-negative (per local testing), vaginal or VSCC, not amenable to surgery. Pt must have measurable lesions according to RECIST v1.1 Pt must have at least 1 tumour lesion amenable to biopsy, and must be medically fit and willing to undergo a biopsy before first treatment and, unless clinically contraindicated, after 6 weeks on therapy. Pt who are anti-PD-1 and anti-PD-L1 naïve but have failed conventional treatment (excluding anti-PD-1 treatment), or for whom no therapy of proven efficacy exists, or who are not amenable to standard therapies.

<p>IND228 URCOH APPELER JEANNE DIONNE AU 25385 POUR RÉFÉRENCE</p>	<p>5/2</p>	<p>II</p>	<p>A phase II study of durvalumab and tremelimumab In patients with advanced rare tumours</p> <ul style="list-style-type: none"> • Histologically and/or cytologically confirmed cancer that is advanced / metastatic / recurrent or unresectable and for which no curative therapy exists as follows: Clear cell carcinoma of the ovary • At least one measurable lesion as defined by RECIST 1.1 that has not been the site of the protocol mandated biopsy. • Previous Therapy <ul style="list-style-type: none"> ○ Cytotoxic Chemotherapy: <ul style="list-style-type: none"> ▪ Patients may have received prior chemotherapy – no limit on number of prior regimens. ○ Other Systemic Therapy: <ul style="list-style-type: none"> ▪ May have received other prior therapies including, angiogenesis inhibitors, PARP inhibitors or signal transduction inhibitors (tyrosine kinase inhibitors). Prior therapy with PD-1/PDL1 or CTLA-4 inhibitors is not allowed. ▪ Must have recovered from all reversible toxicity related to prior chemotherapy or systemic therapy and have adequate washout as follows (Longest of one of the following): <ul style="list-style-type: none"> ✓ Two weeks ✓ 5 half-lives for investigational agents ✓ Standard cycle length of standard therapies ○ Radiation: <ul style="list-style-type: none"> ▪ Prior external beam radiation is permitted provided a minimum of 28 days (4 weeks) have elapsed between the last dose of radiation and date of registration. Exceptions may be made for low-dose, non-myelosuppressive radiotherapy after consultation with CCTG senior investigator. Concurrent radiotherapy is not permitted. Patients planned for concurrent chemotherapy-radiation are not eligible. ○ Surgery: <ul style="list-style-type: none"> ▪ Previous surgery is permitted provided that a minimum of 28 days (4 weeks) have elapsed between any major surgery and date of registration, and that wound healing has occurred.
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<p>CHECKMATE-848 URCOH APPELER FRANCINE RICHARD AU 24853 POUR RÉFÉRENCE</p>	<p>0</p>	<p>II</p>	<p>A Randomized, Open-Label, Phase 2 Study of Nivolumab in Combination with Ipilimumab or Nivolumab Monotherapy in Participants with Advanced or Metastatic Solid Tumors of High Tumor Mutational Burden (TMB-H) (CheckMate 848: CHECKpoint pathway and nivoluMAb clinical Trial Evaluation 848)</p> <ul style="list-style-type: none"> • Patients with a refractory, metastatic, or unresectable TMB-H solid tumors including standard of care, if available. • Treatment with botanical preparations alone (e.g. herbal supplements or traditional Chinese medicines) are not considered a line of therapy. • The IRT must be provided with the results of both tissue and blood TMB-H testing for eligible participants prior to randomization. Both results are utilized for stratification purposes • Participants must have either tTMB or bTMB ≥ 10 mut/Mb • Prior TMB-H results obtained with F1CDx assay (tissue) or assay from Foundation Medicine (blood) are acceptable for eligibility purposes. When these prior results are not available, tissue and / or blood samples must be provided for central TMB-H testing, and results must be available prior to randomization. • TMB results obtained from any other assays are not acceptable for eligibility. • Participants must have an ECOG Performance Status of ≤1 (participants > 16 years old with solid tumors), KPS ≥ 80 (participants > 16 years old with primary CNS tumors) or LPS ≥ 80 (participants 12 to 16 years old ONLY). • Participants must have measurable disease for response assessment as per RECIST 1.1 for solid tumors other than CNS, and RANO criteria for primary CNS malignancies.
<p>≥ 1 LIGNE ≤ 4 LIGNES pour maladie avancée ou métastatique</p>			
<p>ESPS-001 APPELER IUT POUR RÉFÉRENCE</p>	<p>0/0/0/0</p>	<p>I/II</p>	<p>A Phase 1 / 2 Study of LY2880070 in Patients with Advanced or Metastatic Cancer <i>Part A, Arm 1 (LY monotherapy) is now closed to accrual. However Part A, Arm 2 (LY + GEM) and Part A, Arm 3 (poor metabolizers only) are currently active. There are currently no slots available in Arm 2, however I will send out a notice to all sites should any slots in this cohort open for competitive enrollment.</i></p> <ul style="list-style-type: none"> • Patients must have histological or cytological evidence of cancer (solid tumors, excluding glioblastoma and primary brain tumor) that is advanced and/or metastatic. • For Arm 3 of Part A, patients must be poor metabolizers for CYP2D6.
<p>OVAIRES</p>			
<p>PRÉVENTION</p>			
<p>OV25 DP/GSO/GSO/FG</p>	<p>11/11/8(1)/2</p>	<p>II</p>	<p>A Randomized Phase II Double-Blind Placebo-Controlled Trials of Acetylsalicylic Acid (ASA) in Chemoprevention of Ovarian Cancer with BRCA 1 and 2 Mutations (STICs and STONES)</p> <ul style="list-style-type: none"> • Previously documented germline <i>BRCA1/2</i> pathogenic mutation or likely pathogenic variant based on the ACMG 2015 guidelines. • Risk-reducing surgery (bilateral salpingo-oophorectomy or bilateral salpingectomy inclusive of fimbria) scheduled for within 6 months to 2 years after the date of randomization as standard of care. • Surgery should not be delayed to allow subjects to participate in the trial. • Subjects with a previous unilateral salpingectomy/oophorectomy for other reasons will be eligible.
<p>1^{ÈRE} LIGNE + MAINTENANCE</p>			
<p>FIRST DP/NG/ET/AV</p>	<p>0/0/0/0</p>	<p>III</p>	<p>A patient centric randomized phase 3 comparison of standard of care platinum based therapy to the same plus TSR-042 as first line treatment of patients with stage III or IV non-mucinous ovarian cancer</p>

			<ul style="list-style-type: none"> • Patients histologically confirmed diagnosis of non-mucinous EOC (serous, endometrial, clear cell, carcinosarcoma, and mixed pathologies) that is Stage III or IV according to the FIGO or tumor, node and metastasis staging criteria. • All patients with Stage IV disease are eligible. This includes those with inoperable disease, those who undergo PDS (R0 or macroscopic disease), or those for whom NACT is planned. • Patients with Stage III are eligible if they meet one or more of the following criteria: <ul style="list-style-type: none"> ○ Stage IIIC patients with complete cytoreduction (CC0) resection if they meet the following criteria: <ul style="list-style-type: none"> ▪ Aggregate 5 cm extra-pelvic disease during PDS that infiltrates the bowel, diaphragm, liver capsule, spleen, pancreas, or stomach as assessed by the Investigator ○ All patients with inoperable Stage III disease ○ All Stage III patients with macroscopic residual tumor (per Investigator judgement) following PDS ○ All Stage III patients for whom NACT is planned. • Patients must provide a blood sample for ctDNA HRR testing at Screening. The ctDNA HRR testing results will be used for patient stratification. If <i>gBRCAmut</i> (germline <i>BRCAmut</i>) detected by locally approved tests (eg, BRACAnalysis CDx™) is previously documented, the patients can be randomized before ctDNA HRR results are available. However, blood samples are still required at Screening for ctDNA HRR testing. • Patient must provide a FFPE tumor tissue sample at Screening for HRD testing.
DUO-O DP/GL/CT/AV	0/0/0/0	III	<p>A Phase III, Randomised, Double-blind, Placebo-controlled, Multi-centre, Study of Durvalumab In Combination With Chemotherapy And Bevacizumab Followed By Maintenance Durvalumab, Bevacizumab and Olaparib In Newly Diagnosed Advanced Ovarian Cancer Patients.</p> <ul style="list-style-type: none"> • Patients must provide sufficient FFPE • Tumor sample suitable for the Myriad myChoice HRD Plus test • Determination of tBRCAm status: results MUST be available prior to Day 1 of Cycle 2. • If the test results indicate that the patient has deleterious or suspected deleterious mutation in BRCA1 or BRCA2, the patient may be eligible for enrolment in the tBRCAm single arm cohort of the study. • If the test results indicate that the patient has no detected deleterious or suspected deleterious mutation in BRCA1 and BRCA2 the patient may be eligible for randomisation in one of 3 non-tBRCAm arms. • If a valid tBRCAm test result is not obtained prior to Day 1 of Cycle 2, the patient will be withdrawn from the study and considered as a screen failure. • <u>Type of patient and disease characteristics</u> <ul style="list-style-type: none"> ○ Patients with newly diagnosed, histologically confirmed, advanced (FIGO Stage III or IV) high grade epithelial ovarian cancer including high grade serous, high grade endometrioid, clear cell ovarian cancer or carcinosarcoma (MMMT) of the ovary, provided high grade epithelial component is present) • All patients must have had either*: <ul style="list-style-type: none"> ○ PDS ○ OR, planned IDS
MK7339-001 ROME DP/NG/ET/AV	0/0/0/0	3	<p>Randomized, Double-Blind, Study of Pembrolizumab Plus Chemotherapy Followed by Olaparib Maintenance and Pembrolizumab Plus Chemotherapy Versus Chemotherapy Alone for the First-Line Treatment of Non-Mutated BRCA Advanced Epithelial Ovarian Cancer</p> <ul style="list-style-type: none"> • Histologically confirmed FIGO Stage III or Stage IV EOC (high-grade predominantly serous, endometrioid, carcinosarcoma, mixed mullerian with high grade serous component, clear cell, or low-grade serous OC), primary peritoneal cancer, or fallopian

			<p>tube cancer.</p> <ul style="list-style-type: none"> Note: Enrollment of participants with low-grade serous OC will be capped at 4% of the total population. Participant has just completed PDS or is eligible for PDS or IDS. Participant must be randomized within 56 days of PDS. Participant is a candidate for carboplatin and paclitaxel chemotherapy, to be administered in the adjuvant or neoadjuvant setting. Participant is able to provide a newly obtained core or excisional biopsy of a tumor lesion for prospective testing of BRCA1/2 and PD-L1 status prior to randomization. Note: Newly obtained tissue may be obtained at any time prior to the administration of systemic cytotoxic treatment for the treatment of current ovarian cancer. Formalin-fixed paraffin-embedded (FFPE) tumor blocks are preferred to slides. If submitting unstained cut slides, freshly cut slides should be submitted to the testing laboratory within 14 days from the date the slides are cut.
≥ 1 LIGNE (sensible ou résistant)			
<p>ONC-DPX-Survivac-06 DP/IUT APPELER IUT POUR RÉFÉRENCE</p>		<p>lb/II</p>	<p>A Phase 1b/2 Study of an Immunotherapeutic Vaccine, DPX-Survivac with Low Dose Cyclophosphamide and Epacadostat (INCB024360) in Patients with Recurrent Ovarian Cancer</p> <ul style="list-style-type: none"> Stage IIc-IV epithelial ovarian, fallopian tube or peritoneal cancer. Platinum-resistant/sensitive who have completed first-line treatment (debulking surgery and adjuvant or neoadjuvant treatment with standard of care treatment such as carboplatin and paclitaxel). Platinum-resistant and platinum-sensitive are defined as progression after initial chemotherapy between 3 and 6 months (inclusive) or greater than 6 months respectively. Subjects may have had any number of subsequent lines of chemotherapy. Evidence of PD with either biochemical progression (rising CA-125 must be confirmed by two measurements at least 2 weeks apart and be greater than the laboratory's upper limit of normal (ULN)) or radiologic progression or both. Measurable disease by RECIST v1.1, successfully complete a pre-treatment tumor biopsy, and be willing to undergo tumor biopsy during treatment. Aucune lésion ne devra dépasser 4 cm mais il n'y aura plus de somme des tumeurs.
≥ 1 LIGNE (sensible)			
<p>NEO DP/ST-GSO/CT/AV</p>	<p>1/1/1/0</p>	<p>II</p>	<p>A Phase II, Open-Label, Randomized, Multi-Centre Study, of Neoadjuvant Olaparib in Patients with Platinum Sensitive Recurrent High Grade Serous Ovarian/Primary Peritoneal or Fallopian tube Cancer</p> <ul style="list-style-type: none"> Histologically proven recurrent high grade serous ovarian/primary peritoneal or fallopian tube cancer. Patients must have disease amenable to pre-operative biopsy. Patients must have disease deemed suitable for surgical debulking. Patients must have had at least one line of platinum based therapy, with a progression free interval of at least 6 months. Patients must have shown platinum sensitivity to their last line of platinum therapy
≥ 1 LIGNE mais ≤ 3 LIGNES (sensible ou résistant)			
<p>FORWARD2 DP/NG/ET/AV</p>	<p>12/4/0/0</p>		<p>A Phase 1b/2 Study to Evaluate the Safety, Tolerability and Pharmacokinetics of Mirvetuximab Soravtansine (IMGN853) in Combination with Bevacizumab, Carboplatin, Pegylated Liposomal Doxorubicin, Pembrolizumab, or Bevacizumab + Carboplatin, in</p>

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			<p>Adults with Folate Receptor Alpha Positive Advanced Epithelial Ovarian Cancer, Primary Peritoneal Cancer, or Fallopian Tube Cancer</p> <ul style="list-style-type: none"> • Confirmation of FRα positivity by IHC. If the archival tumor tissue does not meet FRα criteria, a new tumor biopsy may be submitted and used to meet this criterion. • Time from prior therapy: <ol style="list-style-type: none"> a. Systemic anti-neoplastic therapy: five half-lives or 4 weeks, whichever is shorter. Hormonal therapy is not considered anti-neoplastic therapy. b. Radiotherapy: wide-field radiotherapy (eg, > 30% of marrow-bearing bones) completed at least 4 weeks, or focal radiation completed at least 2 weeks, before starting study treatment. • Platinum sensitivity: Patients may have either platinum-resistant disease or platinum-sensitive disease, where a non-platinum doublet is an appropriate next line of therapy. • Number of prior therapies (where adjuvant \pm neoadjuvant will be considered one regimen and maintenance therapy will be considered to be part of the preceding regimen; hormonal therapy counts as a separate line of therapy unless given as maintenance): • Patients must have received at least one but no more than three prior systemic treatment regimens, where prior regimens may have included bevacizumab. • Prior treatment with folate receptor–targeting investigational agents, including mirvetuximab soravtansine (provided it was not discontinued because of AEs), is allowed. • Patients who have received prior mirvetuximab soravtansine are excluded.
<p>≥ 1 LIGNE mais ≤ 3 LIGNES (résistant ou réfractaire)</p>			
<p>OVC2 DP/ST/CT/AV</p>	<p>/2/0/0</p>	<p>III</p>	<p>A Randomized Phase II/III study of the combination of Cediranib and Olaparib compared to Cediranib or Olaparib alone, or Standard of care chemotherapy in women with recurrent platinum-resistant or -refractory ovarian, fallopian tube, or primary peritoneal cancer (COCOS)</p> <ul style="list-style-type: none"> • Must have histologically or cytologically confirmed ovarian cancer, peritoneal cancer or fallopian tube cancer • Serous or endometrioid • Endometrioid and serous histology should be high-grade for eligibility of non-mutation carriers. • Clear cell, mixed epithelial, undifferentiated carcinoma, or transitional cell carcinoma histologies are also eligible, provided that the patient has a known deleterious germline BRCA1 or BRCA2 mutation identified through testing at a clinical laboratory. • Have recurrent platinum-resistant or refractory disease - defined as disease that has progressed by imaging while receiving platinum or had recurrence within 6 months of the last receipt of platinum-based chemotherapy. Rising CA125 only is not considered as platinum-resistant or refractory disease. • Evaluable disease – defined as RECIST 1.1 measurable disease OR non-measurable disease (defined as solid and/or cystic abnormalities on radiographic imaging that do not meet RECIST 1.1 definitions for target lesions OR ascites and/or pleural effusion that has been pathologically demonstrated to be disease-related in the setting of a

			<p>CA125 > 2x ULN).</p> <ul style="list-style-type: none"> No more than 3 prior treatment regimens (including primary therapy; no more than 1 prior non-platinum based therapy in the platinum-resistant/-refractory setting). Hormonal therapies used as single agents will not count towards this line limit. Patients may not have had a prior anti-angiogenic agent in the recurrent setting. Prior use of bevacizumab in the upfront or upfront maintenance setting is allowed. Patients may not have previously received a PARP-inhibitor.
MAINTENANCE POST 1^{ERE} LIGNE			
ATHENA DP/JT/SDS/AV	4/1/1/0	III	<p>A Multicenter, Randomized, Double-Blind, Placebo-Controlled Phase 3 Study in Ovarian Cancer Patients Evaluating Rucaparib and Nivolumab as Maintenance Treatment Following Response to Front-Line Platinum-Based Chemotherapy</p> <ul style="list-style-type: none"> Have newly diagnosed, histologically confirmed, advanced (FIGO stage III-IV), high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer. Completed cytoreductive surgery, including at least a bilateral salpingo-oophorectomy and partial omentectomy, either prior to chemotherapy (primary surgery) or following neoadjuvant chemotherapy (interval debulking). Have received 4 to 8 cycles of first line platinum-doublet treatment per standard clinical practice, including a minimum of 4 cycles of platinum/taxane combination. A patient with best response of PR must have received at least 6 cycles. Bevacizumab is allowed during the chemotherapy phase, but not during maintenance, during therapy directed by this protocol. Have completed first-line platinum-based chemotherapy and surgery with a response, in the opinion of the investigator, defined as no evidence of disease progression or rising CA-125 at any time during front-line treatment; and: No evidence of measurable disease by RECIST 1.1 (if complete resection/R0 at primary or interval cytoreductive surgery); or A partial or complete response per RECIST 1.1 (if measurable disease was present after surgery and prior to chemotherapy) (Appendix 1); or A GCIG CA-125 response (if only non-measurable disease was present prior to chemotherapy)
≥ 2 LIGNES (sensible 1^{ère} ligne)			
ARIEL4 DP/ST/ET/AV	3/3/1/1 1DC	III	<p>A Phase 3 Multicenter, Randomized Study of Rucaparib versus Chemotherapy in Patients with Relapsed, BRCA-Mutant, High-Grade Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer</p> <ul style="list-style-type: none"> Have a histologically confirmed diagnosis of high-grade serous or Grade 2 or Grade 3 endometrioid epithelial ovarian, fallopian tube, or primary peritoneal cancer <ul style="list-style-type: none"> If mixed histology, > 50% of the primary tumor must be confirmed to be high-grade serous or endometrioid upon review by local pathology Patients with a histology of other than serous or endometrioid are also eligible if they are known to harbor a deleterious germline or somatic <i>BRCA1/2</i> mutation Received min 1 platin sensible Pas de taxol Hebdo, sensible au 1er platin. Received ≥ 2 prior chemotherapy regimens and have relapsed or progressive disease as confirmed by radiologic assessment <ul style="list-style-type: none"> Had documented treatment-free interval of ≥ 6 months following the first chemotherapy regimen received

			<ul style="list-style-type: none"> ○ Hormonal agents (eg, tamoxifen, letrozole, etc), anti-angiogenic agents (eg, bevacizumab, pazopanib, cediranib, etc), and other non-chemotherapy agents will not be counted as a chemotherapy regimen for the purpose of determining patient eligibility ○ Agents administered in the maintenance setting will not be counted as a separate regimen • Have either a deleterious <i>BRCA1/2</i> mutation as confirmed by the central laboratory. <p>Note: patients known to harbor a deleterious germline or somatic <i>BRCA1/2</i> mutation based on local assessment may be enrolled without central tissue analysis</p> <p>provided there is confirmation that tumor tissue is available to be provided to the central laboratory.</p>
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≥ 1 LIGNE

KEYNOTE-826 VS/GL/SDS/FG	4/3/3/0	III	<p>A Phase 3 Randomized, Double-Blind, Placebo-Controlled Trial of Pembrolizumab (MK-3475) Plus Chemotherapy Versus Chemotherapy Plus Placebo for the First-Line Treatment of Persistent, Recurrent, or Metastatic Cervical Cancer</p> <ul style="list-style-type: none"> • Have persistent, recurrent, or metastatic squamous cell carcinoma, adenosquamous carcinoma, or adenocarcinoma of the cervix which has not been treated with systemic chemotherapy and is not amenable to curative treatment (such as with surgery and/or radiation). • NOTE: Prior chemotherapy utilized as a radiosensitizing agent and completed at least 2 weeks prior to randomization with resolution of all radiation-related toxicities is allowed.
REGENERON (EMPOWER) R2810-ONC-1676 VS/ST/CT/FG	23/15/6/2 ++DC	III	<p>An Open Label, Randomized, Phase 3 Clinical Trial of REGN2810 vs Therapy of Investigator's Choice Chemotherapy in Recurrent or metastatic Platinum-Refractory Cervical Carcinoma</p> <ul style="list-style-type: none"> • Recurrent, persistent, and/or metastatic cervical cancer, for which there is not a curative intent option (surgery or radiation therapy with or without chemotherapy). Acceptable histologies are squamous carcinoma, adenocarcinoma, and adenosquamous carcinoma. Sarcomas and neuroendocrine carcinomas are not eligible histologies. • Tumor progression or recurrence within 6 months of last dose of platinum therapy that was used to treat metastatic, persistent or recurrent cervical cancer • Patients must meet at least one of the following criteria regarding prior bevacizumab therapy: <ul style="list-style-type: none"> ○ Received prior bevacizumab-containing therapy, which was discontinued due to progression of disease ○ Received prior bevacizumab-containing therapy, which was discontinued due to toxicity ○ Was deemed unsuitable for prior bevacizumab therapy for one of the following reasons: <ul style="list-style-type: none"> ▪ Unacceptable risk of fistula formation, ▪ poorly controlled hypertension, ▪ "low risk" disease according to the Moore Criteria ▪ Refused prior bevacizumab therapy. ▪ Did not have access to bevacizumab therapy due to logistical reasons • Patients must meet at least one of the following criteria regarding prior paclitaxel therapy: <ul style="list-style-type: none"> ○ Received prior paclitaxel-containing therapy, which was discontinued due to progression of disease ○ Received prior paclitaxel-containing therapy, which was discontinued due to toxicity ○ Was deemed unsuitable for prior paclitaxel therapy for one of the following

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			reasons: <ul style="list-style-type: none"> ▪ Neuropathy ▪ allergy to paclitaxel or its components ○ Refused prior paclitaxel therapy
CX.5 VS/ST/ET/FG	34	III	<ul style="list-style-type: none"> • Cancer du col précoce et à faible risque • Comparer hystérectomie radicale ou simple combinés à la dissection des ganglions pelviens

ENDOMÈTRE

≥ 1^{ière} LIGNE, ≤2^{ème} LIGNE

GARNET VS/ST/ET/AV	8/5/2/0 3DC	III	<p>A Phase 1 Dose Escalation and Cohort Expansion Study of TSR-042, an anti-PD-1 Monoclonal Antibody, in Patients with Advanced Solid Tumors</p> <ul style="list-style-type: none"> • Part 2B: Histologically or cytologically proven recurrent or advanced solid tumor with measurable lesion(s) per RECIST v.1.1 and meets one of the following disease types: <ul style="list-style-type: none"> ○ Cohort A1 (MSI-H endometrial cancer) ○ Cohort A2 (MSS endometrial cancer) • Patients must have progressed on or after platinum doublet therapy • ≤2 lines for recurrent/advanced (≥Stage IIIB) disease. • Prior Tx with hormone therapies is acceptable and does not count towards the number of anti-cancer therapies noted in the criterion above for this cohort. • All endometrial cancer histologies are allowed except endometrial sarcoma (including carcinosarcoma). • Pt must submit 2 scans demonstrating increase in tumor measurement that meet criteria for PD based on RECIST v.1.1 • Presence of at least 1 measurable lesion on baseline scan will be confirmed by central radiology review. • MSI (MSI-H vs MSS) should be known via local or central lab testing before patients receive the first dose of TSR-042. <ul style="list-style-type: none"> ○ Cohort B: SqCC of anus, penis, cervix, vagina, or vulva who have progressed on or after at least 1 prior systemic Tx for recurrent or advanced disease. ○ Cohort C - Patients with serous or clear cell ovarian, fallopian tube, or primary peritoneal cancer who have recurrent disease and were previously treated with chemotherapy for recurrent or advanced disease and who are currently considered platinum-resistant or refractory. ○ Cohort D - Patients with breast cancer that is human epidermal growth factor receptor 2 (HER2)-negative, estrogen receptor-negative, and progesterone receptor-negative (TNBC) who have progressed on or after at least 1 prior regimen for recurrent or advanced disease or who relapsed/progressed while on or within 1 month from completion of adjuvant chemotherapy. ○ Cohort E - Patients with NSCLC who progressed after at least 1 prior platinum-based systemic chemotherapy regimen for recurrent or advanced disease. Chemotherapy regimen in the adjuvant or neoadjuvant setting following surgery and/or radiation is acceptable if recurrent or advanced disease develops within 6 months from completion of therapy • Patients with a known epidermal growth factor receptor (EGFR) mutation must have received a chemotherapy regimen and an EGFR tyrosine kinase inhibitor (TKI) (e.g., erlotinib, gefitinib, afatinib, or experimental) • Patients with a known anaplastic lymphoma kinase (ALK) translocation must have received a chemotherapy regimen and an ALK inhibitor (e.g., crizotinib, ceritinib, or experimental) <ul style="list-style-type: none"> ○ Cohort F – Patients with recurrent or advanced MSI-H
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			solid tumors or POLE-mut solid tumors, except endometrial cancers, that have progressed following up to 2 prior lines of systemic therapy for recurrent or advanced (≥Stage IIIB) disease and who have no alternative treatment options.
≥ 2^{ième}, ≤ 3e LIGNE			
LUNCHBOX BC/NG/ET/AV	6/6/1/5	III	<p>A Randomized Phase III Trial of Cisplatin and Tumor Volume Directed Irradiation Followed by Carboplatin and Paclitaxel Vs. Sandwich Therapy of Carboplatin and Paclitaxel Followed by Tumor Volume Directed Irradiation Then Further Carboplatin and Paclitaxel for Optimally Debulked Advanced Endometrial Carcinoma</p> <ul style="list-style-type: none"> • All patients with Surgical Stage III or IVA endometrial carcinoma per FIGO 2009 staging criteria, including clear cell and serous papillary and undifferentiated carcinomas • Surgical Stage III disease includes those patients with positive adnexa, parametrial involvement, tumor invading the serosa, positive pelvic and/or para-aortic nodes, or vaginal involvement • Surgical Stage IVA includes patients with bladder or bowel mucosal involvement, but no spread outside the pelvis • Patients with FIGO 2009 surgical Stage I or II endometrial clear cell or serous carcinoma and with positive peritoneal cytology • Surgery must have included a hysterectomy and bilateral salpingo-oophorectomy. Pelvic lymph node sampling and para-aortic lymph node sampling are optional.
≥ 2^{ième}, ≤ 3e LIGNE			
KEYNOTE-775 DP/GL/GSO/AV	2/1/1/0	III	<p>MK3475 Protocol 775 A Multicenter, Open-label, Randomized, Phase 3 Trial to Compare the Efficacy and Safety of Lenvatinib in Combination with Pembrolizumab Versus Treatment of Physician's Choice in Participants with Advanced Endometrial Cancer</p> <ul style="list-style-type: none"> • Histologically confirmed diagnosis of endometrial carcinoma. • Documented evidence of advanced, recurrent or metastatic EC. • Radiographic evidence of disease progression after 1 prior systemic, platinum-based chemotherapy regimen for recurrent, metastatic or primary unresectable disease. <ul style="list-style-type: none"> ○ Participants who progress <1 year after completion of prior adjuvant or neoadjuvant platinum-based chemotherapy are eligible without further systemic treatment. ○ Participants who progress ≥1 year after completion of prior adjuvant or neoadjuvant platinum-based chemotherapy must receive 1 additional cytotoxic systemic treatment prior to enrollment in this study.