THORAX

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AMGEN 20220028	I	AMG 355 (Anti CCR8 monoclonal Ab)	A1 dose escalation	NSCLC		No limit for prior treatment
BGB-58067-101	I	BGB-58067	Part B safety expansion	NSCLC	Evidence of homozygous loss of MTAP gene in ctDNA or tumor tissue, or lost MTAP expression in the tumor tissue	NSCLC who have progressed or recurred after standard systemic therapy
EP0031-101	I/II	EP0031-101	1C	NSCLC	RET fusion-positive NSCLC (prior SRI), monotherapy	Prior selective RET inhibitor
			2A		RET fusion-positive NSCLC, monotherapy	treatment naive
			2B		RET fusion-positive NSCLC, chemotherapy combination	treatment naive
GSK-223054	I	GSK5764227	Part 1b dose optimizatio n	Extensive stage small cell lung cancer		
			Part 1b dose expansion	Squamous and non small cell lung cancer		
IMC-F106	I	IMC-F106C (IV)	22, 23, 40, 41	NSCLC	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
		IMC-F106C + Docetaxel	36	NSCLC	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
		IMC-F106C + Osimertinib	39	NSCLC	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
LOXO-RAS-2001	Ib	LY3537982	B8	NSCLC with brain metastasis	KRAS G12C	Patient must have progressed/be intolerant/ineligible for immunotherapy and platinium based therapy No mutation : EGFR, ALK, BRAF (V600), MET (exon 14), ROS1, RET or NTRK 1/2/3
			B10	NSCLC	KRAS G12C	Patient must have progressed/be intolerant/ineligible for immunotherapy and platinium based therapy No mutation : EGFR, ALK, BRAF (V600), MET (exon 14), ROS1, RET or NTRK 1/2/3
			E2	NSCLC	KRAS G12C	Prior KRAS inhibitor required
RMC LUNG-101a	I	RMC-6291 + Pembrolizumab	Part2 cohort1	NSCLC	KRAS G12C and TPS >= 50%	No prior line
		RMC-6291 + PEMBROLIZUMAB + CHT: cisp/carbo + Alimta	Part2 cohort2	NSCLC	KRASG12C	
RMC LUNG-101b	I	RMC-6236 + Pembrolizumab	Part2 cohort1	NSCLC	RAS mut and TPS >= 50%	No prior line
		RMC-6291 + PEMBROLIZUMAB + CHT: cisp/carbo + Alimta	Part2 cohort2	NSCLC	RASm	
R7075-ONC-2009	I/II	REGN7075 + Cemiplimab+chimiotherapie	C	NSCLC	Advanced or metastatic NSCLC do not have previously documented targetable molecular alterations (eg, ALK, ROS1, EGFR, Met Ex14, etc)	anti-PD-1/PD-L1 naïve no prior systemic treatment for recurrent or metastatic NSCLC (adjuvant or neoadjuvant systemic treatments will not be counted as a prior line)

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
DS7300-203	I/Ib	Ifinatamab Deruxtecan (I-DXd)	BC	Breast cancer	HER2-low	Relapse or progression after at least 2 and a maximum of 3 prior lines of systemic therapy.
			BC	Breast cancer	HER2 IHC 0	Relapse or progression after at least 2 and a maximum of 3 prior lines of systemic therapy.
INCB123667-101	I	INCB123667	Part 1b Group 4	TNBC		2 prior lines of chemotherapy max
RLY 2608-101	I	RLY-2608 + PF-07220060 + Fulvestrant	Part 1 dose escalation	Advanced/metastatic Breast cancer	PIK3CAmut HR+ HER2-	≤1 line of chemotherapy in the metastatic setting ≥1 CDK 4/6 inhibitor in either adjuvant and/or metastatic setting ≥1 anti-estrogen therapy in either adjuvant and/or metastatic setting, including but not limited to selective estrogen-receptor degraders (e.g., fulvestrant), selective ER modulators (e.g., tamoxifen) and AIs (letrozole, anastrozole, exemestane ≥1 PARP inhibitor, if appropriate, if documented germline BRCA1/2 mutation.

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
STX-478-101	I/II	STX-478 + Fulvestrant	Part 2,1 cohorte B	Breast cancer	PI3Kα H1047X mutations or other kinase domain mutations	No prior treatment with PI3K/AKT/mTOR inhibitor Have received CDK4/6 inhibitor, unless the participant is deemed by the investigator intolerant to these agents Antiestrogen therapy (see inclusion criterion 13) ≤ 1 prior line of chemotherapy
		STX-478 + Fulvestrant + Ribociclib	C0	Breast cancer HR+/HER2– or HR+/HER2low measurable disease per RECIST 1.1	PI3Kα H1047X mutations, or other kinase and/or helical domain mutations	At least 1 but no more than 2 prior lines of therapy: • CDK4/6 inhibitor, unless the participant is deemed by the investigator intolerant to or ineligible for these agents • Antiestrogen therapy • ≤1 prior line of chemotherapy Or, participants can be treatment-naïve in the metastatic breast cancer setting
		STX-478 + Fulvestrant + Palbociclib	Part 3,1 Cohorte D0	Breast cancer HR+/HER2– or HR+/HER2low measurable disease per RECIST 1.1	PI3Kα H1047X mutations, or other kinase and/or helical domain mutations	At least 1 but no more than 2 prior lines oftherapy, including the following: Must have progressed on a CDK4/6 inhibitor or deemed by the investigator tobe intolerant to or not eligible for such therapy. Must have progressed on, is intolerant to, or deemed ineligible for anantiestrogen therapy including, but not limited to SERDs, SERMs (e.g.,tamoxifen), and AIs (e.g., letrozole, anastrozole, exemestane) ≤1 Prior line of chemotherapy OR No prior systemic treatment for metastatic breast cancer except for neoadjuvant oradjuvant therapy
			D1	Breast cancer HR+/HER2– or HR+/HER2low measurable disease per RECIST 1.1	PI3Kα H1047X mutations, or other kinase and/or helical domain mutations	Participants must be treatment-naïve in the metastatic breast cancer setting (i.e., no prior systemic therapy for metastatic breast cancer)

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

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UROLOGY

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AGADIR	II	Atezolizumab + BDB001 + radiothérapie	5	UBC	Refractory anti PD-1/L1	
CPI-0209	II	CPI02029 + Enzalutamide	M8	Prostate adenocarcinoma	ARIDA1 mutation	Must have received abiraterone treatment + no more than one previous regimen of taxane-based chemotherapy in HSPC or HSPC setting + Must have ongoing ADT (androgen deprivation therapy) with a GnRH analogue, antagonist or bilateral orchiectomy
D926UC0001	II	6C : Dato-DXd	6	6C : urothelial carcinoma (transitional cell and mixed transitional/non-transitional cell histologies) of the urothelium (including renal pelvis, ureters, urinary bladder, and urethra	No specific molecular alteration	at least 2 prior line of therapy including a combination enfortumab vedotin + pembrolizumab
GSK-223054	I	GSK5764227	Part 1b dose optimization	mCRPC		
			Part 1b dose expansion	bladder		
LOXO-FG3-22001	I	monotherapy	B1	Urothelial cancer		Individual has progressed on or discontinued erdafitinib and Enfortumab vedotin individuals must also have received all other standard therapies
			B2	Urothelial cancer	FGFR3 alteration	must have received at least one prior regimen Individuals must be FGFR inhibitor naïve
			B4	Urothelial cancer		Individuals progressed on or discontinued erdafitinib but have not received EV Individuals must also have received all other standard therapies
		Loxo-435 + Pembrolizumab +EV	B5	Urothelial cancer	FGFR3 alteration	Individuals have not received prior systemic therapy for locally advanced or metastatic UC Individuals must be FGFR inhibitor naïve

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
PanSOHO/ 22752 / Bayer / BAY 2927088	II	BAY 2927088 (per os) : 20mg 2x/j	3	Documented histologically or cytologically confirmed locally advanced, unresectable or metastatic bladder and urothelial tract cancer, including renal pelvis, ureter, urinary bladder or urethra carcinoma.	HER2 activating mutation	Patients who have received prior standard therapy appropriate for their tumor type and stage of disease, or who have no satisfactory alternative treatments or in the opinion of the investigator
SNV1521-101	I	SNV1521	Part 3a	Metastatic Castration-resistant Prostate Cancer	Participants harboring known deleterious or suspected deleterious germline or somatic mutations in BRCA1/2, PALB2, and/or RAD51B/C/D by local assay.	May have received up to two lines of cytotoxic chemotherapy in the advanced/metastatic setting. Participants must not have received a prior PARPi

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GYNECOLOGY

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CPI-0209	II	CPI0209	M7	Endometrial carcinoma	Food effect cohort ARID1A wild type endometrial carcinoma (up to max 5 patients with concurrent TP53 alterations)	Maximum 2 previous lines including at least one treatment line with systemic platinum-based chemotherapy in advanced/ recurrent disease setting, and anti-programmed cell death protein 1 (PD-1)/ anti-programmed death-ligand 1 (PD-L1) therapy
IMC-F106C	I	IMC-F106C (IV)	34	High Grade Serous Ovarian Carcinoma	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
		IMC-F106C + Gemcitabine	35	Ovarian and uterine/endo	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
		IMC-F106C + Carboplatin / Paclitaxel	37	Ovarian and uterine/endo	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
		IMC-F106C + Bevacizumab	38	High Grade Serous Ovarian Carcinoma	HLA-A*02:01- positive, PRAME-positive tumor	Participants must not have received prior treatment with an ImmTAC, including tebentafusp, IMCnyeso, or IMC-C103C.
PanSOHO 22752/Bayer/BAY 2927088	II	BAY 2927088 (per os) : 20mg 2x/j	4	Cervical cancer locally advanced or metastatic, unresectable	HER2 mutation	No prior HER2 TK inhibitor
			5	Endometrial cancer locally advanced or metastatic, unresectable		

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AMGEN 20220028	I	AMG 355 (anti CCR8 monoclonal Ab)	A1 dose escalation	CRC (MSS)		
		AMG 355 (anti CCR8 monoclonal Ab)	A1 dose escalation	Gastric cancer		
ART0380C001		ART0380 + irinotécan	B5	CRC	ATM neg	2 lines maximum : - must have previously received fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy - must NOT have received: Fruquintinib, regorafenib or trifluridine/tipiracil
			B6	pancreas	ATM neg/ATM low	Participant must have mPDAC that has not been previously treated with chemotherapy
Astellas 3082-CL-101	I	ASP3082 + Folforinox	E	Pancreas	KRASG12D	Participant must have mPDAC that has not been previously treated with chemotherapy (except with up to 1 cycle of SoC chemotherapy as permitted during Screening). If a participant received (neo-)adjuvant therapy, tumor recurrence or disease progression must have occurred at least 6 months after completing the last dose of the (neo-)adjuvant therapy.
BI-1479-0009	II	BI1810631	9	GEAC	Her2 mutated	
CHRO761A1201	I	HRO761 (300mg QD or 600mgQD)	A	CRC	MSI-high Or dMMR	Patients who have progressed after or are intolerant to prior standard therapy including at least one line of immune checkpoint inhibitor. Patient must have received prior therapy that included fluoropyrimidine and oxaliplatin or irinotecan.

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
DS7300-203	I/Ib	Ifinatamab Deruxtecan (I-DXd)	AE/GEJ	Adenocarcinoma of esophagus		relapsed or progressed after 1 prior line of systemic therapy in the locally advanced/metastatic setting. Subjects with PD-(L)1+ or MSI-H/dMMR should receive ICI treatment if ICIs are standard of care in the country, unless the subject is ineligible for ICI treatment.
			HCC	HCC		Relapse or progression after 1 prior line of an ICI-containing regimen (combination or monotherapy) in the locally advanced/metastatic setting, with a maximum of 2 priorlines. Subjects with actionable target tumor mutation should have been previously treated
INCB123667-101	I	INCB123667	Part1b group 3	Gastric, GEJ and esophageal adenocarcinomas	CCNE1 amplification	3 prior lines of systemic therapy max
MK-3475-158	II	Pembrolizumab	K	Gastric	MSI-high	At least one line
				Small intestine		
				Billary		
PanSOHO/2275 /BAY2927088		BAY2927088	1	Colorectal carcinoma locally advanced, unresecable or metastatic		
SNV1521-101	I	SNV1521	3b	Locally Advanced/ Unresectable or Metastatic Pancreatic	Participants harboring known deleterious or suspected deleterious germline or somatic mutations in BRCA1/2, PALB2, and/or RAD51B/C/D	May have received up to two lines of cytotoxic chemotherapy Participants must not have received a prior PARPi

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SARCOMAS

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
Multisarc	II	Olaparib-Durvalumab		STS	Unresecable, targetable alteration	At least one line for metastatic disease or locally advanced disease
OMX-0407-101	I/II	OMX-0407		Angiosarcoma	Secondary cutaneous AS following radiotherapy, Other cutaneous	At least 1 line and 3lines max

NEUROLOGY

STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
BGB-58067-101	I	BGB-58067	A	Glioma	Loss of MTAP gene in ctDNA or in tumor tissue or loss of MTAP expression	Patient recurred or progressed after previous line of treatment (including radiotherapy and temozolomide, if applicable), or for whom treatment is not available or, not tolerated.
MegaMOST	II	Alectinib BID	C	Neuroblastoma	Activating ALK alterations : translocation, mutation	At least one line for metastatic disease, no previous ALK inhibitor (except crizotinib)

SNC

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

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Solid tumors

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STUDY NAMEC	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
ANV600-001	I/II		Phase I	Resistantes solid tumors	Pancreas	Progressive disease after or during standard of care
Astellas 1570	I	ASP 1570 + pembrolizumab		Solid tumors		
BGB-43395-101	I/II	BGB-43395	Part A	Breast HR+ or HER2+, prostate, ovarian, endometrial cancer, NSCLC (adenocarcinoma), gastric cancer, esophageal squamous cell carcinoma, colorectal cancer, liposarcoma, squmous cell carcinoma of the head and neck, ewing's sarcoma,familial menaoma, adenocortical carcinoma	Patients who have previously received standard systemic therapy or for whom treatment is not available or, not tolerated	
BGB-58067	I	BGB-58067	Part A dose escalation	Solid tumors	Evidence of homozygous loss of MTAP gene in ctDNA or tumor tissue, or lost MTAP expression in the tumor tissue	
BI-1479	II	BI 1810631				
			10	Solid tumors	Her2 mutated	
CHRO761A1201	I	HRO761	A	Solid tumors	MSIh or dMMR	Patients who have progressed after or are intolerant to prior standard therapy. Patient should have received at least one prior line of chemotherapy or targeted therapy, and one prior line of checkpoint inhibitor therapy. No more than total 3 prior lines of therapy for advanced disease (prior adjuvant therapy is allowed).

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STUDY NAMEC	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
CP-START-001	II	STAR0602	1	Solid tumors	TMB-H (≥ 10 mut/Mb)	Max 3 prior lines of prior therapies for the advanced or metastatic disease
			2		TMB-H (≥ 10 mut/Mb) that have not received CPI	
			3	CRC	CRC patients whose tumor is TMB-H, or MSI-H, or both TMB-H and MSI-H	
EZH-1201	I	Tazemetostat	1	Solid Tumors	Moderate hepatic impairment (NCI-ODWG)	At least one line, no prior anti-EZH2
			2	Solid Tumors	Severe hepatic impairment (NCI-ODWG)	At least one line, no prior anti-EZH2
F8394-201	II	FORE8394 (900mg) +/- Cobicistat (150mg)	Subproto C	Rare solid tumors (except SNC)	BRAF V600 mutated	Must have received standard therapy Or intolerant to available treatment
IDE397	I	IDE397 + Sacituzumab govitecan	Part 6 dose expansion	bladder and upper urinary tract	homozygous loss of MTAP or MTAP deletion	Treatment with no more than 2 prior treatment regimens in the setting of advanced or metastatic disease
IMMUNE 132-15	I	Sacituzumab Govitecan		Subjects with Advanced or Metastatic Solid Tumor and Moderate Liver Impairment	Histologically confirmed advanced or metastatic solid tumor . Creatinine clearance ≥ 30 mL/min, 1.5 x ULN < Total Bilirubin < 3 x ULN	Histologically confirmed advanced or metastatic solid tumor for which no standard therapy is available (TNBC must have received 2 or more prior systemic therapies, including at least 1 for advanced disease
KN-8701	Ib	KIN-2787	B1	Solid tumors	BRAF class II	received prior locally approved standard of care appropriate for their tumor type and stage of disease

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
LOXO-FG3-22001	I	monothrapy	C1	non-urothelial solid tumor	FGRF3 alteration	Participants must be FGFR inhibitor naïve Participants have received all standard therapies
MegaMOST	II	Cabozantinib QD	B	Solid tumors	AXL, MET, VEGFR, VEGF, RET, ROS1, MER, TRKB, TIE-2 and/or Tyro3 activating mutations/amplification, and/or NTRK translocation TUMOR TISSUE OR LIQUID BIOPSY	At least one line for metastatic disease
		Alectinib BID	C	Solid tumors	Activating ALK alterations : translocation, mutation	At least one line for metastatic disease, no previous ALK inhibitor (except crizotinib)
		Trametinib QD + Dabrafenib BID	F	Solid tumors	BRAF V600 mutation, tumor tissus or liquid biopsy Except melanoma, lung and CRC	At least one line for metastatic disease
MK-7339-002	II	Olaparib	3	Solid tumors	HRD positif Except ovarian and sarcoma	At least one line and max 2 lines, platine-sensitive if applicable
MOST PLUS	II	Nilotinib		PVNS	ABL1, KIT, PDGFRA, PDGFRB, DDR1, DDR2, CSF1R mutations	At least one line
MS201460	I	AntiGD2	I	Sarcomas, glioblastomas uresecable		2 prior lines

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Solid tumors

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
ODM-212	I/II	ODM-212	Part 1	Malignant pleural mesothelioma (MPM) Epithelioid hemangioendothelioma (EHE) Cholangiocarcinoma (CCA) Head and neck squamous cell carcinoma (HNSCC) Non-small cell lung carcinoma (NSCLC) Colorectal cancer (CRC) Hepatocellular cancer (HCC) Castration-resistant prostate cancer (CRPC) Any other solid tumours with available local data for loss-of-function genetic alterations (truncating mutations or gene deletion) in NF2/LATS1/LATS2 or YAP/TAZ fusions Any other solid tumour based on emerging scientific data as per sponsor's decision		
SNV1521-101	I	SNV1521	1a	Solid tumors	Participants harboring known deleterious or suspected deleterious germline or somatic mutations in BRCA1/2, PALB2, RAD52, RAD54L, and/or RAD51B/C/D. For the first two dose levels, participants with epithelial ovarian, fallopian tube or primary peritoneal carcinoma do not require a specific mutation to be eligible	Participants must not have received more than 1 PARP inhibitor
TAPISTRY	II	Entrectinib	B	Solid tumors	NTRK1/2/3 fusion-positive TUMOR TISSUE OR LIQUID (VALIDATION NEEDED)	

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