INTRODUCTION Cancer immunotherapy, particularly immune checkpoint blockade, has dramatically improved outcomes for patients with cancer, including rare tumors such as Merkel cell carcinoma and anal cancer.1,2 However, there is little information on the potential benefit from immune checkpoint blockade for the vast majority of rare tumors. To address this, we launched the SWOG S1609 DART (Dual Anti– CTLA- 4 and Anti– PD- 1 Blockade in Rare Tumors) trial, a federally funded basket immunotherapy study investigating multiple rare tumors and lower dose ipilimumab with nivolumab. The trial is investigating combinatorial immune checkpoint blockade across 52 rare tumor types and is open across the United States at 861 sites, with 734 accruals in the past 3 years; thus, it is dispelling the notion that rare tumor clinical trials are not feasible. Corresponding Authors: Sandip Pravin Patel, MD, Moores Cancer Center, University of California at San Diego, 3855 Health Sciences Dr, #0987, La Jolla, CA 92093 (patel@ ucsd.edu); Young Kwang Chae, MD, MPH, MBA, Northwestern University, 645 N Michigan Ave, Ste 1006, Chicago, IL 60611 (young.chae@northwestern.edu); Razelle Kurzrock, MD, Moores Cancer Center, University of California at San Diego, 3855 Health Sciences Dr, #0658, La Jolla, CA 92093 (rkurzrock@ucsd.edu). 1 Moores Cancer Center, University of California at San Diego, La Jolla, California; 2 SWOG Statistical Center, Seattle, Washington; 3 Fred Hutchinson Cancer Research Center, Seattle, Washington; 4 Northwestern University, Chicago, Illinois; 5 Moffitt Cancer Center, Tampa, Florida; 6 University of Arizona, Phoenix, Arizona; 7 Ohio State University Comprehensive Cancer Center, Columbus, Ohio; 8 SWOG Data Operations Center/Cancer Research and Biostatistics, Seattle, Washington; 9 Investigational Drug Branch, Cancer Therapy Evaluation Program, National Cancer Institute, Bethesda, Maryland; 10 Oregon Health and Science University, Portland, Oregon; 11 SWOG Group Chair’s Office, Knight Cancer Institute, Oregon Health and Science University, Portland, Oregon The investigational new drug sponsor was the Division of Cancer Treatment and Diagnosis of the National Cancer Institute. This trial was registered at ClinicalTrials.gov (NCT02834013) on July 15, 2016. We thank Ms. Marcia Horn, JD (SWOG patient advocate and president/chief executive officer, International Cancer Advocacy Network), Ms. Christy Klepetko (protocol coordinator, SWOG Operations Office), Heloisa P. Soares, MD, PhD (University of Utah), and Howard Streicher, MD (Investigational Drug Branch, Cancer Therapy Evaluation Program, National Cancer Institute). Correction added 27 April 2021: The title has been updated. DOI: 10.1002/cncr.33591, Received: January 9, 2021; Revised: March 9, 2021; Accepted: March 12, 2021, Published online April 21, 2021 in Wiley Online Library (wileyonlinelibrary.com) S1609 DART: High- Grade Neuroendocrine Neoplasms/Patel et al 3195 Cancer September 1, 2021 We have previously reported our results with ipilim- umab and nivolumab across all grades of nonpancreatic neuroendocrine neoplasms with a 44% overall response rate (ORR) in patients with high- grade disease versus a 0% ORR in patients with low- or intermediate- grade tu- mors.3 The ORR by grade analysis was not prespecified; however, because of the magnitude of difference by grade as well as the durability of responses in heavily pretreated patients with metastatic disease, further study in a new, prospective cohort was pursued. We describe here the clinical activity of ipilimumab and nivolumab in a sepa- rate, dedicated cohort of high- grade neuroendocrine neo- plasms within S1609.