HSE West and North West Cancer Clinical Trials Newsletter for Clinicians, Patients and Members of the Public

December 2025

Please find current cancer clinical trials open to participant enrolment in our HSE West and North West Health Region with contact details for clinician referral or self - referral.

Site Manager Contact Details	Email address
Irish Research Radiation Oncology Group	laura.nally@hse.ie / helen.mcloughlin6@hse.ie
Cancer Clinical Trials Sligo	margaret1.burke@hse.ie / moira.maxwell@hse.ie
Clinical Cancer Trials Galway	oleksii.noreiko@universityofgalway.ie
Cancer Clinical Trials Letterkenny	marygrace.kelly@hse.ie
Cancer Clinical Trial Set-up Officer	rinumary.thomas@universityofgalway.ie

If you are interested in running a clinical trial/ clinical research project within the region and/or need support in developing your protocol, please contact:

HSE WNW Region Cancer Clinical Trials Programme Manager

Dr Veronica McInerney: veronica.mcinerney@universityofgalway.ie

Principal Investigators	
1	Dr Silvie Blazkova
2	Dr David Breen
3	Prof Peter Carr
4	Dr Sonya Chew
5	Ms Caitríona Duggan
6	Dr Paul Donnellan
7	Ms Breege Farrelly
8	Prof Ananya Gupta
9	Prof Amjad Hayat
10	Dr Jacub Hlasny
11	Prof Aoife Lowery
12	Prof Maccon Keane
13	Prof Michael Kerin
14	Dr Lore Komanyane
15	Prof Janusz Krawczyk
16	Prof Joseph Martin
17	Dr Michael Martin
18	Dr Michael McCarthy
19	Dr Ronan McDermott
20	Dr Nicola Miller

BREAST CANCER TRIALS

1.	**Disease area**	Breast Cancer
	Title	**Destiny 15:** A Phase 3b, Multicenter, Global, Interventional, Open-label, Study of Trastuzumab Deruxtecan (T-DXd), an Anti-HER2-Antibody Drug Conjugate (ADC), in Subjects who Have Unresectable and/or Metastatic HER2-low or HER2 Immunohistochemistry (IHC) 0 Breast Cancer (BC)
	Recruiting Sites	Galway University Hospital
	PI	Prof Maccon Keane
	Research coordinator	Olive Forde: Olive.Forde@hse.ie Gráinne McDonnell: grainneb.mcdonnell@hse.ie Trials Team: 087 2431601
	Key Inclusion Criteria	• Must agree to provide a newly obtained or archival baseline biopsy from primary and/or metastatic lesion. • Pathologically documented BC tumor that: a) Is unresectable and/or metastatic, b) Is hormone receptor-negative or hormone receptor-positive, c) Has confirmed HER2 IHC 1+ or IHC 2+/ISH- (HER2-low) status or HER2 IHC 0 status d) Was never previously HER2-positive (IHC 3+ or IHC 2+/ISH+) on prior pathology testing, e) Was never previously treated with anti-HER2 therapy in the metastatic setting. • Has had at least one and up to two prior lines of therapy in the metastatic setting • Presence of at least one measurable lesion based on CT or MRI, or at least 1 lesion, not previously irradiated, that can be measured accurately at baseline as ≥10 mm in the longest diameter with CT or MRI, which is suitable for accurate repeated measurements, or non-measurable, bone-only disease that can be assessed by CT, MRI, or X-ray 16 Subjects with brain metastases are allowed in the study. The brain lesion(s) should be small (<2 cm), untreated, asymptomatic, not requiring urgent medical intervention, and are asymptomatic and clinically stable
	Key Exclusion Criteria	• Atopoisomerase I inhibitor including prior participation in a study involving an ADC produced by DSI and/or AstraZeneca. • Uncontrolled or significant cardiovascular disease • Has a corrected QT interval (QTc) prolongation of >470 ms (females) or >450 ms (males) based on the average of the Screening triplicate 12-lead ECG. • Has a history of (non-infectious) ILD/pneumonitis that required steroids, has current ILD/pneumonitis, or where suspected ILD/pneumonitis cannot be ruled out by imaging at Screening. • Has spinal cord compression or clinically active central nervous system metastases or requiring therapy with corticosteroids or anticonvulsants to control associated symptoms.
2.	**Disease area**	Breast Cancer
	Title	**Cambria 2** :A Phase III, Open-Label, Randomised Study To Assess The Efficacy And Safety Of Camizestrant (Azd9833, A Next Generation, Oral Selective Estrogen Receptor Degrader) Vs Standard Endocrine Therapy (Aromatase Inhibitor Or Tamoxifen) As Adjuvant Treatment. Patients with ER+/HER2- early breast cancer and an intermediate-high or high risk of recurrence who have completed definitive locoregional treatment and have no evidence of disease
	Recruiting Sites	Galway University Hospital
	PI	Prof Maccon Keane
	Research coordinator	Ms Olive Forde: Olive.Forde@hse.ie Ms Gráinne McDonnell: grainneb.mcdonnell@hse.ie
	Key Inclusion Criteria	• Documented histologically confirmed ER+/HER2- early-stage resected invasive breast cancer with absence of any evidence of metastatic disease

		• Patients must have undergone adequate (definitive) locoregional therapy • Patients may have received up to 12 weeks of ET either in the adjuvant or neoadjuvant setting prior to randomisation. • Pre-, peri-, and post-menopausal women, and men are eligible if they meet at least 1 of the criteria below: • T4 Tumours • Tumour of any size with involvement in ≥2 ipsilateral lymph nodes • T1c-T3 N0 or with involvement of 1 lymph node (pN1mi is allowed)
	Key Exclusion Criteria	• Patients with inoperable locally advanced breast cancer, without known distant metastasis or distant metastatic (including contralateral axillary lymph nodes) disease. • Patients with pathological complete response (pCR) or residual cancer burden (RCB)-0 following treatment with neoadjuvant chemotherapy. • Patients with a history of any other cancer (except non-melanoma skin cancer or carcinoma in situ of the cervix or considered a very low risk of recurrence per investigator's judgement • Patients with a history of previous breast cancer are excluded with the exception of ipsilateral ductal carcinoma in situ (DCIS) treated by locoregional therapy alone ≥5 years ago or contralateral DCIS treated with locoregional therapy at any time.
3.	**Disease area**	Breast Cancer
	Title	**MK 2870**: A Phase 3, Randomized, Open-label, Study to Compare the Efficacy and Safety of Adjuvant MK-2870 in Combination with Pembrolizumab (MK-3475) Versus Treatment of Physician's Choice (TPC) in Participants With Triple-Negative Breast Cancer (TNBC) Who Received Neoadjuvant Therapy and Did Not Achieve a Pathological Complete Response (pCR) at Surger
	Recruiting Sites	Galway University Hospital
	PI	Professor Maccon Keane
	Research coordinator	Olive Forde: Olive.Forde@hse.ie Gráinne McDonnell: grainneb.mcdonnell@hse.ie
	Key Inclusion Criteria	• Has centrally confirmed TNBC • No evidence of locoregional or distant relapse • Had neoadjuvant treatment based on the KEYNOTE-522 regimen, followed by surgery according to NCCN treatment guidelines for TNBC. Completed at least 5 doses of neoadjuvant pembrolizumab and chemotherapy, including at least one dose of anthracycline • Had adequate excision and surgical removal of all clinically evident disease in the breast and/or lymph nodes and have adequately recovered from surgery
	Key Exclusion Criteria	• Has a known germline BRCA mutation • Has Grade >2 peripheral neuropathy • History of documented severe dry eye syndrome, severe Meibomian gland disease and/or blepharitis, or corneal disease that prevents/delays corneal healing • Has active IBD requiring immunosuppressive medication or previous history of IBD
4.	**Disease area**	Breast Cancer
	Title	**ATNEC** is a phase III, open, randomised, multicentre trial comparing standard axillary treatment (either, axillary lymph node dissection [ALND] or axillary radiotherapy

		[ART]) with no axillary treatment post-surgery, in early stage (T1-3N1M0) breast cancer patients
	Recruiting Sites	Galway University Hospital
	PI	Professor Aoife Lowery
	Research coordinator	Olive Forde: Olive.Forde@hse.ie Gráinne McDonnell: grainneb.mcdonnell@hse.ie
	Key Inclusion Criteria	• Female or male with cT1–3N1M0 breast cancer • Biopsy-proven axillary nodal metastases at presentation • Radiological node-negative (ycN0) post NACT
	Key Exclusion Criteria	• Distant metastases (M1) • Incomplete or no neo-adjuvant chemotherapy • Residual clinically or radiologically positive nodes (ycN+)
5.	**Disease area**	Breast Cancer
	Title	Incorporation of telemedicine monitoring in HR+/HER2- advanced breast cancer patients receiving Ribociclib
	Recruiting Sites	Galway University Hospital
	PI	Dr Sonya Chew
	Research coordinator	Olive Forde: Olive.Forde@hse.ie Gráinne McDonnell: grainneb.mcdonnell@hse.ie
	Key Inclusion Criteria	• Patients with advanced HR+/HER2- breast cancer starting Ribociclib • Able to provide written informed consent • Age > 18 years • Able to speak and read English • Own a mobile telephone with capabilities to support a virtual
	Key Exclusion Criteria	• Patients whose caregivers coordinate their health care • Patients unable to speak and read English • Patients who do not have access to a mobile telephone with capabilities to support a virtual call
6.	**Disease Area**	Breast cancer
	Title	Relationship changes impacting Couples following breast cancer diagnosis – a cross-cultural study
	Recruiting Sites	Galway University Hospital
	PI	Ms, Yimeng Du/ Prof Paul Garrett/ Prof Aoife Lowery /Dr Sonya Chew.
	Researcher	Ms, Yimeng Du : y.du8@universityofgalway.ie
	Key Inclusion Criteria	• Diagnosed with local or regional breast cancer (Stages 0-III); • married or living with their partners • normal mental state • fluent in English language Consent
	Key Exclusion Criteria	• Patients under 18 years of age. Previous participant in biobank program
7.	**Disease area**	Breast Cancer
	Title	**ECONSENT** : A Randomized Controlled Trial To Test Efficacy of Electronic Informed Consent Process Versus Paper Informed Consent Process, as a Methodological Approach for Biobank Research In Patients With Cancer
	Recruiting Sites	GUH

	PI	Prof Michael Kerin
	Research coordinator	Olive Forde: Olive.Forde@hse.ie Gráinne McDonnell: grainneb.mcdonnell@hse.ie
	Key Inclusion Criteria	• Adult > age 18 • Diagnosis of Cancer/Consenting to participate in Biobank programme. • Read and Understand English Language or Irish Language Who consent to partake in this study
		BASKET TRIALS
8.	**Disease area**	Basket (All Cancer Types)
	Title	**DPAC:** A Randomised Controlled Trial of Deprescribing versus Standard of Care in Patients with Advanced Cancer.
	Recruiting Sites	Galway University Hospital and Sligo University Hospital
	PI	Dr Julien O Riordan/ Dr Michael McCarthy/ Prof Janusz Krawczyk Dr Lars
	Research coordinator	Marian Jennings marian.jennings@hse.ie Alyssa dela Paz alyssa.paz@hse.ie Dorota Chambers dorota.chambers@hse.ie Katherine Cussen Katherine.cussen@hse.ie Margaret1.burke@hse.ie
	Key Inclusion Criteria	• Patients over aged >/= 18 years • Ability to read and understand English • Diagnosis of advanced cancer • Patients currently prescribed medications detailed in the OncPal deprescribing guidelines (appendix 1) • Suitable for de-prescribing as determined by the physician
	Key Exclusion Criteria	• Patients who do not consent to study participation Patients who are not currently taking any medication that can be deprescribed as per Onc Pal International guidelines
9.	**Disease area**	Basket (All Cancer Types)
	Title	**COOLVAS** Exploring the Feasibility and Impact of Cooling Mats on Vasomotor Symptoms in Patients Receiving Endocrine Treatment: A Pilot Study**.**
	Recruiting Sites	Sligo University Hospital
	PI	Ms Breege Farrelly
	Research coordinator	Margaret1.burke@hse.ie Moira.Maxwell@hse.ie
	Key Inclusion Criteria	Adult aged ≥ 18 years · Diagnosed with breast or prostate cancer · Receiving endocrine therapy cancer treatment · Experiencing vasomotor symptoms, such as hot flushes or night sweats
	Key Exclusion Criteria	Prior use of cooling mats for vasomotor symptoms · Allergy to Polyvinyl chloride (PVC) · Patients who are unable to co-operate with the study protocol · Patients who are unable to give informed consent
10.	**Disease area**	Basket (All Cancer Types)
	Title	**Can-React**: Cancer Rehabilitation Action- A Personalised Exercise programme for Rehabilitation and Recovery
	Recruiting Sites	Galway University Hospital
	PI	Professor Ananya Gupta
	Research coordinator	Ms Marian Jennings marian.jennings@hse.ie Ms Alyssa Paz alyssa.paz@hse.ie

	Key Inclusion Criteria	• Cancer survivors who are currently on or have completed active treatment • Aged 18 years or older; • fluent in English; • Completed PAR-Q questionnaire and ePARmedx if required • Performance status ECOG 2 or less • No communication deficit or moderate-to-severe cognitive deficit
	Key Exclusion Criteria	• No Consent • Performance status ECOG =/> 3
11.	**Disease area**	Basket (All Cancer Types)
	Title	**SIMPLIFY-SABR-COMET** Single vs. Multiple fraction non-Inferiority trial of Stereotactic Ablative Radiotherapy for the Comprehensive treatment of Oligo-metastases/progression
	Recruiting Sites	Galway University Hospital
	PI	Dr. Ronan McDermott
	Research coordinator	Laura Nally laura.nally@hse.ie Helen McLoughlin helen.McLoughlin6@hse.ie
	Key Inclusion Criteria	• 1-5 current oligometastatic or oligo-progressive lesions • Histologically confirmed malignancy with metastatic disease detected on imaging Controlled primary tumour defined as at least 3 months since original tumour treated definitively, with no progression at primary site
	Key Exclusion Criteria	• Uncontrolled concurrent malignant cancer • Lesion in femoral bone requiring surgical fixation • Substantial overlap with a previously treated radiation volume Current malignant pleural effusion
12.	**Disease area**	Basket (All Cancer Types)
	Title	**E 2 -RADIatE - ReCare** A prospective observational cohort on high-dose re-irradiation
	Recruiting Sites	Galway University Hospital
	PI	Professor Joseph Martin
	Research coordinator	Laura Nally laura.nally@hse.ie Helen McLoughlin helen.McLoughlin6@hse.ie
	Key Inclusion Criteria	• Pathologically confirmed cancer, including local and locoregional recurrence, metastases or new primary tumour from the following list of cancers: breast, non small cell lung cancer, small cell lung cancer, colorectal, prostate, endometrial, cervical, squamous H&N, glioma and meningioma • High-dose re-irradiation planned or ongoing • Re-irradiation type 1 being a new course of radiotherapy that has geometrical overlap with the previously irradiated volume (irrespective of concerns for toxicity) and re-irradiation type 2 being a new course of radiotherapy without geometric overlap but with concerns of toxicity from the cumulative doses
	Key Exclusion Criteria	• Life expectancy as assessed by the treating physician is less than 3 months • Palliative non-therapeutic re-irradiation doses • Missing information of previous radiotherapy
13.	**Disease area**	Basket (All Cancer Types)
	Title	EUPICC Effectiveness of ultrasound-guided peripheral intravenous catheter (EUPIC) insertion by oncology nurses versus traditional (touch and feel) approaches. A Randomized Controlled Trial (RCT).

	Recruiting Sites	Portiuncula, Galway and Letterkenny University Hospitals
	PI	Dr Peter Carr/ Ms Catriona Duggan
	Research coordinator	Caitríona Duggan c.duggan23@universityofgalway.ie Mary Grace Kelly marygrace.kelly@hse.ie Marian Jennings: Marian.jennings@hse.ie Alyssa dela Paz: alyssa.Paz@hse.ie
	Key Inclusion Criteria	• Patients with a diagnosis of cancer • Attending the Oncology/ Haematology Day ward • Age >18 years and above • Scheduled to receive intravenous anti-cancer therapy. • Require a peripheral intravenous catheter • 6 Provide written informed consent
	Key Exclusion Criteria	• Patients under 18 years of age. • (2) Persons who are unable to co-operate with the study protocol • (3) Persons who are unable to give informed consent
14.	**Disease area**	Basket (All Cancer Types)
	Title	**Cares**: A Phase 1/2 Trial of the Synthetic Cannabinoid ART27.13 in Patients with Cancer Anorexia and Weight Loss
	Recruiting Sites	Galway University Hospital and Sligo University Hospital
	PI	Prof Dympna Waldron Dr Michael Martin
	Research coordinator	Marian Jennings: Marian.jennings@hse.ie Alyssa dela Paz: Alyssa.Paz@hse.ie Margaret1.burke@hse.ie Moira.Maxwell@hse.ie
	Key Inclusion Criteria	• Have cancer documented by histopathology or cytology. • Have anorexia as determined by self-reported decrease or lack of appetite or aversion to food • Have documented, unintentional weight loss of >5% of body weight and a continuous downward trend in the past 6months (±2 weeks) • Patients on either: no anti-cancer therapy for the 2 weeks before enrolment and are not expected to have anti-cancer therapy/radiotherapy for the first • stable dosing from 2 weeks before enrolment and expected to be on such therapy for another 12 weeks of anti-cancer therapies
	Key Exclusion Criteria	• Primary brain tumour or symptomatic brain metastasis • Oral mucositis or oral fungal infection causing anorexia or impairing taste • Unable to swallow food + PO medications • Be on, been on within 4 weeks prior to enrolment, or expected to be on medications that have the potential to affect anorexia or caloric intake. Be on strong CYP3 A4 inhibitors or inducers • Hx of any illicit drug use, alcohol misuse, or other drug misuse within the last 24 months. Current medicinal use of cannabinoids also excluded. • Recent diagnosis of Clinical Depression starting on medication within 4 weeks prior to enrolment
LUNG CANCER		
15.	**Disease area**	Lung Cancer
	Title	**Harmoni**: A Randomized, Double-blind, Phase 3 Study of Ivonescimab + Chemotherapy V Pembrolizumab + Chemotherapy for the First-line Treatment of Metastatic NSCLC(Squamous and Non Squamous
	Recruiting Sites	Galway University Hospital

	PI	Dr. Silvie Blazkova
	Research coordinator	Marian Jennings: Marian.jennings@hse.ie Alyssa dela Paz: alyssa.Paz@hse.ie
	Key Inclusion Criteria	• Stage IV NSCLC (Squamous or non-Squamous) • ECOG 0-1 • Measurable disease as per RECIST 1.1 • Documented PD-L1 expression status
	Key Exclusion Criteria	• Radiologically documented evidence of major blood vessel invasion/ or tumor invading organs. • Known actionable genomic alterations for which first-line approved therapies are available. • Active or untreated CNS metastases • History of bleeding tendencies or coagulopathy and/or clinically significant bleeding symptoms or risk within 4 weeks prior to randomization • Active autoimmune disease
16.	**Disease area**	Lung Cancer
	Title	**Mirati Trial**: A Phase 2 Trial of Adagrasib Monotherapy and in Combination with Pembrolizumab and a Phase 3 Trial of Adagrasib in Combination with Pembrolizumab versus Pembrolizumab in Patients with Advanced NSCLC with KRAS G12C Mutation
	Recruiting Sites	Galway University Hospital
	PI	Dr Silvie Blaskova
	Research coordinator	Marian Jennings: Marian.jennings@hse.ie Alyssa de la Paz: alyssa.Paz@hse.ie
	Key Inclusion Criteria	• Histologically confirmed diagnosis of NSCLC (squamous or non squamous) with KRAS G12C mutation and PD-L1 Tumor $\geq$ 50%. (both central testing) • Measurable disease per RECIST 1.1 • ECOG 0-1 • No prior systemic therapy for advanced Disease
	Key Exclusion Criteria	• Prior KRAS G12C inhibitor treatment • Untreated or Unstable CNS Metastases • Active autoimmune disease • Hx of CVA /TIA /MI within 6 months
17.	**Disease area**	**Lung Cancer**
	Title	**Neo-Coast 2** : Phase II, Open-label, Multicentre, Randomised Study of Neoadjuvant and Adjuvant Treatment in Patients with Resectable, Early-stage (II to IIIB) NSCLC.
	Recruiting Sites	Galway University Hospital
	PI	Dr Silvie Blazkova
	Research coordinator	Marian Jennings: Marian.jennings@hse.ie Alyssa dela Paz: alyssa.Paz@hse.ie
	Key Inclusion Criteria	• Newly diagnosed and previously untreated patients with histologically or cytologically documented NSCLC. • At screening, complete surgical resection of the primary NSCLC must be deemed achievable • T4 tumours will only be eligible if they are defined as T4 based only on their size (more than 7 cm) • Documented PD-L1 expression status
	Key Exclusion Criteria	• Patients with sensitising EGFR mutations or ALK translocations. • History of allogeneic organ transplantation. • Active or prior documented autoimmune or inflammatory disorders (including inflammatory bowel disease)

		• Uncontrolled central nervous system (CNS) metastases
18.	**Disease area**	Lung Cancer
	Title	**LCO : A feasibility assessment of Lung Cancer Orchestrator and surveillance pathway as an intervention for early detection of lung cancer in patients with incidental radiological pulmonary nodule findings**
	Recruiting Sites	Galway University Hospital
	PI	Dr David Breen
	Research coordinator	Ms Imelda Fleming Advanced Nurse Practitioner imelda.fleming@hse.ie Ms Nansi Corcoran Rapid Access Lung Cancer Coordinator nansi.corcoran@hse.ie
	Key Inclusion Criteria	• Patients aged >/= 18 years • Ability to read and understand English • Recent chest radiology within 28 days • Documented pulmonary nodules on report triggered by lung cancer orchestrator system • Clinical and/ or Radiological assessment required. • Patients who provide written informed consent
	Key Exclusion Criteria	• Patients currently the care of a pulmonologist • Patients already with a current diagnosis of cancer • Patients currently being worked up / screened for cancer. • Patients who are unable to co-operate with the study protocol Patients who are unable to give informed consent
19.	**Disease area**	Lung Cancer
	Title	**Radiomics :**A Retrospective Multi-Centre Study to Explore the value of Diagnostic Imaging and Radiomics in Characterising and Predicting ILD/Pneumonitis
	Recruiting Sites	Galway University Hospital
	PI	Dr Paul Donnellan
	Research coordinator	Sunaina Ashok Kodalkar: sunaina.kodalkar@hse.ie **Trials Team: 087 2431601**
	Key Inclusion Criteria	**INCLUSION** • Patients ≥18 years • Pathologically verified NSCLC diagnosis acquired through tumor cytology or biopsy. • Documented diagnosis of TNM • Stage III unresectable NSCLC (7th/8th TNM International Association for the Study of Lung Cancer [IASLC] edition) • Patients treated with radiotherapy. • Patients may also have been treated with immunotherapy and/or chemotherapy
	Key Exclusion Criteria	• Patients with inadequate follow- up scans. • Patients who were not treated with radiotherapy • Patients treated with less than 40 Gy or patient treated with palliative intent Patients showing ILD/pneumonitis findings not associated with cancer therapy in the initial imaging.
	Gynaecology	
	Disease area	**Gynaecology**

20.	**Title**	**XPORT 42:** A Phase 3, Randomized, Placebo-Controlled, Double-Blind, Multicenter Trial Of Selinexor In Maintenance Therapy After Systemic Therapy For Patients With P53 Wild-Type, Advanced Or Recurrent Endometrial Carcinoma
	Recruiting Sites	Galway University Hopsital and Sligo University Hospital
	PI	Dr Michael McCarthy Dr Lors
	Research coordinator	Alyssa Dela Paz: alyssa.Paz@hse.ie /Marian Jennings: Marian.jennings@hse.ie Margaret. Burke1@hse.ie / Moira.maxwell@hse.ie
	Key Inclusion Criteria	• Centrally positive TP53 wild type • ECOG 0-1 • Completed a single line, at least 12 weeks of platinum-based therapy (not including adjuvant or neoadjuvant therapy for Stage I-III disease) and achieved confirmed partial or complete response (PR or CR) by imaging, according to RECIST version 1.1
	Key Exclusion Criteria	• Uterine sarcomas (carcinosarcomas – not excluded), clear cell or small cell carcinoma with neuroendocrine differentiation Active Brain Metastases
Haematology		
21.	**Disease area**	Multiple Myeloma
	Title	**Majestec -4** Phase 3 Study of Teclistamab in Combination With Lenalidomide and Teclistamab Alone versus Lenalidomide Alone in Participants With Newly Diagnosed Multiple Myeloma as Maintenance Therapy following Autologous Stem Cell Transplantation.
	Recruiting Sites	GUH
	PI **Sub I**	Prof. Janusz Krawczyk : Dr. Muhammad Fawad Khan: MuhammadFawad.Khan@hse.ie
	Research coordinator	Dorota Matczuk: Dorota.Matczuk@hse.ie Katherine Cussen: Katherine.Cussen@hse.ie
	Key Inclusion Criteria	• 18 years of age with New diagnosis of symptomatic multiple myeloma according to IMWG criteria and have received 4 to 6 cycles of 3- or 4-drug induction therapy that includes a proteasome inhibitor and/or an IMiD with or without anti-CD38 monoclonal antibody and a single or tandem ASCT. • Received only one line of therapy and achieved at least a partial response (≥PR) as per IMWG 2016 response criteria. • Received high-dose chemotherapy and ASCT within 12 months of the start of induction therapy and be within 6 months of the last ASCT at the time of randomization/Sponsor approval. • Must not have received any maintenance therapy. • Have an ECOG performance status score of 0-2 at screening and immediately prior to the start of administration of study treatment.
	Key Exclusion Criteria	• Previous therapy with a gene modified adoptive cell therapy (e.g., chimeric antigen receptor modified T cells, NK cells). • History of allogeneic SCT or prior organ transplant. • Progressive disease as per IMWG 2016 criteria at any time prior to randomization. • Radiotherapy within 14 days or focal radiation within 7 days of C1D1. • Excluded for any of the following: a) Ongoing MDS or B cell malignancy (other than MM). b) History of malignancy, other than MM, which is considered at high risk of recurrence requiring systemic therapy.

		c) Active malignancy other than MM. (For exceptions please refer to protocol). • PCL, sm.MM, WM, POEMS syndrome or light chain amyloidosis in the absence of underlying symptomatic myeloma as defined per IMWG criteria with the presence of CRAB and/or SLiM symptoms. • CNS involvement or presence of cardiac conditions (see details). Have received an investigational drug (including investigational vaccines) or used an invasive investigational medical device within 4 weeks or 5 PK half-lives, before C1D1.
22.	**Disease area**	Multiple Myeloma
	Title	**Successor:** Two-stage, randomized, multicenter, open-label, Phase 3 study, comparing the efficacy and safety of Mezigdomide, Bortezomib and Dexamethasone (MeziVd) versus Pomalidomide, Bortezomib and Dexamethasone (PVd) in subjects with relapsed or refractory multiple myeloma (RRMM) who received between 1 to 3 prior lines of therapy and who have had prior Lenalidomide exposure.
	Recruiting Sites	Galway University Hospital
	PI **Sub I**	Prof. Janusz Krawczyk : Dr. Muhammad Fawad Khan: MuhammadFawad.Khan@hse.ie
	Research coordinator	Dorota Matczuk: Dorota.Matczuk@hse.ie Katherine Cussen: Katherine.Cussen@hse.ie
	Key Inclusion Criteria	• ≥ 18 years having diagnosis of MM and measurable disease. • Received 1 to 3 prior lines of anti-MM therapy including lenalidomide-containing regimen and achieved MR or better to at least 1 prior anti-MM therapy. • Documented disease progression during or after their last anti-myeloma regimen. • ECOG performance status score of 0, 1 or 2.
	Key Exclusion Criteria	**EXCLUSION** • Progression during treatment or within 60 days of the last dose of a proteasome inhibitor with few exceptions (see protocol for details). • For subjects with prior treatment of a Bortezomib containing regimen, the best response achieved was not a minimal response or better, or subject discontinued Bortezomib due to toxicity. • Prior treatment with Mezigdomide or Pomalidomide. • History of any investigational agents within 28 days or 5 half-lives (whichever is shorter) of initiating study treatment. • Received any of the following: a) Plasmapheresis within the last 28 days of initiating study treatment. b) Major surgery within 28 days of initiating study treatment. c) Radiation therapy, other than local palliative therapy, for myeloma associated bone lesions within 14 days of initiating study treatment. d) Use of any systemic anti-myeloma drug therapy within 14 days of initiating study treatment. • Previously received allogeneic SCT at any time during prior therapy or received autologous SCT within 12 weeks of initiating study treatment. • Current or past history of PCL, WM, POEMS syndrome, or light-chain amyloidosis. • Known CNS involvement with myeloma. • GI disease or surgery that may significantly alter the absorption of Mezigdomide and/or other oral study treatment. • Prior history of malignancies, other than MM, unless the subject has been free of the disease for ≥ 3 years (for exceptions please refer to protocol). • Received immunosuppressive medication within the last 14 days of initiating study treatment (for exceptions please refer to protocol). Clinically significant cardiac disease

23.	**Disease area**	Lymphoma
	Title	**EBMT-02** Use of Brentuximab Vedotin and/or Checkpoint Inhibitors as a Bridge to Autologous Transplantation in Hodgkin's Lymphoma
	Recruiting Sites	Galway University Hospital
	PI	Prof. Amjad Hayat Dr. Muhammad Fawad Khan: MuhammadFawad.Khan@hse.ie
	Research coordinator	Dorota Matczuk: Dorota.Matczuk@hse.ie Katherine Cussen: Katherine.Cussen@hse.ie
	Key Inclusion Criteria	• Age ≥ 18 years of age • Diagnosis: classical HL • Decision to use BV and/or CPI-based salvage therapy as bridge to autologous SCT for HL
	Key Exclusion Criteria	Na
24.	**Disease area**	Biobank
	Title	**Blood Cancer Biobank Ireland** (BCBI) sample collection and management
	Recruiting Sites	Galway University Hospital
	PI **Sub I**	Prof. Janusz Krawczyk : Dr. Muhammad Fawad Khan: MuhammadFawad.Khan@hse.ie
	Researchcoordinator	Dorota Matczuk: Dorota.Matczuk@hse.ie Katherine Cussen: Katherine.Cussen@hse.ie
	Key Inclusion Criteria	All newly diagnosed CLL (Chronic lymphocytic leukaemia), AML (Acute myeloid leukaemia) and MM (Multiple myeloma) participants who have not yet received any treatment.
	Key Exclusion Criteria	Na
25.	**Disease area**	Biobank Haematology
	Title	**GEMS:** The Impact of Genetic Expression Profile on Depth of Response and Survival In Multiple Myeloma
	Recruiting Sites	Galway University Hospital
	PI **Sub I**	Prof. Janusz Krawczyk : Dr. Muhammad Fawad Khan: MuhammadFawad.Khan@hse.ie
	Research coordinator	Dorota Matczuk: Dorota.Matczuk@hse.ie Katherine Cussen: Katherine.Cussen@hse.ie
	Key Inclusion Criteria	All newly diagnosed Multiple Myeloma participants who are eligible for autologous stem cell transplant.