Breast

Protocol Title	Diagnosis	Eligibility	Study Design
SAKK 96/12 **Prevention of Symptomatic Skeletal events with Denosumab Administered every 4 Weeks versus every 12 Weeks** PI: Prof. Dr. Roger von Moos CRC: Alexandra Jori	Metastatic Breast or Prostate cancer (castration resistant) stage IV, all subtypes allowed except small cells	Age ≥ 18 years; Patients must have ≥ 3 bone metastases; WHO performance status 0-2; calcium levels in the normal range; Histologically or cytological confirmed diagnosis; prostate cancer receive or is receiving antineoplastic treatment; Patients with prostate cancer must have evidence of disease progression on continuous androgen deprivation therapy (CRPC); Liver transaminases within normal range	Bone metastases from castration resistant prostate cancer or from breast cancer. Arm A (standard Arm): Denosumab 120 mg (Xgeva®) sc. q4w Arm B (reduced Arm): 3x Denosumab 120 mg (Xgeva®) sc. q4w followed by Denosumab 120 mg (Xgeva®) sc. q12w Both Arms are supplemented with 500 mg Calcium and 400U Vitamin D
SAKK 23/18 (Vision 1) **Vacuum assisted biopsy Immediately before surgery as an intra- or peri-operative surrogate for patient response to neoadjuvant chemotherapy for breast cancer** Temporary suspension for accrual PI: Dr. Peter M. Fehr CRC: Sandra Riedi/Gillian Roberts	Unicentric histologically confirmed invasive lumbal B, Her2- enriched, triple negative breast cancer	**Inclusion** Unifocal, histologically conrifrmed invasive breast cancer Luminal B cT1c-cT2 any N M0 Neoadjuvant chemotherapy (near Cr, **Exclusion** Multifocal Inflammatory Luminal A Metastatic	Sono 4-6 weeks after start of NAC

Lung

Protocol Title	Diagnosis	Eligibility	Study Design
ETOP 13- 18 BEAT-meso **A multicentre randomised phase III trial comparing atezolizumab plus bevacizumab and standard chemotherapy versus bevacizumab and standard chemotherapy as first-line treatment advanced malignant pleural mesothelioma** PI: Dr. Michael Mark CRC: Eun Joo Beers	Advanced pleural mesothelioma	**Inclusion:** Histologically confirmed advanced malignant pleural mesothelioma Not amenable for radical surgery Availability of tumor tissue for translational research Evaluable or measurable disease by modifiedRECIST v1.1 Life expectancy > 3 months **Exclusion:** Prior treatment for malignant pleural mesothelioma Active autoimmune disease that has required systemic treatment Previous history of significant haemoptysis Has a known history of HIV or active hepatitis B or C	**Control Arm:** 4-6 Cycles Carboplatin AUC 5 + Pemetrexed q3w, +Bevacizumab q3w until PD **Experimental Arm:** 4-6 Cycles Carboplatin AUC 5 + Pemetrexed q3w, +Bevacizumab and Atezolizumab q3w until PD
MK 3475-495 **A Phase 2 Precision Oncology Study of Biomarker- Directed, Pembrolizumab (MK3475) Based Combination Therapy for Advanced NSCLC.** PI: Dr. Michael Mark CRC: Eun Joo Beers	Stage IV NSCLC	**Inclusion:** Histologically or cytologically confirmed Stage IV NSCLC. No prior Therapy for advanced disease. Provided archival tumor tissue or newly obtained core biopsy not previously irradiated **Exclusion:** Cardiovascular impairment within 12 months Has received prior therapy with an anti-PD-1, anti-PD-L+ or anti-PD-L2agent or co- inhibitory T cell receptor.	After Biomarker group every 3 weeks: Pembro + MK 4280 or Pembro + Lenvatinib or Pembro + MK 1308 every 6 weeks
SAKK 16/18 **Immune-modulatory radiotherapy to enhance the effects of neoadjuvant PD-L1 blockade after neoadjuvant chemotherapy in patients with resectable stage III (N2) NSCLC. A multicentre phase II trial.** PI: Dr. Michael Mark CRC: Eun Joo Beers	Stage III NSCLC	**Inclusion:** Histologically confirmed NSCLC (adeno, squamous, large cell carcinoma or not otherwise specified (NOS)). Tumor stage T1-4>7 N2 M0 (i.e. T1-3 N2 or T4 N2 but T4 only allowed if due to size >7cm according to TNM calssification 8th edition. Tumor is considered resectable (complete resection according to Rami-Porta). Appropiate lung function according to ESTS guidelines **Exclusion:** Presence of distant metastasis or N3 disease (brain metastasis have to be excluded by CT/ MRI) Sulcus superior tumors (Pancoast Tumors) or T4 for any other reason than size >7cm. Any previous treatment for NSCLC, with immune checkpoint inhibitors or previous radiotherapy to the chest.	3 cycles of docetaxel and cisplatin. 1 cycle of Durvalumab with Irradiation of primary tumor according to randomisation: Arm A: 40Gy in 4 weeks Arm B: 25Gy in 1 week Arm C: 24Gy in 3 days Surgery. Post operative radiation only allowed for R1 & R2 resections. Durvalumab every 4 weeks for 1 year.

Lung

Protocol Title	Diagnosis	Eligibility	Study Design
SAKK 19/17 **First line durvalumab in patients with PD-L1 positive, advanced NSCLC with performance status 2 unsuitable for combination chemotherapy.** **A multicentre, single-arm phase II trial.** PI: Dr. Michael Mark CRC: Cornelia Fluri	Advanced NSCLC	**Inclusion:** Tumor tissue available for central PD-L1 assessment and translational research PD-L1 expression of ≥ 25% of tumor cell WHO PS of 2 Body weight >30 kg **Exclusion:** Prior systemic treatment for metastatic NSCLC Prior treatment with a PD-1 or PD-L1 inhibitor Uncontrolled diabetes mellitus Known history of HIV, Hep C or B or tuberculosis	1500 mg Durvalumab iv every 4 weeks until progression, unacceptable toxicity or patients withdrawal.

Lung

Protocol Title	Diagnosis	Eligibility	Study Design
SAKK 17/18 (ORIGIN) **Overcoming Resistance to Immunotherapy combining Gemcitabine with atezolizumab in advanced NSCLC and mesothelioma progressING under immune-checkpoint inhibitors or gemcitabine.** **A multicenter, single-arm, open label phase II trial with two cohorts.** PI: Prof. R. von Moos CRC: Cornelia Fluri	**Advanced NSCLC and inoperable malignant pleural mesothelioma** **Cohort for NSCLC closed**	**Key inclusion criteria:** - **Confirmed squamous or non-squamous metastatic NSCLC stage IIIB-IV** with disease recurrence or progression during or after one or more prior immunotherapy or chemo-immunotherapy regimen for metastatic disease -**Confirmed inoperable MPM (with or without metastasis)** with disease recurrence or progression during or after one or more prior systemic therapy regimen for advanced or metastatic disease -Measurable disease according to RECIST 1.1 or mRECIST 1.1 - Availability of samples for translational (not older than 6 month) - ECOG performance status 0-2 - Adequate bone marrow, hepatic and renal function **Key exclusion criteria:** - Symptomatic brain metastases - Prior treatment with gemcitabine in combination with atezolizumab - NSCLC progressed within the first 8 weeks from start of first line treatment - NSCLC with activating EGFR or ALK mutations - Cardiac disease NYHA 2 or greater - History of interstitial lung disease or severe pneumonitis	**Gemcitabine** at the dose of 1000 mg/m2 i.v. on **day 1 and day 8** of each cycle (every 3 weeks) and with **atezolizumab** at the dose of 1200 mg i.v. **on day 1** of each cycle (every 3 weeks). The trial treatments will be continued for max. 2 years.

Lung

Protocol Title	Diagnosis	Eligibility	Study Design
Pfizer Single-Arm Study of Lorlatinib in Participants with Anaplastic Lymphoma Kinase (ALK)-Positive Non-Small Cell Lung Cancer (NSCLC) Whose Disease Progressed After One Prior Second-Generation ALK Tyrosine Kinase Inhibitor (TKI) Phase 4 open-label, multi-center, multi-national, non-randomized, prospective. PI: Dr. M. Mark CRC: Cornelia Fluri	Advanced ALK-Positive NSCLC	**Key inclusion criteria:** -Confirmed metastatic ALK-positive NSCLC stage IV -At least one measurable target extracranial lesion according to RECIST 1.1 -**PD after alectinib or certinib as first line therapy** -**May have had prior chemotherapy, but only if before starting treatment with alectinib or certinib** -ECOG performance status 0-1 -Adequate bone marrow, pancreatic, renal and liver functioning **Key exclusion criteria:** -Prior ALK TKI treatment or anticancer treatment other than first line alectinib or certinib -Cardiac disease NYHA 2 or greater, ECG with QTc >470 msec. or congenital long QT syndrome -Abnormal LVEF by ECHO or MUGA -History or known of interstitial lung disease or severe pneumonitis -Radiation therapy (except palliative to relieve bone pain) within 2 weeks of study entry -Prior radiation to >25% of the bone marrow	Lorlatinib 100 mg once daily Treatment until disease progression, patient refusal/lost to follow-up, or unaccteptable toxicity

Lung

Protocol Title	Diagnosis	Eligibility	Study Design
BO42592/ SKYSCRAPER 6 **A Phase 2, Randomized, Double Blind, Placebo-controlled study of Tiragolumab in combination with Atezolizumab plus Pemetrexed and Carboplatin/ Cisplatin versus Pembrolizumab plus Pemetrexed and Carboplatin/ Cisplatin in Patients with previously untreated advanced non-squamous NSCLC** PI: Dr. Michael Mark CRC: Eun Joo Beers	**Previously untreated advanced non-squamous NSCLC.**	**Inclusion:** Histologically or cytologically documented locally advanced unresectable or metastatic non-squamous NSCLC that is not eligible for curative surgery and/ or definitive chemoradiotherapy. Negative HIV and hepatitis B surface antigen test at screening **Exclusion:** Mutation in EGFR gene or an ALK fusion oncogene. Symptomatic, untreated or actively progressing CNS metastases	**Arm A:** Tiragolumab + Atezolumab + Pemetrexed + Carboplatin/ Cisplatin. Maintenance with: Tiragolumab + Atezolumab + Pemetrexed **Arm B:** Placebo + Pembrolizumab + Pemetrexed + Carboplatin/ Cisplatin. Maintenance with: Placebo + Pembrolizumab + Pemetrexed **Es braucht ein Kostengutsprache für Carboplatin/ Cisplatin und Pemetrexed!**

Lung

Protocol Title	Diagnosis	Eligibility	Study Design
SAKK 15/19 Thoracic radiotherapy plus maintenance Durvalumab after firstline Carboplatin and Etoposide plus Durvalumab in extensive-stage disease small cell lung cancer (ED-SCLC) A multicenter single arm open label phase II trial PI: Dr. Michael Mark CRC: Cornelia Fluri	1st line treatment for ED-SCLC	**Inclusion criteria:** Histologically or cytologically confirmed extensive disease stage IV SCLC or T3-4 due to multiple lung nodules that are too extensive or have tumor/nodal volume that is too large to be encompassed in a tolerable radiation plan (TNM classification 8th edition) Patients suitable to receive carboplatin with etoposide as 1st line treatment for the ED-SCLC Measurable disease per RECIST v1.1 **Exclusion criteria:** Prior chemotherapy treatment for ED-SCLC Any history of radiotherapy to the chest Previous systemic treatment including immune checkpoint inhibitors against SCLC Uncontrolled or symptomatic hypercalcemia	**Induction phase (part 1)** Durvalumab 1500 mg d1 in combination with carboplatin d1(AUC 5 mg/mL/min iv) and etoposide d1-3 (100 mg/m2 iv) for 4 cycles of 21 days **Patients with CR, PR or SD will transfer to the maintenance phase (part 2)** **Maintenance phase (part 2)** Durvalumab 1500 mg (q4w) in combination with tRT (39 Gy in 13 fractions) (PCI is allowed but optional) Durvalumab maintenance treatment will be administered until PD or up to max. 2 years (26 maintenance cycles)

Gastrointestinal

Protocol Title	Diagnosis	Eligibility	Study Design

Urogenital

Protocol Title	Diagnosis	Eligibility	Study Design
SAKK 63/12 **Prospective cohort study with collection of clinical data and serum of patients with prostate disease** Premature closure for accrual PI: PD Dr. Räto Strebel CRC: Sandra Riedi/Alexandra Jori	Eligible for biopsy	**Inclusion:** Depending on allocated group **Exclusion:** Other concurrent active malignancy Psychiatric disorder	Cohort study with a prospective collection and biobanking of sera from 5 patient groups with specific indications for PSA-testing, and with longitudinal followup.
BMS CA209-901 **Phase 3 open-label randomized study of Nivo and Ipi versus standard of care Chemotherapy in participants with previously untreated unresectable or metastatic urothelial cancer** **Nur noch Cis eligible** PI: PD Dr. Richard Cathomas CRC: Gabriela Manetsch	Urothelial cancer	**Inclusion:** No prior systemic chemotherapy Histological confirmed urothelial cancer	Nivo and Ipi Versus standard of care chemotherapy
SAKK 01/18 Reduced intensity radio-chemotherapy for stage IIA/B seminoma PI: Richard Cathomas CRC: Gabriela Manetsch	Seminoma Stage IIA/B	**Inclusion:** • Histological confirmed classical seminoma treated with primary inguinal orchidectomy or partial orchidectomy • Seminoma stage IIA or IIB either newly diagnosed or recurrent after primary active surveillance • Baseline PRO questionnaires have been completed • Adequate bone marrow, and creatinine clearance ≥60ml /min according to CKD-EPI Formula **Exclusion:** • Elevated levels of AFP (≥ 2xULN) • Involved nodes in previously irradiated localizations in the abdomen or pelvis • Any anti-cancer therapy after primary tumor resection	COHORT 1: (IIA) Carboplatin AUC 7 and 24 GY radiotherapy COHORT 2: (IIB) 1x Etoposid 100mg/m^2/d (D1-5) 1xCisplatin 20mg/m^2/d (d1-5) Radiotherapy 30Gy

Urogenital

Protocol Title	Diagnosis	Eligibility	Study Design
SAKK 96/12 **Prevention of Symptomatic Skeletal events with Denosumab Administered every 4 Weeks versus every 12 Weeks** PI: Prof. Dr. Roger von Moos CRC: Alexandra Jori	Metastatic Breast or Prostate cancer (castration resistant) stage IV, all subtypes allowed except small cells	Age ≥ 18 years; Patients must have ≥ 3 bone metastases; WHO performance status 0-2; calcium levels in the normal range; Histologically or cytological confirmed diagnosis; prostate cancer receive or is receiving antineoplastic treatment; Patients with prostate cancer must have evidence of disease progression on continuous androgen deprivation therapy (CRPC); Liver transaminases within normal range	Arm A (standard Arm): Denosumab 120 mg (Xgeva®) sc. q4w Arm B (reduced Arm): 3x Denosumab 120 mg (Xgeva®) sc. q4w followed by Denosumab 120 mg (Xgeva®) sc. q12w Both Arms are supplemented with 500 mg Calcium and 400U Vitamin D
IRONMAN Registry for men with advanced prostate cancer PI: Richard Cathomas CRC: Carin Aebli, Gabriela Manetsch	Metastatic hormone sensitive or hormone resistant prostate cancer	- males 21 years of age or above - histological, or cytological confirmed prostate cancer - metastatic hormone sensitive - castration resistand prostate cancer - no active systemic therapy for a diagnosis of a second-non prostate malignancy - for both mHSPC and CRPC prior treatment with biphosphonat or Denosumab are permitted - participating in other trials are allowed	Treatment in the decision of investigator - Patient reported outcomes (PROMS) Different blood samples
BMS CA209-914 Aphase 3 randomized double-blind Study of Nivolumab combined with Ipilimumab vs Placebo in participants with localized renal cell carcinoma who unterwent radical or partial nephrectomy and who are at high risk of relapse **Part B ist offen** PI: Richard Cathomas CRC: Gabriela Manetsch	Renal cell carcinoma adjuvant	Inclusion: - completely resected with negative surgical margins - clear cell histology - 12 weeks maximal start of treatment after nephrectomy - tumor block available Exclusion: - Prior treatment with an anti PD-1, anti PD-L1, PD-L2 or anti CTLA-4 antibody - Prior systemic treatment Hemoglobin < 9 g/l	Arm A: Nivo plus Ipi Arm B: Placebo Arm C: Nivo plus Placebo

Urogenital

Protocol Title	Diagnosis	Eligibility	Study Design
MK-6482-011 **An open-label, randomized, phase III study of MK-6482 in combination with Lenvantinib vs Cabozantinib for treatment in participants with advanced renal cell carcinoma who have progressed after prior anti-PD-1/L1 therapy** PI: PD Dr. Richard Cathomas CRC: Stefania Merlo	Renal cell carcinoma locally advanced or metastatic stage IV	Inclusion: -Progression on or after an anti-PD-1/L1 therapy as either first- or second line treatment for locally advanced/ metastatic RCC or as adjuvant treatment with progression on or within 6 month of last dose -Measurable disease -Karnofsky ≥70% -Archival tumor tissue -No more than 2 prior systemic regimes (only 1 prior anti-PD-1/ L1allowed) Exclusion: -QTc >480 ms -Proteinurie ≥ 1g/24h -CNS metastasis (stable CNS metastasis over 28 days are allowed) -Prior treatment with Lenvantinib or Cabozantinib	Randomized: -MK-6482 (Belzutifan) 120mg oral QD + Lenvantinib 20mg oral QD -Cabozantinib 60mg QD
Seattle Genetics Seagan **An open-label, randomized, controlled phase III study of enfortumab vedotin in combination with pembrolizumab versus chemotherapy alone in previously untreated locally advanced or metastatic urothelial cancer** PI: PD Richard Cathomas CRC: Stefania Merlo	Metastatic or locally advanced urothelial cancer	Inclusion: -Urothelial cancer histological confirmed -Measurable disease per RECIST 1.1 -No prior therapy for advanced or metastatic disease -Eligible for cisplatin oder carboplatin- containing therapy -ECOG Performance status 0,1,or 2 -Adequate hematologic and organ function Exclusion: - Uncontrolled diabetes (HbA1c >8% - Active CNS metastases (stable CNS metastases for at least 4 weeks are allowed) - active keratitis or corneal ulcerations Archival tumor tissue needed	*Arm A:* Enfortumab vedotin (IV, 1.25mg/kg on days 1 and 8) in combination with pembrolizumab (IV, 200mg on day 1). *Arm B:* Gemcitabine (IV, 1000mg/m^2 on days 1 and 8) + Cisplatin or Carboplatin (IV on day 1, dose: Cisplatin 70mg/m^2, Carboplatin AUC 4.5). (3-week-cycle)

Hämatologie

Protocol Title	Diagnosis	Eligibility	Study Design
HD 21 **Reatment optimization trial in the first-line treatment of advanced stage Hodgkin Lymphoma; comparison of 6 cycles of escalated BEACOPP with 6 cycles of BrECADD** **Nur noch für elderly patients 61-75 Y** PI: PD Dr. Ulrich Mey CRC: Franziska Hellmann	Hodgkin Lymphom (advanced stage)	Age : 61-75 Stage IIB with large mediastinal mass and/or extranodal lesions, stage III or IV Exclusion: Composite Lymphoma , prior Ctx or RT	**6 cycles BEACOPP esc.** **or** **6 cycles BrECADD**
SAKK 38/19 **Assessing a ctDNA and PET-oriented therapy in patients with DLBCL A multicenter, open-label, phase II trial.** PI: Prof. Dr. Ulrich Mey CRC: Eun Joo Beers	Treatment naïve DLBCL	**Inclusion**: Histologically confirmed treatment-naïve DLBCL LVEF ≥ 50% determined by echocardiography Adequate renal function ≥30 ml/min/1.73m2 Patient eligible for 6 cycles of R-CHOP Metabolically active measureable disease by PET-CT Quantifiable and qualifiable circulating tumor DNA **Exclusion**: CNS lymphoma involvement Specific diagnostic categories of large B-cell lymphoma Requires or receiving anticoagulation with warfarin or Equivalent antagonists (eg, phenprocoumon) Severe or uncontrolled cardiovascular disease History of HIV or active chronic hepatitis C or B	Randomization based on cirluating tumor DNA at baseline, presence or absence of MYD88 L265P and or CD79A/B mutations. **Arm A:** 6 Cycles Acalabrutinib and R-CHOP **Arm B:** 2 Cycles R-CHOP, 4 cycles Acalabrutinib with R-CHOP, 2 cycles Acalabrutinib **Arm C:** 4 Cycles R-CHOP, 2 cycles Acalabrutinib **Arm D:** 6 Cycles R-CHOP

CLL17 A phase 3 multicentre, randomized, prospective, open-label trial of Ibrutinib monotherapy versus fixedduration Venetoclax plus Obinutuzumab versus fixed-duration Venetoclax plus Ibrutinib in patients with previously untreated chronic lymphocytic leukaemia (CLL) Initiation: 21.1.22 PI: Dirk Kienle bis ende ende Jan. 22 Prof. Ulrich Mey ab Feb. 22 CRC: Franziska Hellmann	Untreated chronic lymphocytic leukaemia (CLL)	**Inclusion**: Documented CLL requiring treatment according to iwCLL criteria a. Absolute neutrophil count ≥ 1.0 × 10_9/L b. Platelet counts ≥ 30 × 10_9/L; in cases of thrombocytopenia clearly due to CLL (per the discretion of the investigator), platelet count should be ≥ 10 × 10_9/L c. Total haemoglobin ≥ 9 g/dL (without transfusion support, unless anaemia is due to CLL) Exclusion: Any prior CLL-specific therapies[1] (except corticosteroid treatment Transformation of CLL (Richter transformation). Patients with a history of PML. An individual organ/ system impairment score of 4 as assessed by the CIRS	Arm I : Ibrutinib Arm VG: Venetoclax and Obintuzumab Arm VI: Venetoclax and Ibrutinib

Melanome

Protocol Title	Diagnosis	Eligibility	Study Design
Bering Melanom Phase IV Studie Binimetinib plus Encorafenib real life Investigation of next generation treatment PI: Roger von Moos CRC: Gillian Roberts	Melanoma BRAF mutated	Non resectable, advanced or metastatic, BRAF Mutation, treatment naïve or one line Immuncheckpoint Inhibitor	**Binimetinib plus Encorafenib (Es muss eine Kostengutsprache gestellt warden)**
BMS CA224-098 Relativity **A Phase 3, Randomized,Double-blind Study of Adjuvant Immunotherapy with Relatlimab and Nivolumab Fixed –dose Combination versus Nivolumab Monotherapy after Complete Resection of Stage III-IV Melanoma** PI: Roger von Moos CRC: Gillian Roberts	Stage IIIA (>1mm tumor in lymphnode) /B /C/D or Stage IV melanoma, completey resected.	Complete resection of Stage III-IV Melanoma, must be performed within 12 weeks prior to randomization	**Relatlimab and Nivolumab (160mg/480mg Q4W versusNivolumab (480mg)Q4W**

OVAR

Protocol Title	Diagnosis	Eligibility	Study Design
MATAO A Phase III randomized double –blind placebo – controlled trial of letrozole or placebo as a maintenance therapy in patients with newly diagnosed ER positive (≥1%IHC) low or high grade serous or endometriod ovarian/tubal /peritoneal cancer with a FIGO stage of II-IV PI: Michael Schwitter CRC: Gillian Roberts	Ovarian cancer	-Primary , newly diagnosed FIGO Stage II to IV and histologically confirmed low or high grade serous or endometriod epithelial ovarian / fallopian / peritoneal cancer -Debulking performed -ECOG 0-2 -Positivity ((≥1%)for ER expression , tested centrally	**Arm 1 Letrozole 2.5mg daily** **Arm 2 Placebo daily**
AGO-OVAR 2.29/ENGOT-ov34 Atezolizumab in combination with Bevacizumab and Chemotherapy versus Bevacizumab in recurrent ovarian cancer – a randomized Phase III trial PI: Michael Schwitter CRC: Gillian Roberts	Ovarian cancer	Histologically diagnosed ovarian,fallopiantube or primary peritoneal cancer Relapsed disease Upto 3 prior therapies Measurable disease Tu biopsy not older than 3 months Patient has not progressedon the chosen / planned chemotherapy (PLD or Paclitaxel) in any line. Patients previously treated with bevacizumab are eligible	**Arm A** **PLD or Paclitaxel(qw) + Bevacizumab + placebo** **Arm B** **PLD or Paclitaxel (qw) + bevacizumab + Atezolizumab**

Radio-Onkologie-Studie

Protocol Title	Diagnosis	Eligibility	Study Design
Dosis-RCT Dose-intensified image-guided fractionated stereotactic body radiation therapy for painful spinal metastases versus conventional radiation therapy: a randomised controlled trail PI: Brigitta Baumert CRC: Sandra Riedi/Alexandra Jori	Established histological diagnosis of maignat primary or metastatic tumour	**Inclusion:** • Established histological diagnosis of maignat primary or metastatic tumour • Histolocically, radiologically or scintigraphically proven spinal metastasis • >18 years • Karnofsky >60 • Life expectancy >1 Jahr **Random:** • Osteolytic or mixed (Osteolytic/Osteoblastic lesion) • Pain • Willingness **Exclusion:** • More than 3 cervical or more than 4 thoracic, lumber, sacral) • More than 2 treatment sites • Previous radiotherapy …	**Arm A** (intervestigational) Image-guided hypofractionated SBRT using SIB to escalate radation dose in the tumour (hige dose target volume) **Arm B** (standard treatment) External 3-dimensional conformal radiotherapy aiming at homogeneus irradiation of the affected vertebrae (30Gy in 10 fractions)
EORTC 1811/1822 **(EStRO Radiotherapiy InfrAstrucTure for Europ)** A pragmatic observational cohort study to evaluate radical radiotherapy for oligo-metastatic cancer patients PI: Desiree Klass CRC: Sandra Riedi/Alexandra Jori	Oligometastatic Cancer: NSCLC, Breast, Prostata, Colorectal	**Patient selection criteria:** • Primary diseas typ: NSCLC, Breast, Prostata, Colorectal • Oligometastatic diseas (synchronously or metachronously) • All visible cancer lesions • Radical radiotherapy (minimoum 50Gy EQD2/10 delivere in a maximum of 12 fractions) • …	Open ended prospective non-therapeutic cohort study.

IIT

Protocol Title	Diagnosis	Eligibility	Study Design
Hilotherapy **Prevention of taxane chemotherapy induced nail changes and peripheral neuropathy by application of extremeity cooling :** **A prospective single center study with intrapatient comparison** PI: Richard Cathomas / Kristen Johnson CRC: Gillian Roberts	Patient who are to be treated with paclitaxel or docetaxel	Planned dose of at least 300mg/m^2 Docetaxel Planned dose of at least 720mg /m^2 Paclitaxel	The Hilotherapy Chemocare Therapy machine will be placed on the dominant hand and foot at every chemotherapy session. An Assessment of nail toxicity and CIPN using questionnaires and photographs will take place at defined times using the non dominat hand and foot as comparison
Komplementär-Studie Wird untersucht welche Pat. Mit welcher Erkrankung Komplementärmedizin in Anspruch nehmen und gleichzeitig soll geprüft werden wie wirksam die Komplementärmedizin zur Linderung Tumor-oder Therapiebedingten Symptome ist. PI: Michael Schwitter CRC: Sandra Riedi/Carin Aebli	Misteltherapie, Aromatherapie und Akkupunktur (Ohr) in Kombination mit kurativer/palliativer Krebstherapie.	**Einschluss** -Alle Pat. mit aktiver Tumortherapie welche KM in Anspruch nehmen -Kurative und palliative Therapie **Ausschluss** **-**kontraindikation für Akkupunktur o. Misteltherapie -fehlendes Einverständnis -usw.	Scuol und Chur

Registry

Protocol Title	Diagnosis	Eligibility	Study Design
PACIFIC-Real World First real-world data on unresectable stage III NSCLC patients treated with Durvalumab after chemoradiotherapy. PI: Dr. Michael Mark CRC: Eun Joo Beers	Locally advanced, recurrent or unresectable Stage III NSCLC	**Inclusion:** Age ≥ 18 years; Histologically diagnosis of NSCLC Patient must have been enrolled in one of the Durvalumab EAP´s	Observational review of medical record of patients diagnosed with unresectable stage III NSCLC. Primary outcome(s): PFS and OS
SAKK 80/19 **Immuntherapie** PI: Dr. Michael Mark CRC: Carin Aebli	Immuntherapie	**Immuntherapie**	Observational review of medical record of patients

Basketstudie

Protocol Title	Diagnosis	Eligibility	Study Design
Merck 7902-005 A Multicenter, Open-label Phase 2 Study of Lenvatinib (E7080/MK-7902) Plus Pembrolizumab (MK-3475) in Previously Treated Subjects with Selected Solid Tumors PI: Sara Bastian CRC: Franziski Hellmann	Relapsed /refractory cancer Cohort B: Ovarian cancer (4L) (geschlossen im Moment) Cohort C: Gastric Cancer (3L) Cohort D: Colorectal Cancer (3L) Cohort E: Glioblastoma Multiforme (2L) Cohort F: Billary Tract Cancer(2L) Cohort G: Pancreas (2/3L)	In: Have a histologically or cytologically-documented, advanced (metastatic and/or unresectable) solid tumor that is incurable and for which prior standard systemic therapy has failed - Participants must have progressed on or since the last treatment. -Have measurable disease per RECIST 1.1 (RANO for the GBM cohort) -Have provided a PD-L1 evaluable archival tumor tissue sample or newly obtained core or excisional biopsy of a tumor lesion not previously irradiated. -Diffrent Cancer inclusions Ex: Has presence of gastrointestinal condition including malabsorption Has present or progressive accumulation of pleural, ascitic, or pericardial fluid requiring drainage or diuretic drugs within 2 weeks prior to enrollment. Has clinically significant hemoptysis or tumor bleeding within 2 weeks prior to the first dose of study drug Has significant cardiovascular impairment within 12 months of the first dose of study drug: such as history of congestive heart failure greater than New York Heart Association CAVE: Pancreas specific CT settings Glioblastoma specific MRI settings	Arm 1:Pembrolizumab 200 mg q3w und levantinib 20 mg qd If stable, PR or CR Pembrolizumab 200 mg q3w for 24 months and Levantinib 20 mg qd until PD Für Ovar und Colorectal: Arm 1 : Pembrolizumab 200 mg q3w und levantinib 20 mg qd Oder Arm2: Levantinib 24 mg QD

NICHT-Onkologische Studien

Protocol Title	Diagnosis	Eligibility	Study Design
Multicentre double-blind randomised controlled trial "EEG in general anaesthesia- more than only a BIS index" PI: Christoph Burkhard, Anästhesie CRC: Alexandra Jori	**Planned laparascopic abdominal procedure with general anaesthesia using Propofol target-controlled infusion**	**For Anaethesiest:** - at least two years experience - written informed consent - tutorial on EEG completed before day of surgery **For patient:** - laparascopic abdominal procedure - written informed consent	**Participant will be recruited, and will be randomised in two groups. The interventional group will be taught about the frontal EEG**
Impact of perioperative maintenance or interruption of low-dose Aspirin on recurrence rat and thrombotic events after burr-hole drainage of chronic subduralhematoma PI: Christian Zweifel, Neurochirurgie CRC: Franziska Hellmann	**Patients untergoing burr-hole drainage for cSDH**	**Inclusion:** - patients undergoing burr-hole drainage for cSDH whro are under lowe-dose ASA treatment for secondary prevention - informed consent **Exclusion** - a recent major cardiac event - a recent bleeding event	**Randomisation in two groups- Aspirin or placeb All patient undergo the burr-hole draninage**
Registry for pregnant women exposed to SARS-CoV 2 or receiving the COVID-19 Vaccine PI: Stylianos Kalimeris CRC: Carin Aebli, Gabriela Manetsch	**Pregnant women**	**Pregnant women with a suspicion of infection by SARS-CoV2 or receiving the COVID-19 vaccine**	**Outcome of pregnancy**
Jodmonitoring 2020 – Swiss National Iodine Survey 202 PI: Stylianos Kalimeris CRC: Carin Aebli, Gabriela Manetsch	**Preganant women**	**Pregnant 18-44 years old** **No use of X-ray/CT/MRI iodine containing contrast agent or iodine containing medication within the last 6 month**	**Iodine status outcome**

SECA Studie (Neurochirurgie)
 	
Impact of perioperative maintenance of interrruption of low- dose Aspirin on recurrence rate and thrombotic events after bur hole drainage of chronic subdural hematoma. A randomized, placebo controlled, double blinded , multicenter study
 	
PI: Christian Zweifel
CRC: Fränzi
	Patients undergoing burr hole drainage for cSDH who are under low-dose ASA treatment for secondary prevention (Aspirin cardio® 100 mg once a day	- **Incl:** Patients undergoing burr hole drainage for cSDH who are under low-dose ASA treatment for secondary prevention (Aspirin cardio® 100 mg once a day)
		  - Patients receiving oral anticoagulation will be handled as described:
		  - Marcoumar: reversal of oral anticoagulant effect till reaching a Quick of at least 65% (INR 1.2) and discontinuation for 4 weeks postoperatively
		  - NOACS: if possible, discontinuation 24 hours before surgery. In case of emergency discontinuation for 4 weeks postoperatively
		  - Plavix: if possible, discontinuation 5 days before surgery. In case of emergency discontinuation postoperatively for 4 weeks
		
		Excl: A recent (30 days before randomization) major cardiac event (i.e. unstable angina, myocardial infarction or coronary revascularization)
		- A recent (30 days before randomization) active bleeding event
		- Patient with known bleeding disorder (e.g. hemophilia)
			100 mg Aspirin Cardio oder Placebo bis zum 12 nach Randomisation