IMMUcan eligibility criteria for patient material coming from clinical study

	Steps	Requirements / Preferences	Decision type
1	Academically-sponsored clinical trial?	Must be yes	Go / No go
2	Number of patients of interest?	Minimum 10 patients	Go / No go
3	Format of the sample?	Minimum requirements: Formalin-Fixed Paraffin-Embedded block (or Fresh Frozen) and germline gDNA	Go / No go
4	Patient informed consent suitable for all IMMUcan purposes?	It should allow its use for IMMUcan purposes, future research in collaboration with pharma and possibly outside Europe.	Go / No go
5	When the clinical data could be released?	Less than 2.5 years into the project i.e. September 2021	Go / No go
6	Availability of relevant clinical data	All relevant clinical data must be shared with all IMMUcan partners. No exclusivity requested.	Go / No go
7	Age of samples?	Clinical trial must contain samples not older than 2 years; samples beyond 2 years will not be eligible	Go / No go
8	Indication of interest to IMMUcan?	Please see below.	To be discussed
9	Treatment of interest	Immune Checkpoint Inhibitors preferred	To be discussed
10	Disease stage of interest?	Unmet medical need preferred	To be discussed
11	Paired samples (pre and post treatment initiation) available	Paired samples highly desired	To be discussed

12	Peripheral samples available (blood, saliva, stool …)	Availability of additional peripheral samples desirable	To be discussed

Indications of interest
Lung
• Patients with confirmed advanced or metastatic NSCLC (stage 3b and 4). • Naïve of any anti-local or systemic cancer treatment (in the adjuvant or metastatic settings)
Head & Neck
• Patients with confirmed locally recurrent and/or metastatic HNSCC • To be treated in 1st line with focus on ICI/ICI-chemo (once approved in Europe) • Or patient resistant to platinum, to be treated with ICI/ICI-chemo in 2nd line Or • SCCHN patients with confirmed progression after treatment with chemo-radiation • To receive salvage surgery less than 1 year after chemo-radiation
Breast
• Patients with confirmed metastatic TNBC • Naïve of any anti-local or systemic cancer treatment (in the adjuvant or metastatic settings) • To be treated in 1st line with focus on ICI/ICI-chemo. Or • Patients with confirmed diagnostic of localized TNBC (stage I to III) breast cancer • To be treated with anthracycline-taxane-based neo-adjuvant therapy

- Enrolled prior to neo-adjuvant chemotherapy

Or

- Patients with confirmed diagnostic of localized HER2^{+} (stage I to III) breast cancer
- To be treated with anthracycline-taxane-based neo-adjuvant therapy
- Enrolled prior to neo-adjuvant chemotherapy

Gastro-Intestinal

- Patients with a confirmed diagnostic of metastatic colorectal adenocarcinoma
- Planed resection (curative intend) of the primary tumor and metastasis (liver and/or lung and/or peritoneal) in 1 or several successive surgical procedures, without any intercurrent treatment between procedures

Or

- Patients with a diagnosis of widespread metastatic colorectal cancer not suitable for upfront surgery
- Progressing after surgical resection of their primary tumor (diagnosed at stage M0) OR diagnosed with M1 disease and had palliative resection of the primary tumor before any treatment
- With at least one accessible metastatic lesion for new biopsy

Genito Urinary

- Patients with confirmed metastatic Renal Cell Carcinoma.
- To be treated in 1st line