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.

Non-cancer related trials

Study Name	Synopsis	Key Eligibility Criteria	Notes
STEMCELL	Umbilical cord blood collection for storage to provide to various commercial and educational organizations for their scientific and medical research and education.	• 18 years of age or older • 32+ weeks gestation • HIV, Hepatitis B & C negative	○ All personal identifiers will be removed from the blood sample. It will then be distributed for future research without additional informed consent from you. ○ No blood samples collected through this study will be used for any in vivo human scientific research. ○ At no time will your donated sample ever be placed into another individual.

Cancer related trials

Quality of Life / Post-treatment

URCC-18007 PLACEBO CONTROLLED TRIAL OF BUPROPION FOR CANCER RELATED FATIGUE	This is a 14-week study of bupropion for fatigue in people diagnosed with cancer	• 18+ years of age • Have stable or no evidence of disease • Report WORST level of fatigue in the last week as moderate to severe • Have completed treatment (surgery, chemotherapy, radiation) two or more months prior to enrollment	○ Participants will be randomly assigned to receive bupropion or placebo ○ There are two in-person study visits to complete self-reported questionnaires and give a blood sample ○ Participants will also be asked to provide saliva samples three times a day at home for six days over the course of the study

			○ Participants can receive up to $200 for completing the study
NRG-CC011 (Cognitive Training Trial for breast cancer survivors)	A study to examine computerized training to improve concentration, learning new things, and remembering in breast cancer survivors.	• Stage I-III, non-metastatic breast cancer survivors • 18+ years of age • 6mo-5yr post tx with cancer related cognitive impairment	○ Participation lasts ~9 months and consists of: ▪ computerized cognitive training (up to 40 hours of assigned activities over 10 weeks) ▪ survey questionnaires ▪ cognitive telephone assessments at baseline, week 12, week 24, and week 36

Breast Cancer

Study Name	Synopsis	Key Eligibility Criteria	Notes
Gilead ASCENT-05	Study of Sacituzumab Govitecan-hziy and Pembrolizumab Versus Treatment of Physician's Choice in Patients With Triple Negative Breast Cancer Who Have Residual Invasive Disease After Surgery and Neoadjuvant Therapy	• Triple negative breast cancer (allows estrogen and/or progesterone receptor up to 10%) • Prior to surgery, chemotherapy with or without an Immune Checkpoint Inhibitor for a minimum of 6 cycles or 18 weeks. • Residual disease in breast or LN after surgery with negative margins (not stage IV)	○ Phase III, open-label, randomized, industry-sponsored study ○ No placebo ○ If indicated, completed radiation therapy prior to start of study registration
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 (Kadcyla and placebo) ▪ Study group (Kadcyla 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)	○ Study groups include: ▪ paclitaxel, carboplatin, letrozole ▪ letrozole ○ Exclusions for severe cardiac disease and central nervous system metastases

		within 8 weeks without prior treatment	
Prostate Cancer PSA= prostate-specific antigen; ADT = Androgen deprivation therapy			
Study Name	Synopsis	Key Eligibility Criteria	Notes
NRG-GU009 (PREDICT-RT)	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 ○ Tumor stage 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 cohort closed to enrollment.
NRG-GU010 (GUIDANCE)	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 ○ Tumor stage cT2b-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
NRG-GU013 (High Five Trial)	Phase III trial is trying to understand if radiation treatment delivered in 5 treatments over 2 weeks using a higher dose per treatment prevent your cancer from coming back compared to the usual radiation treatment delivered in 20 to 45 treatments over 4 to 9 weeks.	• Adenocarcinoma of the prostate of **high** risk but not metastatic; at least one of the following ○ Tumor stage cT3a-T3b ○ PSA value >20 ng/mL prior to starting ADT (>40 ng/mL while on 5-alpha reductase inhibitors) ○ Gleason Score of 8-10 ○ Pelvic node with a short axis of at least 1.0 cm Prostate gland volume less than 100 cc prior to ADT No prior overlapping radiation No prior radical prostatectomy Prior androgen ablation for >185 days excluded	○ After radiation treatments, your doctor will follow your condition with check-ups every 6 months for the first 5 years and then annually for your lifetime. ○ As part of the usual care, you will also receive the hormone therapy for your cancer.