**Combo-Match Concept Sheet**

**INSTRUCTIONS:** Email completed forms to Erin Mendelsohn at ECOG-ACRIN by Monday, May 27, 2019

Questions: Erin Mendelsohnemendelsohn@ecog-acrin.org
Phone: 215-399-0428

1. **Date:**
2. **Investigator:**
3. **Investigator Email and Phone:**
4. **Institution:**
5. **Cooperative Group Affiliation:**
6. ALLIANCE C. NRG E. NONE
7. ECOG/ACRIN D. SWOG
8. **Study Design:**
9. Combination therapy
10. Monotherapy
11. **Histology and/or molecular target:**
12. **Background:** (please include scientific rationale as well as in vitro and in vivo preclinical data)
13. **If a Combination, is there:**
1) Safety data of the combination?
14. Single agent activity of proposed agents in the target population?
15. Please provide rationale for the use of the drug combination specifically in the proposed biomarker defined population, or if this proposal is for a biomarker unselected population, for the histologic group(s).