

| Trial Acronym | P.I. | Study Title | IRB No. | Title of IND or Name of Device | Revised Investigational Component 1 | Investigational Component 2 | Current Reg Status/Action Items | Questions | clinicaltrials.gov | Disease sub-type |
|------------------------------|----------------------|--|----------------------------|---|--|--|--|--|--------------------|------------------|
| GBOP0701 | Marcom | A Randomized Phase II Trial Evaluating the Performance of Genomic Expression Profiles to Direct the Use of Preoperative Chemotherapy for Early Stage Breast Cancer | pro00001345 | AC=doxorubicin and cyclophosphamide or TC=docetaxel and cyclophosphamide in early breast | Possible new indication: TC is not approved as a dual therapy. Doc (T) is only approved as monotherapy or as triple therapy in combination with Dox and Cyclo. Further, this approval is for late stage and not early stage. | Genomic Guided between standard of care | IND exemption status should be addressed. IDE? | Need to be assessed as IDE? | NCT00636441 | breast |
| PAN | Ready | Factor (EGFR) Pathway Signature Analysis Before and After Panitumumab Therapy in Untreated Locally Advanced Squamous Cell Cancer of the Head and Neck (SCCHN) | not yet submitted | Pan in Head and Neck | new indication. | None. All comers - gathering data | IND exemption status should be addressed. | Does Amgen want to hold an IND? | not yet submitted | head & neck |
| CALGB 30506 | Harpole | A Randomized Phase III Trial to Evaluate the Capacity of a Genomic Prognostic Model to Identify Stage I NSCLC Patients as Candidates for Adjuvant Chemotherapy | pro00010529 | Randomized to observation (standard of care) or Cis/Vis, Cis/Doc, Cis/Gem for lung | New indications. Vin approved for late stage lung not early stage; docetaxel approved for late stage lung not early. | Risk Recurrence - Genomic predictor of risk; multiple predictors (standard care is surgery then observation) | IND exemption status should be addressed. IDE? | IND? IDE? CALGB - check with contact. Are drugs entered properly into eIRB? | not yet submitted | lung |
| Dasatinib-advanced (TOP0801) | Kelley | Phase II Study of Dasatinib in Previously treated Patients with Advanced Non-small Cell Lung Cancer | pro00008303 | Das used in lung - new indication | new indication for dasatinib IND letter on file. | Genomic Guided; single predictor (prediction in 2nd phase) | IND Exempt letter to Dr. Kelley on file | Is it OK to predict investigational therapy? | NCT00787267 | lung |
| TOP0602 | Potti formerly Garst | Phase II Prospective Study Evaluating the Role of Pemetrexed Plus Gemcitabine Chemotherapy for chemo naive Select Stage IIB and IV Non-Small Cell Lung Cancer (NSCLC) in Patients Using a Genomic Predictor of Platinum Resistance to Guide Therapy | pro00004599 | Cis plus gem or pem plus gem - Choice based on Cis sensitivity | new combination of gem/pem. | Genomic guided; Multiple Predictors | IND exemption status should be addressed. IDE? | Does drug combination need evaluation for IND exemption. Need to be assessed as IDE? | NCT00509366 | lung |
| TOP0703 | Ready | Phase II Prospective study evaluating the Role of Directed Cisplatin based Chemotherapy with either Vinorelbine or Pemetrexed for the Adjuvant Treatment of Early Stage NSCLC in Patients Using genomic Expression Profiles of Chemotherapy Sensitivity to Guide Therapy | pro00000657 | Cis/Pem or Cis/Vin - Choice based on | none | Genomic Guided; single predictor | IND exemption status should be addressed. IDE? | Need to be assessed as IDE? | NCT00545948 | lung |
| TOP0706 | Ready | Phase II Study Evaluating the Safety and Response to Neoadjuvant dasatinib in early stage Non-small Cell Lung Cancer (NSCLC) | pro00001278 | Das used in lung - new indication (early stage) | new indication for dasatinib IND exemption letter on file. | None. No prediction - gathering data | IND exempt letter to Dr. Ready on file | None | NCT00564876 | lung |
| everolimus | Ready | Phase II Study of Everolimus in Previously Treated Patients with Advanced Non-Small Cell Lung Cancer (NSCLC) | not yet submitted | Everolimus for lung | new indication. | None. All comers - gathering data | IND exemption status should be addressed. | Does Novartis want to hold an IND? | not yet submitted | lung |
| CALGB 30702 | Ready | Genome-guided Chemotherapy for Advanced Stage Non-small Cell Lung Cancer: a Limited Institution, Randomized Phase II Study | not yet submitted | Randomized to genomic guided therapy consisting of two of the following: pem, gem, doc (or pac if with gem), and/or vin or cisplatin plus gemcitabine if cisplatin sensitive. | new combinations. | Genome guided; Multiple Predictors | IND exemption status should be addressed. IDE? | Does drug combination need evaluation for IND exemption. Need to be assessed as IDE? | not yet submitted | lung |
| MAD | Febbo | Assessment of the utility and efficacy of genomic profiles of chemosensitivity to individualize care for patients with metastatic cancer | not yet submitted | Multiple drugs using predictors | device concerns; potentially new indications (I didn't check on this yet) | Genomic guided; Multiple Predictors | IND exemption status should be addressed. IDE? | Need to be assessed as IDE? | not yet submitted | metastatic |
| Repository | Febbo | Specimen Repository for Genomic and Genetic Analyses in Cancer | pro000... | N/A | none | None | none | How are adverse events reported for screen failures to IRB to monitor safety if only consented to biorepository? | non-interventional | multiple |
| AR protocol | Febbo | A Phase II Trial of Genomic Guided Therapy with Dasatinib or Nilutamide in Metastatic Castration-Resistant Prostate Cancer | Pro00012159 (under review) | Das/Nil in prostate | new combination/indication for dasatinib. IND exemption letter on file | Genomic Guided; 2 predictors | IND Exemption to Dr. Febbo on file. IDE? | Need to be assessed as IDE? | not yet submitted | prostate |
| 'Docetaxel Biopsy' (DBX) | Febbo | Prospective Validation of a Microarray-based Docetaxel Response Signature in Metastatic, Hormone-refractory Prostate Cancer | pro000... | N/A | none | None | o.k. | None | non-interventional | prostate |

Note: new indication does not necessarily warrant an IND, off label is o.k. for an IRB approved research protocol, but review as such by IRB is critical. Key might be if predicting between standard of care or some other treatment.

Yes - new indication doesn't necessarily mean an IND is required. However, the question should be addressed by the investigator and IRB. This should be documented somewhere.