

# TUH Cancer Clinical Trials Newsletter

Issue 16, February 2026

Dear Investigator,

Welcome to the Q1 edition of the TUH Cancer Clinical Trials Newsletter. In this issue we will update you on the trials we have currently recruiting. Our mission is to keep you informed about the trials we have available in Tallaght University Hospital and offer these trials to patients not only in TUH, but throughout the country.

We welcome our newest team member Fiona Smith. Fiona, an experienced Oncology Nurse, has started with us as a CNM 2 in Cancer Clinical Trials.

We are delighted to have randomised the first patient in Ireland to the De-Escalate trial 'Intermittent Androgen deprivation Therapy in the era of AR pathway inhibitors; a phase 3 pragmatic randomized trial'



**Prof Ray Mc Dermott**



**Dr Lynda Corrigan**



**Dr Sebastian Trainor**

## ***Our Principal Investigators***

**Prof Fergal Kelleher**

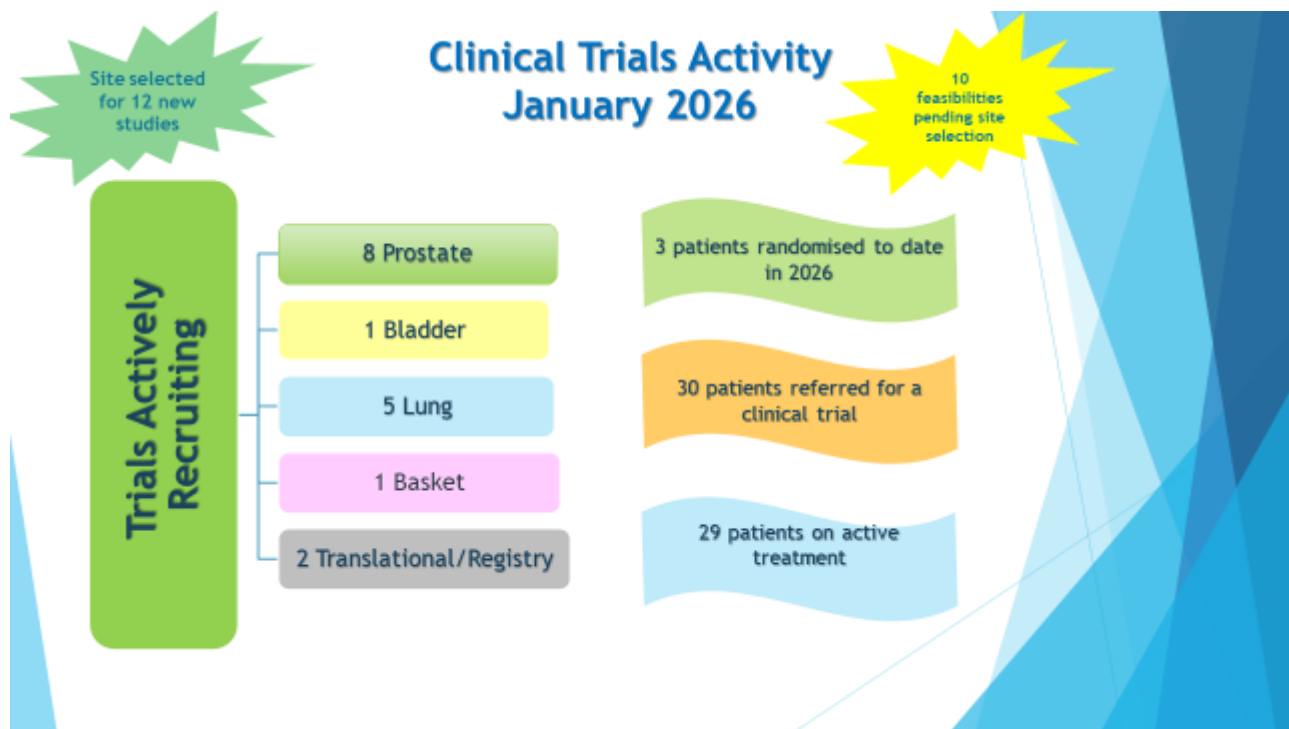


**Dr John Greene**



**Prof Helen Enright**





## For patient referrals

[ashley.bazin@tuh.ie](mailto:ashley.bazin@tuh.ie)

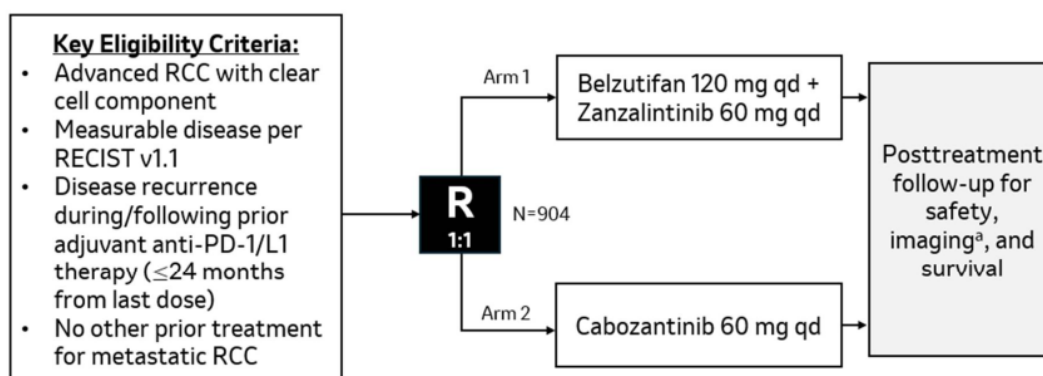
[christine.leonard@tuh.ie](mailto:christine.leonard@tuh.ie)

[rhonda.mooney@tuh.ie](mailto:rhonda.mooney@tuh.ie)



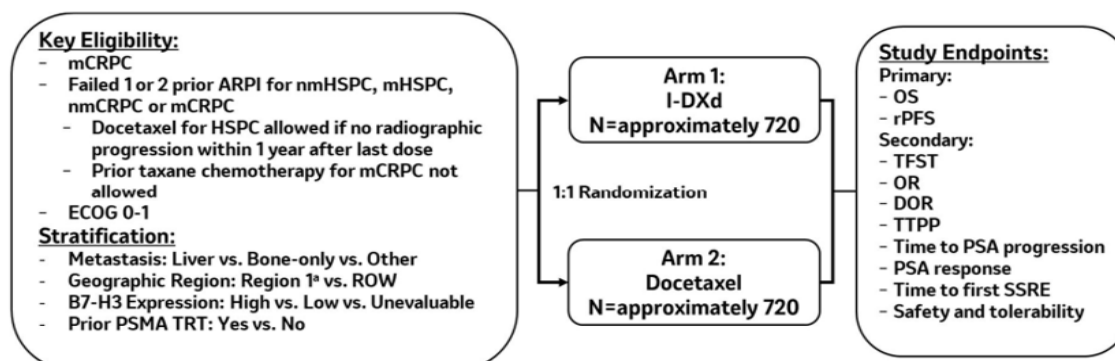
## RENAL

<b>Protocol</b>	<b>MK6482-033 LITESPARK-033</b> A Phase 3, Randomized, Open-label Study of <b>Belzutifan + Zanzalintinib</b> Versus <b>Cabozantinib</b> for the Treatment of Participants with Locally <b>Advanced</b> or <b>Metastatic RCC</b> who Experienced <b>Disease Recurrence</b> During or After Prior Adjuvant Anti-PD-1/L1 Therapy
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	TBC email: <a href="mailto:christine.leonard@tuh.ie">christine.leonard@tuh.ie</a> Phone: 01-414 4204
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Advanced renal cell carcinoma with clear cell component</li> <li>Disease recurrence during/following prior adjuvant anti-PD-1/L1 therapy <math>\leq 24</math> months from last dose.</li> <li>No prior systemic treatment</li> </ul>
<b>Expected Closing</b>	<b>Opening February 2026. Last patient in projected November 2027</b>

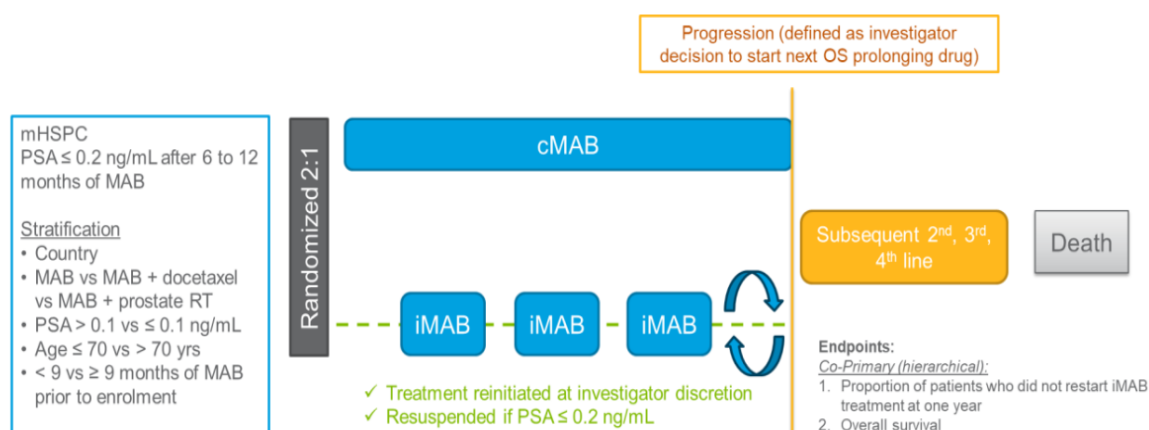


## PROSTATE

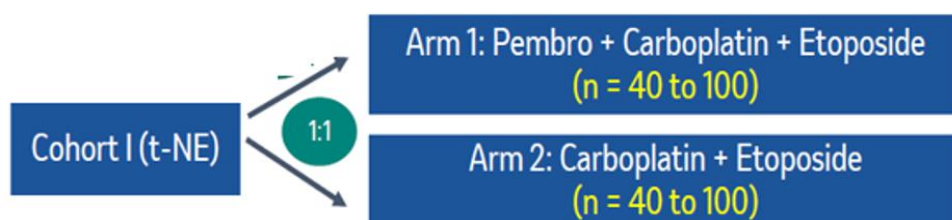
<b>Protocol</b>	<b>MK2400-001 (IDEATE-Prostate01)</b> A Phase 3, Open-label Study of <b>Ifinatamab Deruxtecan</b> Versus <b>Docetaxel</b> in Participants with Metastatic Castration-Resistant Prostate Cancer ( <b>mCRPC</b> ) (IDEate-Prostate01)
<b>PI</b>	Dr Lynda Corrigan
<b>Research Nurse</b>	Heather Sloane Email: <a href="mailto:heatherj.sloane@tuh.ie">heatherj.sloane@tuh.ie</a> Phone: 01-414 4208
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Metastatic Castration-resistant prostate cancer</li> <li>Failed one or two prior ARPI for nmHSPC, mHSPC, nmCRPC, mCRPC               <ul style="list-style-type: none"> <li>Docetaxel for <b>HSPC allowed</b> if no radiographic progression within one year of last dose</li> <li>Prior <b>taxane</b> chemotherapy for <b>mCRPC not allowed</b></li> </ul> </li> <li>ECOG 0-1</li> </ul>
<b>Expected Closing</b>	<b>August 2027</b>



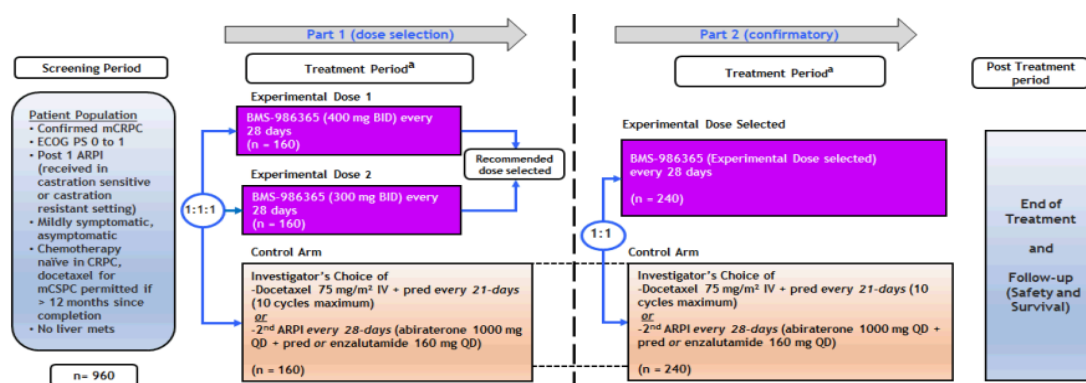
<b>Protocol</b>	<b>DE-ESCALATE</b> Intermittent Androgen deprivation Therapy in the era of ARpathway inhibitors; a phase 3 pragmatic randomized trial
<b>PI</b>	Dr Lynda Corrigan
<b>Research Nurse</b>	Fiona Smith Email: <a href="mailto:fiona.smith4@tuh.ie">fiona.smith4@tuh.ie</a> Phone: 01-414 4259
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Treated with ADT and an ARpI for mHSPC for six-12 months</li> <li>PSA <math>\leq</math> 0.2 ng/mL</li> <li>May have received docetaxel and radiotherapy</li> </ul> <p><b>Excluded</b></p> <ul style="list-style-type: none"> <li>Patients with M1a on modern imaging technique</li> <li>Underwent or will undergo a bilateral orchiectomy</li> <li>Systemic anti-prostate cancer treatment not approved by EMA</li> </ul>
<b>Expected Closing</b>	<b>April 2028</b>



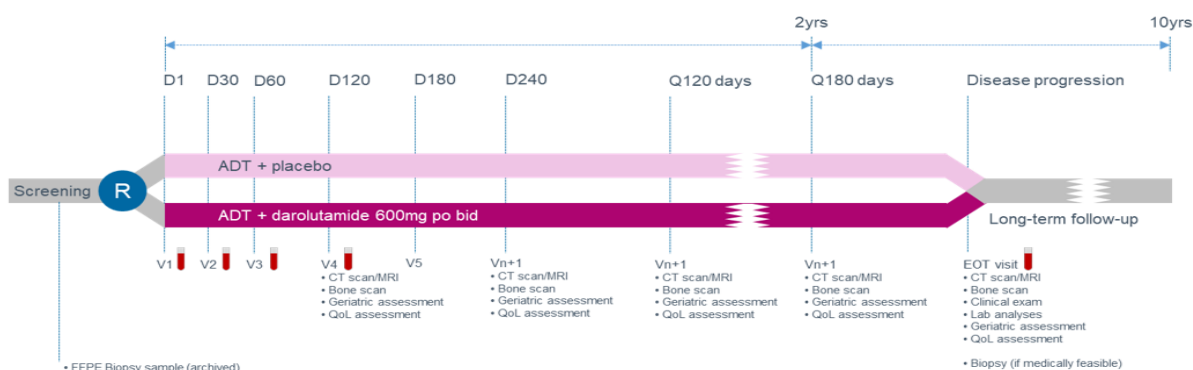
<b>Protocol</b>	<b>MK3475-365</b> Phase Ib/II Trial of <b>Pembrolizumab</b> (MK-3475) Combination Therapies in <b>Metastatic Castration-Resistant Prostate Cancer COHORT I Open to recruitment</b>
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	Heather Sloane Email: <a href="mailto:Heatherj.sloane@tuh.ie">Heatherj.sloane@tuh.ie</a> Phone: 01-414 4208
<b>Key Inclusion/Exclusion Criteria</b>	<p><b>I : t-NE mCRPC*</b></p> <ul style="list-style-type: none"> <li>Prior ADT for metastatic disease</li> <li>&lt; 2 chemo for mCRPC</li> <li>&lt; 2 second generation hormonal therapies for mCRPC</li> <li>PD within six months before screening</li> <li>ECOG PS 0-1</li> </ul>
<b>Expected Closing</b>	12 <sup>th</sup> June 2026



<b>Protocol</b>	<b>BMS 071-1000 -RechARge</b> A Phase 3, Two-part, Randomized, Open-label, Adaptive Study Comparing <b>BMS-986365</b> versus <b>Investigator's Choice</b> of Therapy Comprising Either Docetaxel or Second Androgen Receptor Pathway Inhibitor (ARPI), in Participants with Metastatic Castration-resistant Prostate Cancer (mCRPC) – RechARge
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	Heather Sloane Email: <a href="mailto:heatherj.sloane@tuh.ie">heatherj.sloane@tuh.ie</a> Phone: 01-414 4208
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Confirmed mCRPC</li> <li>ECOG PS 0 to 1</li> <li>Post ARPI (received in castration sensitive or resistant setting)</li> <li>Mildly symptomatic, asymptomatic (<b>score of &lt;4 as logged on BPI-SF. A score of 2-3 will be considered mildly symptomatic</b>)</li> <li>Chemotherapy naïve in CRPC (docetaxel for mCRPC allowed if &gt;12 months since completion)</li> <li>No liver metastases.</li> <li>No use of opioid analgesics for cancer-related pain currently or any time within 4 weeks.</li> <li>No impaired cardiac function or clinically significant cardiac disease</li> </ul>
<b>Recruitment Period</b>	Part One complete (dose finding) <b>Currently paused</b> Part Two will open following two month pause for analysis (likely March)

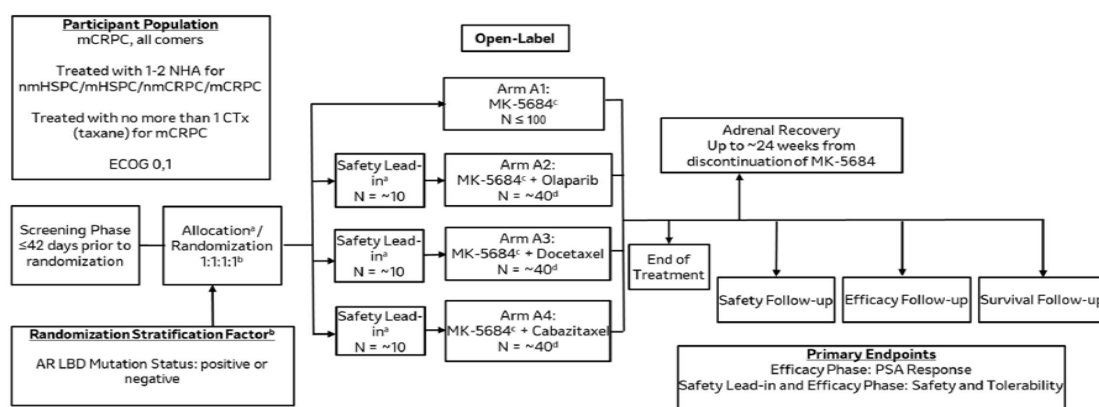


<b>Protocol</b>	<b>PEACE-6 Vulnerable</b> A Double-Blind Randomised Phase III Trial Evaluating the Efficacy of ADT +/- Darolutamide in de novo Metastatic Prostate Cancer Patients with Vulnerable Functional Ability and not Elected for Docetaxel or Androgen Receptor Targeted Agents.
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	Heather Sloane Email: <a href="mailto:heatherj.sloane@tuh.ie">heatherj.sloane@tuh.ie</a> Phone: 01-414 4208
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Men with histologically or cytologically confirmed adenocarcinoma of the prostate</li> <li>De novo metastatic disease defined by clinical or radiographic evidence of metastases.</li> <li>Ineligible for treatment with all of the following drugs: docetaxel, abiraterone, enzalutamide, apalutamide</li> </ul>
<b>Expected Closing</b>	TBC 2026

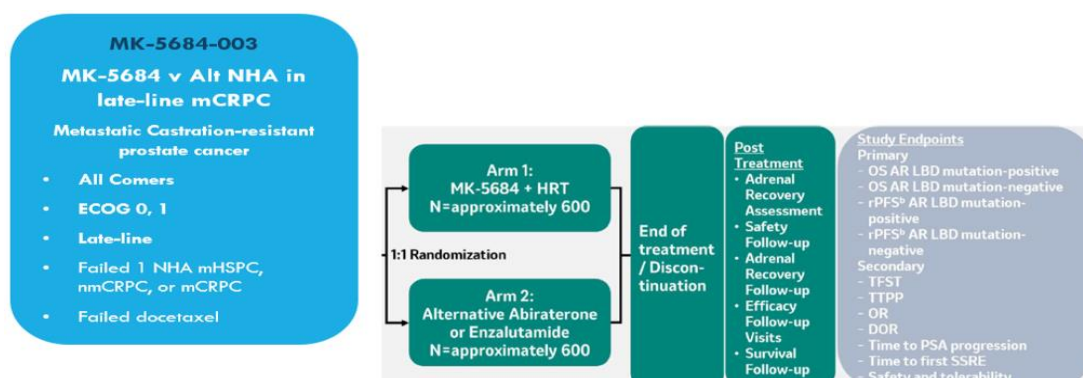




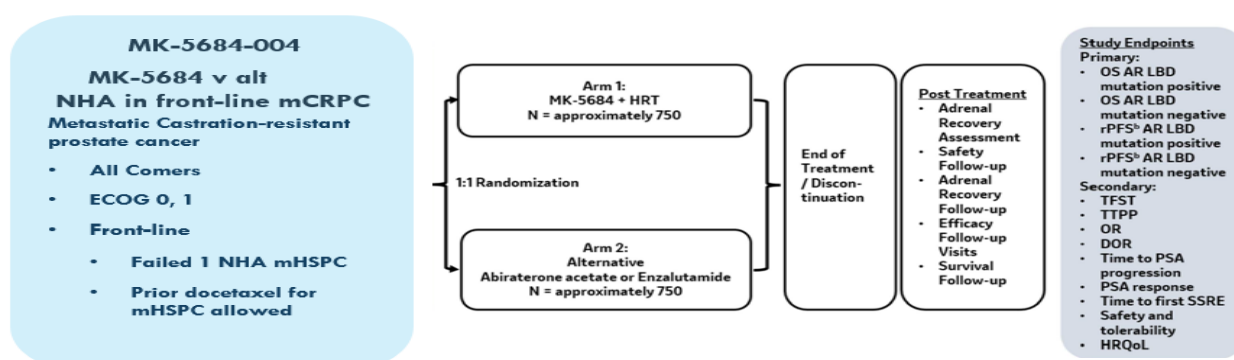
<b>Protocol</b>	<b>MK5684-01A (OMAHA)</b> A Phase 3 Randomized, Open-label Study of <b>MK-5684 Versus Alternative Abiraterone Acetate or Enzalutamide</b> in Participants With Metastatic Castration-resistant Prostate Cancer ( <b>mCRPC</b> ) <b>Previously Treated</b> With Next-generation Hormonal Agent ( <b>NHA</b> ) and <b>Taxane-based Chemotherapy</b>
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	Una Murtagh Email: <a href="mailto:una.murtagh@tuh.ie">una.murtagh@tuh.ie</a> Phone: 01-414 2328
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Metastatic Castration-resistant prostate cancer</li> <li><b>AR-LBD status confirmed by central lab</b></li> <li>ECOG 0, 1</li> <li>Late-line</li> <li>Failed 1 NHA mHSPC, nmCRPC, or mCRPC</li> <li>Failed docetaxel</li> </ul>
<b>Expected Closing</b>	<b>November 2026</b> <b>Two part screening for AR-LBD status.</b>



<b>Protocol</b>	<b>MK5684-003 (OMAHA)</b> A Phase 3 Randomized, Open-label Study of <b>MK-5684 Versus Alternative Abiraterone Acetate or Enzalutamide</b> in Participants With Metastatic Castration-resistant Prostate Cancer ( <b>mCRPC</b> ) <b>Previously Treated</b> With Next-generation Hormonal Agent ( <b>NHA</b> ) and <b>Taxane-based Chemotherapy</b>
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	Heather Sloane Email: <a href="mailto:heatherj.sloane@tuh.ie">heatherj.sloane@tuh.ie</a> Phone: 01-414 4208
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Metastatic Castration-resistant prostate cancer</li> <li><b>AR-LBD status confirmed by central lab</b></li> <li>ECOG 0, 1</li> <li>Late-line</li> <li>Failed 1 NHA mHSPC, nmCRPC, or mCRPC</li> <li>Failed docetaxel</li> </ul>
<b>Expected Closing</b>	<b>July 2026</b> <b>Two part screening for ARLBD status.</b>

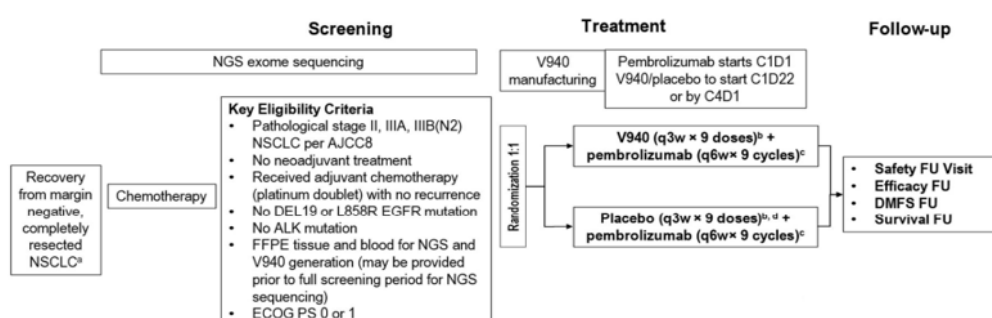


<b>Protocol</b>	<b>MK5684-004 (OMAHA)</b> A Phase 3, Randomized, Open-label Study of <b>MK-5684 Versus Alternative Abiraterone Acetate or Enzalutamide</b> in Participants with Metastatic Castration-resistant Prostate Cancer ( <b>mCRPC</b> ) That <b>Progressed</b> On or After Prior Treatment with One Next-generation Hormonal Agent ( <b>NHA</b> )
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	Heather Sloane Email: <a href="mailto:Heatherj.sloane@tuh.ie">Heatherj.sloane@tuh.ie</a> Phone: 01-414 4208
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Metastatic Castration-resistant prostate cancer</li> <li>Front-line</li> <li><b>AR-LBD status confirmed by central lab</b></li> <li>ECOG 0, 1</li> <li>Failed 1 NHA mHSPC</li> <li>Prior docetaxel for mHSPC allowed</li> </ul>
<b>Expected Closing</b>	<b>Currently paused. Will open with two part screening (for AR-LBD) in Feb/Mar-26</b>

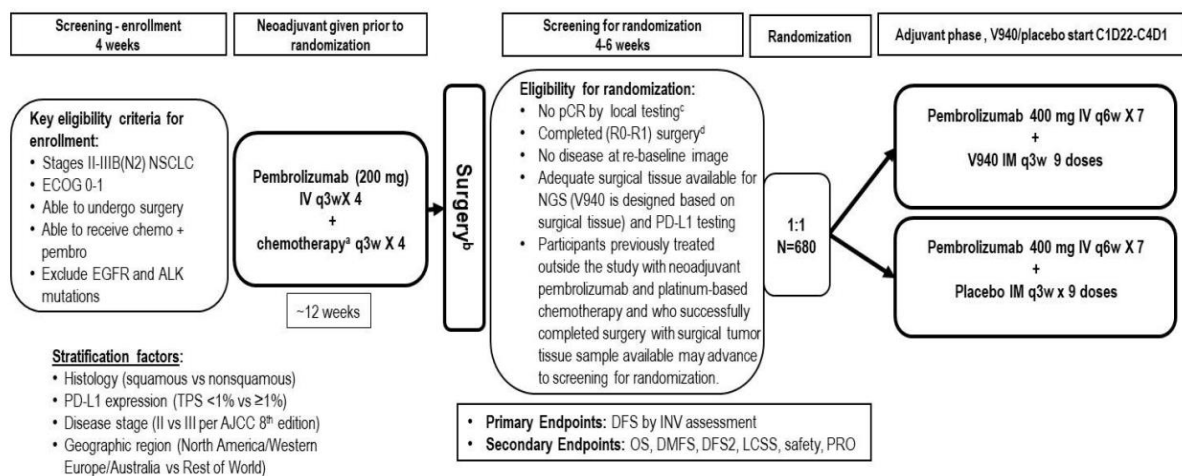


## LUNG

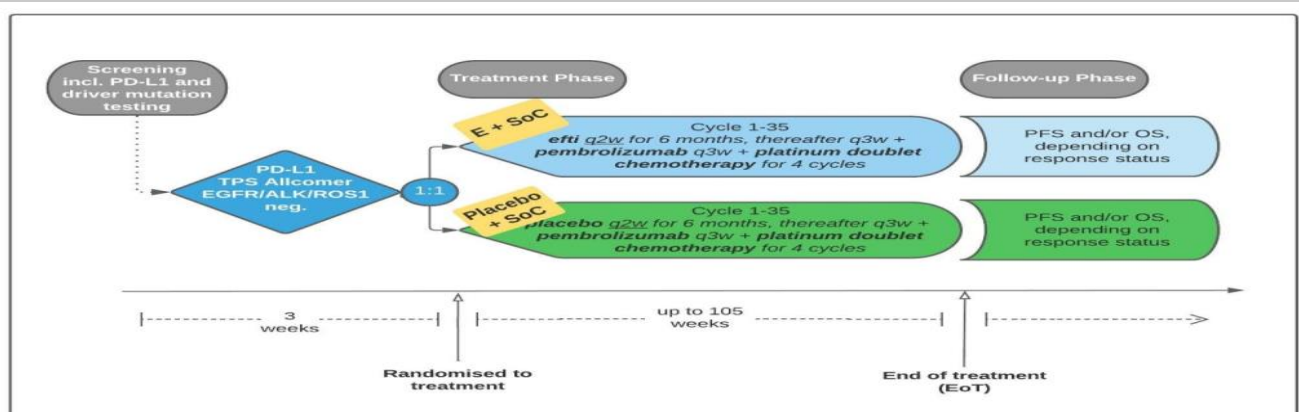
<b>Protocol</b>	<b>V940-002</b> A Phase 3, Randomized, Double-blind, Placebo- and Active-Comparator-Controlled Clinical Study of <b>Adjuvant V940 (mRNA-4157) Plus Pembrolizumab</b> Versus <b>Adjuvant Placebo Plus Pembrolizumab</b> in Participants With <b>Resected Stage II, IIIA, IIIB (N2) Non-small Cell Lung Cancer</b>
<b>PI</b>	Dr Sebastian Trainor
<b>Research Nurse</b>	Una Murtagh, Email: <a href="mailto:una.murtagh@tuh.ie">una.murtagh@tuh.ie</a> Phone: 01-414 2328
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Resected (R0) stage II, IIIA, IIIB(N2) NSCLC (<b>AJCC8</b>)</li> <li>No neoadjuvant treatment</li> <li>Received adjuvant chemotherapy (platinum doublet) with no recurrence</li> <li>Confirmation that either EGFR-directed or ALK-directed therapy is not indicated as primary therapy. Absence of tumor-activating EGFR mutations [ie, DEL19 or L858R] or ALK mutations</li> </ul>
<b>Expected Closing</b>	November 2026



<b>Protocol</b>	<b>V940-009</b> A Phase 3 Randomized Double-blind Study of Adjuvant <b>Pembrolizumab With or Without V940</b> in Participants With <b>Resectable Stage II to IIIB (N2) NSCLC not Achieving pCR</b> After Receiving Neoadjuvant Pembrolizumab With Platinum-based Doublet Chemotherapy (INTERpath-009)
<b>PI</b>	Dr Sebastian Trainor
<b>Research Nurse</b>	Una Murtagh, Email: <a href="mailto:una.murtagh@tuh.ie">una.murtagh@tuh.ie</a> Phone: 01-414 2328
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Resectable Stage II, IIIA, or IIIB (N2) NSCLC (<b>AJCC 8th Edition</b>)</li> <li>ECOG 0-1</li> <li>Able to undergo surgery and receive chemo + Pembro</li> <li>No EGFR /ALK mutations</li> </ul>
<b>Expected Closing</b>	November 2028

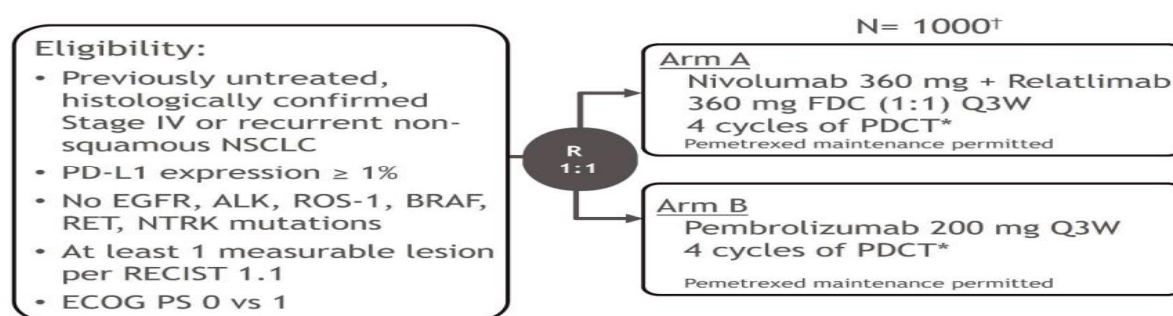


<b>Protocol</b>	<b>TACTI-004</b> TACTI-004, a double-blinded, randomized phase 3 trial in patients with advanced/metastatic non-small cell lung cancer (NSCLC) receiving Eftilagimod alfa (MHC class II agonist) in combination with pembrolizumab (PD-1 antagonist) and chemotherapy.
<b>PI</b>	Dr Sebastian Trainor
<b>Research Nurse</b>	Heather Sloane, Email: <a href="mailto:heatherj.sloane@tuh.ie">heatherj.sloane@tuh.ie</a> Phone: 01-414 4208
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Histologically- or cytologically-confirmed diagnosis of advanced or metastatic (stage IIIB/C or stage IV) NSCLC</li> <li>Not amenable to curative treatment or locally available oncogenic driver mutation-based first-line therapy</li> <li>Treatment naïve for systemic therapy given for advanced/metastatic disease (previous palliative radiotherapy for advanced/metastatic disease acceptable).</li> <li>ECOG 0-1</li> <li>Measurable disease as defined by RECIST 1.1</li> </ul>
<b>Expected Closing</b>	August 2026

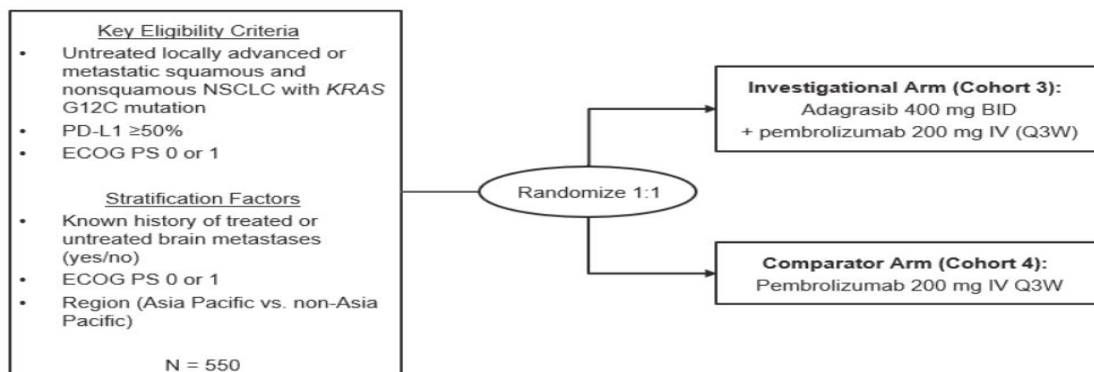




<b>Protocol</b>	<b>CA224-1093</b> A Phase 3, Randomized, Open-label Study of Nivolumab + Relatlimab Fixed-dose Combination with Chemotherapy Versus Pembrolizumab with Chemotherapy as First-line Treatment for Participants with Non-squamous (NSQ), Stage IV or Recurrent Non-small Cell Lung Cancer and with Tumor Cell PD-L1 Expression $\geq 1\%$
<b>PI</b>	Dr Sebastian Trainor
<b>Research Nurse</b>	TBC email <a href="mailto:chistine.leonard@tuh.ie">chistine.leonard@tuh.ie</a> Phone: 01-414 4204
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>• Stage IV or recurrent NSCLC</li> <li>• No prior systemic anti-cancer therapy for advanced/metastatic disease</li> <li>• PD-L1 expression <math>\geq 1\%</math> as determined by a central laboratory</li> <li>• No EGFR mutations, ALK translocations, ROS-1, BRAF, RET, NTRK mutations</li> <li>• ECOG 0 - 1</li> </ul>
<b>Expected Closing</b>	June 2027

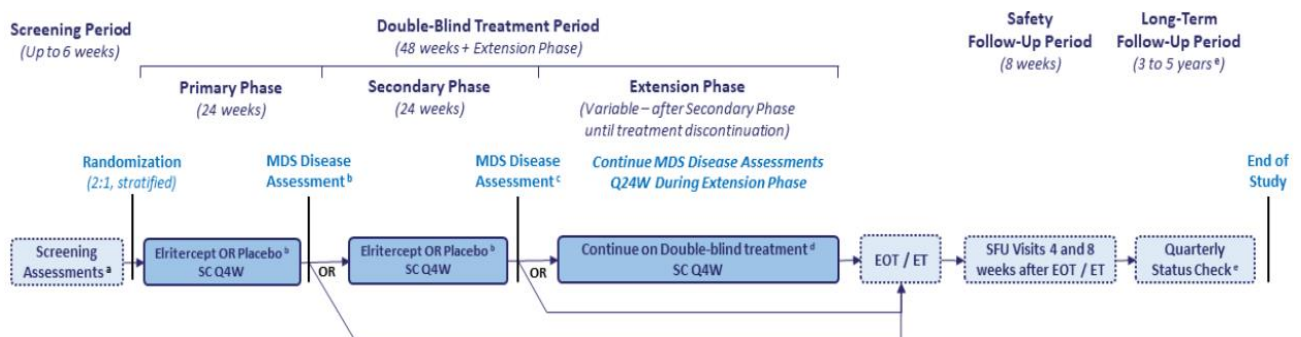


<b>Protocol</b>	<b>KRYSTAL-7 849-007</b> A Phase 2 Trial of Adagrasib Monotherapy and in Combination with Pembrolizumab and a Phase 3 Trial of <b>Adagrasib in Combination with Pembrolizumab</b> versus <b>Pembrolizumab</b> in Patients with <b>Advanced Non-Small Cell Lung Cancer with KRAS G12C Mutation – Phase 3 open TUH</b>
<b>PI</b>	Dr Sebastian Trainor
<b>Research Nurse</b>	Una Murtagh, Email: <a href="mailto:una.murtagh@tuh.ie">una.murtagh@tuh.ie</a> Phone: 01-414 2328
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>• Untreated locally advanced or metastatic squamous and nonsquamous NSCLC with KRASG12C mutations</li> <li>• PD-L1 TPS <math>\geq 50\%</math></li> <li>• ECOG PS 0 or 1</li> </ul>
<b>Expected Closing</b>	November 2026



## HAEMATOLOGY

<b>Protocol</b>	<b>KER-050-D301 (RENEW)</b> A Phase 3, Randomized, Double-Blind, Placebo Controlled Study to Evaluate the Efficacy and Safety of Elritercept (KER-050) for the Treatment of Transfusion Dependent Anemia in Adult Participants with Very Low-, Low-, or Intermediate-Risk Myelodysplastic Syndromes
<b>PI</b>	Prof Helen Enright
<b>Research Nurse</b>	Una Murtagh, Email: <a href="mailto:una.murtagh@tuh.ie">una.murtagh@tuh.ie</a> Phone: 01-414 2328
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>• Diagnosis of MDS with or without RS that meets the IPSS-R classification of very low-, low-, or intermediate-risk MDS with transfusion dependence</li> <li>• Refractory or intolerant to prior ESA treatment</li> <li>• Less than 5% blasts on bone marrow (centrally assessed)</li> <li>• ECOG 0-2</li> </ul>
<b>Expected Closing</b>	January 2027



## TRANSLATIONAL/REGISTRY

<b>Protocol</b>	<b>IRONMAN</b> International Registry for Men with Advanced Prostate Cancer
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	Heather Sloane Email: <a href="mailto:heatherj.sloane@tuh.ie">heatherj.sloane@tuh.ie</a> Phone: 01-414 4208
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>• <b>Metastatic hormone sensitive prostate cancer (mHSPC):</b> <ol style="list-style-type: none"> <li>a) No more than 1 year of continuous ADT</li> <li>b) No more than 90 days of active systemic therapy</li> <li>c) Metastatic disease M1a, b, or c stage or</li> </ol> </li> <li>• <b>Castration resistant prostate cancer (CRPC):</b> <ol style="list-style-type: none"> <li>a) A rising PSA indicating progressing disease or new metastatic disease</li> <li>b) No more than 6 weeks of continuous systemic therapy for CRPC at the time of consent</li> <li>c) No active systemic treatment for a diagnosis of a second, non-prostate malignancy</li> </ol> </li> </ul>
<b>Expected Closing</b>	TBC
<b>Protocol</b>	<b>WAYFIND-R</b> A Registry to Collect the Natural History of Solid Tumour Cancers in Patients Profiled with a Next Generation Sequencing Test (WAYFIND-R)
<b>PI</b>	Prof Ray Mc Dermott
<b>Research Nurse</b>	Una Murtagh Email: <a href="mailto:una.murtagh@tuh.ie">una.murtagh@tuh.ie</a> Phone: 01-4142328
<b>Key Inclusion/Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>• Any type of solid tumour cancer, at any stage of the disease, at the enrolment date</li> <li>• Patient has undergone NGS testing, no longer than 3 months prior to the enrolment date, irrespective of the availability of test results</li> </ul>
<b>Expected Closing</b>	TBC