MATCH Study
HIC#: 1507016151
Protocol Version Amendment 3 (01-JUL-2016)

Eligibility Checklist Patient Number_____

Patient Initials (L, F, M) _____

Eligibility Criteria for Screening Biopsy (Step 0)

YES	NO	N/A	
			Patients must be ≥ 18 years of age. Because no dosing or adverse event data are currently available on the use of study investigational agents in patients < 18 years of age, children are excluded from this study
			Women of childbearing potential must have a negative serum pregnancy test within 2 weeks prior to registration. Patients that are pregnant or breast feeding are excluded. A female of childbearing potential is any woman, regardless of sexual orientation or whether they have undergone tubal ligation, who meets the following criteria: 1) has not undergone a hysterectomy or bilateral oophorectomy; or 2) has not been naturally postmenopausal for at least 24 consecutive months (i.e., has had menses at any time in the preceding 24 consecutive months). Female of childbearing potential? _____ (Yes or No) Date of serum pregnancy test: _____
			Women of childbearing potential and men must agree to use adequate contraception (hormonal or barrier method of birth control; abstinence) prior to study entry, for the duration of study participation, and for 4 months after completion of study. Should a woman become pregnant or suspect while she or her partner is participating in this study, she should inform her treating physician immediately.
			Patients must have histologically documented solid tumors or histologically confirmed diagnosis of lymphoma or multiple myeloma requiring therapy and that has progressed following at least one line of standard systemic therapy and/or for whose disease no standard treatment exists that has been shown to prolong survival. NOTE: No other prior malignancy is allowed except for the following: a) adequately treated basal cell or squamous cell skin cancer b) in situ cervical cancer c) adequately treated Stage I or II cancer from which the patient is currently in complete remission d) any other cancer from which the patient has been disease-free for 5 years.
			Patients must have measurable disease as defined in Section 6.
			Patients must meet one of the following criteria:

			3.1.6.1 Patients must have tumor amenable to image guided or direct vision biopsy and be willing and able to undergo a tumor biopsy for molecular profiling. Patients with multiple myeloma are to have a bone marrow aspirate to obtain tumor cells. Biopsy must not be considered to be more than minimal risk to the patient. See Section 9. OR 3.1.6.2 Patient will be undergoing a procedure due to medical necessity during which the tissue may be collected. OR 3.1.6.3 Formalin-fixed paraffin-embedded tumor tissue block(s) are available for submission following pre-registration (not applicable for bone marrow aspirate specimens). Criteria for the submission of FFPE tissue are: • Tissue must have been collected within 6 months prior to pre-registration to step 0 • Patient has not received any intervening therapy that is considered to be targeted (e.g. against a particular or multiple molecular target) for their cancer since the collection of the tumor sample. They may have received cytoxic chemotherapy for up to 4 cycles, but must not have had response to such treatment. • Formalin-fixed paraffin-embedded tumor tissue block(s) must meet the minimum requirements outlined in Section 9.3.2
			Patient must not require the use of full dose coumarin-derivative anticoagulants such as warfarin. Low molecular weight heparin is permitted for prophylactic or therapeutic use. Factor X inhibitors are permitted. **NOTE:** Warfarin may not be started while enrolled in the EAY131 Study Stopping the anticoagulation for biopsy should be per site SOP.
			Patients must have ECOG performance status ≤ 1 (see Appendix V) and a life expectancy of at least 3 months.
			Patients must not currently be receiving any other investigational agents.
			Patients must not have any uncontrolled intercurrent illness including, but not limited to: • Symptomatic congestive heart failure (NYHA classification of III/IV) • Unstable angina pectoris or coronary angioplasty, or stenting within 6 months prior to registration to Step 0 • Cardiac arrhythmia (ongoing cardiac dysrhythmias of NCI CTCAE v4 Grade ≥ 2) • Psychiatric illness/social situations that would limit compliance

			with study requirements • Intra-cardiac defibrillators • Known cardiac metastases • Abnormal cardiac valve morphology (≥ grade 2) documented by ECHO (as clinically indicated); (subjects with grade 1 abnormalities [i.e., mild regurgitation/stenosis] can be entered on study). Subjects with moderate valvular thickening should not be entered on study NOTE: To receive an agent, patient must not have any uncontrolled intercurrent illness such as ongoing or active infection. Patients with infections unlikely to be resolved within 2 weeks following screening should not be considered for the trial.
			Patients must be able to swallow tablets or capsules. A patient with any gastrointestinal disease that would impair ability to swallow, retain, or absorb drug is not eligible
			Patients who are HIV-positive are eligible if: ___ CD4+ cell count greater or equal to 250 cells/mm3 ___ If patient is on antiretroviral therapy, there must be minimal interactions or overlapping toxicity of the antiretroviral therapy with the experimental cancer treatment; for experimental cancer therapeutics with CYP3A/4 interactions, protease inhibitor therapy is disallowed; suggested regimens to replace protease inhibitor therapy include dolutegravir given with tenofovir/emtracitabine; raltegravir given with tenofovir and emtracitabine. Once daily combinations that use pharmacologic boosters may not be used. ___ No history of non-malignancy AIDS-defining conditions other than historical low CD4+ cell counts ___ Probable long-term survival with HIV if cancer were not present
			Any prior therapy, radiotherapy (except palliative radiation therapy of 30 Gy or less), or major surgery must have been completed ≥ 4 weeks prior to start of treatment. Registration to screening steps (Step 0, 2, 4, 6) must occur after stopping prior therapy, and all adverse events due to prior therapy have resolved to a grade 1 or better (except alopecia and lymphopenia) by start of treatment. Palliative radiation therapy must have been completed at least 2 weeks prior to start of treatment. The radiotherapy must not be to a lesion that is included as measurable disease. **NOTE:** Prostate cancer patients may continue their LHRH agonist. **NOTE:** Patients may receive non-protocol treatment after biopsy (if clinically indicated) until they receive notification of results. The patient cannot enroll onto another investigational study as part of the interim therapy. The therapy cannot be an arm in the MATCH trial. The decision to stop the intermittent nonprotocol treatment will be left up to the treating physician if patient has an aMOI. However,

			patients will need to be off such therapy for at least 4 weeks before receiving any MATCH protocol treatment
			Patients with brain metastases or primary brain tumors must have completed treatment, surgery or radiation therapy ≥ 4 weeks prior to start of treatment.
			Patients must have discontinued steroids ≥ 1 week prior to registration to Step 0, except as permitted (see below), and remain off steroids thereafter. Patients with glioblastoma (GBM) must have been on stable dose of steroids, or be off steroids, for one week prior to registration to treatment step (Step 1, 3, 5, 7). NOTE: The following steroids are permitted: • Temporary steroid use for CT imaging in setting of contrast allergy • Low dose steroid use for appetite • Chronic inhaled steroid use • Steroid injections for joint disease • Stable dose of replacement steroid for adrenal insufficiency or low doses for non-malignant disease (prednisone 10 mg daily or less, or bioequivalent dose of other corticosteroid) • Topical steroid
			Patients must have adequate organ and marrow function as defined below within 2 weeks prior to screening step registration and within 4 weeks prior to treatment step registration: • Leukocytes ≥ 3,000/ mcL* Leukocyte Count: _____ Date of Test: _____ • Absolute neutrophil count ≥ 1,500/ mcL* ANC_____ Date of Test_____ • Platelets ≥ 100,000/ mcL* Platelet Count_____ Date of Test_____ NOTE: *Patients with documented bone marrow involvement by lymphoma are not required to meet the above hematologic parameters, but must have a platelet count of at least 75,000/mcL and neutrophil count of at least 1000/mcL. • Total bilirubin ≤1.5 X institutional ULN (unless documented Gilbert's Syndrome, for which bilirubin ≤ 3 x institutional ULN is permitted) Total bilirubin_____ Institutional ULN _____ Date of Test _____ • AST(SGOT)/ALT(SGPT) ≤ 2.5 X institutional upper limit of normal (ULN) (up to 5 times ULN in presence of liver metastases) AST_____ ALT_____ Institutional ULN _____

			Date of Test _____ • Creatinine ≤ 2x normal institutional limits OR Creatinine clearance ≥ 45 mL/min/1.73 m2 for patients with creatinine levels above institutional normal Creatinine clearance _____ As defined by the Cockcroft-Gault Equation CrCl (ml/min) = (140 – age in years) x actual wt (in kg) x 0.85 (for female pts) 72 x serum creatinine (mg/dl) Date of Test_____
			Patients must have an electrocardiogram (ECG) within 8 weeks prior to registration to screening step and must have NONE of the following cardiac criteria: 3.1.17.1 Resting corrected QT interval (QTc) > 480 msec. NOTE: If the first recorded QTc exceeds 480 msec, two additional, consecutive ECGs are required and must result in a mean resting QTc ≤ 480 msec. It is recommended that there are 10-minute (± 5 minutes) breaks between the ECGs. The following only need to be assessed if the mean QTc >480 msec. • Check potassium and magnesium serum levels • Correct any identified hypokalemia and/or hypomagnesemia and may repeat ECG to confirm exclusion of patient due to QTc • For patients with HR 60-100 bpm, no manual read of QTc is required. • For patients with baseline HR < 60 or > 100 bpm, manual read of QT by trained personnel is required, with Fridericia correction applied to determine QTc.
			No factors that increase the risk of QTc prolongation or risk of arrhythmic events such as heart failure, hypokalemia, congenital long QT syndrome, family history of long QT syndrome or unexplained sudden death under 40 years of age or any concomitant medication known to prolong the QT interval (For a list of these medications, please see Appendix XIII) Date of ECG: _____ NOTE: Patient must be taken off medication prior to screening Step (Step 0, 2, 4, 6). Patient must be off the drug for at least 5 half lives prior to registration to the treatment step (Step 1, 3, 5, 7). The medication half life can be found in the package insert for FDA approved drugs.

			Patients with multiple myeloma are not eligible. **NOTE**: Once validation of the screening assay multiple myeloma specimens is completed, the protocol will be formally amended to allow inclusion of patients with multiple myeloma.

Eligibility Review Required	**Print Name**	**Signature**	**Date**
MD Review			
Research Team Review 1			
Research Team Review 2			

MATCH Study
HIC#: 1507016151
Protocol Version Amendment 3 (01-JUL-2016)