SAFETY CONCLUSIONS

Among the 3 patients who received at least one HepaStem infusion, 2 patients received approximately the planned dose (± 10%). The third patient who prematurely discontinued the study only received the first infusion.

In the SS, a total of 72 AEs were reported, among which 49 occurred during the active treatment period and 15 during the FU period. Excepted for 2 events reported as severe, events were mild or moderate in intensity. Six (6) events were considered as serious (pharyngoamydalitis, gastroenteritis, staphylococcal bacteraemia, neurological decompensation, infusion site pain and device dislocation [one patient each]), and 2 of them (infusion site pain and device dislocation) led to study discontinuation. Therefore, one patient (with ASSD) received only one of the 4 planned HepaStem infusions.

The most frequently reported events belonged to the following SOC: investigations (30 events reported by 2 patients), infections and infestations (9 events reported by 3 patients), general disorders and administration site condition (8 events reported by 3 patients) and metabolism and nutrition disorders (6 events reported by 2 patients).

A causal relationship with HepaStem was reported for 5 events (infusion site pain [2 events, one serious, the other non-serious], amino acid level increased, pruritus, tachycardia). Only one treatment related SAE of infusion pain led to study discontinuation (patient with ASSD). This event was subsequent to the migration of the PAC in the pelvis which was reported as a SAE (device dislocation also reported as non treatment related SAE leading to study discontinuation). Six (6) events of coagulation time prolonged were considered as related to bivalirudin and led to dose adjustment. Low tacrolimus levels were reported on 3 occasions for one patient while a high level was reported for another patient. In addition, 4 events (2 events of metabolic acidosis, one event of oral herpes and one event of renal disorder) were reported as causally related to tacrolimus. Immunosuppressant drug level changes and one event of metabolic acidosis led to dose modification.

No deaths, no pregnancies were reported.

No particular safety signals were evidenced during vital signs evaluation and physical examination of the patient including ultrasounds examinations, or in the immunological tests performed.