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Title	Phase	Tumortype	Line of Therapy	Study Information	Register
SABR MESCC Separation surgery followed by Stereotactic Ablative Body Radiotherapy versus Stereotactic Ablative Body Radiotherapy alone for spinal metastases invading the spinal canal: a randomised, non-inferiority trial	II	All types, patients with spinal M+	Radiotherapy/Surgery	Multicentre, randomized prospective study to compare stereotactic radiotherapy to separation surgery followed by postoperative SABR in ambulatory patients with malignant epidural spinal cord compression (MESCC). Primary endpoint is ambulatory state at 3 months	PI: Charlotte Billiet, Iridium Netwerk Contact: charlotte.billiet@gza.be
DOSIS Dose-intensified Image-Guided Fractionated Stereotactic Body Radiation Therapy for Painful Spinal Metastases versus Conventional Radiation Therapy: a Randomised Controlled Trial	III	All types, patients with spinal M+	Radiotherapy	International, multicentre, 1andomized, open-label, prospective, controlled study to compare long-term pain response after dose-intensified image guided hypofractionated SBRT employing SIB versus conventional radiation therapy for painful spinal metastases. Primary endpoint is pain response at 6 months	NCT02800551 PI: Prof Matthias Guckenberger , Zurich Local PI: Charlotte Billiet, Iridium Netwerk Contact: charlotte.billiet@gza.be
HiPeRMESO High-dose Pleural Radiotherapy in Lung-Sparing Multimodality Therapy for Malignant Pleural Mesothelioma	Feasibility	MPM all types (except sarcomatoid	Radiotherapy	Feasibility study for a lung-sparing multimodality therapy in patients with malignant pleural mesothelioma treated with chemotherapy, pleurectomy/decortication and postoperative pleural radiotherapy	PI: Charlotte Billiet, Iridium Netwerk Contact: charlotte.billiet@gza.be
ImmunoSABR Stereotactic ablative body radiotherapy (SABR) combined with Immunotherapy (L19-IL2) in stage IV NSCLC patients; a multicentre, 1andomized	II	Patients with stage IV NSCLC (max 10 M+)	Immunocytokine L19-IL2 (+/-APD(L)1 treatment if SOC) +/- Radiotherapy (SBRT)	To test the hypothesis that the combination of SABR and L19-IL2 increases the progression-free survival at 1.5 years in patients with limited metastatic NSCLC. Patients will be divided according to their metastatic load (Oligo: up to 5 or Poly: 6 to 10 metastases). Patients will be	NCT03705403 PI: Prof Philippe Lambin, Maastricht Local PI: Charlotte Billiet, Iridium Netwerk Contact: charlotte.billiet@gza.be

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controlled open-label phase II trial				randomized by minimization to the experimental (E-arm) or the control arm. E-arm Oligometastatic patients will receive SABR to a maximum of 5 lesions followed by L19-IL2 therapy; the Poly-metastatic patients will receive radiotherapy to at least one (symptomatic) and max 5 lesion(s), followed by L19-IL2. The primary objective is PFS at 1.5 years	
LAT FLOSI Local AblativeTherapy for oligoprogressive Non-Small-Cell lung cancer treated with First-line OSImertinib	Observational	EGFR mutated advanced NSCLC	Radiotherapy/Surgery	To observe whether the (repeated) use of local ablative therapy (LAT) with SABR or surgery to ≤ 3 oligoprogressive lesions and continuation of first-line osimertinib improves the progression-free survival (PFS) in patients with EGFR mutated advanced NSCLC and osimertinib as standard first-line treatment	PI: Dr. P. Berkovic, UZ Leuven Local PI: Charlotte Billiet, Iridium Netwerk Contact: charlotte.billiet@gza.be

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