<table>
<thead>
<tr>
<th>Title</th>
<th>Phase</th>
<th>Sponsor</th>
<th>Drug companies involved</th>
<th>Principal Investigator</th>
<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>ATOMIC-meso MiST BAY2287411 CONFIRM INFINITE</td>
<td>Phase I</td>
<td>University Hospitals of Leicester NHS Trust, Royal Marsden NHS Trust, UK. Also sites in US and Canada</td>
<td>BAY2287411</td>
<td>Scintispeak (Peter Gomikas)</td>
<td><a href="mailto:phomscintispeak@ehp.com">phomscintispeak@ehp.com</a></td>
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<tr>
<td>MiST1 Abemaciclib</td>
<td>Phase II</td>
<td>MUSC Hollings Cancer Center, Charleston, SC, USA</td>
<td>Abemaciclib</td>
<td>Dr David Cote</td>
<td><a href="mailto:david.cote@musc.edu">david.cote@musc.edu</a></td>
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<tr>
<td>MiST2 Abemaciclib</td>
<td>Phase II</td>
<td>Memorial Sloan Kettering Cancer Center, New York, NY, USA</td>
<td>Abemaciclib</td>
<td>Dr David Cote</td>
<td><a href="mailto:david.cote@mskcc.org">david.cote@mskcc.org</a></td>
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<tr>
<td>MiST3 Pembrolizumab</td>
<td>Phase II</td>
<td>Memorial Sloan Kettering Cancer Center, New York, NY, USA</td>
<td>Pembrolizumab</td>
<td>Dr David Cote</td>
<td><a href="mailto:david.cote@mskcc.org">david.cote@mskcc.org</a></td>
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<td>MiST4 Pembrolizumab</td>
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<td>Memorial Sloan Kettering Cancer Center, New York, NY, USA</td>
<td>Pembrolizumab</td>
<td>Dr David Cote</td>
<td><a href="mailto:david.cote@mskcc.org">david.cote@mskcc.org</a></td>
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**Inclusion criteria:**

1. Histologically proven adenocarcinoma of the pleura with histology consistent with malignant pleural mesothelioma.
2. Adequate bone marrow, hepatic, and renal function.
4. No prior chemotherapy for malignant pleural mesothelioma.
5. No prior radiation therapy for malignant pleural mesothelioma.
6. No prior cancer within the past 5 years.
7. No prior immunotherapy for malignant pleural mesothelioma.
8. No prior investigational agents for malignant pleural mesothelioma.
9. No systemic glucocorticoids or other immunosuppressive agents.
10. No serious concomitant medical conditions that would preclude participation in the study.

**Exclusion criteria:**

1. History of other malignancies.
2. Prior chemotherapy, radiation therapy, or immunotherapy for malignant pleural mesothelioma.
3. Serous effusion.
4. Known or suspected brain metastases.
5. Known or suspected CNS metastases.
6. Known or suspected CNS metastases.
7. Known or suspected CNS metastases.
8. Known or suspected CNS metastases.
9. Known or suspected CNS metastases.
10. Known or suspected CNS metastases.

**Treatment modality:**

- **Chemotherapy:**
  - BAY2287411 at a dose of 2 mg/kg given orally every 3 weeks for 21 days, followed by a 7-day rest period.
  - Combination with pemetrexed 500 mg/m2 and cisplatin 75 mg/m2 given every 3 weeks.

- **Immunotherapy:**
  - Pembrolizumab 200 mg IV infusion on Day 1 only.

**Endpoints:**

1. Objective response rate (ORR) - the percentage of patients who achieve a partial or complete response to treatment.
2. Progression-free survival (PFS) - the time from treatment initiation to disease progression or death due to any cause.
3. Overall survival (OS) - the time from treatment initiation to death due to any cause.
4. Safety and tolerability - the frequency and severity of adverse events associated with treatment.
5. Efficacy - the clinical benefit of treatment, as assessed by subjective and objective measures.

**Supported by:**

- Biogen (manufacturing sponsor)
- University of California, San Francisco (academic sponsor)
- Seattle Cancer Care Alliance (provider of patient care)
- National Institutes of Health (funding agency)
<table>
<thead>
<tr>
<th>Trial title</th>
<th>Description</th>
<th>Main study</th>
<th>Observational sub-study</th>
<th>Eligibility criteria</th>
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<tr>
<td>ASSESS-meso</td>
<td>The primary objective of phase II part of this study is to evaluate whether nintedanib can improve disease control and quality of life in patients with malignant pleural mesothelioma</td>
<td>N/A</td>
<td>Non-interventional, observational</td>
<td>1. Age ≥ 18 years 2. Fit for surgery 3. Disease deemed potentially resectable 4. Able to provide informed consent 5. Centrally located tumours with radiographic evidence of local progression beyond the limits of surgical resection</td>
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