

Open clinical trials KSGR Oncology

Breast				
Setting	Short title	Complete title	Key Inclusions	Contact
neoadjuvant	AXSANA EUBREAST 3	AXillary Surgery After NeoAdjuvant Treatment. A prospective multicenter cohort study to evaluate different surgical methods of axillary staging (sentinel lymph node biopsy, targeted axillary dissection, axillary dissection) in clinically node-positive breast cancer patients treated with neoadjuvant chemotherapy	Primary invasive breast cancer cN+	PI: Martina Maranta Martina.maranta@ksgr.ch CRC: Romina Bottoni romina.bottoni@ksgr.ch CRC: Maya Bonderer maya.bonderer@ksgr.ch CRC: Sandra Riedi sandra.riedi@ksgr.ch
neoadjuvant	VISION 1	Intelligent vacuum assisted biopsy immediately before surgery as an intra- or pre-operative surrogate for patient response to neoadjuvant chemotherapy for breast cancer (A multicenter prospective feasibility trial)	- Unifocal, histologically confirmed invasive breast Cancer with ICH luminal B - cT1c to cT2, any N, M0 - Neoadjuvant Chemotherapy resulting in a radiological complete response or near complete response by imaging	PI: Martina Maranta martina.maranta@ksgr.ch CRC: Romina Bottoni romina.bottoni@ksgr.ch CRC: Maya Bonderer maya.bonderer@ksgr.ch CRC: Sandra Riedi sandra.riedi@ksgr.ch
neoadjuvant	SAKK 21/23 NEODOxy	NEODOxy: Targeting cancer stem cells with neoadjuvant doxycycline in patients with early ER+/HER2- breast cancer. A prospective, multicenter, single arm, open label phase II trial	- ER+/HER2- primary invasive breast cancer - cN0-3 - cM0	PI: Sophie Reinhart sophie.reinhart@ksgr.ch CRC: Maya Bonderer maya.bonderer@ksgr.ch CRC: Sandra Riedi sandra.riedi@ksgr.ch
upfront surgery	NOAX	Axillary radiotherapy or axillary lymph node dissection in patients with clinically node-positive breast cancer undergoing upfront tailored axillary surgery: An international, randomized superiority trial	- Node-positive breast cancer AJCC/UICC stage II-III - Node positivity cN1-3 - Upfront surgery setting	PI: Martina Maranta martina.maranta@ksgr.ch CRC: Maya Bonderer maya.bonderer@ksgr.ch CRC: Sandra Riedi sandra.riedi@ksgr.ch

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CNS				
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Colorectal				
Setting	Short title	Complete title	Key Inclusions	Contact
metastatic untreated	SAKK 41/23 PARTACER-Suisse	Primary and acquired resistance to targeted treatment in BRAF V600E-mutated metastatic colorectal cancer	• Unresectable or metastatic BRAF V600E mutated colorectal cancer • Presence of at least one tumor lesion accessible for core needle, surgical or endoscopic biopsy (study requires fresh tumor biopsy)	PI: Sara Bastian sara.bastian@ksgr.ch CRC: Esther Bracher esther.bracher@ksgr.ch

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ENT (ear, nose, throat)				
Setting	Short title	Complete title	Key Inclusions	Contact

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Gastrointestinal				
Setting	Short title	Complete title	Key Inclusions	Contact
metastatic 1L	MK 3475-006 C	A phase 1/2 open-label, umbrella platform design study of MK-2870 with Pembrolizumab (MK-3475) and chemotherapy in participants with first-line locally advanced, unresectable/metastatic gastroesophageal adenocarcinoma	- Has histologically and /or cytologically confirmed diagnosis of previously untreated locally advanced unresectable or metastatic 1L gastroesophageal adenocarcinoma (gastric adenocarcinoma, gastroesophageal junction adenocarcinoma, or esophageal adenocarcinoma) - Has gastroesophageal adenocarcinoma that is not HER2/neu positiv	PI: Sara Bastian sara.bastian@ksgr.ch CRC: Franziska Hellmann franziska.hellmann@ksgr.ch
metastatic 1L	MK 3475-006 E	A phase 1/2 open-label, umbrella platform design study of investigational agents (MK-2400) in combination with Pembrolizumab (MK-3475) with or without chemotherapy in participants with 1L locally advanced unresectable/metastatic esophageal cancer	- Histologically or cytologically confirmed diagnosis of locally advanced unresectable or metastatic squamous cell carcinoma of the esophagus in 1L setting - ECOG 0-1 - Measurable disease per RECIST 1.1	PI: Sara Bastian sara.bastian@ksgr.ch CRC: Franziska Hellmann franziska.hellmann@ksgr.ch
metastatic 2L	MK 3475-006 B	A phase 1/2 open-label, umbrella platform design study of investigational agents in combination with Pembrolizumab (MK-3475) in participants with advanced esophageal squamous cancer previously exposed to PD-1/ PD-L1 treatment	- Histologically or cytologically confirmed diagnosis of locally advanced unresectable metastatic esophageal squamous cell carcinoma - Experienced investigator documented radiographic or clinical disease progression on one prior line of standard therapy that includes a platinum agent and previous exposure to an anti-PD-1/ PD-L1 based IO therapy	PI: Sara Bastian sara.bastian@ksgr.ch CRC: Franziska Hellmann franziska.hellmann@ksgr.ch

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Gastrointestinal				
Setting	Short title	Complete title	Key Inclusions	Contact
metastatic 2L	MK 3475-006 D	A phase 1/2 open-label, umbrella platform design study to evaluate the safety and efficacy of MK-2870 plus Paclitaxel as the second-line treatment of participants with advanced/ metastatic gastroesophageal adenocarcinoma	- Has histologically and/or cytologically confirmed diagnosis of previously treated, 2L (received 1L treatment) gastric adenocarcinoma, GEJ adenocarcinoma, or esophageal adenocarcinoma - Has gastroesophageal adenocarcinoma that is not HER2/neu positive - has received at least one dose of platinum and fluoropyrimidine therapy with or without immunotherapy	PI: Sara Bastian sara.bastian@ksgr.ch CRC: Franziska Hellmann franziska.hellmann@ksgr.ch
metastatic 2L/ 3L	MK 3475-006 F	A phase 2 open-label umbrella design study of investigational agents in participants with 2/3 L unresectable locally advanced metastatic esophageal cancer (ESCC)	- Histologically or cytologically confirmed diagnosis of unresectable locally advanced or metastatic ESCC - Has disease progression post 1L or 2L of prior systemic therapy for unresectable locally advanced or metastatic ESCC. Prior treatment must include platinum and anti-PD-1/PD-L1 inhibitor. Prior exposure to anti-CTLA-4 inhibitor is allowed	PI: Sara Bastian sara.bastian@ksgr.ch CRC: Franziska Hellmann franziska.hellmann@ksgr.ch

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Gynecological				
Setting	Short title	Complete title	Key Inclusions	Contact
-	OvCar	A retrospective and prospective registry of patients with ovarian cancer	- Signed general consent, or signed patient informed consent (prospective) - FIGO stage I-IV ovarian cancer with sufficient data collection from KIS	PI: Ursula Hasler-Strub ursula.hasler-strub@ksgr.ch CRC: Patricia Caminada patricia.caminada@ksgr.ch
advanced maintenance	MK-2870-021 (TroFuse-021/ ENGOT-ov85/ GOG-3102)	A phase 3, randomized, open-label, multicenter study of Sacituzumab Tirumotecan (sac-TMT, MK-2870) maintenance treatment with or without Bevacizumab versus standard of care in participants with newly diagnosed advanced HRD-negative ovarian cancer following first-line platinum-based chemotherapy	- Confirmed FIGO Stage III or IV EOC, fallopian tube cancer, or primary peritoneal cancer - Completed 1 L treatment with platinum-based chemotherapy and has received at least 4 cycles of treatment - HRD negative (tumor tissue analyzed centrally)	PI: Ursula Hasler-Strub ursula.hasler-strub@ksgr.ch CRC: Anita Marti anita.marti@ksgr.ch
advanced	INCB123667-203	A Phase 2, Single-Arm Study of INCB123667 in Participants With Platinum-Resistant Ovarian Cancer With Cyclin E1 Overexpression (MAESTRA 1)	Histological diagnosis of a high-grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer. 5. Have platinum-resistant disease: a. Participants who have only had 1 line of platinum-based therapy must have received at least 4 cycles of a platinum-containing regimen, had a response (CR or PR) or had nonmeasurable disease at the start of the platinum-based therapy, and then progressed between > 3 and ≤ 6 months after the last dose of platinum. b. Participants who have received 2 to 4 lines of platinum-based therapy must have progressed on or within 6 months after the last dose of platinum. 6. Willingness to undergo pretreatment biopsy.	PI: Ursula Hasler-Strub ursula.hasler-strub@ksgr.ch CRC: Patricia Caminada Patricia.caminada@ksgr.ch

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Haematology				
Setting	Short title	Complete title	Key Inclusions	Contact
-	MoMMent	A prospective, multinational study of real-life current standards of care in patients with relapsed and/ or refractory multiple myeloma	- Have a documented diagnosis of multiple myeloma according to IMWG diagnostic criteria - Measurable disease at screening as defined by any of the following: - Serum monoclonal paraprotein level ≥ 0.5 g/dL or urine M-protein level ≥ 200 mg/24hours; or - Light chain multiple myeloma without measurable disease in the serum or the urine: Serum immunoglobulin free light chain ≥ 10 mg/dL and abnormal serum immunoglobulin kappa lambda free light chain ratio.	PI: Ulrich Mey ulrich.mey@ksgr.ch CRC: Stephanie Bossi stephanie.bossi@ksgr.ch
1L	MORNINGLYTE	A phase 3 randomized, open-label, international, multicenter study evaluating the efficacy and safety of mosunetuzumab plus lenalidomide in comparison to anti-CD20 monoclonal antibody plus chemotherapy in subjects with previously untreated FLIPI 2-5 follicular lymphoma	- Patient with histologically proven previously untreated CD20+ follicular lymphoma grade 1, 2, or 3a (including patient watched during up to 10 years after initial diagnosis), or classical follicular lymphoma - FLIPI 2-5 - All Ann Arbor stages (including stage I if FLIPI ≥ 2)	PI: Stefan Kallert stefan.kallert@ksgr.ch CRC: Stephanie Bossi stephanie.bossi@ksgr.ch
1L	KRT-232-115	A phase 3, randomized, double-blind, add-on study evaluating the safety and efficacy of Navtemadlin plus Ruxolitinib vs Placebo plus Ruxolitinib in patients with myelofibrosis who have a suboptimal response to Ruxolitinib	- Confirmed diagnosis of PMF, post-PV MF, or post-ET MF, as assessed by the treating physician according to the World Health Organization (WHO) criteria - IPSS risk category of Intermediate-1, Intermediate-2, or High - Spleen measuring ≥ 450 cm³ by MRI or CT scan (central review)	PI: Tobias Silzle tobias.silzle@ksgr.ch CRC: Stephanie Bossi stephanie.bossi@ksgr.ch

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Lung				
Setting	Short title	Complete title	Key Inclusions	Contact
neoadjuvant/ adjuvant	MK-2870-019	A Phase 3 Randomized Open-Label Study of Adjuvant Pembrolizumab With or Without MK-2870 in Participants With Resectable Stage II to IIIB (N2) NSCLC not Achieving pCR After Receiving Neoadjuvant Pembrolizumab With Platinum-based Doublet Chemotherapy Followed by Surgery	- Has histological confirmation of squamous or nonsquamous NSCLC, resectable clinical Stage II, IIIA or IIIB (with nodal involvement [N2]) - Confirmation that <i>EGFR</i>-directed therapy is not indicated as primary therapy - Able to undergo surgery and able to receive neoadjuvant pembrolizumab and platinum-based doublet chemotherapy	PI: Michael Mark michael.mark@ksgr.ch CRC: Stephanie Bossi stephanie.bossi@ksgr.ch
oligo- metastatic	salVage	A Phase 3 randomized controlled trial comparing maintenance systemic therapie alone with systemic therapy plus local ablative treatment for patients with advanced stage IV non-small cell lung cancer	- Tissue confirmed, pre-treatment clinical stage IV NSCLC - Neurosurgical diagnostic resection of one single CNS metastasis or laparoscopic resection of one adrenal metastasis before trial inclusion is allowed. - The primary tumor and all oligopersistent metastases must be amenable for radical LAT (surgery and/or radiotherapy)	PI: Michael Mark michael.mark@ksgr.ch CRC: Stephanie Bossi stephanie.bossi@ksgr.ch
metastatic 1L	Krascendo-2 (CO45042)	A phase 3, randomized, open-label study of evaluating the efficacy and safety of Divarasib and Pembrolizumab versus Pembrolizumab and Pemetrexed and Carboplatin or Cisplatin in patients with previously untreated, KRAS G12c-mutated, advanced or metastatic non-squamous non-small cell lung cancer.	- Measurable disease, as defined by RECSIT v1.1 - No symptomatic, untreated or actively progressing CNS metastases - Eligible to receive a platinum-based chemotherapy regimen	PI: Michael Mark michael.mark@ksgr.ch CRC: Polona Mehle polona.mehle@ksgr.ch
metastatic 1L	SGNB6A-001	A phase 1 study of SGN-B6A in advanced solid tumors.	- Subjects must have locally advanced or metastatic NSCLC. - Prior therapies: depending on the cohort (either pre-treatment necessary or treatment-naïve)	PI: Michael Mark michael.mark@ksgr.ch CRC: Polona Mehle polona.mehle@ksgr.ch

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Lung				
Setting	Short title	Complete title	Key Inclusions	Contact
metastatic 1L	Fiber-Boost	Multicenter, randomized, controlled trial to study the effects of a high-fiber dietary intervention on ctDNA clearance and the microbial and immunological landscape in patients with advanced Non-Small Cell Lung Cancer receiving PD-1/PD-L1-targeted monotherapy	- Advanced or recurrent NSCLC not amenable to curative treatment - PD-L1 expression $\geq 50\%$ (TPS) determined by an approved IHC test - No actionable genetic alterations in genes such as EGFR, ALK, ROS1, HER2, BRAF, RET, MET, NTRK	PI: Michael Mark michael.mark@ksgr.ch CRC: Patricia Caminada patricia.caminada@ksgr.ch
metastatic 1L	SAKK 18/24	Reduced-dose carboplatin-doublet-chemotherapy + Cemiplimab vs Cemiplimab monotherapy in treatment naive older and frail patients with metastatic NSCLC with PD-L1 $< 50\%$. A multicentre randomized open-label phase II trial.	- Metastatic or advanced or recurrent NSCLC without a curative-intent treatment option, PD-L1 $< 50\%$ by local testing ≥ 70 years - G8 screening score of ≤ 14 and/or ineligible for full-dose chemotherapy	PI: Michael Mark michael.mark@ksgr.ch CRC: Polona Mehle polona.mehle@ksgr.ch
Metastatic 2L+	SAKK 18/25	Overcoming Resistance to Immunotherapy combining Gemcitabine with Ivonescimab in advanced NSCLC progressing on immune checkpoint inhibitors: A multicenter, single-arm, open-label phase II trial (ORIGIN2)	- Confirmed squamous or non-squamous mNSCLC stage IIIB-IV with disease recurrence or progression during or after one or more prior immunotherapy or chemo-immunotherapy (CIT) regimens for metastatic disease. - Measurable disease according to RECIST v1.1. - Availability of newly collected or archival (maximum 3 months) - samples for TR prior to treatment initiation.	PI: Michael Mark michael.mark@ksgr.ch CRC: Polona Mehle polona.mehle@ksgr.ch
metastatic 2L+	Amgen 20230298 (deLLphi-308)	A phase 1b study evaluating the safety, tolerability, pharmacokinetics, and preliminary anti-tumor activity of subcutaneous Tarlatamab in subjects with extensive stage small cell lung cancer (DeLLphi-308)	- Subjects with histologically or cytologically confirmed ES-SCLC that progressed or recurred following at least one line of platinum-based regimen. - Eastern cooperative oncology group (ECOG) performance status (PS) of 0 or 1.	PI: Michael Mark michael.mark@ksgr.ch CRC: Anita Marti anita.marti@ksgr.ch

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Lung				
Setting	Short title	Complete title	Key Inclusions	Contact
			Subjects must have adequate organ function (cardiac, pulmonary, kidney, and liver).	
-	SAKK_LuCa 2	Retrospective and prospective registry of patients with metastatic NSCLC harbouring typical and atypical EGFR mutations	Cohorte A/B/C EGFR Exon 20 insertion mutation or classical EGFR mutation progressing on 1L osimertinib treatment or uncommon EGFR mutations other than EGFR Exon 20insertion mutations	PI: Michael Mark michael.mark@ksgr.ch CRC: Anita Marti anita.marti@ksgr.ch
metastatic, 1L	SAKK 19/24	Magnesium supplementation in addition to standard chemo-immunotherapy in patients with locally advanced unresectable stage III or metastatic stage IV non-small cell lung cancer (NSCLC). A double-blind randomized multicenter phase II/III trial	- Histologically or cytologically confirmed diagnosis of NSCLC (adeno-, squamous-, large cellcarcinoma or NSCLC not otherwise specified) - Patients planned for systemic first-line therapy with a combination of a carboplatin-based doublet chemotherapy and a PD-1 / PD-L1 targeting immune checkpoint inhibitor	PI: Michael Mark michael.mark@ksgr.ch CRC: Anita Marti anita.marti@ksgr.ch

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Melanoma				
Setting	Short title	Complete title	Key Inclusions	Contact
metastatic 1L	EIK1001-006	A multicenter, randomized, double-blind, active comparator-controlled, adaptive phase 2/3 study to evaluate the safety and efficacy of EIK1001 and Pembrolizumab versus Placebo and Pembrolizumab as first-line therapy in participants with advanced melanoma	- Histologically or cytologically confirmed Stage 3 (unresectable) or Stage 4 (metastatic) melanoma - No previous systemic therapy for advanced melanoma (with exceptions)	PI: Roger von Moos roger.vonmoos@ksgr.ch CRC: Daniela Denoth daniela.denoth@ksgr.ch

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Prostata				
Setting	Short title	Complete title	Key Inclusions	Contact
surgical	Dissection 2.0	Extended pelvic lymph node dissection versus no pelvic lymph node dissection at radical prostatectomy in PSMA PET negative staged men: a multicenter, randomized phase 3 trial	- High-risk prostate cancer defined as: WHO/ISUP grade group III-V or ISUP grade group II and PSA >20ng/ml - PSMA-PET: negative staging for regional and distant metastasis - Recommendation for radical prostatectomy	PI: Räto Strebel raeto.strebel@ksgr.ch CRC: Polona Mehle polona.mehle@ksgr.ch
biochemical recurrence	SCI_001 TerbinaPro	Terbinafine for biochemically recurrent prostate cancer - A phase II drug-repurposing study	- Biochemical recurrent prostate cancer after definitive treatment for loc PCa - Non-castrate levels of testosterone - No evidence of distant metastatic disease	PI: Angela Fischer angela.fischer@ksgr.ch CRC: Daniela Denoth daniela.denoth@ksgr.ch
metastatic 1L	PEACE 6 Vulnerable	A double-blind randomised Phase 3 trial evaluating the efficacy of ADT +/- darolutamide in <i>de novo</i> metastatic prostate cancer patients with vulnerable functional ability and not elected for docetaxel or androgen receptor targeted agents	- Men with histologically or cytologically confirmed adenocarcinoma of the prostate. - De novo metastatic disease defined by clinical or radiographic evidence of metastases. - Ineligible for treatment with all of the following drugs: docetaxel, abiraterone, enzalutamide, apalutamide	PI: Richard Cathomas richard.cathomas@ksgr.ch CRC: Stephanie Bossi stephanie.bossi@ksgr.ch
metastatic 1L	SAKK 63/12	Prospective cohort study with collection of clinical data, serum and plasma of patients with prostate disease	Only Group E: metastatic castration resistant prostata carcinoma	PI: Richard Cathomas richard.cathomas@ksgr.ch CRC: Alexandra Jori alexandra.jori@ksgr.ch CRC: Romina Bottoni romina.bottoni@ksgr.ch

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Prostata				
Setting	Short title	Complete title	Key Inclusions	Contact
metastatic 1L	SAKK 08/23	Addition of Darolutamide to first line treatment of mCRPC: a randomized open label phase II trial	- Metastatic adenocarcinoma of the prostata - Castration resistance: tumor progression after orchiectomy or during treatment with GnRH analogues - A minimum of 12 months on ADT+ARPI, showing an at least 50% PSA response or partial remission	PI: Richard Cathomas richard.cathomas@ksgr.ch CRC: Daniela Denoth daniela.denoth@ksgr.ch
metastatic 1L	Amgen 20240361	Phase 1b study evaluating the safety, tolerability and efficacy of Xaluritamig in combination with androgen receptor pathway inhibitors in participants with metastatic hormone-sensitive prostate cancer	- De novo mHSPC, defined as metastatic disease with no prior diagnosis of localized prostate cancer AND started ADT (LHRH agonist/antagonist or orchiectomy) with or without ARPI (defined as abiraterone OR darolutamide) as SOC, first treatment with ADT should be no longer than 12 weeks before screening. Prior docetaxel treatment is not permitted. - High-volume metastatic disease defined as presence of visceral metastasis and/or ≥ 4 bone metastases with at least one outside of the vertebral column and pelvis	PI: Richard Cathomas richard.cathomas@ksgr.ch CRC: Alexandra Jori alexandra.jori@ksgr.ch
Metastatic 1L	DE-ESCALATE	Intermittent Androgen deprivation Therapy in the era of AR pathway inhibitors; a phase 3 pragmatic randomized trial	- ADT and ARPI for metastatic hormone sensitive prostate cancer for 6-12 months - PSA ≤ 0.2 ng/mL	PI: Richard Cathomas richard.cathomas@ksgr.ch CRC: Ursina Flepp ursina.flepp@ksgr.ch

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Renal/ Seminoma/ Urothelial				
Setting	Short title	Complete title	Key Inclusions	Contact
-	Swiss Austrian German Testicular Cancer Cohort Study (SAG TCCS)	Life-long follow-up of testicular cancer survivors within the setting of a large prospective cohort study to ascertain risks of emerging toxicities and the evolution of known late sequelae	- Histologically proven seminomas or non-seminoma - Seminoma: CR or LN < 3cm or PET negative PR or non-seminoma: CR	PI: Richard Cathomas richard.cathomas@ksgr.ch CRC: Daniela Denoth daniela.denoth@ksgr.ch
metastatic 2L	BMS CA244-0012 IZABRIGHT	A randomized, open-label, phase 2/3 trial of Izalontamab Brengitecan versus platinum-based chemotherapy for metastatic urothelial cancer in participants with disease progression on or after an immunotherapy-based treatment	- Histologically or cytologically confirmed metastatic or surgically unresectable transitional (urothelial) cell carcinoma (TCC) of the renal pelvis, ureter, bladder, or urethra - Disease progression or recurrence on or following anti-PD-(L)1-based therapy, either in combination with or sequential to other systemic treatment (eg, PBC, ADC, or FGFR-targeted therapy)	PI: Richard Cathomas richard.cathomas@ksgr.ch CRC: Esther Bracher esther.bracher@ksgr.ch
metastatic 2L+	BMS CA266-0008	A phase 1/2 open-label, multi-center, randomized study of Punitamig alone or in combination with Ipilimumab or Cabozantinib in participants with advanced Renal Cell Carcinoma (RCC)	- Locally advanced inoperable or metastatic RCC with or without sarcomatoid component - ECOG 0-1	PI: Richard Cathomas richard.cathomas@ksgr.ch CRC: Esther Bracher esther.bracher@ksgr.ch

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Genetics				
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Radio-Oncology				
Setting	Short title	Complete title	Key Inclusions	Contact
metastatic	PREOP2	A multicentre prospective, interventional, randomised trial of preoperative radiosurgery compared with postoperative stereotactic radiotherapy for resectable brain metastases	• MRI-diagnosis of a clearly demarcated contrast-enhancing brain metastasis up to 4.0 cm • Up to 3 other brain metastases • Karnofsky performance status over 60 and survival estimated by primary clinician over 12 months	PI: Thomas Mader thomas.mader@ksgr.ch CRC: Romina Bottoni romina.bottoni@ksgr.ch CRC: Maya Bonderer maya.bonderer@ksgr.ch CRC: Sandra Riedi sandra.riedi@ksgr.ch
adjuvant	BUS-006	A double-blind, randomized, placebo-controlled, two arm, phase 2 clinical trial in parallel groups to evaluate the efficacy and tolerability of a rectal treatment with budesonide suppositories compared to placebo suppositories for amelioration of acute radiation proctitis symptoms in male patients aged 18 years or older with prostate carcinoma.	• Prostate carcinoma (primary or biochemical recurrence) • Karnofsky performance status $\geq 70\%$, ECOG ≤ 2 • RT 60–80 Gy complete dose in 20–40 fractions over 4 – 8 weeks	PI: Thomas Mader thomas.mader@ksgr.ch CRC: Sandra Riedi sandra.riedi@ksgr.ch CRC: Romina Bottoni romina.bottoni@ksgr.ch