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	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
1	NCT04115345	A Study of a Renal Autologous Cell Therapy (REACT®) in Patients With Chronic Kidney Disease (CKD) From Congenital Anomalies of the Kidney and Urinary Tract (CAKUT). Study Documents:	Title Acronym: Other Ids: REGEN-004	Recruiting	• Chronic Kidney Disease • Congenital Anomalies of Kidney and Urinary Tract	Biological: Renal Autologous Cell Therapy (REACT®) Autologous selected renal cells (SRC)	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Intervention Model Description: Open-label Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: Assess change in eGFR and observe incidence of renal-specific procedure and/or product related adverse events (AEs) through 24 months following two Renal Autologous Cell Therapy (REACT) injections [Safety]. [Time Frame: 12 months following last REACT injection] The primary objective is to assess the safety and optimal delivery of Renal Autologous Cell Therapy (REACT) injected at one site in a recipient kidney as measured by procedure- and/or product related adverse events (AEs) through 12 months post-treatment. Secondary Outcome Measures: Number of subjects with renal-specific adverse events over a 24-month period following injection of Renal Autologous Cell Therapy (REACT). [Time Frame: 24 months following last REACT injection] The number of subjects with renal-specific adverse events over a 24-month period following injection of Renal Autologous Cell Therapy (REACT) will be observed utilizing renal-specific laboratory assessments.The secondary objective will compare the results of laboratory tests from baseline through 12 months following REACT injection, followed by an additional observational period of 18 months for a total of 24 months of observation. Each subject's baseline rate of CKD disease progression serves as his/her own "control" to monitor for changes in renal insufficiency over time.	Actual Enrollment: Estimated Enrollment: 15 Original Estimated Enrollment: *Same as current* Age: 18 Years to 65 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: CTI Clinical Trial and Consulting Services	Study Start: August 13, 2019 Primary Completion: March 31, 2023 (Final data collection date for primary outcome measure) Study Completion: May 30, 2023 First Posted: October 4, 2019 Results First Posted: Last Update Posted: September 16, 2022
2	NCT05237986	Cognitive Aftereffects of Neurotoxicity in Children and Young Adults With Relapsed/Refractory Hematologic Malignancies Who Receive CAR T-cell Therapy Study Documents:	Title Acronym: Other Ids: 10000631 000631-C	Not yet recruiting	• Lymphoma • Leukemia	Not Provided	Study Type: Observational Phase: Study Design: Observational Model: Cohort Time Perspective: Prospective Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 60 Original Estimated Enrollment: *Same as current* Age: 5 Years and older (Child, Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: September 21, 2022 Primary Completion: April 30, 2024 (Final data collection date for primary outcome measure) Study Completion: April 30, 2025 First Posted: February 14, 2022 Results First Posted: Last Update Posted: September 16, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
3	NCT03240328	The Effect of Chimeric Antigen Receptor (CAR)-T Cell Therapy on the Reconstitution of HIV-specific Immune Function Study Documents:	Title Acronym: Other Ids: 20170407V3	Recruiting	HIV/AIDS	Biological: CAR-T cells HIV-1 specific chimeric antigen receptor cells	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Intervention Model Description: No control. Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: Incidence of Treatment-Emergent Adverse Events of CAR-T cell therapy [Time Frame: 6 Months] The adverse events of VC-CAR-T cell therapy on HIV-infected patients during the clinical trial Secondary Outcome Measures: The HIV reservoir [Time Frame: 6 Months] To assay the HIV loads in the peripheral blood Mono-nuclear cells and plasma	Actual Enrollment: Estimated Enrollment: 40 Original Estimated Enrollment: *Same as current* Age: 18 Years to 60 Years (Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Sun Yat-sen University	Study Start: October 4, 2017 Primary Completion: December 31, 2023 (Final data collection date for primary outcome measure) Study Completion: December 31, 2030 First Posted: August 7, 2017 Results First Posted: Last Update Posted: September 14, 2022
4	NCT03226704	Leukapheresis for CAR or Adoptive Cell Therapy Manufacturing Study Documents:	Title Acronym: Other Ids: 170137 17-C-0137	Enrolling by invitation	• Leukemia • Lymphoma • Acute Lymphoblastic Leukemia • Diffuse Large B Cell Lymphoma • Non-Hodgkin's Lymphoma	Not Provided	Study Type: Observational Phase: Study Design: Observational Model: Cohort Time Perspective: Prospective Primary Outcome Measures: Fraction of subjects who can enroll on a CAR-T study within approximately 6 months of undergoing apherisis [Time Frame: 6 months] Secondary Outcome Measures: Fraction of patients who experience a grade 4 toxicity associated with apherisis [Time Frame: completion of apherisis procedure]	Actual Enrollment: Estimated Enrollment: 120 Original Estimated Enrollment: *Same as current* Age: 3 Years to 65 Years (Child, Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: August 14, 2017 Primary Completion: January 31, 2030 (Final data collection date for primary outcome measure) Study Completion: July 31, 2030 First Posted: July 24, 2017 Results First Posted: Last Update Posted: September 10, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
5	NCT05541549	A Phase 2 Study Evaluating JCPyV-specific T Cell Therapy for PML Study Documents:	Title Acronym: Other Ids: 20210001	Not yet recruiting	Progressive Multifocal Leukoencephalopathy	Biological: CE-VST01-JC CE-VST01-JC at a dose of 1 × 10^8 cells administered as an intravenous (IV) infusion every 28 days for 4 total infusions	Study Type: Interventional Phase: Phase 2 Study Design: Allocation: Randomized Intervention Model: Parallel Assignment Intervention Model Description: randomized, double- blinded, Phase 2 trial in patients with PML due to JCPyV. Masking: Triple (Participant, Care Provider, Investigator) Primary Purpose: Treatment Primary Outcome Measures: To evaluate the effect of CE-VST01-JC on time to disease progression, as measured by mRS (modified Rankin Score) [Time Frame: 1 year] Time to progression as measured by mRS. A progression event is defined as an increase of 2 points on mRS attributable to disease progression* that is durable (not reversed over two consecutive measurements, at least 14 days apart), or an increase to mRS of 5 or 6 (severe disability or death, respectively). Secondary Outcome Measures: Not Provided	Actual Enrollment: Estimated Enrollment: 60 Original Estimated Enrollment: *Same as current* Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: February 2023 Primary Completion: March 2024 (Final data collection date for primary outcome measure) Study Completion: April 2025 First Posted: September 15, 2022 Results First Posted: Last Update Posted: September 16, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
6	NCT03425526	Donor T Cell Therapy in Treating Immunocompromised Patients With Adenovirus-Related Disease Study Documents:	Title Acronym: Other Ids: 2017-0350 NCI-2018-00929 (Registry Identifier: CTRP (Clinical Trial Reporting Program)) 2017-0350 (Other Identifier: M D Anderson Cancer Center)	Recruiting	• Hematopoietic and Lymphoid Cell Neoplasm • Immunocompromised	Biological: Allogeneic Adenovirus-specific Cytotoxic T Lymphocytes Given IV Other Name: Allogeneic Adenovirus-specific CTLs	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: • Toxicity of T Cells for Therapy of Adenovirus Related Disease in Immunocompromised Patients defined by the NCI Common Terminology Criteria for Adverse Events (CTCAE), Version 4.0). [Time Frame: 45 days after last CTL dose] • T Cells for Therapy of Adenovirus Related Disease in Immunocompromised Patients Determined Feasible if at Least 50% of the Enrolled Eligible Patients Receive One CTLs Infusion [Time Frame: 1 year] Secondary Outcome Measures: • Overall Survival (OS) of T Cells for Therapy of Adenovirus Related Disease in Immunocompromised Patients [Time Frame: 2 years] Overall survival (OS) defined from treatment start date to date of death. OS estimated using the Kaplan-Meier method. • Relapse-Free Survival (RFS) of T Cells for Therapy of Adenovirus Related Disease in Immunocompromised Patients [Time Frame: 2 years] Relapse-free survival (original malignancy) (RFS) defined from treatment start date to the date of documented disease recurrence or death. RFS estimated using the Kaplan-Meier method. • Cumulative Incidence of Adenovirus Reactivation After Infusion of T Cells for Therapy of Adenovirus Related Disease in Immunocompromised Patients [Time Frame: 2 years] Cumulative incidence of adenovirus reactivation after therapy assessed using the competing risks method. The competing risks include relapse and death and patients who are still alive without disease progression at end of study will be censored. • Cumulative Incidence of Grade 2-4 Graft Versus Host Disease (GVHD), Grade 3-4 GVHD, and Chronic GVHD [Time Frame: 2 years] Cumulative incidence of grade 2-4 GVHD, grade 3-4 GVHD, and chronic GVHD assessed using the competing risks method. The competing risks include relapse and death and patients who are still alive without disease progression at end of study will be censored. • Reconstitution of Anti Adenovirus Immunity [Time Frame: 2 years] The proportion of patients with population of cells that are specific and can be detected computed along with associated 95% CI.	Actual Enrollment: Estimated Enrollment: 16 Original Estimated Enrollment: *Same as current* Age: Child, Adult, Older Adult Sex: All	Study Sponsors: *Same as current* Collaborators: National Cancer Institute (NCI)	Study Start: March 15, 2018 Primary Completion: January 1, 2024 (Final data collection date for primary outcome measure) Study Completion: January 1, 2024 First Posted: February 7, 2018 Results First Posted: Last Update Posted: September 10, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
7	NCT03696030	HER2-CAR T Cells in Treating Patients With Recurrent Brain or Leptomeningeal Metastases Study Documents:	Title Acronym: Other Ids: 17237 NCI-2018-01270 (Registry Identifier: CTRP (Clinical Trial Reporting Program)) 17237 (Other Identifier: City of Hope Medical Center)	Recruiting	• Malignant Neoplasm • Metastatic Malignant Neoplasm in the Brain • Metastatic Malignant Neoplasm in the Leptomeninges • Breast Cancer • HER2-positive Breast Cancer	Biological: Chimeric Antigen Receptor T-Cell Therapy Given HER2-CAR T cells via intraventricular administration Other Names: • CAR T Infusion • CAR T Therapy • CAR T-cell therapy • Chimeric Antigen Receptor T-cell Infusion	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: Non-Randomized Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: • Incidence of dose limiting toxicities (DLTs) [Time Frame: 21 days post T cell infusion] Rate and associated 90% Clopper and Pearson binomial confidence limits (90% CI) will be estimated for participants experiencing DLTs at the recommended phase 2 dose schedule. • Number of participants with treatment related adverse events as assessed by CTCAE v5.0. [Time Frame: Up to 15 years] Tables will be created to summarize all toxicities and side effects by dose, time post treatment, organ, severity and arm. Secondary Outcome Measures: • HER2-CAR T cells in cerebrospinal fluid (CSF) and peripheral blood [Time Frame: Measured over time from baseline through 1 year, the number of measurements is determined by whether or not the participant has progressed (progressed: baseline, 1, 3, 6,and 12 months, not progressed: baseline, 1, 3,6,8,10 and 12 months)] Statistical and graphical methods will be used to describe the data. • Endogenous B cells in cerebrospinal fluid (CSF) and peripheral blood [Time Frame: Measured over time from baseline through 1 year, the number of measurements is determined by whether or not the participant has progressed (progressed: baseline, 1, 3, 6,and 12 months, not progressed: baseline, 1, 3,6,8,10 and 12 months)] Statistical and graphical methods will be used to describe the data. • T cells in cerebrospinal fluid (CSF) and peripheral blood [Time Frame: progressed: baseline, 1, 3, 6, and 12 months, not progressed: baseline, 1, 3, 6, 8,10 and 12 months)] Statistical and graphical methods will be used to describe the data. • Myeloid cells in cerebrospinal fluid (CSF) and peripheral blood [Time Frame: Measured over time from baseline through 1 year, the number of measurements is determined by whether or not the participant has progressed (progressed: baseline, 1, 3, 6,and 12 months, not progressed: baseline, 1, 3,6,8,10 and 12 months)] Statistical and graphical methods will be used to describe the data. • Host immune subsets (e.g. T cell inhibitory/exhaustion markers, activation markers, and effector memory T cells) in cerebrospinal fluid (CSF) and peripheral blood. [Time Frame: Measured over time from baseline through 1 year, the number of measurements is determined by whether or not the participant has progressed (progressed: baseline, 1, 3, 6,and 12 months, not progressed: baseline, 1, 3,6,8,10 and 12 months)] Statistical and graphical methods will be used to describe the data.	Actual Enrollment: Estimated Enrollment: 39 Original Estimated Enrollment: 21 Age: 18 Years to 75 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: • National Cancer Institute (NCI) • California Institute for Regenerative Medicine (CIRM)	Study Start: August 31, 2018 Primary Completion: August 31, 2023 (Final data collection date for primary outcome measure) Study Completion: August 31, 2023 First Posted: October 4, 2018 Results First Posted: Last Update Posted: September 16, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
8	NCT04007029	Modified Immune Cells (CD19/CD20 CAR-T Cells) in Treating Patients With Recurrent or Refractory B-Cell Lymphoma or Chronic Lymphocytic Leukemia Study Documents:	Title Acronym: Other Ids: 18-001989 NCI-2019-03190 (Registry Identifier: CTRP (Clinical Trial Reporting Program)) 18-001989 (Other Identifier: UCLA / Jonsson Comprehensive Cancer Center)	Recruiting	• CD19 Positive • CD20 Positive • Recurrent Chronic Lymphocytic Leukemia • Recurrent Diffuse Large B-Cell Lymphoma • Recurrent Follicular Lymphoma • Recurrent Mantle Cell Lymphoma • Recurrent Primary Mediastinal (Thymic) Large B-Cell Cell Lymphoma • Recurrent Small Lymphocytic Lymphoma • Refractory Chronic Lymphocytic Leukemia • Refractory Diffuse Large B-Cell Lymphoma • Refractory Follicular Lymphoma • Refractory Mantle Cell Lymphoma • Refractory Primary Mediastinal (Thymic) Large B-Cell Cell Lymphom	• Biological: Chimeric Antigen Receptor T-Cell Therapy Given Autologous anti-CD19/anti-CD20 CAR-expressing naive/memory T cells IV Other Names: ○ CAR T Infusion ○ CAR T Therapy ○ CAR T-cell therapy ○ Chimeric Antigen Receptor T-cell Infusion • Drug: Cyclophosphamide Given IV Other Names: ○ (-)-Cyclophosphamide ○ 2H-1,3,2-Oxazaphosphorine, 2-[bis(2-chloroethyl)amino]tetrahydro-, 2-oxide, monohydrate ○ Carloxan ○ Ciclofosfamida ○ Ciclofosfamide ○ Cicloxal ○ Clafen ○ Claphene ○ CP (cyclophosphamide) monohydrate ○ CTX (cytoxan) ○ CYCLO-cell ○ Cycloblastin ○ Cycloblastine ○ Cyclophospham ○ Cyclophosphamid monohydrate ○ Cyclophosphamidum ○ Cyclophosphan ○ Cyclophosphane ○ Cyclophosphanum ○ Cyclostin ○ Cyclostine ○ Cytophosphan ○ Cytophosphane ○ Cytoxan ○ Fosfaseron ○ Genoxal ○ Genuxal ○ Ledoxina ○ Mitoxan ○ Neosar ○ Revimmune ○ Syklofosfamid ○ WR- 138719 • Drug: Fludarabine Phosphate Given IV Other Names: ○ 2-F-ara-AMP fludarabine: 2-Fluoroadenine 9-beta-D-Arabinofuranoside 5'-Monophosphate ○ 9H-Purin-6-amine, 2-fluoro-9-(5-O-phosphono-.beta.-D-arabinofuranosyl)- ○ Beneflur ○ Fludara ○ SH T 586 • Biological: Tocilizumab Given IV Other Names: ○ Actemra ○ Immunoglobulin G1, Anti-(Human Interleukin 6 Receptor) (Human-Mouse Monoclonal MRA Heavy Chain), Disulfide with Human-Mouse Monoclonal MRA Kappa-Chain, Dimer ○ MRA (myeloma receptor antibody) ○ R-1569 ○ RoActemra	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: • Clinical response [Time Frame: Up to 15 years] Descriptive statistics including simple summary measures and plots appropriate for longitudinal data will be used. • Duration of remission [Time Frame: Time from complete remission (CR)/partial remission (PR) measurement criteria are first met until the first date that recurrent or progressive disease is objectively documented, or until death, assessed up to 15 years] Descriptive statistics including simple summary measures and plots appropriate for longitudinal data will be used. Will also be summarized descriptively (mean, standard deviation, median, first and third quartiles, minimum, maximum). Figures showing the Kaplan-Meier estimates will also be presented. • Objective response rate (ORR) [Time Frame: Up to 15 years] Descriptive statistics including simple summary measures and plots appropriate for longitudinal data will be used. ORR and the individual rate for CR and PR will be summarized with the frequency count and the percentage of subjects in each category, along with a 2-sided 95% exact confidence interval. • Progression-free survival [Time Frame: From time of study entry to documentation of objective disease progression or death due to any cause assessed up to 15 years] Descriptive statistics including simple summary measures and plots appropriate for longitudinal data will be used. Will also be summarized descriptively (mean, standard deviation, median, first and third quartiles, minimum, maximum). Figures showing the Kaplan-Meier estimates will also be presented. • Overall survival [Time Frame: From date of enrollment until death, assessed up to 15 years] Descriptive statistics including simple summary measures and plots appropriate for longitudinal data will be used. Will be summarized with figures using the Kaplan-Meier method. The Kaplan-Meier estimates for the 1-year OS rates and the 2-sided 95% confidence interval of the rates using the Greenwood?s formula will be reported. Will also be summarized descriptively (mean, standard deviation, median, first and third quartiles, minimum, maximum). • Chimeric antigen receptor (CAR) T-cell (T) 19/20 bispecific transgenic T-cell persistence [Time Frame: Up to 5 years post-infusion] Descriptive statistics of T-cell counts over time, including simple summary measures and plots appropriate for longitudinal data will be used. • Frequency of T cell phenotypic markers on CART19/20 cells using flow cytometry [Time Frame: Up to 5 years post-infusion] The frequency of CART19/20 cell properties will be assessed using flow cytometry to indicate the % and/or	Actual Enrollment: Estimated Enrollment: 24 Original Estimated Enrollment: *Same as current* Age: 18 Years to 70 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Parker Institute for Cancer Immunotherapy	Study Start: October 4, 2019 Primary Completion: August 1, 2023 (Final data collection date for primary outcome measure) Study Completion: August 1, 2024 First Posted: July 5, 2019 Results First Posted: Last Update Posted: September 13, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
9	NCT05050006	ITIL-168 in Advanced Melanoma Study Documents:	Title Acronym: Other Ids: ITIL-168-101 2020-003862-37 (EudraCT Number)	Recruiting	Advanced Cutaneous Melanoma	Biological: ITIL-168 ITIL-168 is a cell therapy product derived from a patient's own TILs. A tumor sample is removed from each patient to make a personalized ITIL-168 product. Once ITIL-168 has been made, the patient is treated with 5 days of lymphodepleting chemotherapy including cyclophosphamide and fludarabine, followed by a single infusion of ITIL-168, and up to 8 doses of IL-2.	Study Type: Interventional Phase: Phase 2 Study Design: Allocation: Non-Randomized Intervention Model: Parallel Assignment Intervention Model Description: All enrolled participants are assigned to be treated with a single dose of ITIL-168 Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 130 Original Estimated Enrollment: *Same as current* Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: October 7, 2021 Primary Completion: March 2024 (Final data collection date for primary outcome measure) Study Completion: August 2028 First Posted: September 20, 2021 Results First Posted: Last Update Posted: September 16, 2022
10	NCT04684459	Dual-targeting HER2 and PD-L1 CAR-T for Cancers With Pleural or Peritoneal Metastasis Study Documents:	Title Acronym: Other Ids: MCART-002	Recruiting	• Peritoneal Carcinoma Metastatic • Pleural Effusion, Malignant	Biological: Dual-targeting HER2 and PD-L1 CAR-T cells serosal cavity infusion	Study Type: Interventional Phase: Early Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 18 Original Estimated Enrollment: *Same as current* Age: 18 Years to 70 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: March 12, 2021 Primary Completion: January 1, 2023 (Final data collection date for primary outcome measure) Study Completion: January 1, 2024 First Posted: December 24, 2020 Results First Posted: Last Update Posted: September 13, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
11	NCT04348643	Safety and Efficacy of CEA-Targeted CAR-T Therapy for Relapsed/Refractory CEA+ Cancer Study Documents:	Title Acronym: Other Ids: PBC017	Recruiting	• Solid Tumor • Lung Cancer • Colorectal Cancer • Liver Cancer • Pancreatic Cancer • Gastric Cancer • Breast Cancer	Biological: CEA CAR-T cells CEA-CAR-T cells will be administered intravenously.	Study Type: Interventional Phase: Phase 1 Phase 2 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: • The response rate of CEA CAR-T treatment in patients with relapse/refractory CEA+ Cancer that treatment by CEA CAR-T cells therapy [Time Frame: 6 months] The response rate of CEA CAR-T treatment will be recorded and assessed according to the irRECIST Version 1.1 • Duration of Response (DOR) of CEA CAR-T treatment in patients with refractory/relapsed CEA+ Cancer [Time Frame: 2 years] DOR will be assessed from the first assessment of CR/PR/SD to the first assessment of recurrence or progression of the disease or death from any cause • Progress-free survival(PFS) of CEA CAR-T treatment in patients with refractory/relapsed CEA+ Cancer [Time Frame: 2 years] PFS will be assessed from the first CAR-T cell infusion to death from any cause or the first assessment of progression • Overall survival(OS) of CEA CAR-T treatment in patients with refractory/relapsed CEA+ Cancer [Time Frame: 2 years] OS will be assessed from the first CAR-T cell infusion to death from any cause • Serum tumor marker change level [Time Frame: 2 years] In vivo quantity of CEA, AFP, etc. • Rate of CEA CAR-T cells in peripheral blood [Time Frame: 2 years] In vivo (peripheral blood) rate of CEA CAR-T cells were determined by means of flow cytometry • Quantity of CEA CAR copies in peripheral blood [Time Frame: 2 years] In vivo (peripheral blood) quantity of CEA CAR copies were determined by means of qPCR • Levels of Cytokines in Serum [Time Frame: 3 months] In vivo (Serum) quantity of cytokines	Actual Enrollment: Estimated Enrollment: 40 Original Estimated Enrollment: *Same as current* Age: 18 Years to 75 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: February 20, 2020 Primary Completion: January 31, 2023 (Final data collection date for primary outcome measure) Study Completion: April 30, 2023 First Posted: April 16, 2020 Results First Posted: Last Update Posted: September 10, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
12	NCT05540964	An Antiretroviral Treatment Interruption(ATI) Study to Evaluate the Impact of AGT103-T to Suppress Human Immunodeficiency Virus Replication in the Absence of Antiretroviral Therapy Study Documents:	Title Acronym: Other Ids: AGT-HC-169	Enrolling by invitation	HIV	Other: Antiretroviral Therapy Interruption(ATI) Study participant that were previously infused with autologous genetically modified cell product will be taken off ART and followed closely by monitoring HIV rebound.	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Intervention Model Description: All study participant that consent to the study will be withdrawn from their Antiretroviral Therapy(ART) and monitored closely by clinic visit and laboratory testing of blood sample collected during each visit. Masking: None (Open Label) Primary Purpose: Diagnostic Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 7 Original Estimated Enrollment: *Same as current* Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: July 19, 2022 Primary Completion: July 19, 2025 (Final data collection date for primary outcome measure) Study Completion: July 19, 2025 First Posted: September 15, 2022 Results First Posted: Last Update Posted: September 15, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
13	NCT04310592	Natural Killer Cell (CYNK-001) Infusions in Adults With AML Study Documents:	Title Acronym: Other Ids: CYNK-001-AML-001	Recruiting	• Leukemia • Leukemia, Myeloid • Leukemia, Myeloid, Acute • Neoplasms by Histologic Type • Neoplasms • Immunosuppressive Agents • Immunologic Factors • Physiological Effects of Drugs • Alkylating Agents • Antimetabolites, Antineoplastic • Antiviral Agents • Analgesics, Non-narcotic • Anti-infective Agents • Analgesics • Peripheral Nervous System Agents • Hematologic Diseases • Hematologic Neoplasms • Leukemia in Remission • Relapsed Adult AML • Refractory AML	Biological: CYNK-001 CYNK-001 is an allogeneic off the shelf cell therapy enriched for CD56+/CD3- NK cells expanded from human placental CD34+ cells.	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: Non-Randomized Intervention Model: Parallel Assignment Intervention Model Description: Experimental: Minimal Residual Disease (MRD) positive AML patients; Cyclophosphamide + Fludarabine + CYNK-001. On Days 0, 7, and 14, (and 21 in certain arms) CYNK-001 at 3 varying dose levels. Experimental: Relapsed/Refractory AML patients; Cyclophosphamide + Fludarabine + CYNK-001. On Days 0, 7, and 14, (and 21 at certain dose levels) CYNK-001 at 3 varying dose levels. Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: • Number of Participants who experience a Dose-limiting Toxicity (DLT) [Time Frame: Day +28] The number of participants who experience a DLT will be measured. • Determine the Maximum Tolerated Dose (MTD) or Maximum Planned Dose (MPD) of CYNK-001 [Time Frame: up to 28 days] The maximum dose safely administered for the treatment of patients with AML. • Frequency and Severity of Adverse Events (AEs) [Time Frame: up to 12 months] Frequency and severity of Adverse Events will be evaluated. Secondary Outcome Measures: • Number of Participants who experience Minimal Residual Disease (MRD) Response [Time Frame: up to 12 months] The number of participants who convert from MRD positive to MRD negative. • Time to MRD Response [Time Frame: up to 12 months] The time it takes to convert from MRD positive to MRD negative. • Duration of MRD Response [Time Frame: up to 12 months] The measure of how long participants remain MRD negative. • Progression-free Survival (PFS) [Time Frame: up to 12 months] Date of first CYNK-001 infusion to date of disease progression. • Time to Progression (TTP) [Time Frame: up to 12 months] Date of first CYNK-001 infusion to date of disease progression. • Duration of Morphologic Complete Remission (CR) [Time Frame: up to 12 months] Duration from first Morphologic CR observation to time of disease progression. • Overall Survival (OS) [Time Frame: up to 12 months] Date of first CYNK-001 infusion to date of death.	Actual Enrollment: Estimated Enrollment: 94 Original Estimated Enrollment: 22 Age: 18 Years to 80 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: March 12, 2020 Primary Completion: June 3, 2024 (Final data collection date for primary outcome measure) Study Completion: December 3, 2024 First Posted: March 17, 2020 Results First Posted: Last Update Posted: September 14, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
14	NCT00001405	Recruitment and Apheresis Collection of Peripheral Blood Hematopoietic Stem Cells, Mononuclear Cells and Granulocytes Study Documents:	Title Acronym: Other Ids: 940073 94-I-0073	Recruiting	• Granuloma • Granulomatous Disease, Chronic • Leukocyte Disease • Genetic Disease, X-Linked • Genetic Disease, Inborn	Not Provided	Study Type: Observational Phase: Study Design: Observational Model: Cohort Time Perspective: Other Primary Outcome Measures: Not Provided Secondary Outcome Measures: Not Provided	Actual Enrollment: Estimated Enrollment: 850 Original Estimated Enrollment: Age: 18 Years to 70 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: February 27, 1994 Primary Completion: Not Provided Study Completion: Not Provided First Posted: November 4, 1999 Results First Posted: Last Update Posted: September 15, 2022
15	NCT05539768	Study on the Safety and Efficacy of Autogenous Tumor Infiltrates Lymphocytes for the Treatment of Advanced Solid Tumor Study Documents:	Title Acronym: Other Ids: HS-IT101-ST001	Not yet recruiting	Advanced Solid Tumor	Biological: HS-IT101 Adoptive transfer of 1x10^9-6x10^10 autologous TIL to patients i.v. in 30-60 minutes.	Study Type: Interventional Phase: Early Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 8 Original Estimated Enrollment: *Same as current* Age: 18 Years to 75 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Qingdao Sino-Cell Biomedicine Co.,Ltd.	Study Start: October 8, 2022 Primary Completion: December 31, 2023 (Final data collection date for primary outcome measure) Study Completion: March 31, 2027 First Posted: September 14, 2022 Results First Posted: Last Update Posted: September 14, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
16	NCT05544526	CAR T Cells to Target GD2 for DMG Study Documents:	Title Acronym: Other Ids: UCL/150853	Not yet recruiting	Diffuse Midline Glioma, H3 K27M-Mutant	Biological: GD2 CAR T cells Infusion with: GD2 CAR T-cells	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 12 Original Estimated Enrollment: *Same as current* Age: up to 16 Years (Child) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: December 2022 Primary Completion: December 2025 (Final data collection date for primary outcome measure) Study Completion: December 2039 First Posted: September 16, 2022 Results First Posted: Last Update Posted: September 16, 2022
17	NCT04088864	CD22-CAR T Cells in Children and Young Adults With B Cell Malignancies Study Documents:	Title Acronym: Other Ids: IRB-50878 CCT6003 (Other Identifier: OnCore) IRB-50878 (Other Identifier: Stanford IRB) NCI-2019-07285 (Other Identifier: NCI Trial Identifier)	Suspended	• B Cell Lymphoma • Acute Lymphoblastic Leukemia, Pediatric • Lymphoma	• Drug: Fludarabine Fludarabine is a purine antagonist antimetabolite • Drug: Cyclophosphamide Cyclophosphamide is a nitrogen mustard derivative alkylating agent • Drug: Autologous CD22 CAR T Autologous T cells transduced with lentiviral vector (m971BBZ) Chimeric Antigen Receptor (CD22 CAR)	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: Non-Randomized Intervention Model: Parallel Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 52 Original Estimated Enrollment: *Same as current* Age: 1 Year to 30 Years (Child, Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: January 10, 2020 Primary Completion: August 2025 (Final data collection date for primary outcome measure) Study Completion: August 2035 First Posted: September 13, 2019 Results First Posted: Last Update Posted: September 13, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
18	NCT05181540	A Study of the Effects of AB-205 in Patients With Lymphoma Undergoing Autologous Hematopoietic Cell Transplantation Study Documents:	Title Acronym: Other Ids: AB-205-301	Recruiting	• Hodgkin Lymphoma • Non Hodgkin Lymphoma	• Biological: AB-205 Allogeneic genetically engineered human umbilical vein endothelial cells Other Name: E-CEL cells • Other: Placebo Placebo	Study Type: Interventional Phase: Phase 3 Study Design: Allocation: Randomized Intervention Model: Parallel Assignment Masking: Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 148 Original Estimated Enrollment: *Same as current* Age: 40 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: February 21, 2022 Primary Completion: June 2025 (Final data collection date for primary outcome measure) Study Completion: December 2025 First Posted: January 6, 2022 Results First Posted: Last Update Posted: September 10, 2022
19	NCT05458297	A Study of Zilovertamab Vedotin (MK-2140) as Monotherapy and in Combination With Nemtabrutinib (MK-1026) in Participants With Aggressive and Indolent B-cell Malignancies (MK-2140-006) Study Documents:	Title Acronym: Other Ids: 2140-006 MK-2140-006 (Other Identifier: Merck) 2021-004450-36 (EudraCT Number)	Recruiting	• Chronic Lymphocytic Leukemia • Mantle Cell Lymphoma • Follicular Lymphoma • Richter Transformation Lymphoma	• Biological: Zilovertamab vedotin IV infusion Other Name: MK-2140 • Drug: Nemtabrutinib 65 to 80 mg once daily (QD) orally Other Name: MK-1026	Study Type: Interventional Phase: Phase 2 Study Design: Allocation: Randomized Intervention Model: Parallel Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 260 Original Estimated Enrollment: *Same as current* Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: July 21, 2022 Primary Completion: March 13, 2027 (Final data collection date for primary outcome measure) Study Completion: April 26, 2027 First Posted: July 14, 2022 Results First Posted: Last Update Posted: September 10, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
20	NCT00012545	Collection and Storage of Umbilical Cord Stem Cells for Treatment of Sickle Cell Disease Study Documents:	Title Acronym: Other Ids: 010122 01-H-0122	Recruiting	• Sickle Cell Disease • Sickle Cell Trait	Not Provided	Study Type: Observational Phase: Study Design: Observational Model: Case-Only Time Perspective: Cross-Sectional Primary Outcome Measures: Not Provided Secondary Outcome Measures: Not Provided	Actual Enrollment: Estimated Enrollment: 352 Original Estimated Enrollment: Age: 18 Years to 45 Years (Adult) Sex: All	Study Sponsors: National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Collaborators: Not Provided	Study Start: November 1, 2001 Primary Completion: Not Provided Study Completion: Not Provided First Posted: March 12, 2001 Results First Posted: Last Update Posted: September 13, 2022
21	NCT05472558	Clinical Study of Cord Blood-derived CAR-NK Cells Targeting CD19 in the Treatment of Refractory/Relapsed B-cell NHL Study Documents:	Title Acronym: Other Ids: 2022-0496	Recruiting	B-cell Non Hodgkin Lymphoma	Biological: anti-CD19 CAR-NK lentiviral vector-transducted cord blood-derived NK cells to express anti-CD19 CAR Other Name: CB CAR-NK019	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 48 Original Estimated Enrollment: *Same as current* Age: 18 Years to 75 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: September 10, 2022 Primary Completion: September 10, 2023 (Final data collection date for primary outcome measure) Study Completion: September 10, 2025 First Posted: July 25, 2022 Results First Posted: Last Update Posted: September 13, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
22	NCT04102436	Non-Viral TCR Gene Therapy Study Documents:	Title Acronym: Other Ids: 190143 19-C-0143	Recruiting	• Endocrine/ Neuroendocrine • Non-Small Cell Lung Cancer • Breast Cancer • Gastrointestinal/Genitourinary Cancers • Ovarian Cancer	• Drug: Fludarabine Days -7 to -3: Fludarabine 25 mg/m2/day IVPB daily over 30 minutes for 5 days. • Drug: Cyclophosphamide Days -7 and -6: Cyclophosphamide 60 mg/kg/day x 2 days IV in 250 mL D5W infused simultaneously with mesna 15 mg/kg/day over 1 hour x 2 days. • Drug: Aldesleukin Aldesleukin 720,000 IU/kg or 72,000 IU/kg (based on total body weight) IV over 15 minutes approximately every 8 hours beginning within 24 hours of cell infusion and continuing for up to 4 days (maximum 10 doses). • Biological: Sleeping Beauty Transposed PBL Day 0: Cells are to be infused at a dose not to exceed 1.5e11 in 400 mL intravenously on the Patient Care Unit over 20-30 minutes or as clinically determined by an investigator for patient safety (between 2-4 days after the last dose of fludarabine).	Study Type: Interventional Phase: Phase 2 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: • Phenotypic and functional characteristics of PBL [Time Frame: 2-4 years post cell infusion] Patient PBL will be obtained from whole blood and then evaluated for function and phenotype • Safety and tolerance [Time Frame: 6 weeks (+/- 2 weeks) following administration of the cell product] Using standard CTCAE 5.0	Actual Enrollment: Estimated Enrollment: 210 Original Estimated Enrollment: *Same as current* Age: 18 Years to 70 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: September 21, 2022 Primary Completion: December 31, 2028 (Final data collection date for primary outcome measure) Study Completion: December 31, 2029 First Posted: September 25, 2019 Results First Posted: Last Update Posted: September 16, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
23	NCT03654040	Liver Transplantation With Tregs at UCSF Study Documents:	Title Acronym: Other Ids: DAIT ITN074ST UM1AI109565 (U.S. NIH Grant/Contract) NIAID CRMS ID#: 38481 (Other Identifier: DAIT NIAID)	Recruiting	Liver Transplant	• Biological: arTreg Eligible participants will receive a single dose of Treg product (arTreg). The target dose is at least 90 x 10^6 total cells. Method of receipt: peripheral intravenous (IV) infusion, administered over 20 to 30 minutes. Other Names: ○ donor alloantigen-reactive regulatory T cells ○ CD4+CD25+CD127[lo] Treg cells • Procedure: leukapheresis Leukapheresis will be the method employed to recover peripheral blood mononuclear cells (PBMCs) from the allograft recipient. The recipient will undergo the procedure prior to initiating the cyclophosphamide conditioning regimen. Procedure on Day -3 (-1 day) prior to Treg product (arTreg) IV infusion. Other Name: apheresis • Drug: cyclophosphamide 40 mg/kg administered intravenously (IV) following leukapheresis and between 1 to 3 days prior to Treg product (arTreg) infusion, per institutional standard of care. Other Names: ○ Cytoxan® ○ CTX • Drug: mesna Mesna is administered: ○ Intravenously to inhibit hemorrhagic cystitis induced by cyclophosphamide, and ○ In conjunction with the cyclophosphamide, per institutional practice with CTX. Other Name: Mesnex® • Drug: everolimus EVR is approved for prophylaxis of allograft rejection in adults receiving a liver transplant. Per protocol: Post transplantation, subject will initially receive standard IS with tacrolimus (TAC),plus a mycophenolate product and/or steroids.Subsequently, evaluation for eligibility to be converted to EVR-based IS regimen will occur and, when applicable, proceed. Once the optimal EVR trough level is achieved,TAC dose will be reduced. When target EVR and TAC levels are maintained over two consecutive measurements, ALT liver function test (LFT) is 50 U/L, GGT LFT is the upper limit of normal or 1.5 times the baseline GGT, subject will be considered successfully converted to EVR-based IS regimen. EVR doses will be administered/monitored/adjusted over time. Other Names: ○ EVR ○ Afinitor® ○ Zortress®	Study Type: Interventional Phase: Phase 1 Phase 2 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: • Number of Adverse Events (AEs) Attributed to the Investigational Product, arTreg [Time Frame: From arTreg infusion through completion of study participation (Up to 4.5 years)] The number of AEs attributed to the investigational product, arTreg. AEs will be attributed to arTreg when the AE is reported with possible or related attribution to arTreg. • Severity of Adverse Events (AEs) Attributed to the Investigational Product, arTreg [Time Frame: From arTreg infusion through completion of study participation (Up to 4.5 years)] Assessment of the intensity of AEs attributed to the investigational product, arTreg. AEs will be attributed to arTreg when the AE is reported with possible or related attribution to arTreg. Grading according to the NCI Common Terminology Criteria for Adverse Events [NCI-CTCAE version 5.0]. • Number of Adverse Events (AEs) Attributed to the Investigational Product's Supportive Regimen (Leukapheresis, Cyclophosphamide and Mesna) [Time Frame: From 3 days prior to arTreg infusion through completion of study participation (Up to 4.5 years)] The number of AEs attributed to the investigational product's supportive regimen (leukapheresis, cyclophosphamide, and mesna). AEs will be attributed to the supportive regimen when the AE is reported with possible or related attribution to leukapheresis, cyclophosphamide, or mesna. • Severity of Adverse Events (AEs) Attributed to the Investigational Product's Supportive Regimen (Leukapheresis, Cyclophosphamide and Mesna) [Time Frame: From 3 days prior to arTreg infusion through completion of study participation (Up to 4.5 years)] Assessment of the intensity of AEs attributed to the investigational product's supportive regimen (e.g., leukapheresis, cyclophosphamide, and mesna). AEs will be attributed to the supportive regimen when the AE is reported with possible or related attribution to leukapheresis, cyclophosphamide, or mesna. Assessment of the intensity of AEs will be graded according to the NCI Common Terminology Criteria for Adverse Events [NCI-CTCAE version 5.0]. • Number of Operationally Tolerant Participants [Time Frame: 52 weeks (±4 weeks) after the last dose of immunosuppression] Operational tolerance is defined as: ○ Discontinuation of immunosuppression for 52 weeks, ○ Alanine aminotransferase (ALT) and gamma-glutamyl transpeptidase (GGT) 50 U/L, and ○ A liver biopsy at 52 weeks (±4 weeks) after the last dose of immunosuppression that meets the criteria noted per protocol. ▪ Liver histology will be assessed by central pathology. Secondary Outcome Measures:	Actual Enrollment: Estimated Enrollment: 9 Original Estimated Enrollment: *Same as current* Age: 18 Years to 70 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: • Immune Tolerance Network (ITN) • PPD • Rho Federal Systems Division, Inc.	Study Start: April 22, 2021 Primary Completion: April 2025 (Final data collection date for primary outcome measure) Study Completion: March 2028 First Posted: August 31, 2018 Results First Posted: Last Update Posted: September 14, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
24	NCT05239143	P-MUC1C-ALLO1 Allogeneic CAR-T Cells in the Treatment of Subjects With Advanced or Metastatic Solid Tumors Study Documents:	Title Acronym: Other Ids: P-MUC1C-ALLO1-001	Recruiting	• Breast Cancer • Ovarian Cancer • Non Small Cell Lung Cancer • Colorectal Cancer • Pancreatic Cancer • Renal Cell Carcinoma • Nasopharyngeal Cancer • Head and Neck Squamous Cell Carcinoma • Gastric Cancer	• Biological: P-MUC1C-ALLO1 CAR-T cells P-MUC1C-ALLO1 is an allogeneic CAR-T cell therapy designed to target cancer cells expressing MUC1-C. • Drug: Rimiducid Rimiducid (safety switch activator) may be administered as indicated.	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: Non-Randomized Intervention Model: Sequential Assignment Intervention Model Description: Open label, 3 + 3 design of dose-escalating cohorts with open label, dose expansion at recommended phase 2 dose (RP2D) Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: Not Provided	Actual Enrollment: Estimated Enrollment: 100 Original Estimated Enrollment: *Same as current* Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: February 15, 2022 Primary Completion: April 2026 (Final data collection date for primary outcome measure) Study Completion: April 2039 First Posted: February 14, 2022 Results First Posted: Last Update Posted: September 13, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
25	NCT05366179	Autologous CAR-T Cells Targeting B7-H3 in Recurrent or Refractory GBM CAR.B7-H3Tc Study Documents:	Title Acronym: Other Ids: LCCC2059-ATL	Recruiting	Glioblastoma Multiforme	Drug: CAR.B7-H3T cells infusion The Chimeric Antigen Receptors (CAR).B7-H3T cells will be administered via intraventricular infusion up to 3 weekly infusions. A 0.5 mL suspension of T cells infusion is given, over 5-10 minutes, via a Rickham catheter and will be followed by a normal-saline flush of 3-5 mL over 5-10 minutes. Dose escalation will be performed considering the dose limiting toxicities (DLTs) listed in the protocol. Six doses will be explored. The starting dose will be 2 × 10^6 transduced cells/infusion (Dose Level (DL) 1) and will enroll at least 3 subjects. If there are no dose DLTs within 4 weeks of the third cellular product administration in the first 3 subjects, then the next cohort will evaluate 5 × 10^6 transduced cells/infusion (DL2).	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: • Safety and tolerability [Time Frame: Up to 10 weeks] Number of participants with adverse event (AE)s as a measure of safety and tolerability of intraventricular administration CAR.B7-H3 T cells in subjects with progressive recurrent or refractory glioblastoma multiforme. AEs will be classified and graded according to the National Cancer Institute's Common Terminology Criteria for Adverse Events (NCI-CTCAE) version 5.0. Dose Limiting Toxicities (DLTs) are defined as at least possibly related to CAR.B7-H3T cell product administration. • Cytokine Release Syndrome [Time Frame: Up to 10 weeks] Cytokine Release Syndrome (CRS) will be graded according to American Society for Transplantation and Cellular Therapy (ASTCT) CRS Consensus Grading. Grade 1 - Mild (Symptomatic Management): Fever 38^ o C, No hypotension, No hypoxia, Grade 2 - Moderate (Moderate Intervention): Fever 38^ o C, Hypotension not requiring vasopressors, Hypoxia requiring low-flow nasal cannula (6 L/minute) or blow-by, Grade 3 - Severe (Aggressive Intervention): Fever 38^ o C , Hypotension requiring a vasopressor with or without vasopressin, Hypoxia requiring high-flow nasal cannula (>6 L/minute), facemask, nonrebreather mask, or Venturi mask, Grade 4 - Life-threatening (Life-sustaining intervention): Fever 38^oC, Hypotension requiring multiple vasopressors (excluding vasopressin),Hypoxia requiring positive pressure (e.g. Continuous positive airway pressure, BiPAP, intubation, mechanical ventilation), Grade 5 - Death: Death. • Neurotoxicity [Time Frame: Up to 10 weeks] Neurotoxicity will be graded according to the Central Nervous System (CNS) Toxicity criteria. Grade 0: Normal or no change from baseline exam at start of therapy, Grade 1: Mild lethargy and/or irritability or visual, motor, or sensory symptoms without change in neurological exam, Grade 2: Moderate lethargy, disorientation, or psychosis lasting < 48 hours or mild increase in pre-existing neurological deficit, Grade 3: >48hours of severe lethargy, but responsive to verbal stimuli or disorientation or psychosis lasting >48 hours, Grade 4: Coma, unresponsive to verbal stimuli, increasing neurological deficit above grade 3, evidence of herniation, development of uncontrolled seizures, intracerebral hemorrhage. Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 36 Original Estimated Enrollment: *Same as current* Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: September 2, 2022 Primary Completion: October 31, 2024 (Final data collection date for primary outcome measure) Study Completion: May 2030 First Posted: May 9, 2022 Results First Posted: Last Update Posted: September 10, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
26	NCT04318964	TAEST16001 in the Treatment of Soft Tissue Sarcoma Study Documents:	Title Acronym: Other Ids: SunYat-senU-TAEST16001	Recruiting	Soft Tissue Sarcoma	Biological: TAEST16001 cells The patients in the dose increasing part and the expanding part received the intravenous reinfusion of TAEST16001 cells on the 5th day (i.e. the interval was 4 days) after the lymphocyte elimination chemotherapy: If the dose level of reinfusion was 1 and 2, the planned total amount of TAEST16001cells (calculated by TCR-T positive cells) was given a single reinfusion on the 1st day of the study. If the dose level of reinfusion was 3 and 4,then the total amount of TAEST16001cells (calculated by TCR-T positive cells) was planned to be reinjected in 60% and 40% proportion on the first and second day of the study. After the first reinfusion of TAEST16001 cells, the patients will be given a small dose of IL-2 subcutaneously (study day 1 to day 14), 500000 U / time. The first injection will be carried out within 30 minutes after the cell reinfusion, twice a day (interval 10-12 hours), for 14 days.	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: • Peripheral blood TAEST16001 cell peak (C Max) [Time Frame: Time Frame: From cell infusion up to 28 days] The maximum concentration of TAEST16001 cells observed in peripheral blood, and TAEST16001 cells were detected by flow cytometry and TCR-T DNA was detected by qPCR • Peripheral blood TAEST16001 cell peak time (T Max) [Time Frame: Time Frame: From cell infusion up to 28 days] The time required to observe maximum concentration of TAEST16001 cells in peripheral blood, TAEST16001 cells were detected by flow cytometry and TCR-T DNA was detected by qPCR • Peripheral blood TAEST16001 cell AUC 0-28 [Time Frame: Time Frame: From cell infusion up to 28 days] Area under the Concentration-time Curve from Zero up to a Definite Time Day 28 • T cell subsets [Time Frame: Time Frame: From cell infusion up to 28 days] 5mL venous blood was collected and sent to the center for flow cytometry • Peripheral blood antigen-specific CTL [Time Frame: Time Frame: From cell infusion up to 28 days] 5mL venous blood was collected and sent to the center for flow cytometry of cytotoxic T Cell • Effector cell activity [Time Frame: Time Frame: From cell infusion up to 28 days] 5mL venous blood was collected and sent to the center for flow cytometry of cytokines secreted by effector cells	Actual Enrollment: Estimated Enrollment: 12 Original Estimated Enrollment: *Same as current* Age: 18 Years to 70 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Guangdong Xiangxue Precision Medical Technology Co., Ltd.	Study Start: March 19, 2020 Primary Completion: November 1, 2022 (Final data collection date for primary outcome measure) Study Completion: March 1, 2023 First Posted: March 24, 2020 Results First Posted: Last Update Posted: September 15, 2022