BIOREPOSITORY		
GU and Gyn	**ROSSER-2014-1**	Known GU and Gyn disorders. **Urine Repository for BioMarker Research (URBR)**
BRAIN		
Meningioma	**NRG-BN003**	Ph III; Newly diagnosed unifocal intracranial meningioma, gross totally resected (GTR); Grade II; GTR confirmed by modified Simpson grade and post MRI; Step 1 reg within 180 days of surgery; tissue submission required for path review and Step 2; Neurocognitive testing required. **Tx: Observation vs RT (IMRT or Protons) 59.4Gy**
GBM	**ALLIANCE-A071102** **Closes on 5/18/2018**	Ph III; New Dx Grade IV intracrainal GBM /gliosarcoma; Tissue for MGMT promoter hypermethylation testing; Completed RT & concomitant TMZ; Novo TTF-100a (Optune) device allowed. **Tx: Veliparib/Placebo + Temozolomide**
BREAST - POST Neoadjuvant		
N(+) Prior to NeoAdj	**NSABP-B-51**	Ph III; cT1-3N1 by FNA/Core Bx prior to 12 wks of NeoAdj tx;Tumor submission req; must have recv'd 8 wks of neoadj.; N(-) post op. If (N+) see A011202 **Tx: No regional RT vs regional nodal RT <= 12 wks of surgery or post op chemo.**
N(+) Prior to & After Neoadj	**ALLIANCE-A011202**	PH III; cT1-3 N1 prior to <= 4 cycles of NeoAdj; Surgery <= 56 days of last dose of neoadj; >= 1(+) LN post op. **Tx: ALND(+) nodal RT w/o RT to axilla vs Axillary RT & nodal RT**
TNBC After NeoAdj	**ECOG-ACRIN-EA1131**	PIII; M/F; cStage II/III; completed neoadj taxane +/- anthracycline & residual Dz @ surgery; Tissue submitted for PAM50 analysis. **Tx: Cisplatin or Carboplatin vs Capecitabine**
BRCA1/2(+) & HR HER2(-)	**NSABP-B-55**	Ph III; M/F; >= 6 cycles NeoAdj/Adj Tx; Post NeoAdj: If TNBC: non-path CR, If ER &/or PR(+)/ HER2(-): non-pathCR, CPS & EG score >= 3. Post Adj: If TNBC: N(+) & any tumor size or N(-) & tumor >2cm, If ER &/or PR+/HER(-): >= N4(+); **Tx: Olaparib vs Placebo**
Stage II and IIIA Prior to NeoAdj	**NRG-BR005**	Ph II; M/F; operable focal or multifocal T1-T3, stage II and IIIA invasive ductal ca; CR by PE and radiologic CR by trimodality imaging (paid by insurance and done prior to enrollment- mammogram,US & MRI)) after neoadjuvant tx (min 8 wks of anthracycline and/or taxane regimen); ER/PR and HER2 on primary tumor prior to neoadjuvant;bx marker placed prior to neoadj;no synchronous ipsilateral invasive breast ca or prior hx of; no invasive lobular ca or multicentric disease **Tx: Image-Guided Core bx (utilizing a vacuum-assisted bx device) followed by Surgery (Lumpectomy)**
BREAST - ADJUVANT		
TNBC, N(+) or Hi Risk Node (neg)	**NRG-BR003**	PhIII; M/F; pT1-3; if pN0 tumor must be ≥3.0cm, pN1-N3; Neg. margins, Rand <= 60 days of last surgery. **Tx: AC --> WP +/- Carboplatin**
High Risk, ER/PR(+) /HER2(neg)	**SWOG-S1207**	PhIII; Adjuvant; High Risk, Hormone Receptor(+) & HER2(-); Adjuvant endocrine Tx planned; Inflammatory allowed; must be high-risk (See protocol for definitions) **Tx: Everolimus/Placebo + endocrine therapy.**
Breast N(+), HER2(-). Aspirin Breast Cancer (ABC) Trial	**ALLIANCE-A011502** ***HIGH PRIORITY***	**Ph III; M/F; <70 yo; any ER/PR; Stage II/III; <= 1 yr of diagnosis; <= 60 days from prior chemo or RT; no contraindications to aspirin.** ***Tx: Aspirin/Placebo x 5 years***
Breast Cancer:HER2(-),ER & PR(-) or ER &/or PR(+)	**ALLIANCE-A011401 (BWEL)** ***HIGH PRIORITY***	**Ph III; Reg </=12 mos of 1st Dx; HER2(-), ER & PR(-) or ER &/or PR(+); all Tx completed <= 21 days prior to reg; BMI >=27kg/m2; Able to walk >= 2 blocks; no other wt loss, phys activity or dietary intervention clinical trial.** ***Tx: 2 Yr Health Education +/- Supervised weight loss intervention***
BREAST - ADVANCED		
ER &/or PR(+)/HER2(-) Met	**ECOG-E2112**	Ph III; M/F; Stage III/Locally Adv/Met; Measurable disease only; Failed/progress after one AI for advanced disease; no more than 1 prior chemo Tx for advanced disease. >= 3 wks prior. **Tx: Exemestane + Entinostat/Placebo(HDAC inhibitor, prevent drug resistance to hormone trx)**
BREAST - PREVENTION & SYMPTOM CONTROL		
DCIS w/o invasive cancer	**AFT-25 (COMET)** **(HPH Only)**	PhIII; Women w/unilateral, bilateral, unifocal, or multifocal DCIS; Age >40 at diagnosis; Path dx within 90 days of reg; ER+ and/or PR+, HER2 -, 1+ or 2+; **Randomization: Surgery +/- RT and endocrine therapy vs endocrine therapy. For those who are randomizated but decline allocated arm: patient's choice of either arm**
Breast Cancer Women Desiring Pregnancy	**A221405 (POSITIVE Trial)**	Women 18 -42yo; Stage I-III, ER and/or PR+; Rec'vd endocrine therapy ≥ 18mos but ≤30mos for early breast ca; enocrine dc'd within 1mo prior to reg.; must be premeno.at dx; **Intervention: 1) 3 month break before pregnancy attempt 2) 2 year pause to allow pregnancy, 3) Treatment Resumption of endocrine tx.**
Breast Cancer Survivors - Improving memory performance	**Wake Forest - WF97116 (NEW)**	PhIII; Hx of invasive breast ca; completed at least 4 cycles of adjuvant/neo-adjuvant cytotoxic chemo between 1 and 5 yrs prior to enrollment; no recurrence or mets. **Tx: Donepezil or placebo**
Breast Cancer: ER &/or PR(+) Asian/Pacific Islanders ONLY	**ECOG-E1Z11(AIMSS)**	Stage I-III adenoca; post-meno; Local/Adj Tx completed; plan Tx w/anastrozole; No prior AI. Pain score <=4/10. **Tx: Supportive Care Anastrozole**
CANCER CARE DELIVERY RESEARCH		
Breast, NSCLC, Colorectal Ca - Effectiveness of Colony Stimulating Factor use as prophylaxis	**S1415CD**	Dx of breast, NSCLC, or colorectal ca; Met or non-met, at initial dx, recurrence and/or progression; registered pror to 1st cycle of chemo for current disease and stage; no prior theray 180 days prior to registration;must be planning to receive protocol allowed neoadjuvant or adjuvant tx for their current disease. **Cohort components: TAMC - Intermediate RISK-CSF, QMC - Intermediate Risk - No CSF**
Colorectal QMC ONLY	**SWOG-S1417CD**	New Dx met or met recurrence after prior Tx for Stage I/III. Chemo &/or systemic biologics must be planned <=30 days after reg OR started <=60 days prior to reg. Tx must be at registering site. **Intervention: Financial Assessment (Pt & Caregiver).**
Prostate Ca - Decision Aid	**Alliance - A191402CD**	Newly dx prostate ca, T1-3N0M0, Gleason score 6-10; Prostate bx within 4 mos prior to reg;PSA <50ng/mL scheduled prostate ca consultation to be the first after dx; not concurrently enrolled on a clinical trial for cancer tx;**Randomization: Decision Aids vs Usual Care**
CANCER PREVENTION & SYMPTOM CONTROL		
Prevention of of Recurrent VTE	**AFT-28 (NEW)**	Dx of an advanced solid tumor, lymphoma, CLL, myeloma OR dx of early stage solid tumor, lymphoma, CLL or myleoma ≤ 12 months prior to enrollment; dx of VTE 30 days prior to enrollment; intention to put pt on anticoagulation therapy for at least 3 mos. **Txt: Direct Oral AntiCoagulants (Intervention) vs LMWH/warfarin (Usual Care)** *[Not open at HPH]*
Questionnaire Feasibility	**ALLIANCE-A191401**	Pilot; Open to ALL patients registered on another Alliance trial or any other national group protocol which is open to Alliance member; must be able to complete the questionnaires. **Questionaire Feasibility**
Breast or Gyn - Sexual Desire	**NRG-CC004**	PH II; Postmenopausal women w/hx of breast or gyn ca, completed surgery, chemo, and/or RT at least 6 mos previously; **Tx: Bupropion 150mg XL x 1wk, Buproprion 150mg XL x 8wks plus placebo followed by placebo x 1wk (titration) vs Buproprion 150mg XL x 1wk, Bupropion 300mg XL x 8wks then 150mg x1wk (titration) vs Placebo x 1wk, placebo x8 wks then placebo x 1wk (titration) followed by optional open label Bupropion**
Colorectal - Prevention	**SWOG-S0820 (PACES)**	Ph III; Adjuvant; Hx of Stage 0/I/II/III colon or rectal adenoca; Tx completed; 6-15 months of surgery; (-) colonoscopy 180 days after colon resect or 120 days after rectal; PS 0-1; **Tx: Prevention of recurrence - Eflornithine+sulindac vs Placebo/Placebo**
Genetic Testing Education in Advanced Cancer	**ECOG-ACRIN-EAQ152 (COMET)**	Actionable mutation on MATCH or at MATCH expansion sites. Delivery of genetic testing education, communication and patient anxiety, distress, understanding, etc. **Intervention: Pre-Test Genetic Education Vs Usual Care**
Improving Reproductive Health Oncologic Survivoship	**ECOG-E1Q11 (EROS)**	**Engendering Reproductive Health** - w/in 3 mon of any cancer dx prior to any chemo or RT. Premeno; 18-55 yrs; pregnant women allowed; no prior hysterectomy, BSO, or other sterilization . **Intervention: Standard Practice Assessments with or w/o Study-Specific Training Plan for Physicians. (Patient vs Physician perceptions)**
Geriatic Assessment to Reduce Chemo Toxicity	**URCC-13059**	Age >=70. Stage IV or incurable St. III solid tumor or lymphoma. Planned chemo >=3 months.Age >= 70 Advanced Solid Tumor; **Intevention: Geriatric Assessments (GA) plus GA driven recommendations vs Usual Care**
Molecular Profiling, NCORP	**DCP-002** ***HIGH PRIORITY***	**Molecular Profiling of Early Onset Malignancies (EOMs): Tumors (≤age of dx): Breast(45), Prostate(55), Colorectal(55), Liver(55), Kidney(50), Multiple Myeloma(50). Fresh frozen tissue, non malignant tissue cores, blood, H&E slide; bone marrow for myeloma**
Ovarian Ca - Diet/Exercise	**GOG-0225**	Ph III. Successful 1st line tx +/- consolidation > 6wk to <= 6mo & 2 wks post Tx. **Intervention: General Health Education Vs Lifestyle Intervention**
Trial Screening, NCORP	**DCP-001**	Trials include: symptom & toxicity management, prevention, screening, post-tx surveillance and comparative effectiveness. **Screening Tool**
Proleukin IL-2 Registry	**PROMETHEUS-10PLK13**	Prosepctive: Received IL-2 tx after 01/01/2013; Retrospective: Received IL-2 tx on or before 12/31/2012 . **Observational Registry**
Xerostomia H&N Ca	**ACUPUNCTURE-WF-97115**	Ph III; Prior bilat EBRT (>= 24 GY); Grade 2 or 3 xerostomia; Completed RT >= 12 mos prior to reg; intact parotid & submandibular glands; PS 0-2. **Tx: Acupuncture vs Sham Tx**
GASTROINTESTINAL		
Colorectal - Prevention	**SWOG-S0820 (PACES)**	PIII Adjuvant; Hx of Stage 0/I/II/III adenoca; Tx completed;6 - 15 months of surgery; (-) colonoscopy 180 days after colon resect or 120 days after rectal; PS 0-1; **Tx: Prevention of recurrence - Eflornithine+sulindac vs Placebo/Placebo**

Adjuvant Colon	**A021502**	Histo. Dx stage III colon adenoca; presence of DNA Mismatch Repair (dMMR) by IHC; completely resected; entire tumor in colon; no autoimmune disease; no active hep B or C; **Tx: mFOLFOX 6 + atezolizumab x12 vs mFOLFOX6 (Note: 1 cycle of mFOLFOX6 allowed prior to reg)**
Gastric/Gastroesophageal/Bladder	**ACOBA-2015-1**	Adenoca only; Seen @ QMC; Dx 01/01/2010-09/30/2014; HER2 assay; Tissue available. Retrospective data collection. **PD-L1 Expression Analysis**
Pancreatic- Unresectable/Met	**ECOG-ACRIN-EA2161**	Ph II; Histo. Low or intermediate grade pancreatic neuroendocrine; refractory to mTOR inhibitor; scans showing progression ≤ 12 months prior to reg; prior sunitinib ok. **Tx: TAK-228 3mg po daily**
Rectal-Neoadjuvant	**NRG-GI002 (Temp suspended, awaiting Arm 3)**	Ph II; Clinically locally advanced Stage II or III adenocarcinoma of the rectum w/major portion of tumor intact; ability to swallow oral meds;No cardiac disease. **TX:mFOLFX6 followed by RT+capecitabine with or w/o veliparib**
Advanced/Metastatic Colorectal	**S1613**	Ph II; Met or lacally advanced and unresectable colorectal cancer; KRAS & NRAS Wild Type; No BRAF V600E Wild Type; Step 1: Screening for HER-2 amplification. Step 2 (Randomizaton):At Keast one prior regimen of chemo for met or locally advanced, unresectalbe disease. Not eligible if ≥ 3 lines of chemo. **TX: Trastuzumab + Pertuzumab (TP) vs Cetuximab + Irinotecan (CETIRI). Crossover to TP if progression on CETIRI**
GENITOURINARY		
Bladder, non-muscle invasive	**ROSSER-2015-6**	Hx of non-muscle evasive OR muscle invasive tx by BST/not yet Tx and Dx <= 12 mos. **Multiplex Elisa Assay for Surveilling Patients**
Bladder	**ROSSER-2015-8**	Micro hematuria </= past 3 mos who are referred for cytoscopy. **Multiplex ELISA Assay for Evaluating Pts**
Bladder	**ROSSER-2015-7**	Gross hematuria <= 3 mos who are referred for cytoscopy. **Multiplex Elisa Assay for Evaluating Pts**
Non-Muscle Invasive Bladder	**ALTOR-CA-ALT-803-01-14**	Non-Muscle Invasive Bladder Cancer (NMIBC) **Tx: Intravesical BCG + ALT-803**
Non-Muscle Invasive Bladder	**Rosser- 2017-1 (CA-ALT-803-01-16-1)**	Ph II; HG histo. confirmed non-muscle invasive bladder ca; Arm A (N=80) w/CIS, Arm B (N= 20) HG Ta or T1 disease w/o CIS; unresponsive to BCG;recurrence >6 mos after last BCG not eligible. **Tx: BCG + ALT-803 x 6wks; If residual CIS and/or HG Ta, additional BCG+ALT-803 x 6 wks; if no further disease or Low Grade Ta, additional BCG=ALT-803 x 3wks. If CR or low grade Ta w/no CIS, continue BCG+ALT-803**
Muscle invasive Bladder - Adjuvant	**A031501**	PH III; Histo confirmed muscle-invasive urothelial ca of the bladder or upper tract; radical resestion ≤ 16 wks prior to registration; margins clear; measurable disease; no prior tx with PD-1 or PD-L1 axis; Central PD-L1 testing required; **Tx: Pembrolizumab IV vs Observation**
Prostate - Post prostatectomy	**NRG-GU003**	Ph III;pT2 or pT3, pN0, pNX, post radical prostatectomy; Positive surgical margins are eligible; PSA<2.0ng/mL; Must speak English - completed EPIC Questionnaire; limited androgen deprivation allowed; No pT2 w/neg surgical margin and PSA <0.1ng.mL; **Tx: Hypofraction vs Conventional RT**
Prostate	**HUANG-2015-1**	Ph II; VLR: <5% risk, cT1c, <3(+) Bx cores; LR: 10% risk, cT1-2a, Oncotype Dx; Gleason <=6, PSA <10 ng.mL. **Tx: Noni capsules**
Prostate	**RTOG-0924**	Ph III; Unfavorable/Intermediate/Favorable HR. **Tx: Androgen Deprivation Therapy & HDRT +/- Whole-Pelvic RT**
Prostate - Castrate Resistant	**ROSSER-2015-4**	PhIb; Castrate resistant; Met adenoca w/o small cell features; Asymptomatic/Mildly symptomatic. **Tx: Atezolizumab followed by Sipuleucel-T Vs Sipuleucel-T followed by Atezolizumab**
Prostate - Recurrent	**AFT-19 (NEW)**	Ph III;Biochemically recurrent prostate cancer; PSA doubling time ≤ 9 months at the time of study entry; screening PSA >0.5 ng/mL; prior ADT and/or first generation anti-androgen in (neo)adjuvant and/or salvage setting in conjunction with RT or surgery is allowed if last dose of ADT and/or anti-androgen is > 9 months prior to date of randomization and prior therapy is ≤ 36 months. **Txt: Degarelix vs Degarelix plus Apalutamide vs Degarelix plus Apalutamide plus Abiraterone/Prednisone**
Metastatic Papillary Renal Cell	**S1500 (NEW)**	Ph II; Histo or cyto. papillary metastatic or locally advanced (not resectable) renalcell ca.; measurable dz; >28 days from surgery; may have rec'vd up to one prior systemic therapy for advanced or met RCC - exception another VEGF inhibitor; prior RT allowed. **Txt: Sunitinib vs Cabozantinib vs Crizotinib vs Savolitinib**
GYNECOLOGY		
Ovary/Fallopian Tube/Primary Peritoneal/Endometrial	**NRG-GY005 (Temp closure - PH II met accrual)**	Ph II/III HG serous/endometroid; Clear/mix epithelial/undiff/trans if BRCA1/2+; Progression on Platinum Tx or recur <= 6 mo of last plat tx; **TX:PHII-Cediranib+ Olaprib vs Cediranib/Olaparib Alone vs Standard Non-plat chemo; PIII -Active PII Arm(s)**
Ovarian, Fallopian tube or Primary Peritoneal	**GOG-3015 (Roche YO39523)-NEW**	Ph III; Stage III or IV ovarian, fallopian tube or primary peritoneal w/macroscopic residual disease postop or with planned neoadjuvant therapy followed by surgery; neg hepatitis B nd Hep C; tissue available for PD-L1 testing; **Txt: Paclitaxel plus caroplatin plus bevacizumab with or w/o atezolizumab**
Vulva	**GOG-0279**	PhII; Locally advanced squamous cell of the vulva. **Tx: Cisplatin & Gemcitabine + IMRT**
HEAD AND NECK		
Head and Neck Xerostomia	**ACUPUNCTURE-WF-97115**	Ph III; Prior bilat EBRT (>= 24 GY); grade 2 or 3 xerostomia; Completed RT >= 12 mos prior to reg; intact parotid & submandibular glands; PS 0-2. **Tx: Acupuncture vs Sham Tx**
Nasopharyngeal, EBV-DNA(+)	**NRG-HN001**	Ph II/III; Local dis; EBV(+). **Tx: All pts: Cis/RT. Rand: after chemo/RT if EBV-DNA detectable Cis/5FU vs Gem/Taxol; If none: Cis/5FU vs Observation**
Anapalstic Thyroid	**ALLIANCE-A091305**	PII; Stage IVC/IVB; Meas Dz; No Tx <=21 days prior; No prior taxane <= 6mos; PS <=2. **Tx: Paclitaxel + Efatutazone**
LUNG		
NSCLC - Resected	**ALLIANCE-A151216 (ALCHEMIST)**	**Resected NSCLC molecular screening.** St. IB (T>=4cm), St.II-IIIA; Non-squamous cell pts tested for EGFR, ALK (-), PD-L1. Squamous cell only for PD-L1. Tissue block for central testing.
NSCLC - EGFR mutation	**ALLIANCE-A081105**	Ph III; Screened on A151216. EGFR exon 19 deletion/L858R mutation. After any adjuvant chemo/RT. **Tx: Erlotinib/Placebo x 2 yrs.**
NSCLC - ALK fusion (+)	**ECOG-E4512**	Ph III; Screened on A151216. EML4-ALK fusion tumors After any adjuvant chemo/RT. **Tx: Crizotinib/Placebo x 2 yrs**
NSCLC - +/-PD-L1 (+)	**EA5142**	Ph III; Screened on A151216; EGFR & ALK wild-type; PD-L1 tested. **TX: Nivolumab x 1 yr vs Observation**
Squamous Cell St.IV	**SWOG-S1400 (Lung-MAP)**	Ph II/III; St.IV or Stage II-III that have progressed within 1 yr of adjuvant platinum; eligible to be screened at prog or prior to prog; adequate tissue. Progress after platinum rx. **Tx: Dependent on Sub-study**
NSCLC - SBRT for Limited mets	**NRG-LU002**	Ph II/III; St IV NSCLC after 1st line/induction chemo; with stable or partial resp.; ≤ 3 extracranial mets amenable to SBRT.w/in 35 days of last chemo. RX: **Maintenance chemo +/-- SBRT to mets**.
MYELODYSPLASTIC SYNDROME		
MDS	**ECOG-ACRIN-NHLBI-MDS**	Suspected MDS or MDS/MPN undergoing BM Pcr OR MDS Dx <=6 mos and UnTx; no Dx of solid tumor or hem. No Malignancy <= past 2 yrs except in situ ca; BM submission for central review. **Natural Hx Study**
MELANOMA		
Melanoma - Advanced	**SWOG S1616**	PH II; Path confirmed Stage IV or unresectable Stage III; Uveal (0cular) not eligible; measurable dz;Treated CNS mets allowed; progressed either on or after stopping anti-PD1 or anti- PD-L1 agents; must not have a confirmed PR or CR to PD-1 or PD-L1 prior o progression; **Tx: Ipilumumab (SOC) vs Ipilumumab + Nivolumab**
Melanoma - Met./Unresectable	**ECOG-EA6134**	Ph III. Met or unresectable Stage III/IV; BRAF V600E/K; Meas Dz; prior Adj systemic therapy ok. **Tx: Dabrafenib + Trametinib followed by Ipilimumab + Nivolumab vs Ipilimumab + Nivolumab followed by Dabrafenib + Trametinib** ***(Ipilimumab Investigator Training is mandatory - short video)***
Melanoma - Recurrent	**SWOG-S1320**	Ph II; Recur Stage III/IV; BRAF V600E/K Mutant ; +/- Meas Dz. **Tx: Intermittent Versus Continuous Dosing of Dabrafenib & Trametinib**
Melanoma - Recurrent/Unresectable	**ECOG-ACRIN-EA6141 - Temporarily Closed (Interim Analysis)**	Ph II/III; Recur Unresectable Stage III/IV; BRAF mutation:WT/mutated; Meas Dz; prior Adj Tx allowed; no prior ipilumumab &/or anti-PD-1/PD-L1. **Tx: Nivolumab + Ipilimumab + Sargramostim Vs Nivolumab + Ipilimumab**
MULTIPLE MYLOMA		
Multiple Myeloma	**ECOG-E1A11 (ENDURANCE)**	Ph III; New Dx; Sx standard risk MM; no t(14:20), t(14:16) or deletion 17p or LDH >2 xULN or >20% plasma cells; Meas/Eval Dz; <= 4 wks of prior chemo; <= 160mg prior Dex. **Tx: Bortezomib, Lenalidomide & Dex vs Carfilzomib, Lenalidomide & Dex(CRd) Followed by Limit/Indefinite Lenalidomide**
SARCOMA		
Sarcoma	**ALLIANCE-A091401**	Ph II; Locally advanced/unresect/met; >= 1 prior systemic Tx; FFPE or slides for central path review; Meas Dz. **Tx: Nivolumab +/- Ipilimumab**
TARGETED THERAPY-BASKET TRIALS		
Solid Tumors, Lymphoma or MM	**ECOG-ACRIN-EAY131-MATCH**	Step 0 (Screening closed);Prog on >=1 line of Tx & no other Tx available OR no standard Tx to prolong OS;Meas Dz; **Tx: Based on specific actionable mutations or amplifications done in designated private sector labs**
Solid Tumors	**S1609 (DART)**	Rare cancer and/or rare cancer of unknown primary; must have progressed on > 1 standard Tx w/no other therapy available or no standard Tx exists that has been shown to prolong overall survival. **Tx: Ipilumumab, Nivolumab (Tumor Closures: Salivary gland, epthelial, neuroendocrine, mucinous adenoca of appendix and ovary, cholangio. - see protocol for complete list.)**