**COG ComboMATCH Concept Sheet**

**INSTRUCTIONS:** Email the completed form and any questions regarding the process to COG ComboMATCH Operations team at: COGComboMatchOps@childrensoncologygroup.org

1. **Date:**
2. **Investigator:**
3. **Investigator Email and Phone:**
4. **Institution:**
5. **Title/Subject:**
6. **Study Design:**
7. Combination therapy
8. Monotherapy
9. **Molecular target(s) and/or histology:**
10. **Background:** (please include scientific rationale as well as in vitro and in vivo preclinical data)
11. **If a Combination, is there:**

1) Safety data of the individual agents in children? Safety data in combination?

1. Single agent activity of proposed agents in the target population? In a related population?
2. 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).