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| **Title** | **Phase** | **Tumortype** | **Line of Therapy** | **Study Information** | **Register** |
| ROBOMET A phase III randomized-controlled, single-blind trial to improve quality of life with stereotactic body radiotherapy for patients with painful bone metastases (ROBOMET) |  III |  All types, patients with bone M+ |  Radiotherapy | Patients will be randomly assigned to receive either the standard schedule of a single fraction of 8.0 Gy delivered through three-dimensional conformal radiotherapy or a single fraction of 20.0 Gy delivered through SBRT. Primary endpoint is pain response at the treated site at 1 month after radiotherapy. Secondary endpoints are pain flare at 24–48-72 h after radiotherapy, duration of pain response, re-irradiation need, acute toxicity, late toxicity, quality of life and subsequent serious skeletal events |  NCT03831243PI: Carole Mercier, Iridium KankernetwerkContact: charlotte.billiet@gza.be |
|  DOSISDose-intensified Image-guided Fractionated Stereotactic Body Radiation Therapy for Painful Spinal Metastases versus Conventional Radiation Therapy: a Randomised Controlled Trial (DOSIS RCT)Dose-intensified Image-Guided Fractionated Stereotactic Body RadiationTherapy for Painful Spinal Metastases versus Conventional RadiationTherapy: a Randomised Controlled Trial |  III | All types, patients with spinal M+ |  Radiotherapy | International, multicentre, randomised, open-label,prospective, controlled study to compare long-term pain response after dose-intensified imageguidedhypofractionated SBRT employing SIB versus conventionalradiation therapy for painful spinal metastases. Primary endpoint is pain response at 6 months | NCT02800551PI:Prof Matthias Guckenberger , ZurichLocal PI: Charlotte Billiet, Iridium KankernetwerkContact: charlotte.billiet@gza.be |
|  CHEERSCHEckpoint inhibition in combination with an immunoboost of External body Radiotherapy in Solid tumors: CHEERS-trial |  III |  Patient who receive a checkpoint inhibitor per standard of care in one of the following settings (locally advanced or metastatic): - melanoma: 1st-3rd line nivolumab or pembrolizumab - renal cell carcinoma: 2nd line nivolumab - non-small cell lung carcinoma: 2nd or 3rd line nivolumab, atezolizumab or pembrolizumab -urothelial cell carcinoma: 1st-2nd line nivolumab, atezolizumab or pembrolizumab - head- and neck squamous cell carcinoma: 2nd line nivolumab  |  Checkpoint inhibitor +/ Radiotherapy (SBRT) |  To determine whether the addition of SBRT to maximally 3 lesions leads to a progression-free survival benefit in patients with metastatic disease of a solid tumour during checkpoint inhibitor (CPI) treatment as compared to CPI monotherapy  | NCT03511391 PI:Prof Piet Ost, UGentLocal PI: Piet Dirix, Iridium KankernetwerkContact: charlotte.billiet@gza.be |
|  ImmunoSABRStereotactic ablative body radiotherapy (SABR) combined with Immunotherapy (L19-IL2) in stage IV NSCLC patients; a multicentre, randomised controlled open-label phase II trial |  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 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 | NCT03705403 PI:Prof Philippe Lambin, MaastrichtLocal PI: Charlotte Billiet, Iridium KankernetwerkContact: charlotte.billiet@gza.be |
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