

ClinicalTrials.gov: gene therapy | Last update posted in the last 7 days

|  | NCT Number | Title | Other Names | Status | Conditions | Interventions | Characteristics | Population | Sponsor/Collaborators | Dates |
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| 1 | NCT03861273 | <a href="#">A Study to Evaluate the Efficacy and Safety of Factor IX Gene Therapy With PF-06838435 in Adult Males With Moderately Severe to Severe Hemophilia B</a><br><br>Study Documents: | <div>Title Acronym:</div> <div>Other Ids:<br/>C0371002<br/>2018-003086-33<br/>( EudraCT Number )</div> | Active, not recruiting | Hemophilia B | Biological: PF-06838435/ fidanacogene elaparvovec Gene Therapy | <div>Study Type: Interventional</div> <div>Phase: Phase 3</div> <div>Study Design: Allocation: Non-Randomized<br/>Intervention Model: Single Group Assignment<br/>Masking: None (Open Label)<br/>Primary Purpose: Treatment</div> <div>Primary Outcome Measures:<ul style="list-style-type: none"><li>Annualized bleeding rate (ABR) [ Time Frame: First 12 months post PF 06838435 infusion ]</li><li>Vector derived FIX:C level [ Time Frame: Week 12 to 12 months post PF 06838435 infusion ]</li></ul></div> <div>Secondary Outcome Measures:<ul style="list-style-type: none"><li>Annualized infusion rate (AIR) of exogenous Factor IX Activity [ Time Frame: First 12 months post study drug infusion ]</li><li>Annualized Factor IX Activity consumption [ Time Frame: 12 months post study drug infusion ]</li><li>Annualized number of bleeding events of specific type: spontaneous and traumatic, and untreated [ Time Frame: 12 months post study drug infusion ]</li><li>Frequency of target joint bleeds [ Time Frame: 12 months post study drug infusion ]</li><li>Percentage of the participants without bleeds [ Time Frame: 12 months post study drug infusion ]</li><li>Change in joint health as measured by the Hemophilia Joint Health Score (HJHS) instrument [ Time Frame: 12 months post study drug infusion ]</li><li>Patient Reported Outcome (PRO) instrument - Hemophilia Quality of Life (Haem A QoL) [ Time Frame: 12 months post study drug infusion ]</li><li>Patient Reported Outcome (PRO) instrument - Hemophilia Activities List (HAL) [ Time Frame: 12 months post study drug infusion ]</li><li>Patient Reported Outcome (PRO) instrument - Patient Global Impression of Change-Hemophilia (PGIC-H) [ Time Frame: 12 months post study drug infusion ]</li><li>Annualized Bleeding Rate [ Time Frame: Annually for 6 years ]</li><li>Vector derived Factor IX activity (FIX:C) level at steady state [ Time Frame: Annually for 6 years ]</li><li>Annualized infusion rate (AIR) of exogenous Factor IX [ Time Frame: Annually for 6 years ]</li><li>Annualized Factor IX consumption [ Time Frame: Annually for 6 years ]</li><li>Annualized number of bleeding events of specific type: spontaneous and traumatic, and untreated [ Time Frame: Annually for 6 years ]</li><li>Frequency of target joint bleeds [ Time Frame: Annually for 6 years ]</li><li>Patient Reported Outcome (PRO) instrument - Hemophilia Quality of Life (Haem A QoL) [ Time Frame: Annually for 6 years ]</li><li>Patient Reported Outcome (PRO) instrument - Hemophilia Activities List (HAL) [ Time Frame: Annually for 6 years ]</li><li>Patient Reported Outcome (PRO) instrument - Patient Global Impression of Change - Hemophilia (PGIC-H) [ Time Frame: Annually for 6 years ]</li><li>Incidence and severity of all adverse events collected during the study [ Time Frame: For the duration of 6 years after PF-06838435 infusion ]</li></ul></div> | <div>Actual Enrollment: 45</div> <div>Estimated Enrollment:</div> <div>Original Estimated Enrollment: 55</div> <div>Age: 18 Years to 65 Years (Adult, Older Adult)</div> <div>Sex: Male</div> | <div>Study Sponsors:<br/><i>Same as current</i></div> <div>Collaborators:<br/>Not Provided</div> | <div>Study Start: July 29, 2019</div> <div>Primary Completion: November 21, 2022 (Final data collection date for primary outcome measure)</div> <div>Study Completion: March 11, 2030</div> <div>First Posted: March 4, 2019</div> <div>Results First Posted:</div> <div>Last Update Posted: September 14, 2022</div> |
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| 2 | NCT02797470 | <div>Gene Therapy in Treating Patients With Human Immunodeficiency Virus-Related Lymphoma Receiving Stem Cell Transplant</div> <div>Study Documents:</div> | <div>Title Acronym:</div> <div>Other Ids: AMC-097<br/>NCI-2015-01745 ( Registry Identifier:<br/>CTRP (Clinical Trial Reporting Program) )<br/>9933 ( Other Identifier:<br/>CTRP (Clinical Trial Reporting Program) )<br/>AMC 097 ( Other Identifier:<br/>AIDS Malignancy Consortium )<br/>097 ( Other Identifier:<br/>AIDS Malignancy Consortium )<br/>AMC-097 ( Other Identifier:<br/>CTEP )<br/><a href="#">U01CA121947 ( U.S. NIH Grant/Contract )</a></div> | Recruiting | <div><ul style="list-style-type: none"><li>HIV Infection</li><li>Mature T-Cell and NK-Cell Non-Hodgkin Lymphoma</li><li>Plasmablastic Lymphoma</li><li>Recurrent Adult Hodgkin Lymphoma</li><li>Recurrent Adult Non-Hodgkin Lymphoma</li><li>Recurrent Burkitt Lymphoma</li><li>Recurrent Follicular Lymphoma</li><li>Stage III Follicular Lymphoma</li><li>Stage III Mantle Cell Lymphoma</li><li>Stage IV Follicular Lymphoma</li><li>Stage IV Mantle Cell Lymphoma</li></ul></div> | <div><ul style="list-style-type: none"><li>Procedure: Autologous Hematopoietic Stem Cell Transplantation<br/>Undergo infusion of lentivirus vector CCR5 shRNA/TRIM5alpha/TAR decoy-transduced autologous CD34-positive hematopoietic progenitor cells<br/>Other Name: Autologous Stem Cell Transplantation</li><li>Drug: Carmustine<br/>300 mg/m2 on Day -6, as part of BEAM and R-BEAM regimens.<br/><br/>Other Names:<ul style="list-style-type: none"><li>BCNU</li><li>Becenun</li><li>BiCNU</li><li>Bis(chloroethyl) Nitrosourea</li><li>Bis-Chloronitrosourea</li><li>Carmubris</li><li>Carmustin</li><li>Carmustinum</li><li>FDA 0345</li><li>Gliadel</li><li>N,N'-Bis(2-chloroethyl)-N-nitrosourea</li><li>Nitrourean</li><li>Nitrumon</li><li>SK 27702</li><li>SRI 1720</li><li>WR-139021</li></ul></li><li>Drug: Cytarabine<br/>100 mg/m2 BID on Days -5 through -2, as part of BEAM and R-BEAM regimens.<br/><br/>Other Names:<ul style="list-style-type: none"><li>.beta.-Cytosine arabinoside</li><li>1-.beta.-D-Arabinofuranosyl-4-amino-2(1H)pyrimidinone</li><li>1-.beta.-D-Arabinofuranosylcytosine</li><li>1-Beta-D-arabinofuranosyl-4-amino-2(1H)pyrimidinone</li><li>1-Beta-D-arabinofuranosylcytosine</li><li>1.beta.-D-Arabinofuranosylcytosine</li><li>2(1H)-Pyrimidinone, 4-Amino-1-beta-D-arabinofuranosyl-</li><li>2(1H)-Pyrimidinone, 4-amino-1.beta.-D-arabinofuranosyl-</li><li>Alexan</li><li>Ara-C</li><li>ARA-cell</li><li>Arabine</li><li>Arabinofuranosylcytosine</li><li>Arabinosylcytosine</li><li>Aracytidine</li><li>Aracytin</li><li>Aracytine</li><li>Beta-Cytosine Arabinoside</li><li>CHX-3311</li><li>Cytarabinum</li><li>Cytarbel</li><li>Cytosar</li><li>Cytosar-U</li><li>Cytosine Arabinoside</li><li>Cytosine-.beta.-arabinoside</li><li>Cytosine-beta-arabinoside</li><li>Erpalfa</li><li>Starasid</li><li>Tarabine PFS</li><li>U 19920</li><li>U-19920</li><li>Udicil</li><li>WR-28453</li></ul></li><li>Drug: Etoposide<br/>VP-16: 100 mg/m2 BID on Days -5 through -2, as</li></ul></div> | <div>Study Type: Interventional</div> <div>Phase: Phase 1<br/>Phase 2</div> <div>Study Design: Allocation: N/A<br/>Intervention Model: Single Group Assignment<br/>Masking: None (Open Label)<br/>Primary Purpose: Treatment</div> <div>Primary Outcome Measures:<ul style="list-style-type: none"><li>Efficacy of the candidate product defined as establishment of &gt; 5% mononuclear blood cells expressing anti-HIV genes in the peripheral blood [ Time Frame: 3 months post-transplant ]<br/><br/>Efficacy rates will be summarized by the proportion of participants who meet the criteria for efficacy, with 95% exact binomial CIs.</li><li>Incidence of adverse events, using the National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 4.0 [ Time Frame: 1 month post-transplant ]<br/><br/>Defined as timely engraftment (collective establishment of a persistent absolute neutrophil count of at least 500 cells/mm^3 and platelet count of 20,000 cells/mm^3 without transfusion for 3 consecutive days) in the absence of any study candidate-specific grade 3 and 4 non-hematopoietic organ toxicity or any clonal expansion. Toxicity will be summarized as the proportion experiencing a given toxicity or group of toxicities, at or above a specified level of severity, with exact 95% confidence intervals (CIs).</li></ul></div> <div>Secondary Outcome Measures:<ul style="list-style-type: none"><li>CD4 recovery [ Time Frame: Up to 24 months post-treatment ]</li><li>Complete response rate [ Time Frame: Up to 15 years ]<br/><br/>Summarized descriptively. For dichotomous endpoints, the frequency, proportion, and exact 95% confidence interval for proportion will be calculated.</li><li>Duration of complete response (CR) [ Time Frame: Time from the first documentation of CR until first date that relapsed or progressive disease is objectively documented, assessed up to 15 years ]<br/><br/>Time-to-event data will be presented graphically by Kaplan-Meier plots and summarized by estimated median time to event (if that is estimable from the data) with 95% confidence interval.</li><li>Duration of gene modified HIV-1 resistant peripheral blood cells and gut mucosal immune cells [ Time Frame: Up to 24 months post-transplant ]<br/><br/>Summarized descriptively. Continuous measures will be summarized by mean (SD) and median (range), with log transformation if necessary for skewed measures, as would be typical for cell counts.</li><li>Hematologic function, defined as ANC &gt; 1500, Hb &gt; 10 g/dl without transfusion, and platelets &gt; 100,000 [ Time Frame: Day 100 ]</li><li>HIV-1 viral load over time [ Time Frame: Up to 24 months post-transplant ]</li><li>Incidence of toxicities, infections, transfusions, and infusion-related reactions, using the NCI CTCAE version 4.0 [ Time Frame: Up to 15 years ]</li><li>Integration sites of vector sequences in circulating cells [ Time Frame: Up to 24 months post-transplant ]</li><li>Overall survival [ Time Frame: Time from start of study treatment to death, assessed up to 15 years ]<br/><br/>Time-to-event data will be presented graphically by</li></ul></div> | <div>Actual Enrollment:</div> <div>Estimated Enrollment: 18</div> <div>Original Estimated Enrollment:<br/><i>Same as current</i></div> <div>Age: 18 Years and older (Adult, Older Adult)</div> <div>Sex: All</div> | <div>Study Sponsors:<br/><i>Same as current</i></div> <div>Collaborators:<ul style="list-style-type: none"><li>National Cancer Institute (NCI)</li><li>California Institute for Regenerative Medicine (CIRM)</li></ul></div> | <div>Study Start:<br/>June 23, 2016</div> <div>Primary Completion:<br/>December 31, 2024 (Final data collection date for primary outcome measure)</div> <div>Study Completion:<br/>June 30, 2025</div> <div>First Posted:<br/>June 13, 2016</div> <div>Results First Posted:</div> <div>Last Update Posted:<br/>September 15, 2022</div> |
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| 3 | NCT04798235 | <a href="#">First-in-Human Study of TSHA-101 Gene Therapy for Treatment of Infantile Onset GM2 Gangliosidosis</a><br><br>Study Documents: | <div>Title Acronym:</div> <div>Other Ids:<br/>TSHA-101-IST-001</div> | Active, not recruiting | Infantile GM2 Gangliosidosis (Disorder) | Biological: TSHA-101<br>AAV9 viral vector containing HEXA and HEXB genes to be administered via Intrathecal injection | <div>Study Type: Interventional</div> <div>Phase: Phase 1<br/>Phase 2</div> <div>Study Design: Allocation: N/A<br/>Intervention Model: Single Group Assignment<br/>Masking: None (Open Label)<br/>Primary Purpose: Treatment</div> <div>Primary Outcome Measures: <i>Same as current</i></div> <div>Secondary Outcome Measures:<ul style="list-style-type: none"><li>Safety and tolerability: Viral shedding analysis [ Time Frame: 1 year ]<br/><br/>Positive presence of viral DNA from biological fluids (whole blood, urine, saliva, and stool)</li><li>Assessment of Immunogenicity: Biomarkers in serum milestones [ Time Frame: 1 year ]<br/><br/>Summary of neutralizing antibodies (NAbs) titers for adeno-associated virus, serotype 9 (AAV9) and Hex A</li><li>Assessment of Immunogenicity: Biomarkers in serum [ Time Frame: 1 year ]<br/><br/>Summary of total antibodies (TAb)s titers for AAV9 and Hex A</li><li>Assessment of Immunogenicity: Biomarkers in peripheral blood mononuclear cells (PBMCs) [ Time Frame: 5 years ]<br/><br/>Summary of PBMCs for enzyme-linked immune absorbent spot (ELISpot) assays for cytokine secretion against AAV9 and Hex A</li><li>Overall Survival [ Time Frame: treatment to death from any cause, up to 5 years ]<br/><br/>Estimated using the Kaplan-Meier method</li><li>Hex A Enzyme Activity: Cerebrospinal fluid (CSF) and serum [ Time Frame: 1 year ]<br/><br/>Change from baseline</li><li>Head Control: Number of events for abnormal head control [ Time Frame: 1 year ]<br/><br/>change from Baseline</li><li>Change from Baseline in motor function: Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP-INTEND) [ Time Frame: 1 year ]<br/><br/>The test consists of 16 items (body parts), where each item is tested for both sides of the body, left and right. The best score is taken for each item (with a maximum score of 4), and the scores are summed over all 16 items with a possible total CHOP-INTEND score of 64.</li><li>Change from Baseline in Motor Function: Modified Ashworth Scale [ Time Frame: 1 year ]<br/><br/>change from Baseline. Increase or decrease of muscle tone will be measured by the Modified Ashworth Scale. Frequency counts and percentages will be presented by score (0, 1, 1+, 2, 3, and 4), muscle, side, and visit for the safety population. Flexion and extension of the knee and elbow will be measured on both sides, along with hip adduction and abduction on both sides of the body.</li><li>Clinical Efficacy Assessment: Progression of Hypotonia [ Time Frame: 1 year ]<br/><br/>Assessed through neurological examinations as present or absent. Baseline to each post-Baseline visit</li><li>Clinical Efficacy Assessment: Dysphagia [ Time Frame: From onset up to 3 years, if present ]<br/><br/>Assessment of the dysphagia events- assessed as present or absent.</li></ul></div> | <div>Actual Enrollment: 3</div> <div>Estimated Enrollment:</div> <div>Original Estimated Enrollment: 6</div> <div>Age: up to 15 Months (Child)</div> <div>Sex: All</div> | <div>Study Sponsors:<br/><i>Same as current</i></div> <div>Collaborators:<ul style="list-style-type: none"><li>Taysha Gene Therapies, Inc.</li><li>GlycoNet</li></ul></div> | <div>Study Start:<br/>March 12, 2021</div> <div>Primary Completion:<br/>March 12, 2023 (Final data collection date for primary outcome measure)</div> <div>Study Completion:<br/>March 12, 2027</div> <div>First Posted:<br/>March 15, 2021</div> <div>Results First Posted:</div> <div>Last Update Posted:<br/>September 14, 2022</div> |
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| 4 | NCT02122952 | <a href="#">Gene Transfer Clinical Trial for Spinal Muscular Atrophy Type 1</a><br><br>Study Documents:  | Title Acronym:<br><br>Other Ids: AVXS-101-CL-101<br>COAV101A121<br>01 ( Other Identifier: Novartis Pharmaceuticals ) | Completed | Spinal Muscular Atrophy 1               | Biological: AVXS-101<br>Self-complementary AAV9 carrying the SMN gene under the control of a hybrid CMV enhancer/chicken--actin promoter<br>Other Name: Zolgensma | Study Type: Interventional<br><br>Phase: Phase 1<br><br>Study Design: Allocation: Non-Randomized<br>Intervention Model: Single Group Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: Safety Outcome Measure [ Time Frame: 2 years ]<br>Any one Grade III or higher treatment-related toxicity<br><br>Secondary Outcome Measures: <ul style="list-style-type: none"><li>Mortality [ Time Frame: 2 years ]<br/>Time from birth to time of death</li><li>Time-to-Event Outcome Measure [ Time Frame: 2 years ]<br/>Time from birth to medically prescribed respiratory assistance required 16 hours per day or more.</li></ul> | Actual Enrollment: 15<br><br>Estimated Enrollment:<br><br>Original Estimated Enrollment: 9<br><br>Age: up to 6 Months (Child)<br><br>Sex: All  | Study Sponsors: <a href="#">Jerry R. Mendell</a><br><br>Collaborators: Not Provided                   | Study Start: May 5, 2014<br><br>Primary Completion: December 15, 2017 (Final data collection date for primary outcome measure)<br><br>Study Completion: December 15, 2017<br><br>First Posted: May 10, 2019<br><br>Results First Posted: May 10, 2019<br><br>Last Update Posted: September 15, 2022  |
| 5 | NCT01976091 | <a href="#">A Gene Transfer Therapy Study to Evaluate the Safety of SRP-9004 (Patidistrogene Bexoparvovec) in Participants With Limb-Girdle Muscular Dystrophy, Type 2D (LGMD2D)</a><br><br>Study Documents: | Title Acronym:<br><br>Other Ids: 9004-101<br><a href="#">5U01AR060911 ( U.S. NIH Grant/Contract )</a>                | Completed | Limb-Girdle Muscular Dystrophy, Type 2D | Genetic: SRP-9004<br>Isolated Limb Infusion (ILI)<br>Other Name: patidistrogene bexoparvovec  | Study Type: Interventional<br><br>Phase: Phase 1<br>Phase 2<br><br>Study Design: Allocation: Non-Randomized<br>Intervention Model: Sequential Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: Safety with fewer than 2 grade 3 adverse events [ Time Frame: 1 year from start ]<br>Safety with fewer than 2 grade 3 adverse events<br><br>Secondary Outcome Measures: Efficacy outcome measure 6MWT [ Time Frame: 2 years ]<br>6 minute walk test (6MWT)-(primary variable to measure efficacy) Efficacy would be a significant improvement in distance walked in the 6 minute walk test.                                   | Actual Enrollment: 6<br><br>Estimated Enrollment:<br><br>Original Estimated Enrollment: <i>Same as current</i><br><br>Age: 7 Years and older (Child, Adult, Older Adult)<br><br>Sex: All | Study Sponsors: <a href="#">Jerry R. Mendell</a><br><br>Collaborators: Nationwide Children's Hospital | Study Start: February 1, 2015<br><br>Primary Completion: March 14, 2019 (Final data collection date for primary outcome measure)<br><br>Study Completion: March 14, 2019<br><br>First Posted: April 1, 2022<br><br>Results First Posted: April 1, 2022<br><br>Last Update Posted: September 13, 2022 |

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| 6 | NCT05541627 | <a href="#">PhI/II Dose-Finding Study to Evaluate BV-101 Striatal Administration in Adults With Early Manifest Huntington's Disease</a><br><br>Study Documents:  | Title Acronym:<br><br>Other Ids: ASK-HD-01-CS-101                        | Not yet recruiting     | Huntington Disease | Genetic: BV-101 Gene Therapy<br>One-time intracerebral bilateral injections of BV-101 (AAVrh10.CAG.hCYP46A1), an adeno-associated viral vector serotype Rh10 containing the human cholesterol 24-hydroxylase gene<br>Other Name: AAVrh10.CAG.hCYP46A1 | Study Type: Interventional<br><br>Phase: Phase 1<br>Phase 2<br><br>Study Design: Allocation: Non-Randomized<br>Intervention Model: Single Group Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: <i>Same as current</i><br><br>Secondary Outcome Measures: <i>Same as current</i>  | Actual Enrollment:<br><br>Estimated Enrollment: 18<br><br>Original Estimated Enrollment: <i>Same as current</i><br><br>Age: 18 Years to 65 Years (Adult, Older Adult)<br><br>Sex: All | Study Sponsors: <i>Same as current</i><br><br>Collaborators: Not Provided              | Study Start: October 15, 2022<br><br>Primary Completion: December 31, 2025 (Final data collection date for primary outcome measure)<br><br>Study Completion: December 31, 2029<br><br>First Posted: September 15, 2022<br><br>Results First Posted:<br><br>Last Update Posted: September 15, 2022 |
| 7 | NCT03588299 | <a href="#">Study to Test the Safety and How Well Patients With Severe Hemophilia A Respond to Treatment With BAY 2599023 (DTX 201), a Drug Therapy That Delivers a Healthy Version of the Defective Factor VIII Gene Into the Nucleus of Liver Cells Using an Altered, Non-infectious Virus (AAV) as a "Shuttle".</a><br><br>Study Documents: | Title Acronym:<br><br>Other Ids: 19429 2017-000806-39 ( EudraCT Number ) | Active, not recruiting | Hemophilia A       | Drug: BAY2599023 (DTX201)<br>Single escalating doses with 4 dose steps; Single intravenous (IV) administration.   | Study Type: Interventional<br><br>Phase: Phase 1<br>Phase 2<br><br>Study Design: Allocation: N/A<br>Intervention Model: Single Group Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: Number of patients with adverse events (AEs), treatment-emergent adverse events (TEAEs), serious adverse events (SAEs) and AEs/SAEs of special interest [ Time Frame: Up to 52 weeks ]<br><br>Secondary Outcome Measures: Change of FVIII activity from baseline throughout the study [ Time Frame: Up to 5 years ]<br>FVIII activity will be determined using both a one-stage assay and chromogenic assay. | Actual Enrollment: 11<br><br>Estimated Enrollment:<br><br>Original Estimated Enrollment: 18<br><br>Age: 18 Years and older (Adult, Older Adult)<br><br>Sex: Male                      | Study Sponsors: <i>Same as current</i><br><br>Collaborators: Ultragenix pharmaceutical | Study Start: November 7, 2018<br><br>Primary Completion: November 3, 2026 (Final data collection date for primary outcome measure)<br><br>Study Completion: November 30, 2026<br><br>First Posted: July 17, 2018<br><br>Results First Posted:<br><br>Last Update Posted: September 14, 2022       |



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| 8 | NCT03636438 | <a href="#">Long Term Follow Up to Evaluate DTX301 in Adults With Late-Onset OTC Deficiency</a><br><br>Study Documents: | Title Acronym:<br><br>Other Ids:<br>301OTC02<br>2018-000156-18<br>( EudraCT Number ) | Active, not recruiting | Ornithine Transcarbamylase (OTC) Deficiency  | Other: No Intervention<br>No Intervention  | Study Type: Observational<br><br>Phase:<br><br>Study Design: Observational Model: Other<br>Time Perspective: Prospective<br><br>Primary Outcome Measures: Number of Participants with Adverse Events and Serious Adverse Events [ Time Frame: Up to 260 weeks following DTX301 administration ]<br><br>Secondary Outcome Measures: <ul style="list-style-type: none"><li>Change from Baseline Over Time in the Ureagenesis Rate [ Time Frame: Baseline (average of Screening and Day 1) up to 260 weeks following DTX301 administration ]</li><li>Change from Baseline Over Time in 24-Hour Area Under the Curve for Plasma Ammonia [ Time Frame: Baseline (Day 0 of Study 301OTC01) up to 260 weeks following DTX301 administration ]</li></ul>   | Actual Enrollment: 11<br><br>Estimated Enrollment:<br><br>Original Estimated Enrollment: 12<br><br>Age: 18 Years and older (Adult, Older Adult)<br><br>Sex: All     | Study Sponsors:<br><a href="#">Same as current</a><br><br>Collaborators:<br>Not Provided | Study Start:<br>August 30, 2018<br><br>Primary Completion:<br>December 2027 (Final data collection date for primary outcome measure)<br><br>Study Completion:<br>December 2027<br><br>First Posted:<br>August 17, 2018<br><br>Results First Posted:<br><br>Last Update Posted:<br>September 13, 2022  |
| 9 | NCT04055090 | <a href="#">Extension of Phase 3 Gene Therapy for Painful Diabetic Neuropathy</a><br><br>Study Documents:               | Title Acronym:<br><br>Other Ids:<br>VMDN-003b  | Completed              | <ul style="list-style-type: none"><li>Painful Diabetic Neuropathy</li><li>Diabetic Neuropathy, Painful</li></ul> | <ul style="list-style-type: none"><li>Genetic: Long-Term Follow-Up of Patients who Received Engensis (VM202)<br/>No study drug is administered in this study. Patients who received Engensis (VM202) in a previous trial will be evaluated in this trial for long-term safety and efficacy.</li><li>Drug: Long-Term Follow-Up of Patients who Received Placebo<br/>No study drug is administered in this study. Patients who received Placebo in a previous trial will be evaluated in this trial for long-term safety and efficacy.</li></ul> | Study Type: Interventional<br><br>Phase: Phase 3<br><br>Study Design: Allocation: Randomized<br>Intervention Model: Parallel Assignment<br>Intervention Model Description:<br>Long term, prospective, non-interventional, safety extension study of phase 3 trial. Double blind, randomized, placebo-controlled, multicenter study/<br>Masking: Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)<br>Masking Description:<br>Double-blind<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: the difference in long-term safety [ Time Frame: Baseline through Day 365 follow up ]<br>defined as occurrence of adverse events - observed between subjects receiving VM202 versus subjects receiving placebo in the VMDN-003 study<br><br>Secondary Outcome Measures: <ul style="list-style-type: none"><li>The change in the average 24-hour pain score from baseline to the Day 365 follow-up [ Time Frame: baseline to the Day 365 follow-up ]<br/><br/>The change in the average 24-hour pain score from baseline to the Day 365 follow-up from the Daily Pain and Sleep Interference Diary</li><li>The change in the average 24-hour pain score from Day 270 to the Day 365 follow-up [ Time Frame: Day 270 to the Day 365 follow-up ]<br/><br/>The change in the average 24-hour pain score from Day 270 to the Day 365 follow-up from the Daily Pain and Sleep Interference Diary;</li><li>Patient's Global Impression of Change (PGIC) at the Day 365 follow-up [ Time Frame: At the Day 365 follow-up ]<br/><br/>The patient's global impression of change</li></ul> | Actual Enrollment: 101<br><br>Estimated Enrollment:<br><br>Original Estimated Enrollment: 120<br><br>Age: 18 Years to 75 Years (Adult, Older Adult)<br><br>Sex: All | Study Sponsors:<br><a href="#">Same as current</a><br><br>Collaborators:<br>Not Provided | Study Start:<br>February 4, 2019<br><br>Primary Completion:<br>July 24, 2019 (Final data collection date for primary outcome measure)<br><br>Study Completion:<br>July 24, 2019<br><br>First Posted:<br>August 13, 2019<br><br>Results First Posted:<br><br>Last Update Posted:<br>September 14, 2022 |

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| 10 | NCT04281485 | <a href="#">Study to Evaluate the Safety and Efficacy of PF-06939926 for the Treatment of Duchenne Muscular Dystrophy</a><br><br>Study Documents: | <div>Title Acronym:</div> <div>Other Ids: C3391003<br/>2019-002921-31<br/>( EudraCT Number )</div> | Recruiting | Duchenne Muscular Dystrophy  | <ul style="list-style-type: none"><li>Genetic: PF-06939926<br/>PF-06939926 will be administered as a single IV infusion at Year 1 for Cohort 1.</li><li>Other: Placebo<br/>Placebo will be administered as a single IV infusion at Year 1 for Cohort 2.</li><li>Other: Placebo<br/>Placebo will be administered as a single IV infusion at Year 2 for Cohort 1.</li><li>Genetic: PF-06939926<br/>PF-06939926 will be administered as a single IV infusion at Year 2 for Cohort 2</li></ul> | <div>Study Type: Interventional</div> <div>Phase: Phase 3</div> <div>Study Design: Allocation: Randomized<br/>Intervention Model: Parallel Assignment<br/>Intervention Model Description:<br/>Parallel up to the measurement of the primary outcome at Week 52. At the beginning of study Year 2 participants who were originally assigned to placebo will have the opportunity to receive PF-06939926. All participants will be followed for 5 years following treatment with PF-06939926.<br/>Masking: Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)<br/>Masking Description:<br/>The study will be quadruple blind.<br/>Primary Purpose: Treatment</div> <div>Primary Outcome Measures: <i>Same as current</i></div> <div>Secondary Outcome Measures: <i>Same as current</i></div> | <div>Actual Enrollment:</div> <div>Estimated Enrollment: 99</div> <div>Original Estimated Enrollment: <i>Same as current</i></div> <div>Age: 4 Years to 7 Years (Child)</div> <div>Sex: Male</div> | <div>Study Sponsors: <i>Same as current</i></div> <div>Collaborators: Not Provided</div> | <div>Study Start: November 5, 2020</div> <div>Primary Completion: January 30, 2024 (Final data collection date for primary outcome measure)</div> <div>Study Completion: January 29, 2029</div> <div>First Posted: February 24, 2020</div> <div>Results First Posted:</div> <div>Last Update Posted: September 14, 2022</div> |
| 11 | NCT05429372 | <a href="#">Study of Fordadistrogene Movaparvovec in Early Stage Duchenne Muscular Dystrophy</a><br><br>Study Documents:                          | <div>Title Acronym:</div> <div>Other Ids: C3391008<br/>2021-003379-33<br/>( EudraCT Number )</div> | Recruiting | Muscular Dystrophy, Duchenne | <div>Genetic: PF-06939926<br/>All participants will receive a single dose of PF-06939926 on Day 1.<br/>Other Name: Fordadistrogene Movaparvovec</div>  | <div>Study Type: Interventional</div> <div>Phase: Phase 2</div> <div>Study Design: Allocation: N/A<br/>Intervention Model: Single Group Assignment<br/>Masking: None (Open Label)<br/>Primary Purpose: Treatment</div> <div>Primary Outcome Measures: <i>Same as current</i></div> <div>Secondary Outcome Measures: <i>Same as current</i></div>  | <div>Actual Enrollment:</div> <div>Estimated Enrollment: 10</div> <div>Original Estimated Enrollment: <i>Same as current</i></div> <div>Age: 2 Years to 3 Years (Child)</div> <div>Sex: Male</div> | <div>Study Sponsors: <i>Same as current</i></div> <div>Collaborators: Not Provided</div> | <div>Study Start: August 8, 2022</div> <div>Primary Completion: July 17, 2024 (Final data collection date for primary outcome measure)</div> <div>Study Completion: June 25, 2028</div> <div>First Posted: June 23, 2022</div> <div>Results First Posted:</div> <div>Last Update Posted: September 10, 2022</div>             |



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| 12 | NCT00012545 | <a href="#">Collection and Storage of Umbilical Cord Stem Cells for Treatment of Sickle Cell Disease</a><br><br>Study Documents: | Title Acronym:<br><br>Other Ids:<br>010122<br>01-H-0122 | Recruiting | <ul style="list-style-type: none"><li>Sickle Cell Disease</li><li>Sickle Cell Trait</li></ul> | Not Provided  | Study Type: Observational<br><br>Phase:<br><br>Study Design: Observational Model: Case-Only<br>Time Perspective: Cross-Sectional<br><br>Primary Outcome Measures: Not Provided<br><br>Secondary Outcome Measures: Not Provided   | Actual Enrollment:<br><br>Estimated Enrollment: 352<br><br>Original Estimated Enrollment:<br><br>Age: 18 Years to 45 Years (Adult)<br><br>Sex: All              | Study Sponsors:<br><a href="#">National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)</a><br><br>Collaborators:<br>Not Provided | Study Start:<br>November 1, 2001<br><br>Primary Completion:<br>Not Provided<br><br>Study Completion:<br>Not Provided<br><br>First Posted:<br>March 12, 2001<br><br>Results First Posted:<br><br>Last Update Posted:<br>September 13, 2022   |
| 13 | NCT01621581 | <a href="#">AAV2-GDNF for Advanced Parkinson s Disease</a><br><br>Study Documents:   | Title Acronym:<br><br>Other Ids:<br>120137<br>12-N-0137 | Completed  | Parkinson's Disease   | Genetic: Convection enhanced delivery/AAV2-GDNF<br>Adeno-Associated Virus Encoding Glial Cell Line-Derived Neurotrophic Factor (AAV2-GDNF) Administered via Bilateral Stereotactic Convection-Enhanced Delivery | Study Type: Interventional<br><br>Phase: Phase 1<br><br>Study Design: Allocation: Non-Randomized<br>Intervention Model: Single Group Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: Assess the safety and tolerability of 4 different dose levels of AAV2-GDNF<br><br>Secondary Outcome Measures: Obtain preliminary data regarding the potential for clinical responses of the 4 dose levels tested by assessing the magnitude and variability of any treatment effects (via clinical, laboratory and neuroimaging studies). | Actual Enrollment: 25<br><br>Estimated Enrollment:<br><br>Original Estimated Enrollment: 28<br><br>Age: 18 Years and older (Adult, Older Adult)<br><br>Sex: All | Study Sponsors:<br><a href="#">Same as current</a><br><br>Collaborators:<br>Not Provided  | Study Start:<br>March 13, 2013<br><br>Primary Completion:<br>February 4, 2022 (Final data collection date for primary outcome measure)<br><br>Study Completion:<br>February 4, 2022<br><br>First Posted:<br>June 18, 2012<br><br>Results First Posted:<br><br>Last Update Posted:<br>September 15, 2022 |

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| 14 | NCT05062980 | <a href="#">Reqorsa (Quaratusugene Ozeplasmid) in Combination With Pembrolizumab in Previously Treated Non-Small Lung Cancer</a><br><br>Study Documents:    | <div>Title Acronym:</div> <div>Other Ids: ONC-004</div>     | Recruiting | Non Small Cell Lung Cancer                   | <div><div><ul style="list-style-type: none"><li>Biological: quaratusugene ozeplasmid<br/>Quaratusugene ozeplasmid is an experimental non-viral immunoogene therapy utilizing the TUSC2 gene , designed to target cancer cells by interrupting cell signaling pathways that allow cancer cells to grow, re-establishing pathways that promote cancer cell death and modulating the immune system response against cancer cells.</li></ul></div><div><div>Other Names:</div><ul style="list-style-type: none"><li>GPX-001</li><li>Reqorsa</li></ul></div><div><div><ul style="list-style-type: none"><li>Drug: pembrolizumab</li></ul></div><div>Pembrolizumab is a programmed death receptor-1 (PD-1) blocking antibody indicated for treatment of patients with metastatic NSCLC.</div><div>Other Name: Keytruda</div></div><div><div><ul style="list-style-type: none"><li>Drug: docetaxel</li></ul></div><div>Docetaxel is a microtubule inhibitor indicated for locally advanced or metastatic NSCLC after platinum-based chemotherapy failure.</div></div><div><div><ul style="list-style-type: none"><li>Drug: ramucirumab</li></ul></div><div>Ramucirumab is a human vascular endothelial growth factor receptor 2 (VEGFR2) antagonist indicated for in combination with docetaxel for treatment of NSCLC with disease progression after platinum-based chemotherapy.</div><div>Other Name: Cyramza</div></div></div> | <div>Study Type: Interventional</div> <div>Phase: Phase 1<br/>Phase 2</div> <div>Study Design: Allocation: Randomized<br/>Intervention Model: Sequential Assignment<br/>Intervention Model Description:<div>Phase 1: 3+3 dose escalation to identify RP2D followed by a 12 patient dose expansion cohort. Phase 2: Parallel randomization in a 2:1 ratio to either Reqorsa at RP2D in combination with pembrolizumab or docetaxel +/- ramucirumab.</div></div> <div>Masking: Single (Outcomes Assessor)<br/>Masking Description:<div>Tumor responses will be assessed centrally using RECIST 1.1 criteria by an independent radiology group blinded to treatment arm assignment.</div></div> <div>Primary Purpose: Treatment</div> <div>Primary Outcome Measures:<ul style="list-style-type: none"><li>Maximum Tolerated Dose (MTD) - Phase 1 [ Time Frame: up to 3 weeks ]<br/><br/>Dose limiting toxicity (DLT), defined as any Grade 3 prolonged non-hematological toxicity or Grade 4 prolonged hematological, organ or non-hematological toxicity or any Grade 3 prolonged cytokine release syndrome (CRS) or any Grade 4 CRS occurring during the first cycle of therapy and considered to be possibly, probably, or definitely related to GPX-001.</li><li>Progression-free Survival (PFS) - Phase 2 [ Time Frame: 24 months ]<br/><br/>Number of months from randomization to the date of disease progression, confirmed by RECIST v1.1 criteria or to the date of death due to any cause.</li></ul></div> <div>Secondary Outcome Measures: Not Provided</div> | <div>Actual Enrollment:</div> <div>Estimated Enrollment: 156</div> <div>Original Estimated Enrollment:<br/><i>Same as current</i></div> <div>Age: 18 Years and older (Adult, Older Adult)</div> <div>Sex: All</div> | <div>Study Sponsors:<br/><i>Same as current</i></div> <div>Collaborators: Not Provided</div> | <div>Study Start:<br/>March 30, 2022</div> <div>Primary Completion:<br/>May 2025 (Final data collection date for primary outcome measure)</div> <div>Study Completion:<br/>May 2026</div> <div>First Posted:<br/>September 30, 2021</div> <div>Results First Posted:</div> <div>Last Update Posted:<br/>September 13, 2022</div>            |
| 15 | NCT05536973 | <a href="#">Safety and Efficacy of ADVM-022 in Treatment-Experienced Patients With Neovascular Age-related Macular Degeneration</a><br><br>Study Documents: | <div>Title Acronym:</div> <div>Other Ids: ADVM-022-11</div> | Recruiting | Neovascular Age-related Macular Degeneration | <div><div><ul style="list-style-type: none"><li>Genetic: ADVM-022<br/>A single IVT injection of 2E11 vg/eye ADVM-022 dose in combination with one (1) of four (4) corticosteroid treatment regimens</li></ul></div><div><div><ul style="list-style-type: none"><li>Genetic: ADVM-022</li></ul></div><div>A single IVT injection of 6E10 vg/eye ADVM-022 dose in combination with one (1) of four (4) corticosteroid treatment regimens</div></div></div>  | <div>Study Type: Interventional</div> <div>Phase: Phase 2</div> <div>Study Design: Allocation: Randomized<br/>Intervention Model: Parallel Assignment<br/>Masking: Double (Participant, Investigator)<br/>Primary Purpose: Treatment</div> <div>Primary Outcome Measures: <i>Same as current</i></div> <div>Secondary Outcome Measures: <i>Same as current</i></div>   | <div>Actual Enrollment:</div> <div>Estimated Enrollment: 72</div> <div>Original Estimated Enrollment:<br/><i>Same as current</i></div> <div>Age: 50 Years and older (Adult, Older Adult)</div> <div>Sex: All</div>  | <div>Study Sponsors:<br/><i>Same as current</i></div> <div>Collaborators: Parexel</div>      | <div>Study Start:<br/>August 23, 2022</div> <div>Primary Completion:<br/>February 2024 (Final data collection date for primary outcome measure)</div> <div>Study Completion:<br/>February 2024</div> <div>First Posted:<br/>September 13, 2022</div> <div>Results First Posted:</div> <div>Last Update Posted:<br/>September 13, 2022</div> |

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| 16 | NCT00001405 | <a href="#">Recruitment and Apheresis Collection of Peripheral Blood Hematopoietic Stem Cells, Mononuclear Cells and Granulocytes</a><br><br>Study Documents: | Title Acronym:<br><br>Other Ids:<br>940073<br>94-I-0073 | Recruiting             | <ul style="list-style-type: none"><li>• Granuloma</li><li>• Granulomatous Disease, Chronic</li><li>• Leukocyte Disease</li><li>• Genetic Disease, X-Linked</li><li>• Genetic Disease, Inborn</li></ul> | Not Provided   | Study Type: Observational<br><br>Phase:<br><br>Study Design: Observational Model: Cohort<br>Time Perspective: Other<br><br>Primary Outcome Measures: Not Provided<br><br>Secondary Outcome Measures: Not Provided   | Actual Enrollment:<br><br>Estimated Enrollment: 850<br><br>Original Estimated Enrollment:<br><br>Age: 18 Years to 70 Years (Adult, Older Adult)<br><br>Sex: All   | Study Sponsors: <a href="#">Same as current</a><br><br>Collaborators: Not Provided | Study Start: February 27, 1994<br><br>Primary Completion: Not Provided<br><br>Study Completion: Not Provided<br><br>First Posted: November 4, 1999<br><br>Results First Posted:<br><br>Last Update Posted: September 15, 2022   |
| 17 | NCT03602612 | <a href="#">T Cells Expressing a Novel Fully-Human Anti-BCMA CAR for Treating Multiple Myeloma</a><br><br>Study Documents:                                    | Title Acronym:<br><br>Other Ids:<br>180125<br>18-C-0125 | Active, not recruiting | <ul style="list-style-type: none"><li>• Myeloma-Multiple</li><li>• Myeloma, Plasma-Cell</li></ul>  | <ul style="list-style-type: none"><li>• Drug: Cyclophosphamide<br/>300 mg/m^2 IV over 30 minutes on days -5, -4, and -3</li><li>• Drug: Fludarabine<br/>30 mg/m^2 IV infusion over 30 minutes administered immediately following the cyclophosphamide on day -5, -4, -3</li><li>• Biological: Anti-BCMA CAR T cells<br/>0.75x10^6 - 12.0X10^6 CAR+ T cells per kg of recipient bodyweight one time dose on day 0</li></ul> | Study Type: Interventional<br><br>Phase: Phase 1<br><br>Study Design: Allocation: Non-Randomized<br>Intervention Model: Sequential Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: <i>Same as current</i><br><br>Secondary Outcome Measures: Not Provided | Actual Enrollment: 35<br><br>Estimated Enrollment:<br><br>Original Estimated Enrollment: 42<br><br>Age: 18 Years to 73 Years (Adult, Older Adult)<br><br>Sex: All | Study Sponsors: <a href="#">Same as current</a><br><br>Collaborators: Not Provided | Study Start: September 14, 2018<br><br>Primary Completion: January 1, 2023 (Final data collection date for primary outcome measure)<br><br>Study Completion: January 1, 2024<br><br>First Posted: July 27, 2018<br><br>Results First Posted:<br><br>Last Update Posted: September 9, 2022 |

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| 18 | NCT03354390 | <a href="#">HERV-E TCR Transduced Autologous T Cells in People With Metastatic Clear Cell Renal Cell Carcinoma</a><br><br>Study Documents:   | Title Acronym:<br><br>Other Ids:<br>180012<br>18-H-0012 | Recruiting | Kidney Cancer   | Biological: cell infusion<br>This is a single-arm, phase 1 trial of HERV-E TCR transduced CD8+/CD34+ T cells in HLA-A*11:01 positive patients with metastatic ccRCC. The study is planned based on a Phase 1 3+3 dose escalation design. The maximum tolerated dose (MTD) is defined as the highest dose at which 0 or 1 patient in six has experienced a dose limiting toxicity (DLT). Patients with evaluable advanced/metastatic ccRCC will be recruited in up to 4 dose levels.  | Study Type: Interventional<br><br>Phase: Phase 1<br><br>Study Design: Allocation: N/A<br>Intervention Model: Single Group Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: Toxicity [ Time Frame: 21 days ]<br><br>Secondary Outcome Measures: <i>Same as current</i>   | Actual Enrollment:<br><br>Estimated Enrollment: 24<br><br>Original Estimated Enrollment: <i>Same as current</i><br><br>Age: 18 Years to 75 Years (Adult, Older Adult)<br><br>Sex: All | Study Sponsors: <i>Same as current</i><br><br>Collaborators: Loyola University Medical Center (LUMC) | Study Start: July 20, 2018<br><br>Primary Completion: April 30, 2024 (Final data collection date for primary outcome measure)<br><br>Study Completion: December 31, 2032<br><br>First Posted: November 28, 2017<br><br>Results First Posted:<br><br>Last Update Posted: September 10, 2022 |
| 19 | NCT02830724 | <a href="#">Administering Peripheral Blood Lymphocytes Transduced With a CD70-Binding Chimeric Antigen Receptor to People With CD70 Expressing Cancers</a><br><br>Study Documents: | Title Acronym:<br><br>Other Ids:<br>160131<br>16-C-0131 | Recruiting | <ul style="list-style-type: none"><li>• Pancreatic Cancer</li><li>• Renal Cell Cancer</li><li>• Breast Cancer</li><li>• Melanoma</li><li>• Ovarian Cancer</li></ul> | <ul style="list-style-type: none"><li>• Drug: Cyclophosphamide<br/>For Phase I, Days -7 and -6:<br/><br/>Dose Level 1: 15 mg/kg/day x 2 days IV Dose Level 2: 15 mg/kg/day x 2 days IV Dose Level 3: 15 mg/kg/day x 2 days IV Dose Level 4: 15 mg/kg/day x 2 days IV Dose Level 5: 30 mg/kg/day x 2 days IV Dose Level 6: 60 mg/kg/day x 2 days IV<br/><br/>For Phase II, Days -7 and -6:<br/><br/>60 mg/kg/day x 2 days IV</li><li>• Drug: Fludarabine<br/>For Phase I, Days -7 to -5:<br/><br/>Dose Level 1: 25 mg/m(2)/day x 3 days IVPB Dose Level 2: 25 mg/m(2)/day x 3 days IVPB Dose Level 3: 25 mg/m(2)/day x 3 days IVPB Dose Level 4: 25 mg/m(2)/day x 3 days IVPB Dose Level 5: 25 mg/m(2)/day x 5 days IVPB Dose Level 6: 25 mg/m(2)/day x 5 days IVPB<br/><br/>For Phase II, Days -7 to -3:<br/><br/>25 mg/m(2)/day x 5 days IVPB</li><li>• Drug: Aldesleukin<br/>Aldesleukin 720,000 IU/kg IV (based on total body weight) over 15 minutes approximately every 8 hours beginning within 24 hours of cell infusion and continuing for up to 3 days (maximum 9 doses).</li><li>• Biological: Anti-hCD70 CAR transduced PBL<br/>Day 0: Cells will be infused intravenously on the Patient Care Unit over 20-30 minutes (2-5 days after the last dose of fludarabine).</li></ul> | Study Type: Interventional<br><br>Phase: Phase 1<br>Phase 2<br><br>Study Design: Allocation: Non-Randomized<br>Intervention Model: Sequential Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: To determine the safety of administering PBL transduced with this anti-CD70 CAR in concert with preparative lymphodepletion and high dose interleukin-2 (IL-2; aldesleukin) and to mediate regression. [ Time Frame: Approximately 5 years ]<br><br>Secondary Outcome Measures: <ul style="list-style-type: none"><li>• Determine the in vivo survival of anti-hCD70 CAR transduced cells [ Time Frame: Approximately 5 years ]</li><li>• Determine the toxicity of this treatment regimen [ Time Frame: Approximately 5 years ]</li></ul> | Actual Enrollment:<br><br>Estimated Enrollment: 124<br><br>Original Estimated Enrollment: 113<br><br>Age: 18 Years to 70 Years (Adult, Older Adult)<br><br>Sex: All                   | Study Sponsors: <i>Same as current</i><br><br>Collaborators: Not Provided                            | Study Start: April 6, 2017<br><br>Primary Completion: January 1, 2027 (Final data collection date for primary outcome measure)<br><br>Study Completion: January 1, 2028<br><br>First Posted: July 13, 2016<br><br>Results First Posted:<br><br>Last Update Posted: September 15, 2022      |

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| 20 | NCT05540964 | <a href="#">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</a><br><br>Study Documents: | Title Acronym:<br><br>Other Ids: AGT-HC-169          | Enrolling by invitation | HIV   | Other: Antiretroviral Therapy Interruption(ATT)<br>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<br><br>Phase: Phase 1<br><br>Study Design: Allocation: N/A<br>Intervention Model: Single Group Assignment<br>Intervention Model Description:<br>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.<br>Masking: None (Open Label)<br>Primary Purpose: Diagnostic<br><br>Primary Outcome Measures: <i>Same as current</i><br><br>Secondary Outcome Measures: <i>Same as current</i>   | Actual Enrollment:<br><br>Estimated Enrollment: 7<br><br>Original Estimated Enrollment: <i>Same as current</i><br><br>Age: 18 Years and older (Adult, Older Adult)<br><br>Sex: All     | Study Sponsors: <i>Same as current</i><br><br>Collaborators: Not Provided | Study Start: July 19, 2022<br><br>Primary Completion: July 19, 2025 (Final data collection date for primary outcome measure)<br><br>Study Completion: July 19, 2025<br><br>First Posted: September 15, 2022<br><br>Results First Posted:<br><br>Last Update Posted: September 15, 2022 |
| 21 | NCT03190941 | <a href="#">Administering Peripheral Blood Lymphocytes Transduced With a Murine T-Cell Receptor Recognizing the G12V Variant of Mutated RAS in HLA-A*11:01 Patients</a><br><br>Study Documents:                              | Title Acronym:<br><br>Other Ids: 170113<br>17-C-0113 | Recruiting              | <ul style="list-style-type: none"><li>Pancreatic Cancer</li><li>Gastric Cancer</li><li>Gastrointestinal Cancer</li><li>Colon Cancer</li><li>Rectal Cancer</li></ul> | <ul style="list-style-type: none"><li>Drug: Cyclophosphamide<br/>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.</li><li>Drug: Fludarabine<br/>Days -7 to -3: Fludarabine 25 mg/m2/day IVPB daily over 30 minutes for 5 days.</li><li>Biological: Anti-KRAS G12V mTCR PBL<br/>Day 0: Cells will be infused intravenously on the Patient Care Unit over 20-30 minutes (2-4 days after the last dose of fludarabine).</li><li>Drug: Aldesleukin<br/>Aldesleukin 720,000 IU/kg IV (based on total body weight) over 15 minutes approximately every 8 hours beginning within 24 hours of cell infusion and continuing for up to 3 days (maximum 9 doses).</li></ul> | Study Type: Interventional<br><br>Phase: Phase 1<br>Phase 2<br><br>Study Design: Allocation: Non-Randomized<br>Intervention Model: Sequential Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: <ul style="list-style-type: none"><li>Response rate [ Time Frame: 6 weeks (+/- 2 weeks) after cell infusion, then at week 12, every 3 months x3, every 6 months x2 years. ]</li><li>Maximum Tolerated Dose [ Time Frame: End of treatment ]</li></ul><br>Secondary Outcome Measures: Survival and persistence of mTCR gene-engineered cells. [ Time Frame: approximately 4-5 years ] | Actual Enrollment:<br><br>Estimated Enrollment: 110<br><br>Original Estimated Enrollment: <i>Same as current</i><br><br>Age: 18 Years to 70 Years (Adult, Older Adult)<br><br>Sex: All | Study Sponsors: <i>Same as current</i><br><br>Collaborators: Not Provided | Study Start: September 21, 2017<br><br>Primary Completion: June 29, 2027 (Final data collection date for primary outcome measure)<br><br>Study Completion: June 29, 2028<br><br>First Posted: June 19, 2017<br><br>Results First Posted:<br><br>Last Update Posted: September 14, 2022 |

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| 22 | NCT04875754 | <a href="#">A Study Evaluating the Safety, Tolerability, and Range of Biologically Active Doses of ICM-203 in Mild to Moderate Knee Osteoarthritis</a><br><br>Study Documents: | <div>Title Acronym:</div> <div>Other Ids: ICM 20-1001</div> | Recruiting | Osteoarthritis, Knee | <ul style="list-style-type: none"><li>Genetic: ICM-203 Intra-articular injection</li><li>Drug: Placebo (saline solution) Intra-articular injection</li></ul> | <div>Study Type: Interventional</div> <div>Phase: Phase 1<br/>Phase 2</div> <div>Study Design: Allocation: Randomized<br/>Intervention Model: Sequential Assignment<br/>Intervention Model Description:<ul style="list-style-type: none"><li>Group 1: ICM-203 6x10e12 vg or Placebo</li><li>Group 2: ICM-203 2x10e13 vg or Placebo</li><li>Group 3: ICM-203 6x10e13 vg or Placebo</li></ul></div> <div>Masking: Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)<br/>Primary Purpose: Treatment</div> <div>Primary Outcome Measures: <i>Same as current</i></div> <div>Secondary Outcome Measures:<ul style="list-style-type: none"><li>Knee pain [ Time Frame: Up to Week 52 ]<br/>Evaluation of change from baseline in knee pain as measured using a Numerical Rating Scale (NRS) ranging from 0 (no pain) to 10 (worst pain imaginable)</li><li>Knee function [ Time Frame: Up to Week 52 ]<br/>Evaluation of change from baseline in knee function as measured using the Function in Daily Living subscore of the Knee Injury and Osteoarthritis Outcome Score (KOOS)</li><li>Articular cartilage grade [ Time Frame: Up to Week 52 ]<br/>Evaluation of change from baseline in articular cartilage grade as measured using MRI Osteoarthritis Knee Score (MOAKS)</li><li>Joint space width [ Time Frame: Up to Week 52 ]<br/>Evaluation of change from baseline in Joint space width in mm as measured on knee radiograph</li><li>Humoral response to AAV5.2 capsid [ Time Frame: Up to Week 52 ]<br/>Evaluation of change from baseline in neutralizing antibody titers against AAV5.2 in serum</li><li>Cellular immune response to AAV5.2 capsid [ Time Frame: Up to Week 52 ]<br/>Evaluation of change from baseline in T-cell responses to AAV5.2 capsid</li><li>Systemic biodistribution of ICM-203 [ Time Frame: Up to Week 52 ]<br/>Evaluation of presence of ICM-203 in peripheral blood after administration of study drug</li></ul></div> | <div>Actual Enrollment:</div> <div>Estimated Enrollment: 16</div> <div>Original Estimated Enrollment: 24</div> <div>Age: 50 Years to 80 Years (Adult, Older Adult)</div> <div>Sex: All</div> | <div>Study Sponsors: <i>Same as current</i></div> <div>Collaborators: Not Provided</div> | <div>Study Start: March 17, 2022</div> <div>Primary Completion: March 2024 (Final data collection date for primary outcome measure)</div> <div>Study Completion: June 2024</div> <div>First Posted: May 6, 2021</div> <div>Results First Posted:</div> <div>Last Update Posted: September 9, 2022</div> |
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| 23 | NCT05454566 | <div><div><a href="#">A Study Evaluating the Safety, Tolerability, and Activity of ICM-203 in Subjects With Knee Osteoarthritis.</a></div><div>Study Documents:</div></div> | <div>Title Acronym:</div> <div>Other Ids: ICM 20-1003</div> | Not yet recruiting | Osteoarthritis, Knee | <div><div><div><div><div></div></div><div>Genetic: ICM-203</div><div>Intra-articular injection</div></div><div><div><div></div></div><div>Drug: Placebo (saline solution)</div><div>Intra-articular injection</div></div></div></div> | <div><div>Study Type: Interventional</div><div>Phase: Phase 1</div><div>Phase 2</div><div>Study Design: Allocation: Randomized</div><div>Intervention Model: Sequential Assignment</div><div>Intervention Model Description:<div><div><div></div></div><div>Group 1: ICM-203 6x10e12 vg or Placebo</div><div>Group 2: ICM-203 2x10e13 vg or Placebo</div><div>Group 3: ICM-203 6x10e13 vg or Placebo</div></div></div><div>Masking: Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)</div><div>Primary Purpose: Treatment</div><div>Primary Outcome Measures:<div><div><div></div></div><div>Treatment-Emergent Adverse Events (TEAEs) [ Time Frame: Up to Week 52 ]</div><div>Incidence and Severity of Treatment-Emergent Adverse Events following administration of study drug</div><div><div></div></div><div>Knee pain [ Time Frame: Up to Week 52 ]</div><div>Evaluation of change from baseline in knee pain as measured using a Numerical Rating Scale (NRS) ranging from 0 (no pain) to 10 (worst pain imaginable)</div><div><div></div></div><div>Knee function [ Time Frame: Up to Week 52 ]</div><div>Evaluation of change from baseline in knee function, pain, and stiffness as measured using the using the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) ranging from 0 to 20 (higher scores greater pain)</div><div><div></div></div><div>Articular cartilage grade [ Time Frame: Up to Week 52 ]</div><div>Evaluation of change from baseline in articular cartilage grade as measured using MRI Osteoarthritis Knee Score (MOAKS) by grading Bone Marrow Lesions; Grade 0= none, grade 1 &lt;33% of subregional volume, grade 2= 33-66% of subregional volume and grade 3 &gt;66% of subregional volume.</div><div><div></div></div><div>Joint space width [ Time Frame: Up to Week 52 ]</div><div>Evaluation of change from baseline in Joint space width in mm as measured on knee radiograph</div></div></div><div>Secondary Outcome Measures: <i>Same as current</i></div></div> | <div><div>Actual Enrollment:</div><div>Estimated Enrollment: 24</div><div>Original Estimated Enrollment: <i>Same as current</i></div><div>Age: 50 Years to 80 Years (Adult, Older Adult)</div><div>Sex: All</div></div> | <div>Study Sponsors: <i>Same as current</i></div> <div>Collaborators: Not Provided</div> | <div>Study Start: December 15, 2022</div> <div>Primary Completion: June 2024 (Final data collection date for primary outcome measure)</div> <div>Study Completion: December 2024</div> <div>First Posted: July 12, 2022</div> <div>Results First Posted:</div> <div>Last Update Posted: September 9, 2022</div> |
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| 24 | NCT05542615 | <a href="#">Prolonged Release Pirfenidone for Advanced Residual Liver Fibrosis (MINERVA).</a><br><br>Study Documents: | Title Acronym:<br><br>Other Ids:<br>MINERVA             | Recruiting             | <ul style="list-style-type: none"><li>Liver Cirrhosis</li><li>Hepatitis C, Chronic</li><li>Epigenetic Disorder</li></ul> | Drug: Prolonged-Release Pirfenidone<br>1200 mg / day of Pirfenidone (KitosCell® LP)  | Study Type: Interventional<br><br>Phase: Phase 2<br><br>Study Design: Allocation: N/A<br>Intervention Model: Single Group Assignment<br>Intervention Model Description:<br>This will be a real-life, open-label, proof of concept trial to assess the safety and efficacy of two daily doses of pirfenidone (KitosCell® LP), in patients with compensated liver cirrhosis.<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: <i>Same as current</i><br><br>Secondary Outcome Measures: <i>Same as current</i> | Actual Enrollment:<br><br>Estimated Enrollment: 60<br><br>Original Estimated Enrollment: <i>Same as current</i><br><br>Age: 18 Years and older (Adult, Older Adult)<br><br>Sex: All | Study Sponsors: <i>Same as current</i><br><br>Collaborators: Hospital Central Militar CdMX | Study Start: August 1, 2019<br><br>Primary Completion: January 1, 2023 (Final data collection date for primary outcome measure)<br><br>Study Completion: December 1, 2023<br><br>First Posted: September 15, 2022<br><br>Results First Posted:<br><br>Last Update Posted: September 15, 2022 |
| 25 | NCT01867333 | <a href="#">Enzalutamide With or Without Vaccine Therapy for Advanced Prostate Cancer</a><br><br>Study Documents:     | Title Acronym:<br><br>Other Ids:<br>130146<br>13-C-0146 | Active, not recruiting | Prostate Cancer  | <ul style="list-style-type: none"><li>Biological: PROSTVAC-F/TRICOM<br/>A recombinant fowlpox virus vector vaccine containing the genes for human PSA and three co-stimulatory molecules.</li><li>Biological: PROSTVAC-V/TRICOM<br/>A recombinant vaccinia virus vector vaccine containing the genes for human PSA and three co-stimulatory molecules.</li><li>Biological: Enzalutamide (Xtandi)<br/>An androgen receptor inhibitor.</li></ul> | Study Type: Interventional<br><br>Phase: Phase 2<br><br>Study Design: Allocation: Randomized<br>Intervention Model: Parallel Assignment<br>Masking: None (Open Label)<br>Primary Purpose: Treatment<br><br>Primary Outcome Measures: Increase in time to progression [ Time Frame: 4-5 years ]<br><br>Secondary Outcome Measures: <ul style="list-style-type: none"><li>Increase in overall survival [ Time Frame: 4-5 years ]</li><li>Delay in PSA progression [ Time Frame: 4-5 years ]</li><li>Immune response [ Time Frame: 4-5 years ]</li></ul>    | Actual Enrollment: 57<br><br>Estimated Enrollment:<br><br>Original Estimated Enrollment: 76<br><br>Age: 18 Years and older (Adult, Older Adult)<br><br>Sex: Male                    | Study Sponsors: <i>Same as current</i><br><br>Collaborators: Not Provided                  | Study Start: August 12, 2013<br><br>Primary Completion: December 1, 2022 (Final data collection date for primary outcome measure)<br><br>Study Completion: January 1, 2023<br><br>First Posted: June 4, 2013<br><br>Results First Posted:<br><br>Last Update Posted: September 9, 2022       |