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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 22, 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 19, 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	NCT04637763	CRISPR-Edited Allogeneic Anti-CD19 CAR-T Cell Therapy for Relapsed/Refractory B Cell Non-Hodgkin Lymphoma Study Documents:	Title Acronym: Other Ids: CB10A	Recruiting	• Lymphoma, Non-Hodgkin • Relapsed Non Hodgkin Lymphoma • Refractory B-Cell Non-Hodgkin Lymphoma • Non Hodgkin Lymphoma • Lymphoma • B Cell Lymphoma • B Cell Non-Hodgkin's Lymphoma	• Genetic: CB-010 CB-010 is a CRISPR-edited allogeneic CAR-T cell therapy targeting CD19. • Drug: Cyclophosphamide Chemotherapy for lymphodepletion • Drug: Fludarabine Chemotherapy for lymphodepletion	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: Non-Randomized Intervention Model: Sequential Assignment Intervention Model Description: The CB10A clinical study consists of 3 + 3 design with three dose levels. Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: Not Provided	Actual Enrollment: Estimated Enrollment: 50 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: May 26, 2021 Primary Completion: August 2025 (Final data collection date for primary outcome measure) Study Completion: September 2025 First Posted: November 20, 2020 Results First Posted: Last Update Posted: September 19, 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	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
7	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
8	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
9	NCT05477927	Dual-targeting VEGFR1 and PD-L1 CAR-T for Cancers Patients With Pleural or Peritoneal Metastases Study Documents:	Title Acronym: Other Ids: MCART-006	Recruiting	• Malignant Peritoneal Effusion • Malignant Ascites • Serous Cavity Metastatises	Biological: Dual-targeting VEGFR1 and PD-L1 CAR-T cells In the dose escalation part, the dose levels will be escalated following a traditional escalation scheme for 3+3 design. In the dose expansion part, patients will be assigned to different groups based on pleural or peritoneal metastases condition.	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: 58 Original Estimated Enrollment: *Same as current* Age: 18 Years to 65 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: October 30, 2022 Primary Completion: December 31, 2024 (Final data collection date for primary outcome measure) Study Completion: December 31, 2024 First Posted: July 28, 2022 Results First Posted: Last Update Posted: September 19, 2022
10	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	• 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 19, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
11	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
12	NCT05068674	Human Embryonic Stem Cell-Derived Cardiomyocyte Therapy for Chronic Ischemic Left Ventricular Dysfunction Study Documents:	Title Acronym: Other Ids: 60978	Recruiting	Chronic Ischemic Left Ventricular Dysfunction	• Drug: Human Embryonic Stem Cell-Derived Cardiomyocyte 50M cells 50 million (M) cells delivered in a dose of 5M cells per injection over 10 injections. Other Name: Human ESC-CMs • Drug: Human Embryonic Stem Cell-Derived Cardiomyocyte 150 cells 150M cells delivered in a dose of 15M cells per injection over 10 injections Other Name: Human ESC-CMs • Drug: Human Embryonic Stem Cell-Derived Cardiomyocyte 300M cells 300M cells delivered in a dose of 30M per injection over 10 injections Other Name: Human ESC-CMs	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: Randomized Intervention Model: Sequential Assignment Intervention Model Description: Phase I will be a standard 3+3 dose-escalation study to evaluate 3 doses of allogeneic hESC-CMs Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: Not Provided	Actual Enrollment: Estimated Enrollment: 18 Original Estimated Enrollment: *Same as current* Age: 21 Years to 80 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: California Institute for Regenerative Medicine (CIRM)	Study Start: March 22, 2022 Primary Completion: October 2025 (Final data collection date for primary outcome measure) Study Completion: October 2025 First Posted: October 6, 2021 Results First Posted: Last Update Posted: September 19, 2022
13	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
14	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
15	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 22, 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 19, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
16	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
17	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

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
18	NCT05539183	Collection of Pleural Effusion Fluid Study Documents:	Title Acronym: Other Ids: 22151PLEUREF	Not yet recruiting	• Solid Tumor • Pleural Effusion • Metastasis	Procedure: Blood withdrawal Blood withdrawal	Study Type: Interventional Phase: Not Applicable Study Design: Allocation: N/A Intervention Model: Single Group Assignment Masking: None (Open Label) Primary Purpose: Basic Science Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 50 Original Estimated Enrollment: *Same as current* Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Vrije Universiteit Brussel	Study Start: October 1, 2022 Primary Completion: December 31, 2024 (Final data collection date for primary outcome measure) Study Completion: December 31, 2025 First Posted: September 14, 2022 Results First Posted: Last Update Posted: September 14, 2022
19	NCT03602612	T Cells Expressing a Novel Fully-Human Anti-BCMA CAR for Treating Multiple Myeloma Study Documents:	Title Acronym: Other Ids: 180125 18-C-0125	Active, not recruiting	• Myeloma-Multiple • Myeloma, Plasma-Cell	• Drug: Cyclophosphamide 300 mg/m^2 IV over 30 minutes on days -5, -4, and -3 • Drug: Fludarabine 30 mg/m^2 IV infusion over 30 minutes administered immediately following the cyclophosphamide on day -5, -4, -3 • Biological: Anti-BCMA CAR T cells 0.75x10^6 - 12.0X10^6 CAR+ T cells per kg of recipient bodyweight one time dose on day 0	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: Non-Randomized Intervention Model: Sequential Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: Not Provided	Actual Enrollment: 35 Estimated Enrollment: Original Estimated Enrollment: 42 Age: 18 Years to 73 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: September 14, 2018 Primary Completion: January 1, 2023 (Final data collection date for primary outcome measure) Study Completion: January 1, 2024 First Posted: July 27, 2018 Results First Posted: Last Update Posted: September 19, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
20	NCT04795882	A New Study Evaluating the Activity of Modular CAR T for mYeloma Study Documents:	Title Acronym: Other Ids: UCL 129642	Enrolling by invitation	Multiple Myeloma	• Biological: BCMA CAR T cells Infusion with ATIMP: BCMA CAR T-cells • Biological: BCMA/CD19 CAR T cells Infusion with ATIMP: BCMA/CD19 CAR T-cells	Study Type: Interventional Phase: Phase 1 Study Design: Allocation: Non-Randomized Intervention Model: Parallel Assignment Intervention Model Description: Rolling 6 trial design Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: • Toxicity evaluated by the incidence of grade 3-5 toxicity causally related to the Advanced Therapy Investigational Product (ATIMP) [Time Frame: 28 days] The incidence of grade 3-5 toxicity assessed using the Common Terminology Criteria for Adverse Events (CTCAE) v5.0 and the American Society for Transplantation and Cellular Therapy (ASTCT) Cytokine Release Syndrome (CRS) and Neurotoxicity tool • Feasibility of manufacturing CAR T-cells evaluated by the number of therapeutic products generated [Time Frame: 30 days] Feasibility of adequate leucapheresis collection and generation of CAR T cells as evaluated by the number of therapeutic products generated. Secondary Outcome Measures: Not Provided	Actual Enrollment: Estimated Enrollment: 24 Original Estimated Enrollment: 30 Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: April 22, 2022 Primary Completion: December 31, 2025 (Final data collection date for primary outcome measure) Study Completion: December 31, 2035 First Posted: March 12, 2021 Results First Posted: Last Update Posted: September 19, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
21	NCT04262843	Total Marrow and Lymphoid Irradiation as Conditioning Regimen Before Hematopoietic Cell Transplantation in Patients With Myelodysplastic Syndrome or Acute Leukemia Study Documents:	Title Acronym: Other Ids: 19518 NCI-2019-08984 (Registry Identifier: CTRP (Clinical Trial Reporting Program)) 19518 (Other Identifier: City of Hope Comprehensive Cancer Center)	Recruiting	• Acute Lymphoblastic Leukemia • Acute Myeloid Leukemia • High Risk Myelodysplastic Syndrome • Myelodysplastic Syndrome	• 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 monohydrate ○ CTX ○ CYCLO-cell ○ Cycloblastin ○ Cycloblastine ○ Cyclophospham ○ Cyclophosphamid monohydrate ○ Cyclophosphamide Monohydrate ○ Cyclophosphamidum ○ Cyclophosphan ○ Cyclophosphane ○ Cyclophosphanum ○ Cyclostin ○ Cyclostine ○ Cytophosphan ○ Cytophosphane ○ Cytoxan ○ Fosfaseron ○ Genoxal ○ Ledoxina ○ Mitoxan ○ Neosar ○ Revimmune ○ Syklofosfamid ○ WR- 138719 • Drug: Fludarabine Given IV Other Name: Fluradosa • Drug: Fludarabine Phosphate Given IV Other Names: ○ 2-F-ara-AMP ○ 9H-Purin-6-amine, 2-fluoro-9-(5-O-phosphono-.beta.-D-arabinofuranosyl)- ○ Beneflur ○ Fludara ○ SH T 586 • Biological: Granulocyte Colony-Stimulating Factor Growth factor therapy Other Names: ○ Colony Stimulating Factor 3 ○ Colony-Stimulating Factor (Granulocyte) ○ Colony-Stimulating Factor 3 ○ CSF3 ○ G CSF ○ G-CSF ○ Granulocyte Colony Stimulating Factor ○ Pluripoietin • Procedure: Hematopoietic Cell Transplantation Undergo hematopoietic cell transplantation Other Names: ○ HCT ○ Hematopoietic Stem Cell Transplantation ○ HSCT	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: *Same as current*	Actual Enrollment: Estimated Enrollment: 70 Original Estimated Enrollment: *Same as current* Age: 12 Years to 60 Years (Child, Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: National Cancer Institute (NCI)	Study Start: February 7, 2020 Primary Completion: February 4, 2024 (Final data collection date for primary outcome measure) Study Completion: February 4, 2024 First Posted: February 10, 2020 Results First Posted: Last Update Posted: September 16, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
22	NCT03190941	Administering Peripheral Blood Lymphocytes Transduced With a Murine T-Cell Receptor Recognizing the G12V Variant of Mutated RAS in HLA-A*11:01 Patients Study Documents:	Title Acronym: Other Ids: 170113 17-C-0113	Recruiting	• Pancreatic Cancer • Gastric Cancer • Gastrointestinal Cancer • Colon Cancer • Rectal Cancer	• 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: Fludarabine Days -7 to -3: Fludarabine 25 mg/m2/day IVPB daily over 30 minutes for 5 days. • Biological: Anti-KRAS G12V mTCR PBL 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). • Drug: Aldesleukin 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).	Study Type: Interventional Phase: Phase 1 Phase 2 Study Design: Allocation: Non-Randomized Intervention Model: Sequential Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: • Response rate [Time Frame: 6 weeks (+/- 2 weeks) after cell infusion, then at week 12, every 3 months x3, every 6 months x2 years.] • Maximum Tolerated Dose [Time Frame: End of treatment] Secondary Outcome Measures: Survival and persistence of mTCR gene-engineered cells. [Time Frame: approximately 4-5 years]	Actual Enrollment: Estimated Enrollment: 110 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, 2017 Primary Completion: June 29, 2027 (Final data collection date for primary outcome measure) Study Completion: June 29, 2028 First Posted: June 19, 2017 Results First Posted: Last Update Posted: September 14, 2022
23	NCT02830724	Administering Peripheral Blood Lymphocytes Transduced With a CD70-Binding Chimeric Antigen Receptor to People With CD70 Expressing Cancers Study Documents:	Title Acronym: Other Ids: 160131 16-C-0131	Recruiting	• Pancreatic Cancer • Renal Cell Cancer • Breast Cancer • Melanoma • Ovarian Cancer	• Drug: Cyclophosphamide For Phase I, Days -7 and -6: 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 For Phase II, Days -7 and -6: 60 mg/kg/day x 2 days IV • Drug: Fludarabine For Phase I, Days -7 to -5: 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 For Phase II, Days -7 to -3: 25 mg/m(2)/day x 5 days IVPB • Drug: Aldesleukin Aldeskeukin 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). • Biological: Anti-hCD70 CAR transduced PBL 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).	Study Type: Interventional Phase: Phase 1 Phase 2 Study Design: Allocation: Non-Randomized Intervention Model: Sequential Assignment Masking: None (Open Label) Primary Purpose: Treatment 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] Secondary Outcome Measures: • Determine the in vivo survival of anti-hCD70 CAR transduced cells [Time Frame: Approximately 5 years] • Determine the toxicity of this treatment regimen [Time Frame: Approximately 5 years]	Actual Enrollment: Estimated Enrollment: 124 Original Estimated Enrollment: 113 Age: 18 Years to 70 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: April 6, 2017 Primary Completion: January 1, 2027 (Final data collection date for primary outcome measure) Study Completion: January 1, 2028 First Posted: July 13, 2016 Results First Posted: Last Update Posted: September 19, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
24	NCT03548207	A Study of JNJ-68284528, a Chimeric Antigen Receptor T Cell (CAR-T) Therapy Directed Against B-Cell Maturation Antigen (BCMA) in Participants With Relapsed or Refractory Multiple Myeloma Study Documents:	Title Acronym: Other Ids: CR108480 2018-000121-32 (EudraCT Number) 68284528MMY2001 (Other Identifier: Janssen Research & Development, LLC)	Completed	Multiple Myeloma	Biological: JNJ-68284528 JNJ-68284528 consist of autologous T lymphocytes transduced with LCAR-B38M, a lentiviral vector to express a chimeric antigen receptor targeting the human B cell maturation antigen (anti-BCMA CAR).	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: • Phase 1b: Number of Participants with Adverse Events [Time Frame: Minimum 2 years after JNJ-68284528 infusion (Day 1)] An adverse event is any untoward medical event that occurs in a participant administered an investigational product, and it does not necessarily indicate only events with clear causal relationship with the relevant investigational product. • Phase 1b: Number of Participants with Adverse Events by Severity [Time Frame: Minimum 2 years after JNJ-68284528 infusion (Day 1)] An assessment of severity grade will be made according to the National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE), with the exception of cytokine release syndrome (CRS), which will be graded according to the CRS revised grading system (Grade 1 to Grade 5) where Grade 1 being mild, asymptomatic or mild symptoms and Grade 5 indicating death related to adverse event. • Phase 2: Overall Response Rate (ORR) [Time Frame: Minimum 2 years after JNJ-68284528 infusion (Day 1)] The ORR is defined as the proportion of participants who achieve partial response (PR) or better according to international myeloma working group (IMWG) criteria. Secondary Outcome Measures: • Phase 2: Number of Participants with Adverse Events [Time Frame: Minimum 2 years after JNJ-68284528 infusion (Day 1)] An adverse event is any untoward medical event that occurs in a participant administered an investigational product, and it does not necessarily indicate only events with clear causal relationship with the relevant investigational product. • Chimeric Antigen Receptor T (cells) (CAR-T) Positive Cellular Concentration of JNJ-68284528 [Time Frame: Minimum 2 years after JNJ-68284528 infusion (Day 1)] Post-dose blood and bone marrow samples will be analyzed to determine CAR-T positive cellular concentration. • Transgene Levels of JNJ-68284528 [Time Frame: Minimum 2 years after JNJ-68284528 infusion (Day 1)] Transgene levels of JNJ-68284528 using specific and sensitive assay methods will be assessed. • Levels of B-Cell Maturation Antigen (BCMA) Expressing Cells and Soluble BCMA [Time Frame: Minimum 2 years after JNJ-68284528 infusion (Day 1)] Levels of expression of BCMA-expressing plasma cells in the bone marrow as well as the level of soluble BCMA in blood will be reported. • Systemic Cytokine Concentrations [Time Frame: Minimum 2 years after JNJ-68284528 infusion (Day 1)] Serum cytokine concentrations (Interleukin [IL]-6, IL-15, IL-10, and Interferon [IFN-g]) will be measured for biomarker assessment.	Actual Enrollment: 126 Estimated Enrollment: Original Estimated Enrollment: 84 Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: June 29, 2018 Primary Completion: August 23, 2022 (Final data collection date for primary outcome measure) Study Completion: August 23, 2022 First Posted: June 7, 2018 Results First Posted: Last Update Posted: September 16, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
25	NCT04530565	Testing the Use of Steroids and Tyrosine Kinase Inhibitors With Blinatumomab or Chemotherapy for Newly Diagnosed BCR-ABL-Positive Acute Lymphoblastic Leukemia in Adults Study Documents:	Title Acronym: Other Ids: NCI-2020-06381 NCI-2020-06381 (Registry Identifier: CTRP (Clinical Trial Reporting Program)) EA9181 (Other Identifier: ECOG-ACRIN Cancer Research Group) EA9181 (Other Identifier: CTEP) U10CA180820 (U.S. NIH Grant/Contract)	Recruiting	B Acute Lymphoblastic Leukemia With t(9;22)(q34.1;q11.2); BCR-ABL1	• Procedure: Biospecimen Collection Correlative studies Other Names: ○ Biological Sample Collection ○ Biospecimen Collected ○ Specimen Collection • Biological: Blinatumomab Given IV Other Names: ○ Anti-CD19 x Anti-CD3 Bispecific Monoclonal Antibody ○ Anti-CD19/Anti-CD3 Recombinant Bispecific Monoclonal Antibody MT103 ○ Blincyto ○ MEDI-538 ○ MT-103 • Procedure: Bone Marrow Aspiration and Biopsy Undergo bone marrow aspiration and biopsy • 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 monohydrate ○ CTX ○ CYCLO-cell ○ Cycloblastin ○ Cycloblastine ○ Cyclophospham ○ Cyclophosphamid monohydrate ○ Cyclophosphamide Monohydrate ○ Cyclophosphamidum ○ Cyclophosphan ○ Cyclophosphane ○ Cyclophosphanum ○ Cyclostin ○ Cyclostine ○ Cytophosphan ○ Cytophosphane ○ Cytoxan ○ Fosfaseron ○ Genoxal ○ Genuxal ○ Ledoxina ○ Mitoxan ○ Neosar ○ Revimmune ○ Syklofosfamid ○ WR- 138719 • Drug: Cytarabine Given IV or IT Other Names: ○ .beta.-Cytosine arabinoside ○ 1-.beta.-D-Arabinofuranosyl-4-amino-2(1H)pyrimidinone ○ 1-.beta.-D-Arabinofuranosylcytosine ○ 1-Beta-D-arabinofuranosyl-4-amino-2(1H)pyrimidinone ○ 1-Beta-D-arabinofuranosylcytosine ○ 1.beta.-D-Arabinofuranosylcytosine	Study Type: Interventional Phase: Phase 3 Study Design: Allocation: Randomized Intervention Model: Crossover Assignment Masking: None (Open Label) Primary Purpose: Treatment Primary Outcome Measures: *Same as current* Secondary Outcome Measures: *Same as current*	Actual Enrollment: Estimated Enrollment: 348 Original Estimated Enrollment: 330 Age: 18 Years to 75 Years (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: October 14, 2020 Primary Completion: July 1, 2028 (Final data collection date for primary outcome measure) Study Completion: July 1, 2028 First Posted: August 28, 2020 Results First Posted: Last Update Posted: September 19, 2022

	NCT Number	Title	Other Names	Status	Conditions	Interventions	Characteristics	Population	Sponsor/Collaborators	Dates
26	NCT03275103	Dose-Escalation Study of Cevostamab in Participants With Relapsed or Refractory Multiple Myeloma (R/R MM) Study Documents:	Title Acronym: Other Ids: GO39775 2018-001041-13 (EudraCT Number)	Recruiting	Multiple Myeloma	• Drug: Cevostamab Cevostamab will be administered intravenously on a 21-day cycle, up to a total of 17 cycles. Other Name: BFCR4350A; RO7187797 • Drug: Tocilizumab Tocilizumab will be administered as premedication during Cycle 1. Other Name: Actemra/RoActemra	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 and Severity of Adverse Events (AEs) [Time Frame: Up to approximately 3 years] An AE is any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medical treatment or procedure that may or may not be considered related to the medical treatment or procedure. Secondary Outcome Measures: • Cmax [Time Frame: Up to approximately 3 years] Defined as the maximum observed serum concentration of study drug. • Objective Response Rate (ORR) [Time Frame: Up to approximately 3 years] OR is defined as percentage of participants with partial response (PR) or complete response (CR). CR is defined as no evidence of initial monoclonal protein isotype(s) on immunofixation of the serum and urine, disappearance of any soft tissue plasmacytomas, and </= 5% plasma cells in bone marrow (BM). PR is defined as >/= 50% reduction of serum M-protein and reduction in 24-hour urine M-protein by >/= 90% or to < 200 milligrams (mg)/24 hours. • Duration of Response [Time Frame: Up to approximately 3 years] Time from first occurrence of OR (defined previously) to disease progression (PD) or death from any cause. PD: increase of >/=25% from lowest response value in one of the following: serum M-protein (absolute increase >/=0.5 grams per deciliter (g/dL); serum M-protein increase >/=1g/dL, if lowest M component was >/=5g/dL; urine M-protein (absolute increase >/=200 mg/24 hours); no measurable serum and urine M-protein levels: difference between involved and uninvolved free light chain (FLC) levels (absolute increase >10 mg/dL); no measurable serum and urine M-protein levels and no measurable disease by FLC: BM plasma cell % irrespective of baseline status (absolute % >/=10%); new lesion(s) >/=50% increase from lowest point in sum of the products of diameters of > 1 lesion, or >/=50% increase in longest diameter of a previous lesion >1 centimeter (cm) in short axis; >/=50% increase in circulating plasma cells (minimum 200 cells per microliter) if only measure of disease. • Change from Baseline in the Presence Anti-Drug Antibodies (ADAs) [Time Frame: Up to approximately 3 years] To evaluate the immune response to the study drug. • Minimum observed serum concentration (Cmin) [Time Frame: Up to approximately 3 years] Defined as the minimum observed serum concentration of study drug. • Area Under the Concentration-Time Curve [Time Frame: Up to approximately 3 years] Defined as the total exposure of study drug. • Clearance (CL) [Time Frame: Up to approximately 3 years]	Actual Enrollment: Estimated Enrollment: 390 Original Estimated Enrollment: 80 Age: 18 Years and older (Adult, Older Adult) Sex: All	Study Sponsors: *Same as current* Collaborators: Not Provided	Study Start: September 19, 2017 Primary Completion: December 31, 2023 (Final data collection date for primary outcome measure) Study Completion: December 31, 2023 First Posted: September 7, 2017 Results First Posted: Last Update Posted: September 15, 2022