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14. ABSTRACT The mission of the Prostate Cancer Clinical Trials Consortium (PCCTC) is to design, implement, and complete hypothesis-driven, early-phase multicenter trials in prostate cancer, translating scientific discoveries to improved standards of care. The PCCTC's demonstrated ability to accelerate and streamline the clinical trial process to fulfill this goal is a tribute to the Coordinating Center at Memorial Sloan-Kettering Cancer Center (MSK) and its complementary emphasis on diversity, equity, and inclusion (DEI), translational research and project management.					
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1. **INTRODUCTION:** *Narrative that briefly (one paragraph) describes the subject, purpose and scope of the research.*

The mission of the Prostate Cancer Clinical Trials Consortium (PCCTC) is to design, implement, and complete hypothesis-driven, early-phase multicenter trials in prostate cancer, translating scientific discoveries to improved standards of care. The PCCTC's demonstrated ability to accelerate and streamline the clinical trial process to fulfill this goal is a tribute to the Coordinating Center at Memorial Sloan-Kettering Cancer Center (MSK) and its complementary emphasis on diversity, equity, and inclusion (DEI), translational research and project management.

2. **KEYWORDS:** *Provide a brief list of keywords (limit to 20 words).*

Clinical Trials, Prostate Cancer, Consortium

3. **ACCOMPLISHMENTS:** *The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction.*

Throughout this document, tasks relevant to the performance period (09/30/2022 – 09/29/2023) set forth in our Statement of Work (SOW) are presented in bold type. Below the task, we describe progress made. Tasks for the Coordinating Center are followed by those of the Clinical Research Site.

MEMORIAL SLOAN KETTERING CANCER CENTER: COORDINATING CENTER

Specific Aim 1: To strategically address the PCRP's Overarching Challenges and Focus Areas

Major Task 1. To task the Consortium investigators with giving priority to trials that address the PCRP's Overarching Challenges

Major Task 2. To implement the requirement for Consortium studies to address at least one PCRP Focus Area

Consistent with the PCCTC's own mission to design, implement and complete hypothesis-driven early phase trials in prostate cancer, translating scientific discoveries to improved standards of care, one or more of the PCRP's Overarching Challenges are embedded in each of our trials and are criteria for giving trials priority within our portfolio.

PCCTC studies build on increased understanding of disease biology resulting from key directives led by Consortium investigators (e.g., SU2C, MSK-IMPACT, Germline Genetics Working Group, PCF Challenge Awards, the International Registry for Men With Advanced Prostate Cancer (IRONMAN), the PROMISE Registry: A Prostate Cancer Registry of Outcomes and Germline Mutations for Improved Survival and Treatment Effectiveness) which in turn are enhanced by the PCCTC's infrastructure, all of which addresses the PCRP's own mission to eliminate death from prostate cancer and enhance the well-being of those experiencing the impact of the disease.

c23-314: Randomized Study of ONC-392 plus Lutetium Lu 177 Vipivotide Tetraxetan in Patients with Metastatic Castration-Resistant Prostate Cancer (mCRPC) who Progressed on Androgen Receptor (AR) Pathway Inhibition (PRESERVE-006)

- Lead Sites: NYU, Columbia

- Primary Objectives:
 - Dose escalation phase (Phase I): To determine RP2D of ONC-392 in the combination with Pluvicto.
 - Dose expansion phase (Phase II): To assess the efficacy of ONC-392 plus PLUVICTO vs. PLUVICTO as assessed by radiographic progression free survival (rPFS). Disease progression was defined by PCWG3 guideline; Safety evaluation
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-315: A Phase 2 Study Evaluating Activity of Zenocutuzumab (MCLA-128) in Patients with or without Molecularly Defined Cancers

- Lead Sites: University of Washington, MSK
- Primary Objective: To evaluate efficacy of zenocutuzumab in combination with enzalutamide or abiraterone acetate in terms of Prostate-Specific antigen level $\geq$ 50% (PSA50) response.
- PCRP Focus Areas: Therapy and Mechanisms of Resistance and Response; Tumor and Microenvironment Biology

c23-316: Developing and testing a patient-centered tumor genomic pre-test counseling tool for African-American men with metastatic prostate cancer

- Lead Site: UCSF
- Primary Objectives
 - Stage 1: To evaluate patient education quality of the intervention.
 - Stage 2: To evaluate feasibility of the intervention.
- PCRP Focus Areas: Population Science; Precision Medicine, Screening, and Surveillance; Survivorship, including Psychosocial Impact on the Patient and Family

c23-317: A Phase 2/3, Randomized, Open-label, Study of MGC018 Versus Androgen Receptor Axis-targeted Therapy (Abiraterone or Enzalutamide) in Participants with mCRPC

- Lead Sites: University of Washington, Karmanos Cancer Center
- Primary Objective: To evaluate the efficacy of MGC018 versus control as measured by rPFS by BICR using PCWG3 criteria.
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-318: A Phase 1/1b Dose Escalation and Cohort Expansion Study of MGC018 in Combination with MGD019 in Participants with Advanced Solid Tumors

- Lead Site: Weill Cornell Medical Center
- Primary Objective: To characterize the safety, tolerability, dose-limiting toxicities (DLTs), and maximum tolerated dose (MTD) or maximum administered dose (MAD) (if no MTD is defined) for MGC018 in combination with MGD019.
- PCRP Focus Areas: Therapy and Mechanisms of Resistance and Response; Tumor and Microenvironment Biology

c23-319: A Phase Ib Study of Extending Relugolix Dosing Intervals Through Addition of the CYP3A4 and P-gp Inhibitor Itraconazole or Ritonavir in Prostate Cancer Patients

- Lead Site: University of Chicago
- Primary Objective: To determine whether the addition of itraconazole or ritonavir to relugolix supports intermittent dosing approaches as assessed by sustained testosterone suppression.

- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-320: Phase 1/2 Safety and Efficacy Study of NUV 868 as Monotherapy and in Combination With Olaparib or Enzalutamide in Adult Patients With Advanced Solid Tumors

- Lead Site: Karmanos Cancer Center
- Primary Objectives:
 - To assess safety and tolerability of NUV 868 as monotherapy
 - To determine the RP2D for monotherapy treatment
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-322: A Phase 2, Randomized, Open-Label, Study of Lorigerlimab with Docetaxel or Docetaxel Alone in Participants with mCRPC

- Lead Site: pending
- Primary Objective: To evaluate the efficacy of lorigerlimab+docetaxel versus docetaxel as measured by radiographic progression-free survival (rPFS).
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-323: Cascade germline genetic testing in families with prostate cancer

- Lead Site: OHSU
- Primary Objective: To compare the percent of first-degree relatives (FDRs) who received genetic testing after our approach to a historically described "baseline" percentage (31%).
- PCRP Focus Areas: Precision Medicine, Screening, and Surveillance; Survivorship, including Psychosocial Impact on the Patient and Family

c23-324: Single-arm, open-label, Phase II study of pembrolizumab plus androgen deprivation therapy (ADT) in combination with radiotherapy (RT) for high risk localized prostate cancer

- Lead Site: OHSU
- Primary Objectives:
 - Determine the rate of prostate biopsy positivity at 6 mo. in patients receiving pembrolizumab plus ADT in combination with radiotherapy.
 - Determine the safety of pembrolizumab in combination with ADT and radiotherapy.
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-326: A Phase 1 Study of JNJ-80038114, a T-Cell Redirecting Agent Targeting Prostate Specific Membrane Antigen (PSMA), for Advanced Stage Prostate Cancer

- Lead Sites: University of Minnesota, Thomas Jefferson University
- Primary Objectives:
 - Part 1: Determine recommended Phase 2 dose(s) (RP2Ds) of JNJ-80038114.
 - Part 2: Determine the safety at the RP2D(s).
- PCRP Focus Areas: Precision Medicine, Screening, and Surveillance; Therapy and Mechanisms of Resistance and Response; Tumor and Microenvironment Biology

c23-327: A Multi-Center Natural History Study of Precision-Based Genomics in Prostate Cancer

- Lead Site: DFCI
- Primary Objectives:
 - To longitudinally evaluate subjects with prostate cancer with known germline and/or somatic variants in PIK3 and/or AKT, PALB2, BRIP1, RAD50, RAD51, RAD54,

RB1, SPOP, Wnt/B-catenin pathway, and MMR genes: MLH1, MSH2, MSH6, PMS2, and EPCAM to better understand the natural history of the disease.

- To longitudinally evaluate subjects with prostate cancer with TMB-High prostate cancer [≥ 10 mutations/megabase (mut/Mb)].
- PCR Focus Areas: Precision Medicine, Screening, and Surveillance; Therapy and Mechanisms of Resistance and Response

c23-328: A Phase 2, Single-Arm Study of the CXCR1/2 Inhibitor SX-682 Plus Enzalutamide in Men with Abiraterone-Resistant mCRPC

- Lead Site: Duke
- Primary Objective: To demonstrate that 55% or more of patients treated with SX-682 and enzalutamide will achieve Clinical Benefit (CB). CB is a categorical composite endpoint defined as 1) RECIST 1.1 CR or PR, 2) confirmed PSA50 decline, or 3) prolonged stable disease by RECIST/PCWG3 criteria for ≥ 6 months.
- PCR Focus Area: Therapy and Mechanisms of Resistance and Response

c23-329: Efficacy of Radium-223 in PSMA PET Optimally Selected Patients

- Lead Site: UCSF
- Primary Objective: To determine the proportion of patients who achieve a greater than 50% decline from baseline in serum PSA.
- PCR Focus Areas: Imaging and Targeted Radionuclide Therapy; Therapy and Mechanisms of Resistance and Response

c23-330: Safety and Pharmacokinetics of ODM-208 in Patients with Metastatic Castration-Resistant Prostate Cancer (CYPIDES)

- Lead Site: University of Minnesota
- Primary Objectives:
 - Phase 1: To determine the maximum tolerated dose (MTD) and the RP2D of ODM-208.
 - Phase 2: To determine the safety and efficacy of ODM-208, including in *AR*-LBD mutated and unmutated populations.
- PCR Focus Areas: Precision Medicine, Screening, and Surveillance; Therapy and Mechanisms of Resistance and Response

c23-331: A Phase 1/2 Study of Onct-534 In Subjects with Relapsed or Refractory Metastatic Castration-Resistant Prostate Cancer

- Lead Site: University of Washington
- Primary Objectives:
 - Phase 1: to evaluate the safety and tolerability of ONCT-534 at escalating doses in patients with R/R mCRPC and to determine the MTD to inform the 2 doses to be tested in Phase 2. The SRC will evaluate ONCT-534 safety, preliminary efficacy, PK, and pharmacodynamics and select the 2 doses to be studied in Phase 2.
 - Phase 2: to assess the preliminary anti-tumor activity of ONCT 534, based on reduction of prostate specific antigen (PSA), and objective response rate, complete response rate, duration of response (DOR), radiographic DOR, and progression free survival based on PCWG3 and RECIST 1.1 response and progression criteria.
- PCR Focus Area: Therapy and Mechanisms of Resistance and Response

c23-332: A Phase I, Open-label, Multi-center, Clinical Study to Evaluate Safety, Tolerability, Pharmacokinetics, Pharmacodynamics, and Preliminary Anti-Tumor Activity of AC176 in Patients with Metastatic Castration Resistant Prostate Cancer (mCRPC) Who Have Progressed on at Least Two Prior Systemic Therapies

- Lead Site: OHSU
- Primary Objective: To compare the percent of first-degree relatives (FDRs) who received genetic testing after our approach to a historically described "baseline" percentage (31%).
- PCRP Focus Areas: Precision Medicine, Screening, and Surveillance; Survivorship, including Psychosocial Impact on the Patient and Family

c23-333: Phase II Study of PARP Inhibitor Olaparib and IV Ascorbate in Metastatic Castration Resistant Prostate Cancer

- Lead Site: JHU
- Primary Objective: To estimate the proportion of patients with metastatic castration resistant prostate cancer (mCRPC) having a 50% reduction in PSA from baseline (PSA50 response).
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-334: A Phase 1/2 Study of Combination Olaparib and Radium-223 in Men with Metastatic Castration-Resistant Prostate Cancer with Bone Metastases (COMRADE)

- Lead Site: UCSD
- Primary Objectives:
 - Phase 1: Determine the maximum tolerated dose (MTD) of olaparib in combination with radium-223.
 - Phase 2: Evaluate the radiographic progression-free survival (rPFS).
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-335: Phase 1/2A Study Evaluating the Safety, Tolerability, Pharmacokinetics, Pharmacodynamics, and Anti-Tumor Activity of PF-07220060 as a Single Agent and as Part of Combination Therapy in Participants with Advanced Solid Tumors

- Lead Site: University of Wisconsin
- Primary Objective: To further assess the safety and tolerability of PF-07220060 in combination with enzalutamide at or below the selected RP2D and/or RDE in participants with mCRPC.
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-336: Phase I/II trial of pembrolizumab and androgen-receptor pathway inhibitor with or without 225Ac-J591 for progressive metastatic castration resistant prostate cancer

- Lead Site: WCMC
- Primary Objectives:
 - To determine the dose limiting toxicity (DLT) and pick the optimal dose for phase 2 dose (Phase I, completed)
 - To determine the response rate of pembrolizumab + ARPI +/- 225Ac-J591 (Phase II)
- PCRP Focus Areas: Imaging and Targeted Radionuclide Therapy; Therapy and Mechanisms of Resistance and Response

c23-337: Internet-Based Lifestyle Intervention (iLIVE) to Eradicate Obese Frailty in Prostate Cancer Survivors

- Lead Site: OHSU
- Primary Objective: To Compare a six-month combined weight management and resistance training program (iLIVE) to usual care (UC) on obese frailty in prostate cancer patients on ADT.
- PCRP Focus Areas: Population Science; Survivorship, including Psychosocial Impact on the Patient and Family

c23-338: A Phase 2 Randomized Trial of Neoadjuvant Enoblituzumab versus Standard of Care in Men with High-Risk Localized Prostate Cancer: The Help Elucidate & Attack Longitudinally (HEAT) Prostate Cancer Randomized Study

- Lead Site: JHU
- Primary Objective: To determine rate of recurrence-free survival (RFS) in the treatment population.
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

c23-339: A Phase 1b/2 Study Evaluating the Activity of Tinengotinib (TT-00420) in Combination with Androgen Receptor Signaling Inhibitors (ARSIs) in Patients with Metastatic Castration Resistant Prostate Cancer (mCRPC)

- Lead Site: MSKCC
- Primary Objective:
 - Phase 1b: Evaluate safety and tolerability of tinengotinib in combination with enzalutamide or abiraterone acetate; confirm the recommended phase 2 dose (RP2D).
 - Phase 2: Evaluate the efficacy of the potential Phase 1b derived dose of tinengotinib with enzalutamide or abiraterone acetate as measured by the composite endpoint including Objective Response Rate (ORR) or rate of PSA decline of $\geq 50\%$ from baseline (PSA50 response) in participants with a baseline PSA of 2.0 ng/mL or above.
- PCRP Focus Area: Therapy and Mechanisms of Resistance and Response

Specific Aim 2. To incorporate two Affiliate Research Sites into the Consortium

Our ability to rapidly select, activate, and enroll patients in early-phase prostate cancer clinical trials has resulted in the PCCTC routinely surpassing specified accrual targets. In addition to meeting DOD funded site targets for accrual (25 patients/site/year) and concept submissions (≥ 2 trials per year or 6 trials over 3 years), our two new Affiliate Research Sites are expected to accrue $\geq 10\%$ of their participants from of disproportionately affected populations.

Dr. Rana R. McKay of the University of California San Diego Affiliate Research Site has assumed leadership roles with the PCCTC Survivorship Working Group and Germline Genetics Working Group, and is contributing her expertise in the areas of germline genetic testing, biomarker development, and clinical practice to the development of PCWG4. Before the start of this performance period Dr. McKay also contributed three studies, two of which are currently active, to the PCCTC as lead site:

- c20-256: Phase 2 Study of Nivolumab and Cabozantinib in Patients with Metastatic Castration Resistant Prostate Cancer
- c22-300: A Phase 2 Study of Neoadjuvant PARP Inhibition followed by Radical Prostatectomy in Patients with Unfavorable Intermediate-Risk or High-Risk Prostate Cancer with BRCA1/2 Gene Alterations (NePtune)

- c21-280: A phase 2 study of AbiVERTinib in patients with metastatic Castration resistant prostate cancer

During this performance period UCSD submitted c23-334: A Phase 1/2 Study of Combination Olaparib and Radium-223 in Men with Metastatic Castration-Resistant Prostate Cancer with Bone Metastases (COMRADE). Dr. McKay was also co-author of eight publications (see *Section 2. Products*).

Since the submission of our grant application Dr. A. Oliver Sartor, originally of Tulane Cancer Center, has assumed a position at the Mayo Clinic in Rochester, MN where he will focus on accruing study participants from a unique disproportionately affected population—rural prostate cancer patients. Currently approximately one third of Mayo Clinic patients are from rural areas, giving the PCCTC an opportunity to fulfill unmet needs in this distinctly underserved population. Prior to joining the PCCTC Dr. Sartor served as IDMC chair for the PCCTC's phase 3 DORA trial (NCT03574571) lead by MSK. Under Dr Sartor Tulane was consistently one of the highest accruing sites to the IRONMAN Registry (NCT03151629). We look forward to continued success at the Mayo Clinic. Contract finalization is underway.

Specific Aim 3. To enhance our data management and data science services:

Major Task 1. Implement industry standard medical coding and CDISC/CDASH standards to increase efficiency and interoperability.

Under the direction of PCCTC Director of Data Management, **Joy Allen, PhD**, the PCCTC has fully applied the Medical Dictionary for Regulatory Activities (MedDRA) for encoding PCCTC data. The Data Science group, led by its director **Travis Gerke, ScD**, has developed, validated, and maintains programmatic workflows to map verbatims to MedDRA when Medidata Coder is not available. In regards to CDISC, the PCCTC is working to close the gaps of identified differences between its standards and conventions used within Medidata Rave. Two studies—A the Phase 1/2 Study of EPI 7386 in Combination with Enzalutamide (NCT05075577) and the phase 3 DORA Study—were the first to move through this pipeline and are on track for the funding period. Newly developed studies (e.g. NeoDab) are adhering tightly to the CDISC standards.

Major Task 2. Enhance and scale risk-based monitoring, quality assurance, and statistical programming and reporting.

In collaboration with Data Management, the Data Science team has programmatically automated high impact data quality reviews that previously required manual intervention to complete. The PCCTC hosts and continuously maintains a primary R package "pcctc" which scales many routine data-related activities in a reproducible manner. Our publicly-available package for creating high quality regulatory tables, "gtreg," has been adopted broadly and presented in several forums including the PHUSE 2023 conference.

Major Task 3. Integrate data science into PCCTC research activities.

In close alignment with Major Task 1, the PCCTC continues to develop SOPs which align all statistical programming and data science activities to leading programming standards, including PHUSE Good Programming Practice, to ensure that good programming practice also aligns to CDISC needs. Importantly, the Data Science team has successfully implemented, complete with corresponding work instructions for relevant team members, git-based version control of all analytic activities (via GitHub Enterprise) and automated regular statistical reporting needs (via Posit

Connect) to enhance reproducibility and scalable workflows. Finally, during this performance period the PCCTC has posted a new role, Senior Cloud Engineer, to lead efforts evaluating feasibility of data management / warehousing / analysis of large-scale genomic and/or imaging data, particularly in the context of cloud-based environments.

Specific Aim 4. To further develop our Correlative Regulatory and Communication Sciences Programs

Major Task 1. Establish Central Biospecimen program for all PCCTC research.

- **Subtask 1.** Hire a dedicated correlative sciences manager

A new Correlative Science Manager (**Nick Andrews, PhD**) was hired in 2022 and provides leadership, expertise, and execution of translational research and biomarker development aspects of the Coordinating Center activities in efforts to expand the Correlative Sciences Program.

- **Subtask 2.** Transition all active PCCTC protocols to centralized biospecimen program and bring all new projects forward in the new system.

All PCCTC protocols where the PCCTC has been delegated responsibility for biospecimen management are now overseen by the Correlative Science Manager with support from a Correlative Science Associate (the Correlative Science Team). The Correlative Science team facilitates the logistics for providing supplies, collecting samples, and shipping and/or storing samples until analysis. The Correlative Science Team is actively assessing ways to more proactively pursue correlative analyses to ensure maximum scientific return on samples collected.

- **Subtask 3.** Implement centralized imaging capture infrastructure for all PCCTC protocols.

All PCCTC protocols are now assessed to determine if centralized imaging capture will be accomplished via data collection or image collection in addition to data collection. The PCCTC is actively assessing imaging data collection methods to ensure consistent interpretation of imaging data and is actively engaged in evaluating the best approach to collecting data for new imaging methods (i.e., PSMA PET scans).

Major Task 2. Develop enhanced regulatory process for PCCTC research

The PCCTC has an established Quality Management system which follows ICH E6 (R2) to ensure compliance with regulatory requirements. It is designed to be dynamic and adaptable to change in the regulatory environment and utilizes a risk-based approach to quality management. The PCCTC's Quality Management series of SOPs includes *Quality Management*, *Quality Audits*, *Quality Issues Handling and CAPA*, *Deviations from SOPs*, *Vendor Management* and *Audit or Inspection Management*.

The development of an adaptive platform trial in prostate cancer offers many opportunities and advantages for the dynamic study of a theoretically unlimited number of therapies across numerous cohorts. To this end, the PCCTC is developing the ADAPPT platform trial, which features a shared control arm against which experimental arms will be evaluated, consolidating resources and facilitating faster read out times for comparative analyses. Critically, ADAPPT will integrate ongoing iterate data analysis to justify the addition of new arms or dropping of poor-performing arms, to

update the study randomization algorithm to favor randomization to better-performing treatments, and to account for shifts in standard of care over time.

As the study sponsor, the PCCTC will develop and maintain the platform protocol and experimental arm INDs and serve as the coordinating center for all participating sites. Collaborating pharmaceutical partners will fund the master protocol and control arms, with the structure allowing for additional industry entities to fund additional arms. To date, two pharmaceutical partners have agreed to serve as founding contributors, and the PCCTC is actively seeking a third. A Steering Committee comprised of lead investigators and collaborating pharmaceutical partners governs the project. Additional subcommittees, reporting to the Steering Committee, govern platform design, data & operations, arms selection, and biomarker evaluation. An external statistical company with expertise in adaptive platform trials has been contracted to provide statistical services for ADAPPT, and protocol development is underway.

The PCCTC is actively pursuing development of enhanced systems for the tracking of DOD portfolio metrics, including LOIs, site participation, and trial accrual. This effort is ongoing as a cross-functional effort to streamline the business, operational, and data logistics of tracking. A revised dashboard has been created and the data throughput process has been modified to allow for streamlined data visualization.

Major Task 3. Update communication plans for collaborations with industry, research sites and patients.

The PCCTC has established direct-to-patient communications for two registry studies: The International Registry for Men With Advanced Prostate Cancer (IRONMAN), and the PROMISE Registry: A Prostate Cancer Registry of Outcomes and Germline Mutations for Improved Survival and Treatment Effectiveness.

For the IRONMAN registry, a consent video was developed to help prospective participants understand the study aims and requirements, prior to having the consent discussion with their physician. IRONMAN also utilizes direct-to-patient email reminders for the protocol-required quality of life questionnaires, which patients can complete in their personalized online TrueNth portal. Finally, a newsletter is being developed which will provide study participants updates on the study progress, data analysis efforts, and study reminders.

The PROMISE Registry (NCT04995198) is a zero clinical footprint, US-based prospective genetic registry that has deployed a zero clinical footprint outreach program to broaden enrollment beyond the usual approach of academic medical centers as recruitment sites. PROMISE aims to create a prostate cancer genetic registry by enrolling and screening 5,000 prostate cancer patients via germline testing to identify 500 for long-term follow-up with germline mutations in genes of interest. Study participants complete their study consent and registration process completely online following a review of online materials such as informational videos and a consent video that helps prospective participants understand the study aims and requirements. Prospective participants can also discuss the study with their physician, or contact the PCCTC PROMISE team for help or additional information as part of the informed consent process. Participants receive their clinical-grade genetic testing results electronically and have the option to meet virtually with a genetic counselor to understand their results. Regular email reminders are sent when Quality of Life questionnaires are due for completion in their online PROMISE Registry portal.

Importantly, direct-to-patient outreach was prioritized via partnerships with prostate cancer advocacy organizations with groups and geographic areas with high prevalence of prostate cancer. Online activities include webinars, interviews, podcasts, articles, partner email blasts, and newsletters. In-person activities include tabling and presentation at patient- and provider-facing conferences, and tabling at pt walks. Letters were sent introducing PROMISE through the Maryland Cancer Registry to individuals with prostate cancer. A dedicated team including marketing, partnerships and engagement, and website SEO specialists support the program. Moving forward, we will continue to work with outreach partners to find well-targeted, efficient ways to reach prostate cancer patients with attention to increasing participant diversity.

The PCCTC also plays a key role in supporting the non-profit Cancer ABCs whose goal is to use patient experiences and expertise to design programs that will help patients take control of their medical care and lives so that they can become cancer thrivers. **By promoting and attending Cancer ABC Patient/Caregiver Conferences** throughout the US the PCCTC provides critical clinical trial information to the public and enhances the important work of patient and research advocates.

Specific Aim 5. To maintain financial solvency by analyzing our scientific portfolio and business metrics.

Prior to the performance period, in February 2014, a limited liability company (LLC) was established as the first major step towards establishing financial independence.

Helping optimize our ability to fulfill Specific Aim 5 – to maintain financial solvency **Michelle Karlin** serves as the Consortium’s Director of Business Development and Operations. Specifically, Ms. Karlin is responsible for business development and operations, which include overseeing fiscal and human resource management, ongoing business development and other activities essential to the successful operations of the Consortium. She is joined by **Casey Sisco**, Sr. Business Manager, **Andrew Davis**, Sr. Contracts Manager, **Kristofer Prepelica**, Medical Communications Manager, and **Hillary Kerns**, Medical Writer.

Major Task 1. To mitigate risk through research project portfolio diversification.

The SOC has authorized an expansion of the focus, scope and size of projects under PCCTC management that generate higher revenue to enhance the prospect of PCCTC, LLC functioning in a financially independent state. These projects were specifically selected to diversify the risks associated with a portfolio dominated by early development phase I studies.

Major Task 2. To evaluate sustainability of PCCTC LLC post-award.

PCCTC leadership routinely examines the its business model and revenue, as well as the global CRO landscape, with a focus on sustainability. Full analysis will be conducted prior to the conclusion of this award.

Major Task 3. To evaluate sustainability of PCCTC LLC post-incubation with MSK.

We have developed an infrastructure to enable the rapid and critical review of the scientific underpinnings of the products developed by Consortium members. In anticipation of the discontinuation of DOD funding, we have developed an organizational structure and a business model that will achieve its goal of becoming a self-sustaining company.

Specifically, the Consortium has implemented a process by which our coordinating center services are offered to sponsors on a fee-for-service basis. These Coordinating Center Service Agreements are

a result of focused business development in conjunction with the development of our scientific protocols.

With our experience and additional market research, we determined that our primary market is in close collaborative drug development with committed industry partners. Our service portfolio is flexible to meet the needs of our customers based on a predetermined scope of work per clinical trial. These collaborative co-development agreements create situations where everyone (investigator and sponsor) shares responsibilities on development pathways, trial designs, data evaluation, and decision making for future study.

Jake Vinson, CEO, works closely with the LLC's Board of Managers (BOM) to optimize our core business areas, namely 1) co-development with sponsors, 2) investigator-initiated research, 3) trial design optimization, and 4) partnering with industry service organizations with the aim of ensuring the program's sustainability. The group meets and reviews the PCCTC's finance report, the SOC report, and organizational strategies and updates.

Regarding post-incubation sustainability specifically, a plan to evaluate the PCCTC's business model was submitted and approved by the BOM. We are developing an expanded plan and model to ensure future success which will be further reviewed and evaluated. We have developed a term sheet to outline the basic terms that could be included in a formal collaboration agreement between MSK and PCCTC whereby the PCCTC would be transitioned from a Single Member LLC.

MEMORIAL SLOAN KETTERING CANCER CENTER: CLINICAL RESEARCH SITE

Major Task 1. Adhere to performance metrics defined by Coordinating Center

Having accrued 66 patients during the performance period, MSK surpassed the expectation to accrue at least 25 patients per year to PCCTC trials. Furthermore, of the participants with data available, 11.3% are from disproportionately affected populations, exceeding the 5% goal. Having introduced one LOI during the first six months of the award, MSK is well positioned to propose ≥ 2 clinical trials per year or 6 trials over 3 years; the proposed LOI (c23-315) addresses two PCRP trials.

Major Task 2. Full participation in the consortium as a member of the Clinical Consortium Committee/Scientific Oversight Committee

MSK investigators fully participate in all PCCTC activities including committee participation, face-to-face meeting attendance, participation in scheduled consortium conference calls, and preparation of EAB review meetings/evaluations. In addition, MSK investigators have a robust track record of publishing and presenting results of PCCTC studies in journals and major conferences. MSK staff consistently meets quality assurance/control expectations and fully complies with data submission and management plans.

What opportunities for training and professional development has the project provided?

Nothing to Report.

How were the results disseminated to communities of interest?

Please see *Section 6. Products*. In addition, PCCTC results are discussed at key scientific meetings, on our website, and via social media.

What do you plan to do during the next reporting period to accomplish the goals?

There are no changes in the project or its direction. Ongoing work is described above. The PCCTC is on track to continue to meet milestones or complete tasks outlined in the SOW. There are no changes to the PCCTC's operating structure.

4. **IMPACT:** *Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:*

What was the impact on the development of the principal discipline(s) of the project?

The infrastructure provided by this award enables the PCCTC to remain poised to make a significant impact on the lives of patients by keeping the pipeline primed with the most promising novel agents and validated biomarkers. Moreover, the PCCTC has developed, and continues to grow, an infrastructure that can be utilized by consortiums focusing on multicenter clinical trial research.

The PCCTC is uniquely positioned to address the PCRP's Overarching Challenges in the near term, due to the Coordinating Center's selection and prioritization of clinical development opportunities based on the strength of the underlying science, particularly the biologically based translational science of our members, along with MSK's ability to leverage our significant institutional resources. These institutional resources include nine NIH P50 grants – a Specialized Programs of Research Excellence (SPORE) in Prostate Cancer grant, and a Center for Molecular Imaging in Cancer grant – drug-biomarker co-development projects funded by PCF, Stand Up To Cancer (SU2C), and the NCI; and a leadership role within the Blood Profiling Atlas in Cancer (BloodPAC), a consortium aimed at accelerating the development and validation of liquid biopsy assays to improve patient outcomes.

What was the impact on other disciplines?

The PCCTC has created a new paradigm in collaborative drug development, fostering a culture of transparent project co-development through its unique infrastructure and committed team of research professionals which can be translated to other disciplines.

What was the impact on technology transfer?

Nothing to Report.

What was the impact on society beyond science and technology?

Critically, the PCCTC is building on its commitment to eliminate inequities in prostate cancer research and health care by enhancing our collaborations with the University of California San Diego and the Mayo Clinic, our selected Affiliate Clinical Research Sites, through strategic efforts to serve their uniquely high-risk and underserved patient populations.

- 5. CHANGES/PROBLEMS:** *The PD/PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, "Nothing to Report," if applicable:*

See attached updated active other support in section 9/appendices.

Changes in approach and reasons for change

Nothing to Report.

Actual or anticipated problems or delays and actions or plans to resolve them

Nothing to Report.

Changes that had a significant impact on expenditures

Nothing to Report.

Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents

Nothing to Report.

Significant changes in use or care of human subjects

Nothing to Report.

Significant changes in use or care of vertebrate animals

Nothing to Report.

Significant changes in use of biohazards and/or select agents

Nothing to Report.

- 6. PRODUCTS:** *List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state "Nothing to Report."*

During the performance period (09/30/2022 – 09/29/2023) PCCTC infrastructure contributed to the following 35 PCCTC trial-related publications:

Abida W, Campbell D, Patnaik A, Bryce AH, Shapiro J, Bambury RM, Zhang J, Burke JM, Castellano D, Font A, Ganju V, Hardy-Bessard AC, McDermott R, Sautois B, Spaeth D, Voog E, Piulats JM, Pintus E, Ryan CJ, Merseburger AS, Daugaard G, Heidenreich A, Fizazi K, Loehr

A, Despain D, Simmons AD, Dowson M, Go J, Watkins SP, Chowdhury S. Rucaparib for the Treatment of Metastatic Castration-resistant Prostate Cancer Associated with a DNA Damage Repair Gene Alteration: Final Results from the Phase 2 TRITON2 Study. *Eur Urol*. 2023 Sep;84(3):321-330

Aggarwal R, Zhang J, Zhu X, Monk P, Jones R, Linch M, Costin D, De Bono J, Karsh L, Petrylak D, Borderies P, Deshpande R, Hafeez A, O'Neill V, Tagawa S. First-in-class oral innate immune activator BXCL701 combined with pembrolizumab in patients with metastatic, castration-resistant prostate cancer (mCRPC) of small cell neuroendocrine (SCNC) phenotype: Phase 2a final results. *J Clin Oncol* 41, 2023 (suppl 6; abstr 176)

Aggarwal R, Zhang J, Monk P, Zhu X, Costin D, Petrylak D, Borderies P, Deshpande R, Hafeez A, O'Neill V, Tagawa S. First-in-class oral innate immune activator BXCL701 combined with pembrolizumab, in patients with metastatic castration-resistant prostate cancer (mCRPC) of small cell neuroendocrine (SCNC) variant: Randomized phase 2b trial. *J Clin Oncol* 41, 2023 (suppl 16; abstr TPS5109)

Autio K, Kyriakopoulos C, Xiao H, Enamekhoo H, Danila D, Devitt M, Riedel E, Jan M, Scher H. A phase Ib/II study of intermittent talazoparib plus temozolomide in patients with metastatic castration-resistant prostate cancer (mCRPC) and no mutations in DNA damage repair (DDR). *J Clin Oncol* 41, 2023 (suppl 16; abstr e17036)

Beltran H, Mateo J, Abida W, McKay R, Montgomery R, Aggarwal R, Lee-Wisdom K, Figg W, Dahut W, Karzai F. A multi-center natural history study of precision-based genomics in prostate cancer (PC). *J Clin Oncol* 41, 2023 (suppl 16; abstr TPS5121)

Bitting RL, Wu Y, Somarelli JA, Proudfoot JA, Liu Y, Davicioni E, George DJ, Armstrong AJ. Transcriptomic Signatures Associated With Outcomes in Recurrent Prostate Cancer Treated With Salvage Radiation, Androgen-Deprivation Therapy, and Enzalutamide: Correlative Analysis of the STREAM Trial. *JCO Precis Oncol*. 2023 Aug;7:e2300214. doi: 10.1200/PO.23.00214.

Bryce A, Karp D, Tagawa S, Nordquist L, Rathkopf D, Adra N, Dorff T, Baeck J, O'Donnell J, Ames T, Yim C, Price M, Scher H. A phase 2 study of immunogenic cell death inducer PT-112 in patients with metastatic castration-resistant prostate cancer. *J Clin Oncol* 41, 2023 (suppl 6; abstr TPS292)

Denmeade SR, Sena LA, Wang H, Antonarakis ES, Markowski MC. Bipolar Androgen Therapy Followed by Androgen Receptor Inhibition as Sequential Therapy for Prostate Cancer. *Oncologist*. 2023 Jun 2;28(6):465-473.

George D, Halabi S, Fleming M, Heath E, Tutrone R, Sutton L, Whang Y, Lewis B, Humeniuk M, Berry W, Harrison M, Hurrelbrink J, Shobe K, Rasmussen J, Anand M, Reyes-Martinez M, Howard L, Patierno S, Freedman J, Armstrong A. A prospective trial of apalutamide and abiraterone acetate plus prednisone in Black and White men with metastatic castrate-resistant prostate cancer. *J Clin Oncol* 41, 2023 (suppl 16; abstr 5015)

Giri V, Gross L, Hartman R, Leader A, Whang Y, Couvillon A, Cheng H, Paller C, Loeb S, Karsh L, Friedman S, Beer T, Sokolova A, Scott Keith S. Factors related to men's experience with prostate cancer germline testing. *J Clin Oncol* 41, 2023 (suppl 6; abstr 128)

Guo S, Halabi S, Nanus D, George D, Antonarakis E, Danila D, Szmulewitz R, McDonnell D, Norris J, Lu C, Luo J, Armstrong A. The impact of circulating tumor cell HOXB13 RNA detection in men with metastatic castrate-resistant prostate cancer (mCRPC) treated with abiraterone or enzalutamide. *J Clin Oncol* 41, 2023 (suppl 16; abstr 5060)

Gupta S, Halabi S, Yang Q, Roy A, Tubbs A, Gore Y, George DJ, Nanus DM, Antonarakis ES, Danila DC, Szmulewitz RZ, Wenstrup R, Armstrong AJ. PSMA-positive circulating tumor cell detection and outcomes with abiraterone or enzalutamide treatment in men with metastatic castrate resistant prostate cancer. *Clin Cancer Res.* 2023 Mar 10;CCR-22-3233.

Jacobs N, Hootman K, Fischer V, Pinnavaia N, Sfanos K, Nauseef J, Molina A, Sternberg C, Tagawa S, Ballman K, Stein M, Paller C, Nanus D. Whole-food plant-based diet (WFPBD) to control weight and metabo-inflammation in overweight/obese men with prostate cancer (PC) receiving androgen deprivation therapy (ADT): A multi-center randomized control trial. *J Clin Oncol* 41, 2023 (suppl 16; abstr TPS5098)

Laccetti A, Chatta G, Iannotti N, Kyriakopoulos C, Villaluna K, Le Moigne R, Cesano A. Phase 1/2 study of EPI-7386 in combination with enzalutamide (enz) compared with enz alone in subjects with metastatic castration-resistant prostate cancer (mCRPC). *J Clin Oncol* 41, 2023 (suppl 6; abstr 179)

Markowski M, Sternberg C, Wang H, Sullivan R, King S, Lotan T, Antonarakis E. TRIUMPH: Phase II trial of rucaparib monotherapy in patients with metastatic hormone-sensitive prostate cancer harboring germline DNA repair gene mutations. *J Clin Oncol* 41, 2023 (suppl 6; abstr 190)

Marshall C, Teply B, Lim SJ, Wang H, Mao S, Kelly W, Paller C, Markowski M, Denmeade S, Carducci M, Eisenberger M, King S, Sullivan R, Lotan T, Antonarakis E. Phase 2 study of olaparib (without ADT) in men with biochemically recurrent prostate cancer (BCR) after prostatectomy. *J Clin Oncol* 41, 2023 (suppl 16; abstr 5087)

McKay R, Xie W, Yang X, Rathkopf D, Laudone V, Bublely G, Einstein D, Chang P, Wagner A, Kane C, Parsons J, Preston M, Kilbridge K, Chang S, Choudhury A, Trinh QD, Pomerantz M, Kibel A, Taplin M. Post radical prostatectomy (RP) PSA outcomes following 6 vs 18 months of perioperative androgen deprivation therapy (ADT) in men with localized high risk prostate cancer (LHRPC): Results of Part 2 of a randomized phase 2 trial. *J Clin Oncol* 41, 2023 (suppl 16; abstr 5095)

McKay R, Armstrong A, Enamekhoo H, Gourdin T, Heath E, Hussain A, Ornstein M, Sharifi N, Viscuse P, Yan Y, Royal M. The Maverick trial: A phase 2 study of abivertinib in patients (pts) with metastatic castration resistant prostate cancer (mCRPC). *J Clin Oncol* 41, 2023 (suppl 16; abstr TPS5106)

Morris M, Linch M, Crabb S, Beer T, Heath E, Gordon M, De Bono J, Pashova H, Tudor I, Greenstein A, Mann G, Liu G. Phase 1 efficacy and pharmacodynamic results of exicorilant +

enzalutamide in patients with metastatic castration-resistant prostate cancer. *J Clin Oncol* 41, 2023 (suppl 6; abstr 145)

Mucci L, Vinson J, Gerke T, Hyslop T, Howard L, Dreicer R, Rathkopf D, Chi K, Esteban E, Enting D, Bjartell A, Tagawa S, Nanus D, Ong M, Barata P, Hotte S, Grant M, Villanti P, Kantoff P, George D. First look at the baseline characteristics of participants in IRONMAN, the international registry for men with advanced prostate cancer. *J Clin Oncol* 41, 2023 (suppl 6; abstr 85)

Mucci LA, Vinson J, Gold T, Gerke T, Filipenko J, Green RM, Anderson SG, Badal S, Bjartell A, Chi KN, Davis ID, Enting D, Fay AP, Lazarus J, Mateo J, McDermott R, Odedina FT, Olmos D, Omlin A, Popoola AA, Ragin C, Roberts R, Russnes KM, Waihenya C, Stopsack KH, Hyslop T, Villanti P, Kantoff PW, George DJ; IRONMAN Global Team. IRONMAN: A Novel International Registry of Men With Advanced Prostate Cancer. *JCO Glob Oncol*. 2022 Nov;8:e2200154.

Nguyen P, Kollmeier M, Rathkopf D, Hoffman K, Zurita A, Spratt D, Dess R, Liauw S, Szmulewitz R, Einstein D, Bubley G, Yu J, An Y, Wong A, Feng F, McKay R, Rose B, Shin KY, Kibel A, Taplin ME. FORMULA-509: A multicenter randomized trial of post-operative salvage radiotherapy (SRT) and 6 months of GnRH agonist with or without abiraterone acetate/prednisone (AAP) and apalutamide (Apa) post-radical prostatectomy (RP). *J Clin Oncol* 41, 2023 (suppl 6; abstr 303)

Niazi T, McBride S, Williams S, Davis I, Stockler M, Martin A, Chung H, Roncolato F, Ebacher A, Khoo E, Martin J, Lim TS, Hughes S, Pryor D, Catto J, Kelly P, Rezaei LG, Morgan S, Rendon R, Sweeney C. DASL-HiCaP: A randomized, phase 3, double-blind trial of darolutamide with androgen-deprivation therapy and definitive or salvage radiation for localized very high-risk prostate cancer. *J Clin Oncol* 41, 2023 (suppl 6; abstr TPS396)

Paller C, Lorentz J, Appleman L, Armstrong A, Barata P, Dreicer R, Elrod JA, Fleming M, George C, Heath E, Hussain M, Mao S, McKay R, Morgans A, Orton M, Pili R, Saraiya B, Sokolova A, Stadler W, Cheng H. PROMISE Registry: A prostate cancer registry of outcomes and germline mutations for improved survival and treatment effectiveness. *J Clin Oncol* 41, 2023 (suppl 6; abstr TPS274)

Paller P, Zahurak M, Heath E, Kelly W, Hoimes C, Taksey J, Marshall C, Markowski M, Pedro Barata P, Rudek M, Nauroth J, Wang L, Durham J, Eisenberger M, Carducci M, Denmeade S, Levine M. Randomized placebo-controlled trial of intravenous vitamin C plus docetaxel in metastatic prostate cancer. *J Clin Oncol* 41, 2023 (suppl 16; abstr e17050)

Paller C, Lorentz J, Appleman L, Armstrong A, Barata P, Dreicer R, Elrod JA, Fleming M, George C, Heath E, Hussain M, Mao S, McKay R, Morgans A, Orton M, Pili R, Saraiya B, Sokolova A, Stadler W, Cheng H. Learned lessons from a US-wide outreach program to broaden enrollment to the PROMISE Registry, a prostate cancer genetic registry. *J Clin Oncol* 41, 2023 (suppl 16; abstr 10628)

Rencsok EM, Stopsack KH, Slopen N, Odedina FT, Ragin C, Nowak J, McSwain L, Manarite J, Heath E, George DJ, Kantoff PW, Vinson J, Villanti P, Haneuse S, Mucci LA; IRONMAN

Registry. Experience with the US health care system for Black and White patients with advanced prostate cancer. *Cancer*. 2023 Aug 15;129(16):2532-2541.

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Ryan C, Cao Q, De Souza A, VanderWeele D, Bryce A, Kelly W, Jha G, Barata P, Sartor A, Stadler S, Dhawan M, Morgans A, Antonarakis E. Early results from CASCARA: A phase 2 study of cabazitaxel/carboplatin plus abiraterone in high-volume metastatic castrate-sensitive prostate cancer (mCSPC). *J Clin Oncol* 41, 2023 (suppl 16; abstr 5071)

Sharifi N, McKay R, Vinson J, Royal M, Lang J, Klein E, Li X, Berk M, Goins C, Alyamani M, Chung YM, Wang C, Patel M, Rathi N, Zhu Z, Willard B, Stauffer S. BMX inhibition and HSD3B1-driven resistance in prostate cancer in the Maverick trial. *J Clin Oncol* 41, 2023 (suppl 6; abstr 144)

Slovin SF, Knudsen K, Halabi S, de Leeuw R, Shafi A, Kang P, Wolf S, Luo B, Gopalan A, Curley T, Fleming M, Molina A, Fernandez C, Kelly K. Randomized Phase II Multicenter Trial of Abiraterone Acetate With or Without Cabazitaxel in the Treatment of Metastatic Castration-Resistant Prostate Cancer. *J Clin Oncol*. 2023 Aug 15;JCO2202639. doi: 10.1200/JCO.22.02639. Epub ahead of print.

Sokolova A, Graff J, Smith C, Beer T, Latour E, Grivas P, Schweizer M, Higano C, Alumkal J, Vuky J, Yu E, Cheng H. Concurrent chemo-hormonal therapy of enzalutamide (ENZ) and cabazitaxel (CAB) in patients (Pts) with metastatic castration-resistant prostate cancer (mCRPC): Final analysis of objective response rate (ORR), radiographic progression-free survival (rPFS), and overall survival (OS). *J Clin Oncol* 41, 2023 (suppl 16; abstr 5047)

Stein M, Teply B, Gergis U, Strickland D, Senesac J, Bayle H, Chatwal M, Bilen M, Stadler W, Dumbrava E. Early results from a phase 1, multicenter trial of PSCA-specific GoCAR T cells (BPX-601) in patients with metastatic castration-resistant prostate cancer (mCRPC). *J Clin Oncol* 41, 2023 (suppl 6; abstr 140)

Stein M, Hawley J, Pachynski R, Zarrabi K, Dreicer R, Zibelman M, Marshall M, Jones B, Wheeler V, Sebastian S, Bendall J, Anderson K, Shore N, Graff J. Prime-boost immunotherapeutic trial in men with biochemical recurrence after definitive local therapy for prostate cancer. *J Clin Oncol* 41, 2023 (suppl 16; abstr TPS5119)

Tran PT, Lowe K, Tsai HL, Song DY, Hung AY, Hearn JWD, Miller S, Proudfoot JA, Deek MP, Phillips R, Lotan T, Paller CJ, Marshall CH, Markowski M, Dipasquale S, Denmeade S, Carducci M, Eisenberger M, DeWeese TL, Orton M, Deville C, Davicioni E, Liauw SL, Heath EI, Greco S, Desai NB, Spratt DE, Feng F, Wang H, Beer TM, Antonarakis ES. Phase II Randomized Study of Salvage Radiation Therapy Plus Enzalutamide or Placebo for High-Risk Prostate-Specific Antigen Recurrent Prostate Cancer After Radical Prostatectomy: The SALV-ENZA Trial. *J Clin Oncol*. 2023 Feb 20;41(6):1307-1317.

Yu E, Pieczonka C, Suzuki S, Bailen J, Gotto G, Hamilton J, Uemura H, Murphy D, Lebret T, Luz M, Ortiz J, Adorjan P, Khan J, Briganti A, Armstrong A. Darolutamide observational (DAROL) study in patients with nonmetastatic castration-resistant prostate cancer: Second interim analysis. J Clin Oncol 41, 2023 (suppl 16; abstr e17095)

Books or other non-periodical, one-time publications

Nothing to Report.

Other publications, conference papers and presentations

Nothing to Report.

Website(s) or other Internet site(s)

www.PCCTC.org

Technologies or techniques

Nothing to Report.

Inventions, patent applications, and/or licenses

Nothing to Report.

Other Products

Nothing to Report.

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

Memorial Sloan Kettering Cancer Center

Name: Howard I. Scher, MD

Project Role: Principal Investigator

Researcher Identifier (e.g., ORCID ID):

Nearest person month worked: 2.4

Contribution to Project: Dr. Scher will oversee the Coordinating Center and its functions and will be Chair of the Scientific Oversight Committee, directing and monitoring the ongoing operations of the consortium. He will work with the principal investigators (PIs) of the Clinical Consortium Research Sites to set the scientific agenda for the consortium as a whole, to prioritize clinical initiatives, and to ensure a regular pipeline of new therapeutics. He will also monitor timely opening and accrual of consortium trials, develop relationships with third-party partners to pursue new approaches and to enhance data management and specimen storage, and track regulatory compliance. He leads consortium conference calls with the consortium site PIs to ensure implementation in a timely manner. Dr. Scher will work with the Director of the Prostate Cancer Clinical Trials Consortium (PCCTC) to develop the agenda for the monthly conference calls (which he will chair) with participating site PIs and project coordinators, and he will facilitate semi-annual meetings of the External Advisory Board (EAB). He will interact on a regular basis with DOD representatives to monitor the overall progress of the program. Dr. Scher is former Chief of the Genitourinary Oncology Service of the Department of Medicine at MSK and currently the Head of the Biomarker Development Program; D. Wayne Calloway Chair in

Urologic Oncology, and the PI of the NIH-sponsored Specialized Program of Research Excellence (SPORE) in Prostate Cancer.

Name: Michael Morris, MD

Project Role: Co-Principal Investigator

Researcher Identifier (e.g., ORCID ID): 0000-0002-9454-0096

Nearest person month worked: 1.2

Contribution to Project: Dr. Morris currently serves as the Prostate Cancer Section Head, GU Oncology at MSK and will address consortium issues directly related to ongoing clinical trials, including oversight and leadership in pharmaceutical work with the consortium, and will review trial progress including adverse events and dissemination of toxicity information to all sites as applicable. He will interface with local site investigators to assess progress of consortium trials. As the Genitourinary Oncology Service's expert on radiolabeled antibodies and functional imaging, he has been PI of numerous multidisciplinary trials integrating investigators from medical oncology, nuclear medicine, medical physics, biostatistics, and pathology.

Names: Mithat Gönen, PhD

Project Role: Biostatisticians

Researcher Identifier (e.g., ORCID ID): 0000-0001-8683-8477

Nearest person month worked: 1.2

Contribution to Project: Dr. Gönen has been at MSK since 1999 and has been serving as Chief of the Biostatistics Service since 2015. Most of Dr. Gönen's methodological research originates from translational and clinical collaborations, including building, assessing and comparing prognostic and predictive models, design and analysis of clinical trials and imaging studies, as well as Bayesian methods. Dr. Gönen will assist in the development of statistical analysis plans for consortium research, will sign off on all consortium studies, and will provide a second line of assistance to sites when necessary. He will consult on all data system modifications. He will also participate on the Scientific Oversight Committee and will have primary responsibility for monitoring quality and consistency of data collection and methods for measuring outcomes in all consortium studies. Dr. Gönen will be a resource for all sites to ensure overall quality and standardization of forms and endpoints, and will verify that methods used are appropriate.

Name: Kristofer Prepelica, PhD

Project Role: Medical Editor

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: 11.8

Contribution to Project: Dr. Prepelica is a Medical Research Writing Manager in the MSK Department of Medicine. He will write, edit, and project coordinate the progress reports and written briefings for the DOD and the consortium, disseminating information to all investigators in the consortium.

Prostate Cancer Clinical Trials Consortium

Name: Jacob Vinson

Project Role: Consortium Director/CEO PCCTC

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Mr. Vinson is responsible for the overall development and operation of the PCCTC. He facilitates process evaluation and improvement with the Coordinating Center

leadership and staff and interacts with the key personnel at participating institutions to ensure clear communication and that 2-way expectations are met. Mr. Vinson, with Dr. Scher, analyzes the utilization of the Coordinating Center, and repositions resources if necessary, to develop services to best meet the needs of the participants. He is also responsible for creating and implementing the strategic mission of the consortium and supply fiscal oversight. Mr. Vinson designs, presents, and implements the overall structure of the consortium, leading to its self-sufficiency.

Name: Michelle Karlin

Project Role: Director, Business Development & Operations

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Ms. Karlin is responsible for directing and managing the business development and business operations activities of the PCCTC. She oversees multiple functional areas of the organization including business development, finance, budgets, contracts, quality compliance, human resources and communications.

Name: Sarah Wise

Project Role: Director, Clinical Operations/Supervising Clinical Research Coordinator (CRC)

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Ms. Wise serves as the Director of Clinical Operations in the Coordinating Center. Ms. Wise manages the day-to-day operations of the Coordinating Center and oversees the efficient execution of contracted services, including protocol development, study initiation, and laboratory specimen collection and tracking. Ms. Wise also uses her extensive experience to oversee the regulatory and monitoring activities, and the Clinical Operations team, including execution of the drug development, registration, and safety management aspects of the Coordinating Center activities. Finally, Ms. Wise manages and controls the Coordinating Center regulatory SOPs.

Name: Joy Allen, PhD

Project Role: Director, Clinical Data Management and Informatics

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Dr. Allen is responsible for all phases of assigned system development and implementation projects, including staff management and technical direction. She works in conjunction with various PCCTC departments to synchronize completion of tasks in accordance with other MSK and PCCTC project timelines. She also leads and facilitates efforts to analyze, evaluate, redesign, and implement process improvement to technology-associated workflows, including clinical and research data collection and management. Dr. Allen manages issues that may arise with regard to metadata and semantics of data sharing with distributed and heterogeneous databases.

Name: Travis Gerke, ScD

Project Role: Director, Data Science

Researcher Identifier (e.g., ORCID ID): 0000-0002-9500-8907

Nearest person month worked: Collaborator, no support required

Contribution to Project: Dr. Gerke is a data scientist whose research background intersects biostatistics, cancer epidemiology, and bioinformatics. As Director of Data Science at the PCCTC, he manages the development and daily operations of statistical and data science services, and provides leadership in all aspects of programming, computation, and analysis. Dr. Gerke draws from previous informatics and data science leadership experience at Moffitt Cancer Center, where he developed the teams that serve as the primary liaison between cloud-based data source systems and data consumers. In his faculty roles, Dr. Gerke's research labs focused on methods/software development with applications in cancer epidemiology, machine learning, and causal inference. His publication record (81 peer-reviewed, Google Scholar h-index 21) spans the disciplines of molecular cancer research, theoretical statistics, and computer science.

Name: Rebecca Green, Kristina Dushaj, and Amanda Le Sueur

Project Role: Director and Program Managers – Clinical Operations

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Ms. Green managing Clinical Operations, Kristina Dushaj managing Phase 1 & 2, and Amanda Le Sueur managing Phase 3 and registry studies, all collaborate directly with the PCCTC Directors/Supervising CRC to provide leadership in developing and improving the conduct of all research in the company. They lead and direct the Project Managers and Project Associates, who are responsible for execution of clinical studies conducted in support of the PCCTC's research portfolio. They are responsible for execution of studies in compliance with quality standards (including ICH GCP, local regulations, and company SOPs).

Name: Nicholas Andrews, PhD

Project Role: Correlative Sciences Program Manager

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Dr. Andrews is responsible for the management and oversight of the consortium's Correlative Science Program including its central unit for the collection, processing, and shipment of biospecimens for correlative science research. He is responsible for ensuring that the Correlative Science Program is efficient and effective in providing best-in-class support for the PCCTC's translational research.

Names: Various

Project Role: Project Associates, Clinical Research Coordinator, Sr. Research Project Manager, and Research Project Managers

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: The Project Associates, Clinical Research Coordinator, & Project Managers manage the complete start-up process for PCCTC trials including protocol review and distribution, plus regulatory document collection. They also handle PCCTC Coordinating Center data tracking, including accrual collection, LOI and protocol tracking maintenance, and CRC call management. Project Associates are also responsible for coordinating the day-to-day operations of the Coordinating Center. Project Associates: liaises with participating sites and study Investigators; monitors progress of study; plans and participates in study meetings, presentations, and training workshops; prepares ongoing communications between sites; and oversees the setting-up and maintenance of study files and databases.

Names: Various

Project Role: Project Associates and Research Project Managers

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: 12

Contribution to Project: The Project Associates & Project Managers manage the complete start-up process for PCCTC trials including protocol review and distribution, plus regulatory document collection. They also handle PCCTC Coordinating Center data tracking, including accrual collection, LOI and protocol tracking maintenance, and CRC call management. Project Associates are also responsible for coordinating the day-to-day operations of the Coordinating Center. Project Associates: liaises with participating sites and study Investigators; monitors progress of study; plans and participates in study meetings, presentations, and training workshops; prepares ongoing communications between sites; and oversees the setting-up and maintenance of study files and databases.

Name: Hillary Kerns

Project Role: Medical Writer

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Ms. Kerns will be responsible for manuscript and protocol writing and editing.

Names: Various

Project Role: Clinical Data Managers, Application Analysts, and Clinical Data Management Associates

Nearest person month worked: Collaborator, no support required

Contribution to Project: Clinical Data Managers, Application Analysts, & Clinical Data Management Associates, in compliance with all regulatory, institutional, and departmental requirements, are responsible for developing data collection tools (e.g., electronic Case Report Forms), quality control and data analysis for research projects, databases, and research protocols.

Names: Various

Project Role: Sr. Clinical Data Managers and Clinical Data Manager

Nearest person month worked: 12

Contribution to Project: Sr. Clinical Data Managers & Clinical Data Manager, in compliance with all regulatory, institutional, and departmental requirements, are responsible for developing data collection tools (e.g., electronic Case Report Forms), quality control and data analysis for research projects, databases, and research protocols.

Names: Shannon Pileggi, PhD; Patrick Freeman; Meghan Harris; and Victoria Catharine

Project Role: Data Scientists

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Data Scientists are responsible for supporting the Director of Data Sciences.

Name: Casey Sisco

Project Role: Sr. Business Manager

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Mr. Sisco is responsible for the business activities for the PCCTC, with over fifteen years of experience in financial administration. These activities include fiscal and human resource management, ongoing budget development and maintenance, and other activities essential to the successful operations of the consortium. He imposes safeguards on financial operations, while assuring adherence to the consortium's fiscal compliance program; and acts as an integral member of the Coordinating Center working collaboratively with all other internal and external stakeholders.

Name: Drew Davis

Project Role: Sr. Contracts Manager

Researcher Identifier (e.g., ORCID ID): NA

Nearest person month worked: Collaborator, no support required

Contribution to Project: Mr. Davis is responsible for all contract administration, which includes drafting, reviewing, negotiating and managing the execution process of the PCCTC's CTAs with industry partners and other academic medical centers; drafting, reviewing, negotiating and managing the execution process of all Site CDAs and Site CTAs with sites; and communicating with internal and external business and legal counterparts. He has over 15 years of experience in contract administration. He works closely with the PCCTC's Clinical Operations and Correlative Sciences teams to draft, review and negotiate all study-specific vendor agreements and operational vendor agreements to support the PCCTC's general business operations. This also entails the drafting, review and negotiation of all necessary confidentiality agreements with each sponsor, site, and vendor. He negotiates contract terms that are consistent and compliant with the scientific and technical requirements for each study; and acts as an integral member of the Coordinating Center.

MSK Clinical Research Site

Name: Dana Rathkopf, MD

Project Role: Principal Investigator

Researcher Identifier (e.g., ORCID ID): 0000-0002-4503-7582

Nearest person month worked: 1.2

Contribution to Project: Dr. Rathkopf currently serves as Associate Vice Chair, Faculty Development, Department of Medicine at MSK. As site PI for the consortium, Dr. Rathkopf will continue to guide the overall direction and the implementation of clinical trials for the MSK Research Site. A medical oncologist in the Genitourinary Service of the Department of Medicine at MSK, she has had a leading role in the development and conduct of practice-changing studies of next-generation androgen receptor (AR)-targeted therapies to treat prostate cancer, including abiraterone acetate and enzalutamide. She currently co-leads a research project on the NIH-sponsored SPORE in Prostate Cancer at MSK. Dr. Rathkopf also serves as co-chair of the American Society of Clinical Oncology (ASCO) Genitourinary Guidelines Committee and is an active member of the ASCO Guidelines Committee and the ASCO Methods Subcommittee.

Name: Susan Slovin, MD, PhD

Project Role: Co-Principal Investigator

Researcher Identifier (e.g., ORCID ID): 0000-0002-9074-9191

Nearest person month worked: 1.2

Contribution to Project: Dr. Slovin, MSK Clinical Research Site PI for the first two award periods, will serve as Clinical Research Site Co-PI. Dr. Slovin has over 25 years of experience as a clinical investigator in prostate cancer and as a clinical thought leader in prostate cancer immunology and clinical trial design. Her most recent translational science work includes a DoD CDMRP Clinical Trial Award for the investigation of autologous T cells targeted to PSMA for the treatment of mCRPC and an NIH-sponsored SPORE in Prostate Cancer project on checkpoint blockade immunotherapy. Dr. Slovin serves as co-Chair of the MSK Institutional Review Board and the Molecular Pathology Advisory Group. She had previously also served as Chair of the Human Biospecimen Utilization Committee at MSK. Her experience developing early-phase multicenter clinical trials, including the consortium's ipilimumab program, in addition to her extensive translational science work, make Dr. Slovin exceptionally well suited to ensure MSK's trial portfolio is managed to achieve the consortium's scientific objectives.

Name: Elyn Riedel [formerly Stubblefield], MS

Project Role: Biostatistician

Researcher Identifier (e.g., ORCID ID):

Nearest person month worked: 3.1

Contribution to Project: Ms. Stubblefield will work with Dr. Rathkopf in the design of clinical trials and associated power and statistical analyses.

Name: Various

Project Role: Clinical Research Supervisor

Researcher Identifier (e.g., ORCID ID):

Nearest person month worked: 7.8

Contribution to Project: The Clinical Research Supervisor will be responsible for data management activities at the clinical site, including data collection, entry, and analysis for research projects and related databases.

Name: Various

Project Role: Clinical Research Coordinator/Associate

Researcher Identifier (e.g., ORCID ID):

Nearest person month worked: 12.0

Contribution to Project: The research study assistant will aid in the submission of clinical data reports on experimental work and collation of data, analyzed results and experimental methods for presentations and publications, database management and other documents required for compliance.

Mayo Clinic Affiliate Clinical Research Site

Name: Peter Khoury

Project Role: Operations Manager / Research Manager

Researcher Identifier (e.g. ORCID ID): None

Nearest person month worked: 1

Contribution to Project: Grant setup and infrastructure support

Funding Support: DOD and Mayo Clinic Comprehensive Cancer Center

Name: Oliver Sartor, MD

Project Role: PI

Researcher Identifier (e.g. ORCID ID): 0000-0002-8777-7343
Nearest person month worked: 1
Contribution to Project: Lead PI on this award
Funding Support: DOD

UCSD Affiliate Clinical Research Site

Name: Rana McKay, MD
Project Role: Principal Investigator
Researcher Identifier (e.g. ORCID ID): 0000-0002-0581-7963
Nearest person month worked: 1.80 Calendar Months (15% FTE)
Contribution to Project: Oversee the clinical trial operations for Prostate Cancer Clinical Trial Consortium (PCCTC) studies
Funding Support: No change

Name: Erica Chin
Project Role: Clinical Research Coordinator
Researcher Identifier (e.g. ORCID ID): None
Nearest person month worked: 6.00 Calendar Months (50% FTE)
Contribution to Project: Coordinate activities related to Prostate Cancer Clinical Trial Consortium (PCCTC) clinical trial activation including disease team approvals, budgeting, contracting, and ensuring communication across the multiple offices for study activation
Funding Support: No change

Name: Chinmayi Pandya
Project Role: Staff Research Assistant 2
Researcher Identifier (e.g. ORCID ID): None
Nearest person month worked: 11.16 Calendar Months (93% FTE)
Contribution to Project: Responsible for coordinating regulatory documents and regulatory submission between the IRB and sponsor. Facilitates the generation of informed consent documents to comply with HRPP/UCSD IRB policies, FDA regulations, and sponsor requirements.
Funding Support: No change

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

Yes. Please see attached under appendices section.

What other organizations were involved as partners?

Nothing to Report.

8. SPECIAL REPORTING REQUIREMENTS

NA

9. **APPENDICES:** *Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.*

Updated Active Support
Howard I. Scher, MD

Previous: *(completed since the grant was awarded)*

W81XWH-18-2-0060 (PI: Scher)

9/30/2018–9/29/2022

CDMRP

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Clinical Research Site Option

Project Goals: Our overarching objective is to build on the Consortium's successful acceleration and streamlining of the clinical trial process to fulfill our mission to design, implement, and complete hypothesis-driven, early-phase trials in prostate cancer, translating scientific discoveries to improved standards of care. To fulfill the charge of becoming financially self-sufficient, as outlined in our previous award's Request for Applications (RFA), we have established an independent entity, the Cancer Clinical Trials Consortium, LLC. As a Clinical Research Site, MSK proposes two innovative clinical trials addressing critical unmet needs in prostate cancer.

Specific Aims: To further facilitate the activation, accrual, and completion of an expanding range and number of therapeutic candidates, our aims are (1) to strategically address the Prostate Cancer Research Program's (PCRP's) Overarching Challenges and Focus Areas, (2) to maintain and expand existing infrastructure as stipulated by the Department of Defense's (DoD's) Congressionally Directed Medical Research Programs (CDMRP), (3) to establish financial independence from the DoD by the end of the performance period, and (4) to establish a process for ongoing review of the Consortium by the External Advisory Board and CDMRP representatives.

Effort:

Year 1	3.6 cal months
Year 2	3.6 cal months
Year 3	3.6 cal months
Year 4	3.6 cal months

Role: Principal Investigator

Name of Contracting/Grants Officer: Jennifer Shankle; jennifer.e.shankle.civ@mail.mil

Overlap: None

5 P50 CA092629-20 (PI: Scher)

9/14/2001–8/31/2022 (NCE)

NIH/NCI

Title: SPORE in Prostate Cancer

Project Goals: As a public health concern, prostate cancer is the second deadliest cancer in men. The translational research projects in this program aim to use knowledge of animal and human prostate cancer biology to develop and test interventions related to the prevention, early detection, diagnosis, prognosis, and treatment of prostate cancer in men

Specific Aims: Specific Aim 1: To interrogate the genomics and molecular pathways relevant to prostate cancer progression. Specific Aim 2: To improve prognostic models for early detection of potentially lethal cancers. Specific Aim 3: To identify and validate clinically relevant biomarkers. Specific Aim 4: to develop novel agents and therapeutic strategies.

Effort: (current 5 year award)

Year 20	2.1 cal months
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Role: Principal Investigator, Applied Science Co-Leader for RP-3: Heterogeneity in Metastatic CRPC and the Role of TP53 Mutation as a Molecular Determinant, Core Director for Core F, Administrative Core, Program Director for Developmental Research Program

Name of Contracting/Grants Officer: Mehvish Khan; khanm11@mail.nih.gov

Overlap: None

3 P50 CA092629-20S1 (PI: Scher)

9/1/2021–8/31/2022 (NCE)

NIH/NCI

Title: SPORE in Prostate Cancer

Project Goals: As a public health concern, prostate cancer is the second deadliest cancer in men. The translational research projects in this program aim to use knowledge of animal and human prostate cancer biology to develop and test interventions related to the prevention, early detection, diagnosis, prognosis, and treatment of prostate cancer in men

Specific Aims: Specific Aim 1: To interrogate the genomics and molecular pathways relevant to prostate cancer progression. Specific Aim 2: To improve prognostic models for early detection of potentially lethal cancers. Specific Aim 3: To identify and validate clinically relevant biomarkers. Specific Aim 4: to develop novel agents and therapeutic strategies.

Effort:

Year 21	2.1 cal months
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Role: Principal Investigator, Applied Science Co-Leader for RP-3: Heterogeneity in Metastatic CRPC and the Role of TP53 Mutation as a Molecular Determinant, Core Director for Core F, Administrative Core

Name of Contracting/Grants Officer: Mehvish Khan; khanm11@mail.nih.gov

Overlap: None

Current:

Newly Added Active Support:

7R01CA240759-04

7/1/2023 – 6/30/2026

National Cancer Institute

Title: Clinical Qualification of Imaging and Fluid Based Tumor Monitoring Biomarkers for Metastatic Castration Resistant Prostate Cancer

Project Goals: The proposed research will integrate two validated assays, imaging (CT and bone scintigraphy) and circulating tumor cells, to create the first measure of whether metastatic prostate cancer is responding to treatment. This will improve care by allowing non responding patients to switch to other treatments, and facilitate the development of new therapies for the second largest cause of cancer death in men.

Specific Aims: Aim 1: Correlate quantitative post-treatment changes in tumor burden as assessed by imaging and CTCs. Aim 2: Determine whether a combination of fluid-based tumor monitoring (liquid biopsy) and an imaging assay is more powerful than either assay alone in prognosticating for survival. Aim 3: Identify the optimal combination of liquid biopsy and imaging for different therapies.

Effort:

Year 1	2.40 cal months
Year 2	1.20 cal months
Year 3	1.20 cal months

Role: Co-Investigator

Name of Contracting/Grants Officer: Dawn M. Mitchum, dmitchum@mail.nih.gov

Overlap: None

E01 HT9425-23-1-0074

5/1/2023 – 4/30/2024

CDMRP (Prime Site: Weill Medical College)

Title: Clinical identification and targeting of non neuroendocrine lineage plasticity in castration resistant prostate cancer

Project Goals: This project is a subaward agreement with Weill Medical College.

Specific Aims: Specific Aim 1: Investigation of clinically relevant inhibitors of TEAD pathway on growth and AR-dependence in CRPC-SCL in vitro and in vivo. Specific Aim 2: Identification of CRPC-SCL using whole-genome sequencing of cell-free DNA based on nucleosomal profiling. Specific Aim 3: Whole-genome analysis to identify structural variations and/or non-coding alterations associated with non-neuroendocrine lineage plasticity.

Effort:

Year 1	0.26 cal months
Year 2	0.26 cal months
Year 3	0.26 cal months

Role: Co-Investigator

Name of Contracting/Grants Officer: Lucinda Keeney, Lucinda.f.keeney.civ@health.mil, Overlap: None

PCF 22CHAL12

2/6/2023 - 2/5/2025

Prostate Cancer Foundation (formerly CaP CURE)

Title: Enhancing Antigen Presentation and Anti-Tumor Immunity for Prostate Cancers through an Intratumorally Delivered, Fc-Enhanced Anti-CD40 Antibody Therapy

Project Goals: Our central hypothesis is that agonist anti-CD40 antibody therapy leads to induction of a robust intratumoral immune response and formation of tertiary lymphoid structures in the prostate TME, thereby supporting systemic anti tumor immunity. Our long-term goal is to clinically develop locally delivered CD40 agonistic antibodies as a novel treatment for prostate cancer.

Specific Aims: Specific Aim 1: To test the hypothesis that intratumoral anti-CD40 antibody therapy (with or without ADT) induces positive immune responses and clinical outcomes in prostate cancer patients. Specific Aim 2: To define the role of antigen presentation in response/resistance to immunotherapy in prostate cancer.

Effort:

Year 1	0.60 cal months
Year 2	0.60 cal months

Role: Principal Investigator

Name of Contracting/Grants Officer: Howard R. Soule

Overlap: None

SK2022-1056

10/7/2022 – 10/6/2025

IO Biotech

Title: Development of Proteomic Assays By Mass Spectrometry of Liquid Biopsy Samples from Patients with Non Small Cell Lung Cancer, Small Cell Lung Cancer, Urothelial Carcinoma and Castration Resistant Prostate Cancer

Project Goals: This protocol outlines a single center, phase 2 trial testing the efficacy of triplet therapy with IO102/IO103 (programmed death-ligand 1 [PD-L1] and indoleamine 2,3-dioxygenase [IDO] peptide vaccine), relatlimab, and nivolumab in patients with previously untreated, unresectable Stage III/IV melanoma. Forty-three patients will be enrolled sequentially in a single-arm, nonrandomized two-stage trial design

Specific Aims: We anticipate the study will enroll over the course of 18 months and the study will be completed within two years from enrollment of the last patient.

Effort:

Year 1	0.60 cal months
Year 2	0.60 cal months

Role: Principal Investigator

Name of Contracting/Grants Officer: N/A

Overlap: None

W81-XWH-22-2-0020 (PI: Scher)

9/30/2022-9/29/2026

CDMRP

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Affiliate Clinical Research Sites

Project Goals: The overarching objective is to build on the Consortium's successful acceleration and streamlining of the clinical trial process to fulfill our mission to design, implement, and complete hypothesis driven, early phase trials in prostate cancer, translating scientific discoveries to improved

standards of care.

Specific Aims: *Aim 1*) To strategically address the PCRP's Overarching Challenges and Focus Areas; *Aim 2*) To incorporate two Affiliate Research Sites into the Consortium; *Aim 3*) To enhance our data management and data science services; *Aim 4*) To further develop our Correlative Sciences and Regulatory Sciences Programs; *Aim 5*) To maintain financial solvency by analyzing our scientific portfolio and business metrics.

Effort:

Year 1	2.4 cal months
Year 2	2.4 cal months
Year 3	2.4 cal months
Year 4	2.4 cal months

Role: Principal Investigator

Name of Contracting/Grants Officer: Joshua McKean, Joshua.d.mckean3.civ@health.mil

Overlap: None

2 P50 CA092629-21A1 (PI: Scher)

9/21/2022–8/31/2027

NIH/NCI

Title: SPORE in Prostate Cancer

Project Goals: We are applying recent advances in our understanding of the biology of prostate cancer to develop new treatments that are matched to the specific underlying causes of an individual's disease. Our program will allow us to better distinguish between slow growing cancers and those that require more aggressive treatment, better predict which drugs will work for which patients, better assess if the treatments patients are receiving are working, and develop new therapies for men with advanced disease who are not or no longer benefitting from available treatments.

Specific Aims: Specific Aim 1: To interrogate the genomics and molecular pathways relevant to prostate cancer progression. Specific Aim 2: To identify and validate clinically relevant biomarkers. Specific Aim 3: To develop novel agents and therapeutic strategies.

Effort:

Year 21	2.4 cal months
Year 22	2.4 cal months
Year 23	2.4 cal months
Year 24	2.4 cal months
Year 25	2.4 cal months

Role: Principal Investigator, Clinical Co-Leader for RP-3: Project 3: Therapeutic Targeting of Lineage Plasticity in Castration Resistant Prostate Cancer, Core Lead of Core A: Administrative Core, Core Director for Core E: Biomarkers Core, Program Director for Developmental Research Program

Name of Contracting/Grants Officer: John Bustillos, john.bustillos@nih.gov

Overlap: None

Previously Reported Active Support

5 U01 CA253217-04 (PI: Arcila / Scher)

9/8/2020–8/31/2025

NCI

Title: Evaluation of the effect of patient-context factors and sample acquisition on the quality and analytical performance of cell-free DNA and circulating tumor cells profiling assays in prostate cancer patients

Project Goals: We propose to address this gap by extending the work done by our team members on evaluating effects of sample processing protocols on cfDNA and CTC analysis, to further investigate effect of patient-specific context. Hypothesis: Pre-analytic variables may affect signal-to-noise ratio in cfDNA and CTC analysis and thus have a higher impact on quantification at levels close to the assay limit of detection.

Specific Aims: Aim 1: Determine the effect of patient-specific context on the quality of cell-free DNA (cfDNA) and circulating tumor cells (CTC) in prostate cancer patients. Aim 2: Evaluate the impact of these variables on the performance of downstream cfDNA and CTC molecular profiling assays.

Effort:

Year 1	1.08 cal months
Year 2	1.08 cal months
Year 3	1.08 cal months
Year 4	1.08 cal months
Year 5	1.08 cal months

Role: PD/PI

Name of Contracting/Grants Officer: Lokesh Agrawal; lokagrawal@gmail.com

Overlap: None

W81XWH-19-1-0449 (PI: Scher)

8/1/2019–7/31/2024 NCE

CDMRP

Title: Clinical-grade tumor and longitudinal cell-free DNA/RNA molecular profiling to optimize treatment in lethal non-castrate prostate cancer

Project Goals: Develop a cell-free RNA profiling assay to study tumor-derived fusions and transcriptome in blood plasma.

Specific Aims: 1) Develop a cell-free RNA profiling assay to study tumor-derived fusions and transcriptome in blood plasma; and 2) Study the evolution of genomic and transcriptomic landscapes in cell-free DNA and RNA from blood plasma collected throughout the course of treatment.

Effort:

Year 3	1.2 cal months
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Role: Principal Investigator

Name of Contracting/Grants Officer: Joshua McKean, Joshua.d.mckean3.civ@health.mil

Overlap: None

GONEN, MITHAT
Updated Active Support

PREVIOUS (completed since award was received):

*Title: Therapeutic targeting of RNA splicing catalysis through inhibition of Protein Arginine Methylation
*Major Goals: Specific Aim 1: Assess the synergistic therapeutic potential of drugs targeting the extended splicing network. Specific Aim 2: Identify the molecular basis for the synergistic cooperation of PRMT5 and Type I PRMT inhibition.
Specific Aims: Aim 1: Assess the synergistic therapeutic potential of drugs targeting the extended splicing network. Aim 2: Identify the molecular basis for the synergistic cooperation of PRMT5 and Type I PRMT inhibition.
*Status of Support: Active
Contracting Officer: Sundaresan Venkatachalam, sundarv@nih.gov
Project Number: 5 R01 CA249204-03
Name of PD/PI: Guccione, E / Abdel-Wahab, O
Source of Support: National Cancer Institute
Primary Place of Performance: Sloan Kettering Institute for Cancer Research
Project/Proposal Start and End Date (MM/YYYY): 5/15/2020 - 4/30/2025 (Gonen effort on project has been completed)
*Total Award Amount (including Indirect Costs):
Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
3. 2023	0.50 calendar

*Title: Randomized Trial: Pre-pectoral vs Sub-pectoral Prosthetic Breast Reconstruction
*Major Goals: A new technique of implant breast reconstruction following mastectomy has emerged. The current standard places the breast implant below the pectoral muscle. The new method involves placing the implant above the muscle in the same position as the original breast. Benefits of this approach have not been rigorously measured. There may be less pain and a better quality of recovery following surgery, but there may be more complications and other side effects. Because it is unclear which technique is better, patients will be enrolled in this study to directly compare the two procedures. If the implant placement in front of the muscle is found to be safe with less pain, there is an opportunity to improve the quality of breast reconstruction for many women who undergo mastectomy.
Specific Aims: Aim 1: Assess non-inferiority of pre-pectoral compared to sub-pectoral breast TE placement with respect to short-term (0–90 days) major perioperative complications: infection, reoperation, and explantation. Aim 2: Estimate minor complications (i.e. seroma), perioperative pain, opioid use, and patient-reported outcomes following pre-pectoral or sub-pectoral TE placement.
*Status of Support: Active
Project Number: AWD00001011
Name of PD/PI: Matros, E
Contracting Officer: Gina T McClure, research@plasticsurgery.org
Source of Support: Plastic Surgery Foundation
Primary Place of Performance: Sloan Kettering Institute for Cancer Research
Project/Proposal Start and End Date (MM/YYYY): 7/1/2021 - 6/30/2023
*Total Award Amount (including Indirect Costs):
Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
2. 2023	0.60 calendar

*Title: Point of care, real-time urine metabolomics test to diagnose colorectal cancers and polyps in low- and

middle-income countries

*Major Goals: The goal of our UH3 project is to design a novel point-of-care (POC) urine-based metabolomic diagnostic test for colorectal cancer. At present, we have successfully transitioned 70% of the metabolites to a colorimetric assay using the POC device. We have discovered additional metabolites that require further biochemistry and engineering modifications to be incorporated into the final POC device.

Specific Aims: Aim 1: Adapt our test for CRC and precancerous polyps to Nigerian patients. Aim 2: Refine the POC device so it can be used to identify the metabolites chosen in Aim 1.

*Status of Support: Active

Project Number: 5 UH3 CA257869-05

Name of PD/PI: Kingham, T / Alataise, O / Wishart, D

Source of Support: National Institutes of Health

Contracting Officer: Matthew R Young, youngma@mail.nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 5/1/2020 - 4/30/2024 NCE

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
3. 2023	0.60 calendar

*Title: Role of TET2 mutations in malignant transformation and acute myeloid leukemia

*Major Goals: The identification of TET2 mutations led to the realization that dynamic changes in DNA methylation patterns induced by acquired mutations are critical to hematopoietic transformation. We will use of state-of-the-art mouse models, epigenomic profiling techniques, and studies in primary patient samples to elucidate novel mechanisms of TET2-mediated transformation in blood cancers.

Specific Aims: Aim 1. Assess the effects of mutant TET2 on the epigenetic state and gene expression in normal/malignant stem/progenitor cells. Aim 2. Assess the ability of known and novel disease alleles to cooperate with TET2 loss in AML pathogenesis using human genetic studies and murine models. Aim 3. Define leukemia-initiating populations in myeloid neoplasms induced by Tet2 deficiency. Aim 4. Assess the effects of TET2 loss/mutations on the response of AML cells to targeted, cytotoxic and epigenetic therapies, and develop therapeutic strategies to improve outcomes for TET2-mutant AML patients.

*Status of Support: Active

Project Number: 5 R01 CA173636-10

Name of PD/PI: Levine, R

Source of Support: National Cancer Institute

Contracting Officer: Malgorzata Klauzinska, klauzing@mail.nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 2/7/2013 - 5/31/2023

*Total Award Amount (including Indirect Costs)

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
10. 2023	0.60 calendar

CURRENT:

Newly Added Current Support:

*Title: Defining the Genetic Determinants of Head and Neck Cancer Progression and Immune Evasion through Computational and Functional Investigation

*Major Goals: We hypothesize that the list of prevalent genetic alterations in HNSCC contains several prognostically useful biomarkers, and several novel genes that drive tumorigenesis and are therefore candidate therapeutic targets. Our translational objectives are to catalyze progress in HNSCC clinical care in

3 areas: 1) identifying prognostic and predictive biomarkers, and developing a prognostic tool for clinicians; 2) linking genetic alterations to biological mechanisms, to identify the genomic targets of highest priority for clinical trials; and 3) understanding mechanisms of immune escape, to identify the most promising approaches for clinical trials of immunotherapy.

Specific Aims: Aim 1. Identify prognostic genetic biomarkers in HNSCC using deep learning. Aim 2.

Functionally validate genetic drivers of HNSCC patient outcome and treatment resistance in murine isogenic systems. Aim 3. Characterize genomic determinants of the HNSCC immune microenvironment and response to immunotherapy.

*Status of Support: Active

Project Number: CA220766 (E01 HT9425-23-1-0556)

Name of PD/PI: Morris, L

Source of Support: Congressionally Directed Medical Research Programs

Contracting Officer: Teresa Parker-Reeser, Teresa.M.ParkerReeser.civ@health.mil

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 9/1/2023 - 8/31/2027

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (###.###)
1. 2024	0.60 calendar
2. 2025	0.60 calendar
3. 2026	0.60 calendar
4. 2027	0.60 calendar

*Title: Clinical Qualification of Imaging and Fluid-Based Tumor Monitoring Biomarkers for Metastatic Castration Resistant Prostate Cancer

*Major Goals: The proposed research will integrate two validated assays, imaging (CT and bone scintigraphy) and circulating tumor cells, to create the first measure of whether metastatic prostate cancer is responding to treatment. This will improve care by allowing non-responding patients to switch to other treatments, and facilitate the development of new therapies for the second-largest cause of cancer death in men.

Specific Aims: Aim 1: Correlate quantitative post-treatment changes in tumor burden as assessed by imaging and CTCs. Aim 2: Determine whether a combination of fluid-based tumor monitoring (liquid biopsy) and an imaging assay is more powerful than either assay alone in prognosticating for survival. Aim 3: Identify the optimal combination of liquid biopsy and imaging for different therapies.

*Status of Support: Active

Project Number: 7R01CA240759-04

Name of PD/PI: Schwartz, L / Morris, M / Lawrence, H

Contracting Officer: Dawn Mitchum, dmitchum@mail.nih.gov

Source of Support: National Cancer Institute

Primary Place of Performance: Sloan Kettering Institute For Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 7/1/2023 - 6/30/2026

*Total Award Amount (including Indirect Costs):

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (###.###)
1. 2024	1.20 calendar
2. 2025	1.20 calendar
3. 2026	1.20 calendar

Previously Reported Current Support:

*Title: Cancer Center Support Grant (Biostatistics)

*Major Goals: Memorial Sloan Kettering Cancer Center (MSK) is a free-standing institution dedicated to the control of cancer through inpatient and outpatient care, clinical and research training programs, and a broad spectrum of research activities. Through these activities, MSK seeks to reduce the burden of cancer throughout our catchment area and the nation.

Specific Aims: AIM 1: Provide long-term collaborative support to established research programs at the Center. This is achieved through individual key personnel of the Core, who are typically appointed at the faculty level, building long-term working relationships with these programs. Key personnel are assisted by other members of the Core in providing essential services, such as study design and analysis for publications.

AIM 2: Maintain a consulting service for short-term collaborations. These short-term collaborations arise from research programs that do not have a regular collaborator in the Core, or from researchers who are new to the Center. Some of these short-term collaborations plant the seed for long-term collaborative work. All investigators in the Center are eligible for this service, which is provided free of charge.

AIM 3: Support other activities that are central to the mission of the Center. These include participating in educational activities, serving on institutional committees requiring statistical expertise, as well as conducting the formal system of biostatistical review of research protocols.

*Status of Support: Active

Project Number: 5 P30 CA008748-57

Name of PD/PI: Thompson, C / Gonen, M

Source of Support: National Cancer Institute

Contracting Officer: Hasnaa Shafik, shafikh@mail.nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 1/1/2019 - 12/31/2023

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
5. 2023	1.20 calendar

*Title: Group 2 Innate Lymphoid Cell Regulation of Pancreatic Cancer Immunity

*Major Goals: As current immunotherapies boost T cells to kill cancers, they are ineffective in ~80% of tumors that contain too few T cells ("cold" tumors). We have identified a new immunotherapy to activate a new immune cell called group 2 innate lymphoid cells (ILC2s). ILC2s increase T cells to control pancreatic cancer, a deadly cold tumor. We now propose to study how ILC2s increase T cells in pancreatic cancer, so that we may identify better ways to activate ILC2s in immunotherapies.

Specific Aims: Aim 1: Define the cytokines that induce anti-tumor ILC2s to migrate. Aim 2: Determine how anti-tumor ILC2s utilize LT to activate CD8+ T cells. Aim 3: Demonstrate how PD-1 blockade enhances anti-tumor ILC2 function.

*Status of Support: Active

Project Number: 1 R01 CA262516-02

Name of PD/PI: Balachandran, V / Merghoub, T

Source of Support: National Cancer Institute

Contracting Officer: Lillian S Kuo, kuols@mail.nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 9/1/2022 - 8/31/2027

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
2. 2024	0.24 calendar
3. 2025	0.24 calendar
4. 2026	0.24 calendar

5. 2027

0.24 calendar

*Title: Expansion of Tumoroid Models for Precise Treatment of the Rectal Cancer Patient

*Major Goals: Rectal cancer represents a growing problem because it is increasingly diagnosed in people in the prime of life; however, research into new treatments has been hampered because current models of rectal cancer poorly represent patient tumors.

Specific Aims: Aim 1. Expand our set of RC models by 100 tumoroids reflective of the molecular landscape of human rectal adenocarcinoma and determine if ex vivo treatment response resembles the clinical response. Aim 2. Determine if the endoluminal murine model is a more accurate model of RC than a subcutaneous flank injection model. Aim 3. Develop a resource for the RC community: a patient-derived RC tumoroid biorepository seamlessly integrated with online pathologic, genomic, and model-specific information.

*Status of Support: Active

Project Number: 5 R37 CA248289-04

Name of PD/PI: Smith, J

Source of Support: National Cancer Institute

Contracting Officer: Joanna M Watson, watsonjo@mail.nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 3/1/2020 - 2/28/2025

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
4. 2024	0.24 calendar
5. 2025	0.24 calendar

*Title: Evaluation of the effect of patient context factors and sample acquisition on the quality and analytical performance of cell free DNA and circulating tumor cells profiling assays in prostate cancer patients

*Major Goals: Analytes such as cell free DNA (cfDNA) and circulating tumor cells (CTC) exist in very low proportion in liquid biopsy specimens, and therefore analyses of these samples are potentially heavily influenced by pre analytical factors associated with acquisition and processing.

Specific Aims: AIM 1: Determine the effect of patient-specific context on the quality of cell-free DNA (CfDNA) and circulating tumor cells (CTC) in prostate cancer patients. Aim 2: Evaluate the impact of these variables on the performance of downstream cfDNA and CTC molecular profiling assay.

*Status of Support: Active

Project Number: 5 U01 CA253217-04

Name of PD/PI: Arcila, M / Scher, H

Source of Support: National Cancer Institute

Contracting Officer: Lokesh Agrawal, lokesh.agrawal@nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 9/8/2020 – 8/31/2025

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
4. 2024	1.08 calendar
5. 2025	1.08 calendar

*Title: The Memorial Sloan Kettering Cancer Center SPORE in Leukemia (Core 3: Biostatistics)

*Major Goals: The MSK SPORE in Leukemia will leverage collective efforts to develop effective targeted therapies and immunotherapeutic approaches for several recurrent molecular subtypes of AML, including some which lack therapeutic options entirely. The overall translational aims of the MSK SPORE in Leukemia are to 1) interrogate genetic and molecular pathways required for AML initiation and maintenance; 2) develop novel

targeted therapies and immunotherapeutic approaches for AML based on recurrent genomic alterations and leukemia stem-cell (LSC) specific markers; and 3) identify and validate the mechanism of action, therapeutic efficacy, and predictors of response/resistance of mechanism-based therapies for AML patients. The Biostatistics Core will provide direct support for study design, rigorous statistical methods, and timely execution of data analysis for all research projects and developmental projects in the MSK Leukemia SPORE. Specific Aims: Aim 1: Interrogate genetic and molecular pathways required for AML initiation and maintenance. Aim 2: Develop novel targeted therapies and immunotherapeutic approaches for AML based on recurrent genomic alterations and leukemia stem cell (LSC) specific markers. Aim 3: Identify and validate the mechanism of action, therapeutic efficacy, and predictors of response/resistance of mechanism-based therapies for AML patients.

*Status of Support: Active

Project Number: 1 P50 CA254838-01

Name of PD/PI: Abdel-Wahab, O / Gonen, M / Devlin, S

Source of Support: National Institutes of Health

Contracting Officer: Igor A Kuzmin, kuzmini@mail.nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 8/24/2021 - 6/30/2026

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
3. 2024	0.60 calendar
4. 2025	0.60 calendar
5. 2026	0.60 calendar

*Title: MATCHES: Making Telehealth Delivery of Cancer Care at Home Effective and Safe (Research & Methods Core)

*Major Goals: The COVID-19 pandemic forced explosive growth of telehealth—synchronous virtual visits between patients and clinicians—under crisis conditions, but it is now essential to generate robust evidence regarding when telehealth’s benefits outweigh its risks in oncology practice; how to ensure that telehealth provides highly effective, efficient, and equitable care; and how to identify best practices for telehealth implementation. The MATCHES (Making Telehealth Delivery of Cancer Care at Home Effective and Safe) Telehealth Research Center will bring together investigators and trainees from multiple disciplines to meet these challenges by 1) conducting pragmatic and pilot trials across our integrated network of outpatient oncology practices; 2) leveraging our substantial cache of observational data to build the evidence base necessary to establish best practices for telehealth-supported cancer care; and 3) to investigate concerns about safety and addressing the risk of exacerbating disparities in access to high quality healthcare. Our Center’s theme focuses on developing data science methods to integrate telehealth data with other complex data streams to measure outcomes and quality of care.

Specific Aims: Aim 1: To provide high-quality, comprehensive management, integration, and synthesis of synchronous and asynchronous data for the development of research methods in telehealth. Aim 2: To provide methodologic and biostatistical support for the Pragmatic Trial and pilot studies evaluating MSK@Home. Aim 3: To develop and apply novel statistical and research methods to aid evaluation of telehealth-supported cancer care and to train early-career investigators in these methods. Aim 4: To disseminate data, knowledge, and resources via user-friendly, open-source algorithms to accelerate implementation of telehealth-enabled home-based care.

*Status of Support: Active

Project Number: 1 P50 CA271357-02

Name of PD/PI: Morris, M / Stetson, P / Panageas, K

Source of Support: National Institutes of Health

Contracting Officer: Michael R Kulk, michael.kluk@nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 8/1/2022 - 7/31/2027

*Total Award Amount (including Indirect Costs): Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
2. 2024	0.60 calendar
3. 2025	0.60 calendar
4. 2026	0.60 calendar
5. 2027	1.20 calendar

*Title: Molecular Phenotyping and Image-Guidance for Surgical Treatment of High-Risk Prostate Cancer Using Ultrasmall Silica Nanoparticles

*Major Goals: Although surgery remains the cornerstone of treatment for patients with localized high-risk prostate cancer, current intraoperative management is limited by a lack of specific, image-guided visualization tools to accurately define tumor margins, map lymph node metastases, and investigate cancer heterogeneity which, in turn, can adversely impact patient outcomes.

Specific Aims: Aim 1: Determine and optimize tunable surface chemistries for NIR dye-encapsulating PSMA- and GRPr-targeted C' dots to achieve favorable binding kinetics/uptake in prostate cancer cell lines. Aim 2: Assess target-specific accumulation and PK profiles of optimized hybrid C' dots in PSMA- and GRPr-expressing models to identify lead probes with favorable targeting kinetic and clearance profiles. Aim 3: Perform IND-enabling studies for the clinical trial development of PSMAi-C' dots. Aim 4: Conduct a pilot clinical trial to evaluate safety, PK, and radiation dosimetry of a lead PSMA-targeting C' dot, obtaining feasibility data on the detection of PC, residual tumor along surgical margins, and locoregional lymph nodes using intraoperative optical and preoperative PET/MR imaging.

*Status of Support: Active

Project Number: 5 R01 CA243085-03

Name of PD/PI: Bradbury, M / Touijer, K

Source of Support: National Cancer Institute

Contracting Officer: Darayash B Tata, darell.tata@nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 3/1/2020 - 2/28/2025

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
4. 2024	0.48 calendar
5. 2025	0.48 calendar

*Title: ECOG-ACRIN Integrated Leukemia Translational Science Center (LTSC)

*Major Goals: Advances in the treatment of hematologic malignancies have been disappointing. The ECOG-ACRIN Leukemia Translational Science Center will create, support, and synergize partnerships between clinical and laboratory investigators and foster the continuous, near-term translation of state-of-the-art laboratory studies into the clinical context to improve outcomes for leukemia patients.

Specific Aims: AIM 1. To identify the molecular signatures which define clinical, prognostic, and therapeutically distinct leukemia subtypes, and can be used to develop risk-stratified therapeutic protocols and/or to therapy with mechanism-based therapies for biomarker-defined disease subsets. AIM 2. To evaluate the mechanism of action, therapeutic efficacy, and predictors of response/resistance of mechanism-based therapies for leukemia patients. AIM 3. To perform dynamic, biomarker based molecular assessment of response to leukemia therapies which can be used to monitor disease response, inform mechanisms of sensitivity and resistance to leukemia therapies, and to design clinical trials which incorporate dynamic biomarker profiling into clinical trial design and clinical care.

*Status of Support: Active

Project Number: 5 UG1 CA233332-04

Name of PD/PI: Levine, R

Source of Support: National Cancer Institute
Contracting Officer: Margaret Mooney, mooneym@mail.nih.gov
Primary Place of Performance: Sloan Kettering Institute for Cancer Research
Project/Proposal Start and End Date (MM/YYYY): 3/7/2019 - 2/28/2025
*Total Award Amount (including Indirect Costs):
Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
5. 2024	1.20 calendar
6. 2025	1.20 calendar

*Title: Development and Validation of Prognostic Radiomic Markers of Response and Recurrence for Patients with Colorectal Liver Metastases

*Major Goals: Improvements in the resolution of CT imaging over a decade ago have created an abundance of data that contain information invisible to the human eye, which can be capitalized upon to create predictive treatment algorithms. This proposal aims to validate, optimize, and standardize our novel CT-based imaging markers that predict response to therapy, hepatic recurrence, and survival in patients with colorectal liver metastases.

Specific Aims: AIM 1: Validate imaging features predictive of response, hepatic recurrence, and survival of CRLM with external data. AIM 2: Define standardized CT imaging parameters for routine clinical use of hepatic radiomic features. AIM 3: Develop an integrated “rawdionomics” pipeline by fully utilizing sinogram data.

*Status of Support: Active

Project Number: 5 R01 CA233888-03

Name of PD/PI: Do, K / Simpson, A / Chun

Source of Support: National Cancer Institute

Contracting Officer: Yisong Wang, yisong.wang@nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 3/1/2019 - 8/31/2024

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
5. 2024	0.24 calendar

*Title: Determining the risk factor profile and biology of colorectal cancer in Nigeria

*Major Goals: we propose the first multi-center study of CRC risk factors and genomics in sub-Saharan Africa. We will use African Research Group for Oncology (ARGO) infrastructure to conduct a large, cost-efficient, opportunistic study to: 1) Identify risk factors for CRC in Nigeria. And 2) Characterize molecular features of CRC tumors in Nigeria.

Specific Aims: Aim 1: Identify risk factors for CRC in Nigeria. Aim 2: Characterize molecular features of CRC tumors in Nigeria.

*Status of Support: Active

Project Number: 5 R01 CA246620-04

Name of PD/PI: Kingham, T / Du, M / Alatisie, O

Source of Support: National Cancer Institute

Contracting Officer: Leah Mechanic, mechanil@mail.nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 8/1/2020 - 4/30/2024

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
4. 2024	0.24 calendar

*Title: Integrating Radiomics into S0819 and Lung-MAP, Biomarker Driven Clinical Trials for Lung Cancer

*Major Goals: This work will improve drug discovery for promising new classes of therapies by creating innovative response criteria based on volumetric and radiomics signatures developed with prior support by the QIN and now validated in two large multi-site clinical trials studying multiple therapeutic options in the most important histologic types of lung cancer and most commonly used imaging modality, CT. Results are expected to be applied to other tumor types and help match patients to the treatment that works best for them.

Specific Aims: Not Available.

*Status of Support: Active

Project Number: 7 U01 CA225431 06

Name of PD/PI: Schwartz, L / Zhao, B

Source of Support: National Cancer Institute

Contracting Officer: Olivia Paolucci, olivia.paolucci@nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 6/1/2018 - 5/31/2024

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
1. 2024	1.20 calendar

*Title: Understanding the Importance of Industry Relationships for Cancer Care Quality, Outcomes, and Costs

*Major Goals: Personal payments from the pharmaceutical industry influence physician prescribing, but little is known about whether these payments affect patients. This study proposes to evaluate the association between industry payments to physicians and the quality, patient outcomes, and costs of cancer care.

Specific Aims: Aim 1: Assess the association between industry payments and cancer care quality. Aim 2: Assess the association between industry payments and patient outcomes and costs of care.

*Status of Support: Active

Project Number: 1 R37 CA264563-01A1

Name of PD/PI: Mitchell, A

Source of Support: National Cancer Institute

Contracting Officer: Michael R Kulk, michael.kluk@nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 8/1/2022 - 7/31/2027

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
1. 2023	0.48 calendar
2. 2024	0.48 calendar
3. 2025	0.48 calendar
4. 2026	0.48 calendar
5. 2027	0.48 calendar

*Title: The Memorial Sloan Kettering Cancer Center SPORE in Pancreas Cancer (Biostatistics Core)

*Major Goals: We propose a Specialized Program of Research Excellence in Pancreas Cancer at Memorial Sloan Kettering Cancer Center (MSK Pancreas SPORE). Our goal is to leverage cutting-edge molecular knowledge of pancreas biology combined with clinical innovations to advance translational research and ultimately improve outcomes for patients diagnosed with this disease.

Specific Aims: Aim 1: Leverage current state-of-the-art and novel therapies to improve outcomes for patients with stage III and IV PDAC. Aim 2: Apply innovation in molecular characterization of PDAC to drive clinical management. Aim 3: Obtain insights into the immune biology of PDAC that can be used to surmount intrinsic resistance to immunotherapy and underpin novel, rapidly translatable therapeutic directions.

*Status of Support: Active

Project Number: 1 P50 CA257881-01A1

Name of PD/PI: O'Reilly, E / Capanu, M

Source of Support: National Institutes of Health

Contracting Officer: Steven F Nothwehr, nothwehrs@mail.nih.gov Primary

Place of Performance: Sloan Kettering Institute for Cancer Research Project/

Proposal Start and End Date (MM/YYYY): 9/20/2022 – 8/31/2027

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
1. 2022	0.60 calendar
2. 2023	0.60 calendar
3. 2024	0.60 calendar
4. 2025	0.60 calendar
5. 2026	0.60 calendar

*Title: SPORE in Prostate Cancer (Biostatistics and Bioinformatics Core)

*Major Goals: The Biostatistics and Bioinformatics Core assists the research efforts of the Memorial Sloan Kettering Cancer Center SPORE in Prostate Cancer investigators, contributing to the design and analysis of clinical, genomic and laboratory research, and the development of valid conclusions. The core provides statistical analysis and consultancy as well as ongoing quality assurance. The core has also established a data quality working group to improve the quality of SPORE data.

Specific Aims: Aim 1: To interrogate the genomics and molecular pathways relevant to prostate cancer progression. Aim 2: To identify and validate clinically relevant biomarkers. Aim 3: To develop novel agents and therapeutic strategies.

*Status of Support: Active

Project Number: 2 P50 CA092629-21A1

Name of PD/PI: Scher, H / Gonen, M / Schultz, N

Source of Support: National Cancer Institute

Contracting Officer: Tamara Walton, waltont@mail.nih.gov

Primary Place of Performance: Sloan Kettering Institute for Cancer Research

Project/Proposal Start and End Date (MM/YYYY): 9/21/2022 - 8/31/2027

*Total Award Amount (including Indirect Costs):

Overlap: None

Person Months (Calendar/Academic/Summer) per budget period.

Year (YYYY)	Person Months (##.##)
1. 2023	1.20 calendar
2. 2024	1.20 calendar
3. 2025	1.20 calendar
4. 2026	1.20 calendar
5. 2027	1.20 calendar

Updated Active Support
Morris, Michael

Previous (completed since grant was awarded):

Title: Network Lead Academic Participating Site: Memorial Sloan Kettering Cancer Center

Grant number: 5 UG1 CA233290-03

Time commitment:

Year 1	0.6 cal months
Year 2	0.6 cal months
Year 3	0.6 cal months
Year 4	0.6 cal months
Year 5	0.6 cal months
Year 6	0.6 cal months

PI: Aghajanian / Lee / Morris / Tallman / Zivanovic

Supporting agency: National Cancer Institute

Contracting/Grants Officer: Margaret Mooney; monneym@mail.nih.gov

Performance period: 3/6/2019 - 2/28/2025 (Morris role on project ended 3/1/2023)

Level of funding:

Brief description of the project's goals: This goal will be achieved through the continued successful development and execution of definitive, randomized, clinical treatment and advanced imaging trials across a broad range of diseases and diverse patient populations.

Specific aims: 1. Scientific Leadership in Development of National Clinical Trials Network (NCTN) Trials 2. Scientific Leadership in the Activities of the NCTN and NCI Scientific Steering Committees 3. Patient accrual on National Clinical Trials Network (NCTN) Trials 4. Mentoring Junior Investigators in Clinical Trial Research

Overlap: None

Title: Exercise as Interception Therapy in Primary High Risk Cancer

Grant number: 2 R01 CA244866-02

Time commitment:

Year 1	0.36 cal months
Year 2	0.36 cal months
Year 3	0.36 cal months
Year 4	0.36 cal months

PI: Jones / Diaz

Supporting agency: National Cancer Institute

Contracting/Grants Officer: Frank Perna; pernafm@mail.nih.gov

Performance period: 9/3/2020 - 6/30/2025* (Morris role on project ended 2/1/2023)

Level of funding:

Brief description of the project's goals: In this grant, we will investigate, for the first time, the antitumor effects of exercise on minimally residual disease in patients with high-risk with primary breast, colorectal, or prostate cancer. As such, if successful, the findings of this study could benefit hundred of thousands of patients with or at risk of these cancers and therefore have significant public health impact.

Specific aims: AIM 1: Phase 1a – Dose Finding. AIM 2: Phase 1b – Dose Expansion. In oncology drug development, safety expansion cohorts (or phase 1b studies) are standard to further evaluate feasibility and biological activity of the RP2D identified in the phase 1a trial (Aim 1).

Overlap: None

Title: Understanding the Guideline-Discordant Use of Bone Modifying Agents in Prostate Cancer

Grant number: 1 R03 CA259863-01

Time commitment:

Year 1	0.48 cal months
Year 2	0.48 cal months

PI: Mitchell

Supporting agency: National Cancer Institute

Contracting/Grants Officer: Michael Kluk; Michael.kluk@nih.gov

Performance period: 4/1/2021 - 3/31/2023

Level of funding:

Brief description of the project's goals: Bone-modifying agents (BMAs) can improve quality-of-life in metastatic prostate cancer. The BMAs zoledronic acid and denosumab prevent bone fractures among men with metastatic, castration-resistant prostate cancer (mCRPC), resulting in reduced pain and improved function.

Specific aims: Aim 1: Measure the prevalence of underuse and overuse of bone-modifying agents in prostate cancer. Aim 2: Identify and describe patient and provider factors associated with underuse and overuse of bone-modifying agents. Aim 3: Evaluate changes in utilization of denosumab and associated costs.

Overlap: None

Title: Improving Outcomes in Lethal Prostate Cancer through Guideline-concordant use of Bone Modifying Agents

Grant number: W81XWH-21-1-0087

Time commitment:

Year 1	0.60 cal months
Year 2	0.60 cal months
Year 3	0.60 cal months

PI: Mitchell

Supporting agency: Congressionally Directed Medical Research Programs

Contracting/Grants Officer: Joshua Mckean; joshua.d.mckean3.civ@mail.mil

Performance period: 9/30/2021 - 9/29/2025 (Morris role on project ended 2/1/2023)

Level of funding:

Brief description of the project's goals: The overall goal of this project is to improve the quality of life and outcomes of men with lethal prostate cancer by reducing overuse and underuse of BMAs.

Specific aims: Aim 1: Identify and describe patient, provider, and practice factors associated with BMA overuse and underuse among men with lethal prostate cancer. Aim 2: Refine an intervention strategy to reduce BMA overuse and underuse. Aim 3: Pilot an intervention strategy to reduce BMA overuse and underuse.

Overlap: None

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Clinical Research Site Option

Grant number: W81XWH-18-2-0060

Time commitment:

Year 1	2.40 cal months
Year 2	2.40 cal months
Year 3	2.40 cal months
Year 4	2.40 cal months

PI: Scher

Supporting agency: Congressionally Directed Medical Research Programs

Contracting/Grants Officer: Jennifer Shankle; jennifer.e.shankle.civ@mail.mil

Performance period: 9/30/2018 - 9/29/2022

Level of funding:

Brief description of the project's goals: Our overarching objective is to build on the Consortium's successful acceleration and streamlining of the clinical trial process to fulfill our mission to design, implement, and complete hypothesis-driven, early-phase trials in prostate cancer, translating scientific discoveries to improved standards of care. To fulfill the charge of becoming financially self-sufficient, as outlined in our previous award's Request for Applications (RFA), we have established an independent entity, the Cancer Clinical Trials Consortium, LLC. As a Clinical Research Site, MSK proposes two innovative clinical trials addressing critical unmet needs in prostate cancer.

Specific aims: To further facilitate the activation, accrual, and completion of an expanding range and number of therapeutic candidates, our aims are (1) to strategically address the Prostate Cancer Research Program's (PCRP's) Overarching Challenges and Focus Areas, (2) to maintain and expand existing infrastructure as stipulated by the Department of Defense's (DoD's) Congressionally Directed Medical Research Programs (CDMRP), (3) to establish financial independence from the DoD by the end of the performance period, and (4) to establish a process for ongoing review of the Consortium by the External Advisory Board and CDMRP representatives

Overlap: None

Active:

Newly Added Active Support:

Title: Clinical Qualification of Imaging and Fluid-Based Tumor Monitoring Biomarkers for Metastatic Castration Resistant Prostate Cancer

Grant number: 7R01CA240759-04

Time commitment:

- | | | |
|----|------|---------------|
| 1. | 2024 | 1.20 calendar |
| 2. | 2025 | 1.20 calendar |
| 3. | 2026 | 1.20 calendar |

PI: Schwartz, L

Supporting agency: National Cancer Institute

Contracting/Grants Officer: Dawn Mitchum, dmitchum@mail.nih.gov

Performance period: 7/1/2023 - 6/30/2026

Level of funding:

Brief description of the project's goals: The proposed research will integrate two validated assays, imaging (CT and bone scintigraphy) and circulating tumor cells, to create the first measure of whether metastatic prostate cancer is responding to treatment. This will improve care by allowing non-responding patients to switch to other treatments, and facilitate the development of new therapies for the second-largest cause of cancer death in men.

Specific aims: Aim 1: Correlate quantitative post-treatment changes in tumor burden as assessed by imaging and CTCs. Aim 2: Determine whether a combination of fluid-based tumor monitoring (liquid biopsy) and an imaging assay is more powerful than either assay alone in prognosticating for survival. Aim 3: Identify the optimal combination of liquid biopsy and imaging for different therapies.

Overlap: None

Title: Novel theranostic agents for neuroendocrine prostate cancer

Grant number: 2022 PCF TACTICAL Award

PI; Lewis

Time Commitment:

- | | | |
|----|------|---------------|
| 1. | 2023 | 0.60 calendar |
| 2. | 2024 | 0.60 calendar |

3. 2025 0.60 calendar

Sponsoring Agency: Prostate Cancer Foundation (formerly CaP CURE)

Level of Funding:

Dates of Performance: 2/15/2023 - 2/14/2026

Contracting Officer: Audrey Gardner, agardner@pcf.org

Project Goals/Specific Aims: Our PCF TACTICAL grant proposal explores the potential of a clinically translatable antibody targeting DLL3 as a molecularly targeted theranostic for the diagnosis and treatment of NEPC with further applications in small cell lung cancer (SCLC).

Overlap Statement: None

Title: NIH/NCI IPA Assignment Agreement

Grant number: Morris NIH/NCI IPA Agreement 1/2023 - 1/2024

Time commitment:

1. 2024 4.80 calendar

PI: Morris, M

Supporting agency: National Cancer Institute

Contracting/Grants Officer: Jennifer Dreier

Performance period: 1/29/2023 - 1/28/2024

Level of funding:

Brief description of the project's goals: Dr. Morris will assist the NCI Director and the Coordinating Center for Clinical Trials Director in conceptualizing and developing an inter-agency approach to streamline the design, development, and execution of cancer clinical trials. Dr. Morris' assignment will provide temporary expertise in the area of multi-institutional clinical trials design, operations design, and execution to support the NCI as it develops new approaches to clinical research and dramatically expands the clinical trials enterprise.

Specific aims: N/A

Overlap: None

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Affiliate Clinical Research Sites

Grant number: PC210421/ W81XWH2220020

Time commitment:

1.	2023	0.60 calendar
2.	2024	0.60 calendar
3.	2025	0.60 calendar
4.	2026	0.60 calendar

PI: Scher

Supporting agency: Congressionally Directed Medical Research Programs

Contracting/Grants Officer: Joshua McKean, joshua.d.mckean3.civ@mail.mil

Performance period: 9/30/2022 - 9/29/2026

Level of funding:

Brief description of the project's goals: The overarching objective is to build on the Consortium's successful acceleration and streamlining of the clinical trial process to fulfill our mission to design, implement, and complete hypothesis driven, early phase trials in prostate cancer, translating scientific discoveries to improved standards of care.

Specific aims: Aim 1) To strategically address the PCRP's Overarching Challenges and Focus Areas; Aim 2) To incorporate two Affiliate Research Sites into the Consortium; Aim 3) To enhance our data management and data science services; Aim 4) To further develop our Correlative Sciences and Regulatory Sciences Programs; Aim 5) To maintain financial solvency by analyzing our scientific portfolio and business metrics.

Overlap: This is a competitive continuation of W81XWH-18-2-0060.

Previously Reported Active Support:

Title: GAP2 Project

Grant number: AWD-GC-221482

Time commitment:

Year 1	1.20 cal months
Year 2	1.20 cal months
Year 3	1.20 cal months
Year 4	1.20 cal months
Year 5	1.20 cal months
Year 6	1.20 cal months
Year 7	1.20 cal months
Year 8	1.20 cal months

PI: Morris

Supporting agency: Movember

Contracting/Grants Officer: Jonathan Simons

Performance period: 9/1/2013 - ongoing

Level of funding:

Brief description of the project's goals: We hypothesize that variability, if present, may be attributed to one or more of the following variables: intrinsic properties of the tracer, tumor AR overexpression, endogenous tumor androgen levels, or tumor perfusion.

Specific aims: 1. To define the performance characteristics of [18F]FDHT in patients with mCRPC. 2. To define the relationship between [18F]FDHT uptake and tumor diffusivity and perfusion as assessed by whole-body MRI. 3. To define the relationship between [18F]FDHT uptake, AR expression, serum androgen levels, and androgen levels in biopsy specimens.

Overlap: None

Title: C16-174: DORA Trial: Phase III Trial of Docetaxel vs. Docetaxel and Radium-223 for Metastatic Castration-Resistant Prostate Cancer (mCRPC)

Grant number: SK2017-1280

Time commitment: *Specified effort not required by sponsor.*

PI: Morris

Supporting agency: Bayer Corporation

Contracting/Grants Officer: Jake Vinson

Performance period: 8/24/2017 - 11/30/2024

Level of funding:

Brief description of the project's goals: To test the hypothesis that radium improves overall survival relative when added to docetaxel in men with metastatic castration resistant prostate cancer.

Specific aims: To compare overall survival for subjects treated with docetaxel versus subjects treated with docetaxel plus radium-223. Also, to compare rPFS, SSE survival, time to alkaline phosphatase progression, and changes in QOL between the two groups.

Overlap: None

Updated Active Support
Dana E. Rathkopf, MD

Previous: *(Grants which have ended since the award was received)*

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Clinical Research Site Option

Grant number: W81XWH-18-2 -0060

Time commitment:

Year 1	1.20 cal months
Year 2	1.20 cal months
Year 3	1.20 cal months
Year 4	1.20 cal months
Year 5	1.20 cal months

PI: Scher

Supporting agency: Congressionally Directed Medical Research Program

Contracting/Grants Officer: Jennifer Shankle; Jennifer.e.shankle.civ@mail.mil

Performance period: 9/30/2018 – 9/29/2022

Level of funding:

Brief description of the project's goals: The evaluation of industry standard medical coding and CDISC standards to increase efficiency and interoperability.

Specific aims: Aim 1. To strategically address the PCRCP's Overarching Challenges and Focus Areas

Aim 1a. To task Consortium investigators to prioritize trials that address the PCRCP's Overarching Challenges. Aim 1b. To implement the requirement for Consortium studies to address at least one PCRCP Focus Area. Aim 1c. To coordinate the implementation of the PCWG3 design and endpoint criteria for prostate cancer clinical trials, including the novel no longer clinically benefitting (NLCB) endpoint. Aim 2. To enhance our data management services to include: Aim 2a. The evaluation of industry standard medical coding and CDISC standards to increase efficiency and interoperability. Aim 2b. Enhance risk-based monitoring, quality assurance and measuring data quality. Aim 2c. Establishment of standard metrics to evaluate study progress and statistical reporting for regulatory submissions. Aim 2d. Integration of enhanced data science into PCCTC research activities. Aim 3. To further develop our Correlative Sciences and regulatory program. Aim 3a. To create infrastructure to meet the needs of Precision Medicine clinical trials and related regulatory requirements. Aim 3b. To enhance specimen tracking across trials for quality of collection and processing. Aim 3c. To participate in the validation process of assays for context of use in PCCTC clinical trials. Aim 4. To maintain financial solvency by analyzing our scientific portfolio and business metrics. Aim 4a. To mitigate risk through research project portfolio diversification. Aim 4b. To evaluate sustainability of PCCTC LLC post-award. Aim 4c. To evaluate sustainability of PCCTC LLC post-incubation with MSK.

Overlap: None

Role: Site Co-PI

Title: SPOR in Prostate Cancer (RP-2: Combined Inhibition of AR and PI3K Signaling in Metastatic Prostate Cancer: Exploiting Reciprocal Feedback)

Grant number: 5 P50 CA092629-20

Time commitment:

Year 16	0.6 cal months
Year 17	0.6 cal months
Year 18	0.6 cal months
Year 19	0.6 cal months
Year 20	0.6 cal months

PI: Scher/ Rosen

Supporting agency: NCI

Contracting/Grants Officer: Mehvish Khan; khanm11@mail.nih.gov

Performance period: 9/1/2016 - 8/31/2022 (NCE)

Level of funding:

Brief description of the project's goals: As a public health concern, prostate cancer is the second deadliest cancer in men. The translational research projects in this program aim to use knowledge of animal and human prostate cancer biology to develop and test interventions related to the prevention, early detection, diagnosis, prognosis, and treatment of prostate cancer in men.

Specific aims: RP2 - Aim 1. Determine the Functional Consequences of Mutations That Activate PI3K Signaling in AR-Dependent Prostate Cancer. Aim 2. Define and Optimize Strategies for Targeting the PI3K and AR Pathways Across the Common PI3K Pathway Genomic Alterations Observed in CRPC. Aim 3. Evaluate Whether Second-Generation AR Inhibitors Effectively Block the Activation of AR Following PI3K Inhibition in Patients with Metastatic CRPC.
Effort: (current 5 year award)

Overlap: None

Role: Project Co-Leader

Title: SPORE in Prostate Cancer (RP-2: Combined Inhibition of AR and PI3K Signaling in Metastatic Prostate Cancer: Exploiting Reciprocal Feedback)

Grant number: 3 P50 CA092629-20S1

Time commitment:

Year 21	0.6 cal months
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PI: Scher/ Rosen

Supporting agency: NCI

Contracting/Grants Officer: Mehvish Khan; khanm11@mail.nih.gov

Performance period: 9/1/2021 - 8/31/2022

Level of funding:

Brief description of the project's goals: As a public health concern, prostate cancer is the second deadliest cancer in men. The translational research projects in this program aim to use knowledge of animal and human prostate cancer biology to develop and test interventions related to the prevention, early detection, diagnosis, prognosis, and treatment of prostate cancer in men.

Specific aims: RP2 - Aim 1. Determine the Functional Consequences of Mutations That Activate PI3K Signaling in AR-Dependent Prostate Cancer. Aim 2. Define and Optimize Strategies for Targeting the PI3K and AR Pathways Across the Common PI3K Pathway Genomic Alterations Observed in CRPC. Aim 3. Evaluate Whether Second-Generation AR Inhibitors Effectively Block the Activation of AR Following PI3K Inhibition in Patients with Metastatic CRPC.

Overlap: None

Role: Project Co-Leader

Current:

Newly Added Current Support:

Title: IRONMAN: Enhancing Survivorship in Men with Advanced Prostate Cancer

Grant number: 22CHAL01

Time commitment:

- | | | |
|----|------|---------------|
| 1. | 2024 | 0.36 calendar |
| 2. | 2025 | 0.36 calendar |

PI: Mucci, L (Site PI: Rathkopf, D)

Supporting agency: Prostate Cancer Foundation (formerly CaP CURE)

Contracting/Grants Officer: Audrey Gardner, agardner@pcf.org

Performance period: 1/20/2023 - 1/19/2025

Level of funding:

Brief description of the project's goals: The end result of this proposal will be the establishment of a population-based, diverse cohort of advanced prostate cancer survivors, and provide a detailed investigation of survivorship in this understudied patient population. The data elements and biospecimens in this study will provide a comprehensive investigation of survivorship in an understudied patient population. Specifically, it will provide sufficient power to study survivorship among Black men and Veterans, two groups likely most vulnerable in advanced prostate cancer. The results will inform the design of clinical trials and validation of biomarkers that could be used to improve survivorship for men with advanced prostate cancer, and identify health disparities. There is an urgent need to identify the optimal strategies for men with advanced prostate cancer, including matching of patients to molecular subtypes to optimize overall survival and patient reported outcomes measures (PROMs). Another potential area of impact is in defining changes in quality of life as early indicators of worse prognosis. This effort may define clinical or self-care interventions that not only target quality of life but ultimately improve survival. The longer-term goal is to create procedures to facilitate data sharing, reproducibility, and build IRONMAN as an enduring resource for the cancer community. T.H. Chan School of Public Health is the prime institution.

Specific aims: N/A

Overlap: None

Title: Copanlisib and Darolutamide in High Risk, Localized Prostate Cancer

Grant number: G-22-300

Time commitment:

Year 1	1.8 cal months
Year 2	1.8 cal months
Year 3	1.8 cal months
Year 4	1.8 cal months

PI: Rathkopf

Supporting agency: Gateway for Cancer Research

Contracting/Grants Officer: Kim Schwartz; Kim.Schwartz@GatewayCR.org

Performance period: 8/12/2021 - 8/31/2025

Level of funding:

Brief description of the project's goals: A portion of the proposed study to be funded by Gateway is a correlative study and it directly leads to or supports the clinical trial in the grant application.

Specific aims: A) the frequency of achieving a pathologic complete response (pCR) and/or minimal residual disease (MRD, defined as ≤ 5 mm tumor) at RP as an intermediate and rapid measure of response, B) safety, time to biochemical recurrence, and metastasis-free survival and C) mechanisms of response and resistance to AR/PI3K inhibition using available tissue, blood, and imaging pre- and posttreatment.

Overlap: None

Role: Principal Investigator

Title: Validation of predictive liquid biomarkers for patients with metastatic prostate cancer

Grant number: UH2/UH3 CA260389

Time commitment:

Year 1	(not involved in UH2 portion)
Year 2	(not involved in UH2 portion)
Year 3	0.68 cal months
Year 4	0.68 cal months

PI: Lang/Armstrong/Halabi/Rathkopf

Supporting agency: National Cancer Institute

Contracting/Grants Officer: Tawnya Mckee, mckeeta@mail.nih.gov

Performance period: 6/1/2023 - 5/31/2025 * pending sub-award execution

Level of funding:

Brief description of the project's goals: The UH3 aspect of this proposal involves a clinical validation study of the circulating tumor cell (CTC) transcriptional biomarker in men with metastatic castration resistant prostate cancer (mCRPC) being treated with a second line hormonal agent acetate or enzalutamide.

Specific aims: N/A

Overlap: None

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Affiliate Clinical Research Sites

Grant number: PC210421/ W81XWH2220020

Time commitment:

Year 1	1.2 cal months
Year 2	1.2 cal months
Year 3	1.2 cal months
Year 4	1.2 cal months

PI: Scher

Supporting agency: Congressionally Directed Medical Research Programs

Contracting/Grants Officer: Joshua McKean, joshua.d.mckean3.civ@mail.mil

Performance period: 9/30/2022 - 9/29/2026

Level of funding:

Brief description of the project's goals: The overarching objective is to build on the Consortium's successful acceleration and streamlining of the clinical trial process to fulfill our mission to design, implement, and complete hypothesis driven, early phase trials in prostate cancer, translating scientific discoveries to improved standards of care.

Specific aims: Aim 1) To strategically address the PCRP's Overarching Challenges and Focus Areas;

Aim 2) To incorporate two Affiliate Research Sites into the Consortium; Aim 3) To enhance our data management and data science services; Aim 4) To further develop our Correlative Sciences and Regulatory Sciences Programs; Aim 5) To maintain financial solvency by analyzing our scientific portfolio and business metrics.

Overlap: This is a competitive continuation of W81XWH-18-2-0060.

Title: SPOR in Prostate Cancer (Career Enhancement Program)

Grant number: 2P50CA092629-21A1

Time commitment:

2.	2024	0.30 calendar
3.	2025	0.30 calendar
4.	2026	0.30 calendar
5.	2027	0.30 calendar

PI: Eastham, J / Rathkopf, D

Supporting agency: National Cancer Institute

Contracting/Grants Officer: Michael Kluk, michael.kluk@nih.gov

Performance period: 9/21/2022 - 8/31/2027

Level of funding

Brief description of the project's goals: We are applying recent advances in our understanding of the biology of prostate cancer to develop new treatments that are matched to the specific underlying causes of an individual's disease. Our program will allow us to better distinguish between slow-growing cancers and those that require more aggressive treatment, better predict which drugs will work for which patients, better assess if the treatments patients are receiving are working, and develop new therapies for men with advanced disease who are not or no longer benefitting from available treatments.

Specific aims: Aim 1. To recruit and/or develop the career of one or two junior faculty members or established investigators each year who are committed to translational research in prostate cancer. Aim 2. To provide the scholarly basis for effective translational research in prostate cancer through a broad educational program in

prostate cancer, emphasizing the knowledge base for conducting translational research through academic courses, scheduled conferences, and a program of invited speakers and visiting professors.

Overlap: None

Title: SPORE in Prostate Cancer (Project 2: Overcoming Microenvironment-Mediated Resistance to AR Pathway Inhibition in High-Risk Prostate Cancer)

Grant number: 2P50CA092629-21A1

Time commitment:

2.	2024	0.60 calendar
3.	2025	0.60 calendar
4.	2026	0.60 calendar
5.	2027	0.60 calendar

PI: Chen, Y / Carver, B / Rathkopf, D

Supporting agency: National Cancer Institute

Contracting/Grants Officer: Michael Kluk, michael.kluk@nih.gov

Performance period: 9/21/2022 - 8/31/2027

Level of funding:

Brief description of the project's goals: We are applying recent advances in our understanding of the biology of prostate cancer to develop new treatments that are matched to the specific underlying causes of an individual's disease. Our program will allow us to better distinguish between slow-growing cancers and those that require more aggressive treatment, better predict which drugs will work for which patients, better assess if the treatments patients are receiving are working, and develop new therapies for men with advanced disease who are not or no longer benefitting from available treatments.

Specific aims: Aim 1. To target individual nodes of the NRG1-HER2/3-PI3K pathway to overcome resistance to ARtargeted therapies. Aim 2. To define the dynamic changes in the microenvironmental landscape of prostate cancer associated with cancer cell persistence following AR inhibition. Aim 3. To conduct a phase Ib/II neoadjuvant clinical trial of the PI3K inhibitor copanlisib and androgendeprivation therapy in high-risk localized prostate cancer.

Overlap: None

Title: Developing strategies to overcome prostate stromal derived NRG1 mediated resistance to AR blockade in high-risk locally advanced prostate cancer

Grant number: W81XWH2110431

Time commitment:

3.	2024	0.60 calendar
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PI: Carver, B

Supporting agency: Congressionally Directed Medical Research Programs

Contracting/Grants Officer: Joshua McKean, joshua.d.mckean3.civ@mail.mil

Performance period: 6/1/2021 - 5/31/2024

Level of funding:

Brief description of the project's goals: The discovery that most metastatic castrate resistant prostate cancers (mCRPC) express the androgen receptor and maintain an active AR transcriptional program led to the successful development of secondgeneration AR inhibitors which have demonstrated improvements in overall survival for patients with chemorefractory mCRPC (1,2). Despite this success, acquired resistance to these second-generation inhibitors develops and patients ultimately succumb to the disease.

Specific aims: Aim 1. Dissecting the molecular mechanisms through which NRG1 drives resistance to AR targeted therapies in the prostate cancer epithelial cell. Aim 2. Targeting individual nodes of the NRG1-HER2/3-PI3K pathway to overcome resistance to AR targeted therapies. Aim 3. Evaluating NRG1 expression levels in prostate cancers and response to AR targeted therapies.

Overlap: None

Title: A Phase I/Ib Study of Combined PI3K (Alpelisib) + PI3K (AZD8186) Inhibition with Androgen Suppression Therapy (Enzalutamide + Lupron) in Advanced Metastatic Prostate Cancer with PTEN Loss and/or PIK3CA/PIK3CB Alterations

Grant number: AWD-GC-260933

Time commitment:

1. 2024 0.00 calendar

*no specified effort required

PI: Rathkopf, D

Supporting agency: Memorial Sloan-Kettering Cancer Center

Contracting/Grants Officer: Kathleen Bourke, bourkek@mskcc.org

Performance period: 10/1/2020 - 9/30/2024 NCE

Level of funding:

Brief description of the project's goals/Specific aims: N/A

Overlap: None

Previously Reported Current Support:

Title: Atezolizumab, Abiraterone, and SBRT in Hormone Sensitive M1b PCa

Grant number: GC235821

Time commitment:

Year 3	1.44 cal months
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PI: McBride

Supporting agency: Stand Up To Cancer

Contracting/Grants Officer: Margaret Foti; su2c@aacr.org

Performance period: 9/1/2019 - 8/31/2024 NCE

Level of funding:

Brief description of the project's goals: To evaluate whether the addition of prostate-directed stereotactic radiation body therapy (SBRT) and anti-PD-L1 immune checkpoint blockade (atezolizumab) can improve clinical outcomes for men with newly-diagnosed mHSPC when combined with existing SOC of androgen ablation with abiraterone+leuprolide.

Specific aims: (1) To determine if the addition of SBRT and atezolizumab to abiraterone+leuprolide improves failure-free survival (FFS) at 2-years relative to the FFS established by the abiraterone arm of the practice-changing STAMPEDE trial. (2) To evaluate potential immunologic biomarkers of response and to correlate intra-tumoral (tumor mutational burden, infiltrating immune cell phenotype) and peripheral immune responses (circulating immune cell phenotype, T-cell receptor/TCR repertoire) with clinical outcomes. (3) To evaluate if non-invasive blood-based and imaging-based biomarkers – circulating tumor cells (CTCs) and advanced molecular imaging with prostate-specific membrane antigen (PSMA) PET, respectively, can be used to monitor and/or predict treatment response.

Overlap: None

Role: Clinical Lead

Title: Cancer Center Support Grant (Protocol Review and Monitoring System)

Grant number: 5 P30 CA008748-55

Time commitment:

2023	1.20 calendar
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PI: Vickers, S / Chapman, P

Supporting agency: NCI

Contracting/Grants Officer: Barbara Hodgkins; barb.hodgkins@nih.gov

Performance period: 1/1/2019 - 12/31/2024

Level of funding:

Brief description of the project's goals: Cancer Center Support Grant (Protocol Review and Monitoring System) Memorial Sloan Kettering Cancer Center (MSK) is a free-standing institution dedicated to the control of cancer through inpatient and outpatient care, clinical and research training programs, and a broad spectrum of research activities. Through these activities, MSK seeks to reduce the burden of cancer throughout our catchment area and the nation.

Specific aims: N/A

Overlap: None

Role: Core Lead

Updated Active Support
Susan Slovin

Previous: *(Completed since grant was awarded)*

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Clinical Research Site Option

Grant number: W81XWH-18-2-0060

Time commitment:

Year 1	0.6 cal months
Year 2	0.6 cal months
Year 3	0.6 cal months
Year 4	0.6 cal months

PI: Scher

Supporting agency: Congressionally Directed Medical Research Programs

Contracting/Grants Officer: Jennifer Shankle; jennifer.e.shankle.civ@mail.mil

Performance period: 9/30/2018 - 9/29/2022

Level of funding:

Brief description of the project's goals: Our overarching objective is to build on the Consortium's successful acceleration and streamlining of the clinical trial process to fulfill our mission to design, implement, and complete hypothesis-driven, early-phase trials in prostate cancer, translating scientific discoveries to improved standards of care. To fulfill the charge of becoming financially self-sufficient, as outlined in our previous award's Request for Applications (RFA), we have established an independent entity, the Cancer Clinical Trials Consortium, LLC. As a Clinical Research Site, MSK proposes two innovative clinical trials addressing critical unmet needs in prostate cancer.

Specific aims: To further facilitate the activation, accrual, and completion of an expanding range and number of therapeutic candidates, our aims are (1) to strategically address the Prostate Cancer Research Program's (PCRP's) Overarching Challenges and Focus Areas, (2) to maintain and expand existing infrastructure as stipulated by the Department of Defense's (DoD's) Congressionally Directed Medical Research Programs (CDMRP), (3) to establish financial independence from the DoD by the end of the performance period, and (4) to establish a process for ongoing review of the Consortium by the External Advisory Board and CDMRP representatives

Role: Co-PD/PI

Overlap: None

Current:

Newly Added Active Support:

Title: Functional Characterization and Development of Therapeutic Paradigms for DNA Damage Repair (DDR)-deficient Lethal Prostate Cancer

Grant number: Mount Sinai School of Medicine C01 R01CA274967

Time commitment:

- | | | |
|----|------|---------------|
| 1. | 2024 | 0.00 calendar |
| 2. | 2025 | 0.00 calendar |
| 3. | 2026 | 0.12 calendar |
| 4. | 2027 | 0.12 calendar |
| 5. | 2028 | 0.12 calendar |

PI: Chakraborty, G / Pillarsetty, N / Ponomarev, V

Supporting agency: National Institutes of Health

Contracting/Grants Officer: Pat Prasanna, patajeprasanna@mail.nih.gov

Performance period: 4/1/2023 - 3/31/2028

Level of funding:

Brief description of the project's goals: Narrative Metastatic castration-resistant prostate cancer remains an incurable disease. Alterations in the genes that regulate the body's processes for repairing damaged DNA, particularly BRCA2, have been linked to treatment failure and poor prognosis for men with prostate cancer. In this project, we aim to comprehensively investigate the role of such alterations in the development of lethal, untreatable prostate cancer with the goal of identifying and developing novel combination treatments, such as targeted immunotherapy and radiotherapy.

Specific aims: We aim to comprehensively investigate the role of DDR alterations (other than BRCA2) in the development of mCRPC and resistance to therapy. To do so, we will use CRISPR screening to prospectively investigate how the gain or loss-of-function alterations of DDR genes induce castration resistance. We have observed high expression levels of prostate-specific membrane antigen (PSMA) in response to the loss of BRCA2 and other DDR genes (e.g., ATM). Our second aim will investigate the impact of PSMA- targeted radiotherapy with [177Lu]-PSMA-617 and PARP inhibitor combination in BRCA2/DDR-deficient PC. Prostate cancer is predominantly resistant to immunotherapy. Since BRCA2-deficient cells also exhibit higher PSMA expression and are possibly immunogenic due to increased genomic instability, we will explore the effect of PSMA-targeted CAR T cells on BRCA2-deficient prostate cancer. Finally, as two PARP inhibitors (olaparib and rucaparib) have been approved to treat patients with DDR-deficient prostate cancer, we will investigate whether PARP inhibitors synergize with CAR T-cell therapy. For the first time, the proposed project will demonstrate the crucial importance of BRCA2/DDR alterations in prostate cancer biology and possibly lay the foundation for consideration of DDR alteration as the master driver of the transformation from indolent, localized prostate cancer to lethal mCRPC. We believe this work will lead to clinical trials that will establish new and effective treatments for this deadly disease.

Overlap: None

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Affiliate Clinical Research Sites

Grant number: PC210421/ W81XWH2220020

Time commitment:

- | | | |
|----|------|---------------|
| 2. | 2024 | 1.20 calendar |
| 3. | 2025 | 1.20 calendar |
| 4. | 2026 | 1.20 calendar |

PI: Scher

Supporting agency: Congressionally Directed Medical Research Programs

Contracting/Grants Officer: Joshua McKean, joshua.d.mckean3.civ@mail.mil

Performance period: 9/30/2022 - 9/29/2026

Level of funding:

Brief description of the project's goals: The overarching objective is to build on the Consortium's successful acceleration and streamlining of the clinical trial process to fulfill our mission to design, implement, and complete hypothesis driven, early phase trials in prostate cancer, translating scientific discoveries to improved standards of care.

Specific aims: Aim 1) To strategically address the PCRP's Overarching Challenges and Focus Areas; Aim 2) To incorporate two Affiliate Research Sites into the Consortium; Aim 3) To enhance our data management and data science services; Aim 4) To further develop our Correlative Sciences and Regulatory Sciences Programs; Aim 5) To maintain financial solvency by analyzing our scientific portfolio and business metrics.

Overlap: This is a competitive continuation of W81XWH-18-2-0060.

Title: SPORE in Prostate Cancer (Core A: Administrative Core)

Grant number: 2P50CA092629-21A1

Time commitment:

2.	2024	0.60 calendar
3.	2025	0.60 calendar
4.	2026	0.60 calendar
5.	2027	0.60 calendar

PI: Scher, H**Supporting agency:** National Cancer Institute**Contracting/Grants Officer:** Michael Kluk, michael.kluk@nih.gov**Performance period:** 9/21/2022 - 8/31/2027**Level of funding:**

Brief description of the project's goals: We are applying recent advances in our understanding of the biology of prostate cancer to develop new treatments that are matched to the specific underlying causes of an individual's disease. Our program will allow us to better distinguish between slow-growing cancers and those that require more aggressive treatment, better predict which drugs will work for which patients, better assess if the treatments patients are receiving are working, and develop new therapies for men with advanced disease who are not or no longer benefitting from available treatments.

Specific aims: Specific Aim 1: Provide coordination for all scientific and educational activities of the SPORE. Specific Aim 2: Provide centralized administrative support of day-to-day activities to all the components of the SPORE: research projects, cores, and developmental research and career enhancement programs

Overlap: None**Title:** Enhancing Breast Cancer Therapy by Inhibiting the Adenosine Receptor and Oxygen Consumption**Grant number:** W81XWH2110102**Time commitment:**

3.	2024	0.12 calendar
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PI: Ponomarev, V**Supporting agency:** Congressionally Directed Medical Research Programs**Contracting/Grants Officer:** Jamie Shortall, jamie.a.shortall.civ@mail.mil**Performance period:** 9/30/2021 - 9/29/2024**Level of funding:**

Brief description of the project's goals: Generate and validate Ndufs4 KO and NTC in 4T1-HRE and EO771-HRE

Specific aims: N/A**Overlap:** None**Previously Reported Active Support:**

SK2018-1335 (PI: Slovin)

4/25/2019 - 4/25/2024

Immunomedics, Inc.

Title: A Single-arm, Phase 2 Study to Evaluate the Safety and Efficacy of IMMU-132 in Patients with Metastatic Castration-Resistant Prostate Cancer Who Have Progressed on Second Generation AR-Directed Therapy

Project Goals: This study will investigate the safety and efficacy of IMMU-132 in patients with metastatic castration-resistant prostate cancer progressing on abiraterone or enzalutamide.

Effort: *Specific not required for this award.*

Role: PD/PI**Name of Contracting/Grants Officer:** Michael R. Garone**Overlap:** None

SK2020-0096 (PI: Slovin)

3/23/2020 - 3/23/2025

Poseida Therapeutics

Title: A Phase 1 Dose Escalation and Expanded Cohort Study of P-PSMA-101 in Subjects with Metastatic Castration-Resistant Prostate Cancer (mCRPC)

Project Goals: This is an open label, multi-center Phase 1 study that will follow a 3 + 3 design of dose-escalating cohorts of single and multiple doses of P-PSMA-101 to determine a Recommended Phase 2 Dose (RP2D). Additional participants will be treated with P-PSMA-101 at the determined RP2D.

Effort: *Specific not required for this award.*

Role: PD/PI

Name of Contracting/Grants Officer: Angie Schinkel

Overlap: None

MED21-003 (PI: Slovin)

2/12/2021 - 2/11/2031

Dizal (Jiangsu) Pharmaceutical Co., Ltd

Title: A Phase I, Open-Label, Multicenter Study to Assess the Safety, Tolerability, Pharmacokinetics and Anti-Tumor Efficacy of DZD2269 in Patients with Metastatic Castration Resistant Prostate Cancer

Project Goals: This study will treat patients with Metastatic Castration Resistant Prostate Cancer who have progressed following prior therapy. This is the first time this drug has ever been tested in patients, and so it will help to understand what type of side effects may occur with the drug treatment. It will also measure the levels of drug in the body and preliminarily assess its anti-cancer activity as monotherapy.

Effort: *Specific not required for this award.*

Role: PD/PI

Name of Contracting/Grants Officer: Jillian Sherman

Overlap: None

AWD-GC-227920 (PI: Slovin)

2/16/2015 - ongoing

Prostate Cancer Foundation (formerly CaP CURE)

Title: Optimizing First Line Treatment for Men with Castrate Resistant Prostate Cancer

Project Goals: Identifying biomarkers that match patients with optimal therapies is a critical need. If successful, this project will identify biomarkers that predict whether a CRPC patient will be more likely to benefit from abiraterone vs. chemotherapy and will develop models that predict the optimal duration of chemotherapy administration. This will enable clinicians to optimally treat CRPC patients to maximize benefit and minimize unnecessary morbidities.

Effort:

Year 1	0.6 cal months
Year 2	0.6 cal months
Year 3	0.6 cal months
Year 4	0.6 cal months
Year 5	0.6 cal months
Year 6	0.6 cal months

Role: PD/PI

Name of Contracting/Grants Officer: Howard Soule

Overlap: None

Updated Active Support
Jake Vinson

Previous: *(completed since grant was awarded)*

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Clinical Research Site Option

Grant number: W81XWH-18-2 -0060

Time commitment:

Year 1	12.0 (Collaborator, no support)
Year 2	12.0 (Collaborator, no support)
Year 3	12.0 (Collaborator, no support)
Year 4	12.0 (Collaborator, no support)

PI: Scher

Supporting agency: Congressionally Directed Medical Research Program

Contracting/Grants Officer: Jennifer Shankle; Jennifer.e.shankle.civ@mail.mil

Performance period: 9/30/2018 – 9/29/2022

Level of funding:

Brief description of the project's goals: The evaluation of industry standard medical coding and CDISC standards to increase efficiency and interoperability.

Specific aims: Aim 1. To strategically address the PCRCP's Overarching Challenges and Focus Areas

Aim 1a. To task Consortium investigators to prioritize trials that address the PCRCP's Overarching Challenges. Aim 1b. To implement the requirement for Consortium studies to address at least one PCRCP Focus Area. Aim 1c. To coordinate the implementation of the PCWG3 design and endpoint criteria for prostate cancer clinical trials, including the novel no longer clinically benefitting (NLCB) endpoint. Aim 2. To enhance our data management services to include: Aim 2a. The evaluation of industry standard medical coding and CDISC standards to increase efficiency and interoperability. Aim 2b. Enhance risk-based monitoring, quality assurance and measuring data quality. Aim 2c. Establishment of standard metrics to evaluate study progress and statistical reporting for regulatory submissions. Aim 2d. Integration of enhanced data science into PCCTC research activities. Aim 3. To further develop our Correlative Sciences and regulatory program. Aim 3a. To create infrastructure to meet the needs of Precision Medicine clinical trials and related regulatory requirements. Aim 3b. To enhance specimen tracking across trials for quality of collection and processing. Aim 3c. To participate in the validation process of assays for context of use in PCCTC clinical trials. Aim 4. To maintain financial solvency by analyzing our scientific portfolio and business metrics. Aim 4a. To mitigate risk through research project portfolio diversification. Aim 4b. To evaluate sustainability of PCCTC LLC post-award. Aim 4c. To evaluate sustainability of PCCTC LLC post-incubation with MSK.

Overlap: None

Role: Director

Current:

Title: The Prostate Cancer Clinical Trials Consortium: Application for Coordinating Center with Affiliate Clinical Research Sites

Grant number: PC210421/ W81XWH2220020

Time commitment:

Year 1	12.0 (Collaborator, no support)
Year 2	12.0 (Collaborator, no support)
Year 3	12.0 (Collaborator, no support)
Year 4	12.0 (Collaborator, no support)

PI: Scher

Supporting agency: Congressionally Directed Medical Research Programs

Contracting/Grants Officer: Joshua McKean, joshua.d.mckean3.civ@mail.mil

Performance period: 9/30/2022 - 9/29/2026

Level of funding:

Brief description of the project's goals: The overarching objective is to build on the Consortium's successful acceleration and streamlining of the clinical trial process to fulfill our mission to design, implement, and complete hypothesis driven, early phase trials in prostate cancer, translating scientific discoveries to improved standards of care.

Specific aims: Aim 1) To strategically address the PCRP's Overarching Challenges and Focus Areas;

Aim 2) To incorporate two Affiliate Research Sites into the Consortium; Aim 3) To enhance our data management and data science services; Aim 4) To further develop our Correlative Sciences and Regulatory Sciences Programs; Aim 5) To maintain financial solvency by analyzing our scientific portfolio and business metrics.

Overlap: This is a competitive continuation of W81XWH-18-2-0060.

Role: Director