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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
ALE.P02.01	I	ALE.P02		sqNSCLC	CLDN1 retrospective	
	II	ALE.P02		sqNSCLC	CLDN1≥50%	Taxanes naive
Astellas 3082-CL-0101	I	3082+Pembrolizumab	G	NSCLC	KRASG12D	Progressed on prior standard therapy Asymptomatic, treated brain metastases
BGB-58067-101	I	BGB-58067 + Tislelizumab+platinum based chemotherapy	Phase 1b – part C dose expansion and optimization	NSCLC	Evidence of homozygous loss of MTAP gene in ctDNA or tumor tissue,	One line
BI-1479-0009	II	BI 1810631	5	NSCLC	Her2 overexpressed/amplified	
CL1-95035-101	I/II	S095035	1A dose escalation	NSCLC	Homozygous deletion of MTAP	Participants never have already received a MAT2A or PRMT5 inhibitor

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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
GO45416	I/II	GDC-7035 (RO778493)	Expansion phase /A3	NSCLC	KRAS G12D mutation	1 line minimum
GSK-223054	I	GSK5764227+ Atezolizumab	Part 1b dose optimization	ES-SCLC		For treatment-naïve participants, no prior systemic therapies in the extensive-stage setting
KN-8701	Ib	KIN-2787	B1	NSCLC	BRAF class II fusion	Received prior locally approved standard of care appropriate for their tumor type and stage of disease, RAFi naïve
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
UNLOCK ASP 3082	II	ASP3082	1	NSCLC	KRAS G12D	At least 1 line of prior therapy including a platinum

Senology

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
BI-1479-0012	Ib	Trastuzumab + Capecitabine + Zongertinib	G	Metastatic breast cancer	HER2+	
		Zanidatamab + Zongertinib	O	Metastatic breast cancer	HER2+	
	II	T-DXd 120 mg + Zongertinib 240 mg	E	Metastatic breast cancer	HER2+	1 prior line (palliative), Prior taxane + trastuzumab (± pertuzumab) required, No prior T-DXd or small-molecule HER2 inhibitor
		T-DM1 120 mg + Zongertinib 240 mg	D	Metastatic breast cancer	HER2+	Up to 2 prior lines (some patients may have 3), Prior T-DXd required, No prior T-DM1, fluoropyrimidine, or small-molecule HER2 inhibitor
		Zongertinib monotherapy (I) or Zongertinib 180 mg + Trastuzumab 360 mg (J)	I/J	Metastatic breast cancer	HER2+	Up to 5 prior lines, Prior taxane + trastuzumab + T-DXd required, No prohibited pretreatment
PanSOHO/BAY2927088	II	BAY 2927088 (per os) : 20mg 2x/j	7	Breast cancer	ER2-	
STX-478-101	I/II	STX-478 + Fulvestrant + Ribociclib	C0	Breast cancer HR+/HER2– or HR+/HER2low measurable disease per RECIST v1.1	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 + IA ou fulvestrant ou Imlunestrant + Abemaciclib	E0	Breast cancer HR+/HER2– or HR+/HER2low Measurable or non-measurable (bone-only) disease per RECIST v1.1.	PI3Kα H1047X mutations, or other kinase and/or helical domain mutations	At least 1 but no more than 2 prior lines of therapy: • CDK4/6 inhibitor, unless the participant is deemed by the investigator intolerant to or ineligible for these agents • Antiestrogen therapy (see inclusion criterion 13) for additional details) • ≤1 prior line of chemotherapy Or, participants can be treatment-naïve in the metastatic breast cancer setting
TBBO10203-101	I	TBBO Combo		A breast cancer RH+ HER2-	PIK3CA	

Gynecology

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
BI-1479-0009	II	BI 1810631	4	Cervical cancer	HER2 overexpressed / amplified	
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

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
AGADIR	II	Atezolizumab + BDB001 + radiothérapie	5	UBC	Refractory anti PD-1/L1	
BI-1479-0009	II	BI 1810631	7	Urothelial	Her 2 mutated	
CPI0209	II	CPI0209 + Enzalutamide	M8	Prostate adenocarcinoma		Patient must have received at least one prior ARPi (except enzalutamide) treatment in mCRPC or hormone sensitive prostate cancer (HSPC) disease stage
D926UC0001	II	Dato-DXd + Rilvegostomig	6E	Urothelial carcinoma		No prior systemic therapy in the advanced or metastatic setting; Progression >12 months after platinum based neoadjuvant or adjuvant therapy is eligible
DS7300-203	I/Ib	Ifinatamab Deruxtecan (I-DXd)	UC	Urothelial cancer		Relapse or progression after at least 1 prior line of ICI-containing systemic therapy and 1 prior line of systemic chemotherapy, given in combination with other anticancer therapy or separately, with a maximum of 3 prior therapy lines
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
			B4	Urothelial cancer		Individuals progressed on or discontinued erdafitinib but have not received EV Individuals must also have received all other standard therapies
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
SRP-22C102	I	ADU-1805	Expansion	RCC		

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
ALE.P02.01	I	ALE.P02		Esophageal squamous cell carcinoma (ESCC)	CLDN1 retrospective	
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
BGB-58067-101	I	BGB-58067 + mFolfirinox or BGB-58067 + gemcitabine + Nab-Paclitaxel	Phase Ib – part D	PDAC		Patients should have not received any prior systemic treatment given as primary therapy, or have received 1 cycle of treatment of anti-PD-1/PD-L1 plus platinum-doublet chemotherapy.
BI-1479-0009	II	BI1810631	13	Biliary tract	Her2 mutated	
BI-1479-0012	Ib	Trastuzumab + mFOLFOX + Zongertinib	N	metastatic CRC	HER2+	
		mFOLFOX + Zongertinib	M	metastatic CRC	HER2+	
	II	Trastuzumab + Zongertinib	L	metastatic CRC	HER2+	Patients must not be likely to tolerate or derive clinical benefit from additional standard therapy. Prior treatment with a small-molecule HER2 inhibitor, a HER2-targeted monoclonal antibody (mAb), or a HER2-targeted antibody-drug conjugate is not permitted.
BreAK CRC 001	I	1st line induction COMBO SoC(mFOLFOX6 ± bevacizumab) + STC 1010	Escalation	Stage IIIC, T4b or Stage IV	No BRAFm, MSS/pMMR	Naif : eligible for 1st line treatment with SOC mFOLFOX6 ± bevacizumab
CL1-95035-101	I	S095035	Escalation 1B	Biliary Tract Cancer	Homozygous deletion of MTAP	Participants never have already received a MAT2A or PRMT5 inhibitor
			Escalation 1C	Pancreatic ductal adenocarcinoma	Homozygous deletion of MTAP	Participants never have already received a MAT2A or PRMT5 inhibitor
MK-3475-158	II	Pembrolizumab	K	Gastric	MSI-high	At least one line
				Small intestine		
				Biliary tract		
UNLOCK ASP3082	II	ASP3082	2	PDAC	KRASG12D	Only one prior line of chemotherapy therapy for a minimum of 5 months

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STUDY NAME	PHASE	MOLECULE	COHORT TYPE			PREVIOUS LINE
			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
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	
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

Solid tumors

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
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	
BI-1479	II	BI 1810631	10	Agnostic	Her2 mutated	
DSB2455-001	Ia/Ib	DSB2455	Part A : dose escalation	HRD advanced solid tumours, uncluding metastatic castrate-resistant prostate cancer, ovarian cancer and breast cancer	one or more of the following: BRCA1, BRCA2, PALB2, RAD51C, RAD51D	mCRPC: max 1L PARP inhibitor-based Ovarian: at least 1L Platinum-based and 4L in total Breast: max 3L
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

Solid tumors

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
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
			Subproto D	Solid tumors	BRAF alterations	Participants with cutaneous melanoma had previously received and not tolerated a BRAF inhibitor, while participants with thyroid cancer had never received a MAPK inhibitor
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	B2	Solid tumors except CRC	BRAF class II fusion	Must have received prior locally approved standard of care appropriate for their tumor type and stage of disease, RAFi naïve
LOXO-FG3-22001	I	monothrapy	C1	non-urothelial solid tumor	FGRF3 alteration	Participants must be FGFR inhibitor naïve Participants have received all standard therapies

Solid tumors

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			COHORT NUMBER	TUMOR TYPE	SPECIFICITY	
MegaMOST	II	Alectinib BID	C	Solid tumors	Activating ALK alterations : translocation, mutation	At least one line for metastatic disease, no previous ALK inhibitor (except crizotinib)
		Avapritinib	G	Solid tumors	Activating mutations of KIT exon 17 or PDGFRA exon 18 associated or not to mutation on KIT exon 11 or PDGFRA exon 12/14	At least one line for metastatic disease
		Trametinib QD + Dabrafenib BID	F	Solid tumors	BRAF V600 mutation, tumor tissus or liquid biopsy Except melanoma, lung and CRC	
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
ODM-212	I/II	ODM-212	Part 2	Malignant pleural mesothelioma (MPM), Epithelioid hemangioendothelioma (EHE), Cholangiocarcinoma (CCA), HNSCC, NSCLC, CRC, Hepatocellular cancer (HCC), 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		