Featured* Open Trials

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*The following list is NOT comprehensive and highlights featured trials only.
Please contact Research Manager, Noura Sall (research@stcharleshealthcare.org or 541-706-6362), to inquire about all currently available trials.

Healthy Individuals

Study Name	Synopsis	Key Eligibility Criteria	Notes
PATHFINDER 2	Evaluating the safety and performance of Grail's Multi-Cancer Early Detection Test, "Galleri"	• 50-79 years old • No malignancy within the past 3 years	○ St. Charles is a subsite for OHSU ○ One-time blood draw, followed for 3 years ○ If signal positive, study compensates for diagnostic work-up
VALLANIA	To develop early cancer detection blood tests tailored to different types of cancer by looking at biomarkers from both tumor and non-tumor-derived sources	• Age 30+ within 30 days of providing signed informed consent • Cancer cohort - Diagnosed with a single primary cancer that has not yet been treated; all stages are accepted • Control cohort – Matched by age and geographic region with the enrolled cancer patients	○ All enrolled participants undergo one blood draw + complete a medical history questionnaire ○ Test results are not provided ○ After completing blood draw, participants receive a $100 gift card ○ Non-cancer participants undergo follow-up at 12 months via phone call

Patients With Cancer

Breast Cancer

Study Name	Synopsis	Key Eligibility Criteria	Notes
evERA	To test the combination Giredestrant plus Everolimus compared with the physician's choice of endocrine therapy plus everolimus in patients with disease not amenable to treatment with curative intent	• estrogen-receptor (ER) positive, HER-2 negative, ESR1 mutation • locally advanced or metastatic	○ Phase III, global, randomized, industry-sponsored study ○ Allows for some virtual visits ○ Includes patient surveys

		• previous treatment with CDK4/6 inhibitors and endocrine therapy (ET)	○ No placebo
A011801 **COMPASSHER2 Residual Disease**	To test if the combination of T-DM1 and a newer drug tucatinib is better than usual treatment with T-DM1 alone at preventing cancer from returning	• HER2-positive breast cancer diagnosis • Have received treatment followed by surgery • Cancer was still present in the breast and/or lymph nodes at the time of surgery	○ Study groups include: ▪ Usual approach group (T-DM1 and placebo) ▪ Study group (T-DM1 plus tucatinib) ○ You will not be told which group you are in

Gynecological Cancer

Study Name	Synopsis	Key Eligibility Criteria	Notes
GY019	A phase III trial studies how well letrozole with or without paclitaxel and carboplatin works in treating patients with stage II-IV low-grade serous carcinoma of the ovary, fallopian tube, or peritoneum.	• newly diagnosed, stage II-IV low-grade serous cancer of the ovary, fallopian tube, or peritoneum with normal p53 expression • maximal upfront cytoreductive surgery (BSO) within 8 weeks without prior treatment	○ Study groups include: ▪ paclitaxel, carboplatin, letrozole ▪ letrozole ○ Exclusions for severe cardiac disease and central nervous system metastases
NRG-GY026	To test whether adding trastuzumab and hyaluronidase-oysk (Herceptin Hylecta) or pertuzumab, trastuzumab and hyaluronidase-zzxf (Phesgo) to the usual chemotherapy (paclitaxel and carboplatin) works to shrink tumors in patients with HER2 positive endometrial serous carcinoma or carcinosarcoma.	• FIGO 2009 Stage IA-IVB, non-recurrent, chemo-naïve, HER2-positive endometrial serous carcinoma or endometrial carcinosarcoma. If stage I, tumor must invade into myometrium • Histologic types must be HER2+ and either serous adenocarcinoma, carcinosarcoma with serous epithelial component, or if serous is equivocal then p53 overexpression	○ Exclusions for prior treatment exist ○ Subjects will be followed for 5 years.

Prostate Cancer

Study Name	Synopsis	Key Eligibility Criteria	Notes
NRG-GU009	Phase III trial uses the Decipher risk score to guide intensification (for higher Decipher gene risk) or de-intensification (for low Decipher gene risk). The Decipher risk score evaluates a prostate cancer tumor for its potential for spreading.	• Adenocarcinoma of the prostate of **high** risk • At least one of ○ PSA > 20 ng/mL prior to starting ADT ○ cT3a-T4 ○ Gleason score of 8-10 ○ Lymph node positive, but not metastatic	○ De-intensification ▪ Arm 1: radiotherapy + ADT x 24 months ▪ Arm 2: radiotherapy + ADT x 12 months ○ Intensification ▪ Arm 3: radiotherapy + ADT x 24 months ▪ Arm 4: radiotherapy + ADT x 24 months + apalutamide x 24 months

NRG-GU010	Phase III trial uses the Decipher risk score to guide intensification (for higher Decipher gene risk) or de-intensification (for low Decipher gene risk). The Decipher risk score evaluates a prostate cancer tumor for its potential for spreading.	• Adenocarcinoma of the prostate of **intermediate** risk
		• At least one of
		  ○ PSA 10-20 ng/mL
		  ○ Clinical stage T2b-c
		  ○ Gleason Score 7 (3+4 or 4+3)
		• One or more of:
		  ○ >1 IRF
		  ○ Gleason 4+3=7 (ISUP Grade Group 3)
		  ○ Greater than/equal to 50% biopsy cores positive
		• Clinically negative lymph nodes (N0) by conventional imaging
			○ Lower Decipher gene risk score: compares radiation therapy alone to the usual treatment of radiation therapy and hormone therapy (androgen deprivation therapy).
			○ Higher Decipher gene risk score: compares the addition of darolutamide to usual treatment radiation therapy and hormone therapy, to usual treatment.
			○ Exclusion for previous radical surgery (prostatectomy) or any form of curative-intent ablation whether focal or whole-gland for prostate cancer

Patients With Carotid Artery Disease

Study Name	Synopsis	Key Eligibility Criteria	Notes
ROADSTER3	To evaluate real world usage of the ENROUTE Transcarotid Stent System when used in conjunction with the ENROUTE Transcarotid Neuroprotection System in patients at standard risk for adverse events from carotid endarterectomy	• ≥ 18 and <80 years of age • Discrete lesion located in internal carotid artery with or without involvement of contiguous common carotid artery • If symptomatic, degree of stenosis ≥70% by ultrasound or ≥50% by angiogram • If asymptomatic, degree of stenosis ≥70% by ultrasound or ≥60% by angiogram • Must be meet surgical standard-risk criteria	○ Post-approval, observational study ○ Will be followed pre-procedure, procedure, 30 day follow-up and one-year follow-up