



Clinical trial results:

Phase I, open label, dose-escalation study followed by a safety expansion part to evaluate the safety, expansion and persistence of a single dose of UCART19 (allogeneic engineered T-cells expressing anti-CD19 chimeric antigen receptor), administered intravenously in patients with relapsed or refractory CD19 positive B-cell acute lymphoblastic leukaemia (B-ALL)). CALM study (UCART19 in Advanced Lymphoid Malignancies).

Summary

| | |
|--------------------------|----------------|
| EudraCT number | 2016-000296-24 |
| Trial protocol | FR |
| Global end of trial date | 28 July 2020 |

Results information

| | |
|--------------------------------|--------------|
| Result version number | v1 (current) |
| This version publication date | 21 July 2021 |
| First version publication date | 21 July 2021 |

Trial information

Trial identification

| | |
|-----------------------|---------------|
| Sponsor protocol code | CL1-68587-002 |
|-----------------------|---------------|

Additional study identifiers

| | |
|------------------------------------|-------------|
| ISRCTN number | - |
| ClinicalTrials.gov id (NCT number) | NCT02746952 |
| WHO universal trial number (UTN) | - |

Notes:

Sponsors

| | |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sponsor organisation name | Institut de Recherches Internationales Servier |
| Sponsor organisation address | 50 rue Carnot, Suresnes, France, 92284 |
| Public contact | Therapeutic Area in Oncology, Institut de Recherches Internationales Servier, +33 1 55 72 43 66, clinicaltrials@servier.com |
| Scientific contact | Therapeutic Area in Oncology, Institut de Recherches Internationales Servier, +33 1 55 72 43 66, clinicaltrials@servier.com |
| Sponsor organisation name | Servier R&D Ltd |
| Sponsor organisation address | Sefton House, Sefton Park, Bell Hill, Stoke Poges, Slough, Berkshire, United Kingdom, SL2 4JS |
| Public contact | Therapeutic Area in Oncology, Institut de Recherches Internationales Servier, +33 1 55 72 43 66, clinicaltrials@servier.com |
| Scientific contact | Therapeutic Area in Oncology, Institut de Recherches Internationales Servier, +33 1 55 72 43 66, clinicaltrials@servier.com |

Notes:

Paediatric regulatory details

| | |
|----------------------------------------------------------------------|----|
| Is trial part of an agreed paediatric investigation plan (PIP) | No |
| Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial? | No |
| Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial? | No |

Notes:

Results analysis stage

| | |
|------------------------------------------------------|--------------|
| Analysis stage | Final |
| Date of interim/final analysis | 28 July 2020 |
| Is this the analysis of the primary completion data? | Yes |
| Primary completion date | 28 July 2020 |
| Global end of trial reached? | Yes |
| Global end of trial date | 28 July 2020 |
| Was the trial ended prematurely? | No |

Notes:

General information about the trial

Main objective of the trial:

To evaluate the safety and tolerability of ascending doses of UCART19, to determine the maximum tolerated dose (MTD), the recommended dose (RD) and the lymphodepletion (LD) regimen (dose escalation part).

To assess the safety and tolerability of the RD for UCART19 during the safety dose expansion part.

Protection of trial subjects:

This study was conducted in accordance with Good Clinical Practice standards, ethical principles stated in the Declaration of Helsinki and applicable regulatory requirements. After the subject has ended his/her participation in the trial, the investigator provided appropriate medication and/or arranged access to appropriate care for the patient.

Background therapy: -

Evidence for comparator: -

| | |
|-----------------------------------------------------------|----------------|
| Actual start date of recruitment | 10 August 2016 |
| Long term follow-up planned | Yes |
| Long term follow-up rationale | Safety |
| Long term follow-up duration | 15 Years |
| Independent data monitoring committee (IDMC) involvement? | Yes |

Notes:

Population of trial subjects

Subjects enrolled per country

| | |
|--------------------------------------|--------------------|
| Country: Number of subjects enrolled | Japan: 2 |
| Country: Number of subjects enrolled | United States: 6 |
| Country: Number of subjects enrolled | France: 6 |
| Country: Number of subjects enrolled | United Kingdom: 11 |
| Worldwide total number of subjects | 25 |
| EEA total number of subjects | 6 |

Notes:

| Subjects enrolled per age group | |
|-------------------------------------------|----|
| In utero | 0 |
| Preterm newborn - gestational age < 37 wk | 0 |
| Newborns (0-27 days) | 0 |
| Infants and toddlers (28 days-23 months) | 0 |
| Children (2-11 years) | 0 |
| Adolescents (12-17 years) | 0 |
| Adults (18-64 years) | 25 |
| From 65 to 84 years | 0 |
| 85 years and over | 0 |

Subject disposition

Recruitment

Recruitment details: -

Pre-assignment

Screening details:

Patients were male or female participants aged ≥ 16 years, up to < 70 years old, with R/R CD19+ B-ALL, as per NCCN guidelines, 2019 (National Comprehensive Cancer Network, 2019).

Period 1

| | |
|------------------------------|---------------------------------------|
| Period 1 title | Overall study period (overall period) |
| Is this the baseline period? | Yes |
| Allocation method | Not applicable |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|--------------|
| Are arms mutually exclusive? | Yes |
| Arm title | 1E5 cells/kg |

Arm description:

At D-7, a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m²/day IV, cyclophosphamide 500 mg/m²/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.

The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_{TCRαβ}-Tcells.

Follow-up period from D85 to M12. Then, 4 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 2 patients withdrew due to progressive disease, 1 for adverse events. 1 patients is ongoing.

| | |
|----------------------------------------|--------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | UCART19 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Suspension for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

Delivery of UCART19 was performed at D0 by intravenous infusion over approximately 5 minutes, following cell thawing in a 37°C bath. It is cryopreserved and supplied as a suspension for IV infusion conditioned in a primary container (1.8 mL cryovials) containing approximately 1 mL of a given dosage form of cell suspension.

A flat UCART19 dose per patient per dose level was initially developed, with a first dose of 6x10⁶ UCART19/ patient (a flat dose stands for a number of CD19CAR/RQR8+_{TCRαβ}-T-cells). The flat dose was developed to be administered to all patients, independently of their weight. The corresponding dose of cells expressed in a dose per kg was based on an average patient's weight of 60 kg. As the use of partial vials is not recommended, patients enrolled at Dose level 1 (DL1) 1x 10⁵ cells or DL-1 (1x 10⁴) cells/kg received a flat dose not adjusted for weight. Weight band dosing was applied for DL2 (1x 10⁶ cells/kg) and DL3 (3x 10⁶ cells/kg).

| | |
|------------------|--------------|
| Arm title | 1E6 cells/kg |
|------------------|--------------|

Arm description:

At D-7, a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m²/day IV, cyclophosphamide 500 mg/m²/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.

The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_{TCRαβ}-Tcells.

Follow-up period from D85 to M12. Then, 9 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 2 patients withdrew due to death, 1 for adverse events, 6 patients are ongoing.

| | |
|----------------------------------------|--------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | UCART19 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Suspension for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

Delivery of UCART19 was performed at D0 by intravenous infusion over approximately 5 minutes, following cell thawing in a 37°C bath. It is cryopreserved and supplied as a suspension for IV infusion conditioned in a primary container (1.8 mL cryovials) containing approximately 1 mL of a given dosage form of cell suspension.

A flat UCART19 dose per patient per dose level was initially developed, with a first dose of 6x10⁶ UCART19/ patient (a flat dose stands for a number of CD19CAR/RQR8+_{TCRαβ}-T-cells). The flat dose was developed to be administered to all patients, independently of their weight. The corresponding dose of cells expressed in a dose per kg was based on an average patient's weight of 60 kg. As the use of partial vials is not recommended, patients enrolled at Dose level 1 (DL1) 1x 10⁵ cells or DL-1 (1x 10⁴) cells/kg received a flat dose not adjusted for weight. Weight band dosing was applied for DL2 (1x 10⁶ cells/kg) and DL3 (3x 10⁶ cells/kg).

| | |
|------------------|--------------|
| Arm title | 3E6 cells/kg |
|------------------|--------------|

Arm description:

At D-7, a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m²/day IV, cyclophosphamide 500 mg/m²/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.

The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_{TCRαβ}-Tcells.

Follow-up period from D85 to M12. Then, 4 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 1 patient withdrew due to death, 1 for other reason. 2 patients are ongoing.

| | |
|----------------------------------------|--------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | UCART19 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Suspension for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

Delivery of UCART19 was performed at D0 by intravenous infusion over approximately 5 minutes, following cell thawing in a 37°C bath. It is cryopreserved and supplied as a suspension for IV infusion conditioned in a primary container (1.8 mL cryovials) containing approximately 1 mL of a given dosage form of cell suspension.

A flat UCART19 dose per patient per dose level was initially developed, with a first dose of 6x10⁶ UCART19/ patient (a flat dose stands for a number of CD19CAR/RQR8+_{TCRαβ}-T-cells). The flat dose was developed to be administered to all patients, independently of their weight. The corresponding dose of cells expressed in a dose per kg was based on an average patient's weight of 60 kg. As the use of partial vials is not recommended, patients enrolled at Dose level 1 (DL1) 1x 10⁵ cells or DL-1 (1x 10⁴) cells/kg received a flat dose not adjusted for weight. Weight band dosing was applied for DL2 (1x 10⁶ cells/kg) and DL3 (3x 10⁶ cells/kg).

| Number of subjects in period 1 | 1E5 cells/kg | 1E6 cells/kg | 3E6 cells/kg |
|---------------------------------------|--------------|--------------|--------------|
| Started | 6 | 12 | 7 |
| Completed | 2 | 1 | 0 |
| Not completed | 4 | 11 | 7 |
| Adverse event, serious fatal | - | - | 1 |
| Physician decision | 2 | 5 | 3 |
| Adverse event, non-fatal | 1 | 1 | 2 |
| Progressive disease | 1 | 4 | 1 |
| Non-medical reason | - | 1 | - |

Baseline characteristics

Reporting groups

| | |
|-----------------------|--------------|
| Reporting group title | 1E5 cells/kg |
|-----------------------|--------------|

Reporting group description:

At D-7 , a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m²/day IV, cyclophosphamide 500 mg/m²/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.

The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_TCRαβ-_Tcells.

Follow-up period from D85 to M12. Then, 4 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 2 patients withdrew due to progressive disease, 1 for adverse events. 1 patients is ongoing.

| | |
|-----------------------|--------------|
| Reporting group title | 1E6 cells/kg |
|-----------------------|--------------|

Reporting group description:

At D-7 , a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m²/day IV, cyclophosphamide 500 mg/m²/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.

The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_TCRαβ-_Tcells.

Follow-up period from D85 to M12. Then, 9 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 2 patients withdrew due to death, 1 for adverse events, 6 patients are ongoing.

| | |
|-----------------------|--------------|
| Reporting group title | 3E6 cells/kg |
|-----------------------|--------------|

Reporting group description:

At D-7 , a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m²/day IV, cyclophosphamide 500 mg/m²/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.

The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_TCRαβ-_Tcells.

Follow-up period from D85 to M12. Then, 4 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 1 patient withdrew due to death, 1 for other reason. 2 patients are ongoing.

| Reporting group values | 1E5 cells/kg | 1E6 cells/kg | 3E6 cells/kg |
|------------------------|--------------|--------------|--------------|
| Number of subjects | 6 | 12 | 7 |
| Age categorical | | | |
| Units: Subjects | | | |
| Adults (18-64 years) | 6 | 12 | 7 |
| Age continuous | | | |
| Units: years | | | |
| arithmetic mean | 25.50 | 41.92 | 42.86 |
| standard deviation | ± 8.76 | ± 11.94 | ± 14.46 |
| Gender categorical | | | |
| Units: Subjects | | | |
| Female | 2 | 7 | 2 |
| Male | 4 | 5 | 5 |

| | | | |
|-------------------------------------------------------------------------|-------|--|--|
| Reporting group values | Total | | |
| Number of subjects | 25 | | |
| Age categorical Units: Subjects | | | |
| Adults (18-64 years) | 25 | | |
| Age continuous Units: years arithmetic mean standard deviation | - | | |
| Gender categorical Units: Subjects | | | |
| Female | 11 | | |
| Male | 14 | | |

End points

End points reporting groups

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Reporting group title | 1E5 cells/kg |
| Reporting group description: | |
| <p>At D-7 , a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m2/day IV, cyclophosphamide 500 mg/m2/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.</p> <p>The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_TCRαβ-_Tcells.</p> <p>Follow-up period from D85 to M12. Then, 4 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 2 patients withdrew due to progressive disease, 1 for adverse events. 1 patients is ongoing.</p> | |
| Reporting group title | 1E6 cells/kg |
| Reporting group description: | |
| <p>At D-7 , a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m2/day IV, cyclophosphamide 500 mg/m2/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.</p> <p>The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_TCRαβ-_Tcells.</p> <p>Follow-up period from D85 to M12. Then, 9 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 2 patients withdrew due to death, 1 for adverse events, 6 patients are ongoing.</p> | |
| Reporting group title | 3E6 cells/kg |
| Reporting group description: | |
| <p>At D-7 , a LymphoDepletion (LD) was initiated. The LD treatment was the enhancement of homeostatic proliferation of the infused UCART19 cells by deep and prolonged depletion of host immune cells. It combined fludarabine 30 mg/m2/day IV, cyclophosphamide 500 mg/m2/day IV and alemtuzumab IV 0.2 mg/kg/day or 8 mg/day or 12 mg/day.</p> <p>The treatment period started at time of UCART19 administration at D0 up to D84. UCART19 is a frozen suspension of allogeneic genetically modified T-cells expressing a CD19 CAR, cryopreserved in an infusible grade cryomedium. UCART19 is defined as allogeneic engineered 19CAR/RQR8+_TCRαβ-_Tcells.</p> <p>Follow-up period from D85 to M12. Then, 4 patients entered a separate LTFU study to be followed for 15 years. At cut-off, 1 patient withdrew due to death, 1 for other reason. 2 patients are ongoing.</p> | |

Primary: Best Overall Response (BOR): Complete Remission (CR) MRD negative

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| End point title | Best Overall Response (BOR): Complete Remission (CR) MRD negative ^[1] |
| End point description: | |
| End point type | Primary |
| End point timeframe: | |
| At D-1, D14, D28, D56, D84, M4, M6, M9 and M12 or at the WD visit. | |
| Notes: | |
| [1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point. | |
| Justification: Groups are too small | |

| End point values | 1E5 cells/kg | 1E6 cells/kg | 3E6 cells/kg | |
|-----------------------------|-----------------|-----------------|-----------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 6 | 12 | 7 | |
| Units: no unit | 0 | 1 | 1 | |

Statistical analyses

No statistical analyses for this end point

Primary: BOR: Complete remission incomplete blood count recovery (CRi) MRD negative

| | |
|-----------------|-------------------------------------------------------------------------------------------|
| End point title | BOR: Complete remission incomplete blood count recovery (CRi) MRD negative ^[2] |
|-----------------|-------------------------------------------------------------------------------------------|

End point description:

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

At D-1, D14, D28, D56, D84, M4, M6, M9 and M12 or at the WD visit.

Notes:

[2] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Groups are too small

| End point values | 1E5 cells/kg | 1E6 cells/kg | 3E6 cells/kg | |
|-----------------------------|-----------------|-----------------|-----------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 6 | 12 | 7 | |
| Units: no unit | 3 | 4 | 0 | |

Statistical analyses

No statistical analyses for this end point

Primary: BOR: Morphologic CR/CRi

| | |
|-----------------|----------------------------------------|
| End point title | BOR: Morphologic CR/CRi ^[3] |
|-----------------|----------------------------------------|

End point description:

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

At D-1, D14, D28, D56, D84, M4, M6, M9 and M12 or at the WD visit.

Notes:

[3] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Groups are too small

| End point values | 1E5 cells/kg | 1E6 cells/kg | 3E6 cells/kg | |
|-----------------------------|-----------------|-----------------|-----------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 6 | 12 | 7 | |
| Units: no unit | 0 | 0 | 2 | |

Statistical analyses

No statistical analyses for this end point

Primary: Dose Limiting Toxicity (DLT) and the Maximum Tolerated Dose (MTD)

| | |
|-----------------|----------------------------------------------------------------------------------|
| End point title | Dose Limiting Toxicity (DLT) and the Maximum Tolerated Dose (MTD) ^[4] |
|-----------------|----------------------------------------------------------------------------------|

End point description:

The MTD is defined as the highest dose at which the toxicity probability is the closest to the target probability of 0.3.

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

At D-1, D14, D28, D56, D84, M4, M6, M9 and M12 or at the WD visit.

Notes:

[4] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: The MTD was defined as the DL3 (3x10⁶ cells/kg). According to DSMB meeting conclusion, the recommended dose was defined as the DL2 (1x10⁶ cells/kg) based on several criteria: the acceptable safety profile, the greater level of UCART19 expansion and persistence in the patients receiving lymphodepletion with FCA at this dose level compared with DL1 and DL3 and the antileukemic activity of UCART19 at this dose in patients who were older or who had more aggressive disease.

| End point values | 1E5 cells/kg | 1E6 cells/kg | 3E6 cells/kg | |
|-----------------------------|-----------------|-----------------|-----------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 6 | 12 | 7 | |
| Units: no unit | 1 | 1 | 1 | |

Statistical analyses

No statistical analyses for this end point

Secondary: BOR: MRD indeterminate CR/CRi

| | |
|-----------------|-------------------------------|
| End point title | BOR: MRD indeterminate CR/CRi |
|-----------------|-------------------------------|

End point description:

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

At D-1, D14, D28, D56, D84, M4, M6, M9 and M12 or at the WD visit.

| End point values | 1E5 cells/kg | 1E6 cells/kg | 3E6 cells/kg | |
|-----------------------------|-----------------|-----------------|-----------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 6 | 12 | 7 | |
| Units: no unit | 1 | 0 | 0 | |

Statistical analyses

No statistical analyses for this end point

Secondary: Objective Response Rate

| | |
|-----------------|-------------------------|
| End point title | Objective Response Rate |
|-----------------|-------------------------|

End point description:

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

At D-1, D14, D28, D56, D84, M4, M6, M9 and M12 or at the WD visit.

| End point values | 1E5 cells/kg | 1E6 cells/kg | 3E6 cells/kg | |
|-----------------------------|-----------------|-----------------|-----------------|--|
| Subject group type | Reporting group | Reporting group | Reporting group | |
| Number of subjects analysed | 6 | 12 | 7 | |
| Units: no unit | 4 | 7 | 2 | |

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

All adverse events occurring from the LymphoDepletion to the end of follow-up.

| | |
|-----------------|------------|
| Assessment type | Systematic |
|-----------------|------------|

Dictionary used

| | |
|-----------------|--------|
| Dictionary name | MedDRA |
|-----------------|--------|

| | |
|--------------------|----|
| Dictionary version | 21 |
|--------------------|----|

Reporting groups

| | |
|-----------------------|--------------|
| Reporting group title | 1E5 cells/kg |
|-----------------------|--------------|

Reporting group description: -

| | |
|-----------------------|--------------|
| Reporting group title | 3E6 cells/kg |
|-----------------------|--------------|

Reporting group description: -

| | |
|-----------------------|--------------|
| Reporting group title | 1E6 cells/kg |
|-----------------------|--------------|

Reporting group description: -

| Serious adverse events | 1E5 cells/kg | 3E6 cells/kg | 1E6 cells/kg |
|---------------------------------------------------------------------|-----------------|-----------------|-----------------|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 6 / 6 (100.00%) | 7 / 7 (100.00%) | 6 / 12 (50.00%) |
| number of deaths (all causes) | 3 | 3 | 2 |
| number of deaths resulting from adverse events | 1 | 1 | 1 |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | | | |
| Acute lymphocytic leukaemia recurrent | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Central nervous system leukaemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Leukaemic infiltration extramedullary | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Leukaemic infiltration renal | | | |

| | | | |
|------------------------------------------------------|----------------|----------------|-----------------|
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Malignant neoplasm progression | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| General disorders and administration site conditions | | | |
| Feeling hot | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Multiple organ dysfunction syndrome | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 1 / 2 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 1 / 2 | 1 / 1 | 0 / 0 |
| Immune system disorders | | | |
| Acute graft versus host disease in skin | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cytokine release syndrome | | | |
| subjects affected / exposed | 3 / 6 (50.00%) | 4 / 7 (57.14%) | 3 / 12 (25.00%) |
| occurrences causally related to treatment / all | 3 / 3 | 4 / 4 | 3 / 3 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Drug hypersensitivity | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Haemophagocytic lymphohistiocytosis | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|----------------|
| subjects affected / exposed | 0 / 6 (0.00%) | 2 / 7 (28.57%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 2 / 2 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypersensitivity | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypogammaglobulinaemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Respiratory, thoracic and mediastinal disorders | | | |
| Acute respiratory distress syndrome | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Dyspnoea | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lung opacity | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pneumothorax | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pulmonary haemorrhage | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 1 |
| Pulmonary oedema | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|----------------|
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Respiratory failure | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Psychiatric disorders | | | |
| Agitation | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Anxiety | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Confusional state | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Psychomotor retardation | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Investigations | | | |
| BK polyomavirus test positive | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Blood bilirubin increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Blood creatinine increased | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|----------------|
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lymphocyte count decreased | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Neutrophil count decreased | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Platelet count decreased | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Injury, poisoning and procedural complications | | | |
| Accidental underdose | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Acute haemolytic transfusion reaction | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Infusion related reaction | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Product administration error | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Nervous system disorders | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|-----------------|
| Brain oedema | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Headache | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Neurotoxicity | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pyramidal tract syndrome | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Tremor | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Blood and lymphatic system disorders | | | |
| Bone marrow failure | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 2 / 2 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cytopenia | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 2 / 7 (28.57%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 2 | 2 / 2 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Febrile neutropenia | | | |
| subjects affected / exposed | 3 / 6 (50.00%) | 2 / 7 (28.57%) | 2 / 12 (16.67%) |
| occurrences causally related to treatment / all | 1 / 4 | 1 / 2 | 0 / 3 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Neutropenia | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|----------------|
| subjects affected / exposed | 1 / 6 (16.67%) | 2 / 7 (28.57%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 2 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Thrombocytopenia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 2 / 7 (28.57%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 2 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Eye disorders | | | |
| Retinal haemorrhage | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastrointestinal disorders | | | |
| Constipation | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastrointestinal inflammation | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lip swelling | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Swollen tongue | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Skin and subcutaneous tissue disorders | | | |
| Pruritus | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|-------------------------------------------------|----------------|----------------|----------------|
| Renal and urinary disorders | | | |
| Acute kidney injury | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Musculoskeletal and connective tissue disorders | | | |
| Back pain | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Infections and infestations | | | |
| Adenovirus infection | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 1 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Appendicitis | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Bacterial infection | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Bacterial sepsis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Candida infection | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cytomegalovirus infection | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|----------------|
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cytomegalovirus infection reactivation | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 2 / 7 (28.57%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Enterobacter sepsis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Enterococcal infection | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Enterococcal sepsis | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lower respiratory tract infection fungal | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 2 / 7 (28.57%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 2 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Neutropenic sepsis | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 1 / 2 |
| deaths causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| Respiratory tract infection | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Sepsis | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|----------------|
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 1 / 1 | 0 / 0 |
| Septic shock | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| Staphylococcal sepsis | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Viral rash | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Metabolism and nutrition disorders | | | |
| Tumour lysis syndrome | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 1 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

Frequency threshold for reporting non-serious adverse events: 5 %

| Non-serious adverse events | 1E5 cells/kg | 3E6 cells/kg | 1E6 cells/kg |
|---------------------------------------------------------------------|-----------------|-----------------|-------------------|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 6 / 6 (100.00%) | 7 / 7 (100.00%) | 12 / 12 (100.00%) |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | | | |
| Malignant neoplasm progression | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Precursor B-lymphoblastic lymphoma recurrent | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Vascular disorders | | | |

| | | | |
|------------------------------------------------------------------------------------------------|---------------------|---------------------|----------------------|
| Hypertension subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 1 / 12 (8.33%) 1 |
| Hypotension subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| Raynaud's phenomenon subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Thrombophlebitis superficial subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| General disorders and administration site conditions | | | |
| Hypothermia subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Malaise subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Oedema subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Oedema peripheral subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 3 / 7 (42.86%) 3 | 0 / 12 (0.00%) 0 |
| Pyrexia subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 | 3 / 7 (42.86%) 3 | 5 / 12 (41.67%) 7 |
| Swelling subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| Immune system disorders | | | |
| Acute graft versus host disease in skin subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| Cytokine release syndrome | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|-----------------|
| subjects affected / exposed | 3 / 6 (50.00%) | 2 / 7 (28.57%) | 7 / 12 (58.33%) |
| occurrences (all) | 3 | 2 | 7 |
| Hypogammaglobulinaemia | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 2 | 0 | 0 |
| Respiratory, thoracic and mediastinal disorders | | | |
| Epistaxis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Hiccups | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Hypoxia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Productive cough | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Upper-airway cough syndrome | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Psychiatric disorders | | | |
| Anxiety | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 1 | 0 | 1 |
| Confusional state | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 2 / 12 (16.67%) |
| occurrences (all) | 0 | 0 | 2 |
| Disorientation | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Hallucination | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 1 | 0 | 1 |
| Insomnia | | | |

| | | | |
|-------------------------------------------------------------------------------------------|---------------------|---------------------|----------------------|
| subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 2 / 12 (16.67%) 2 |
| Investigations | | | |
| Alanine aminotransferase increased subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 3 | 1 / 7 (14.29%) 2 | 0 / 12 (0.00%) 0 |
| Aspartate aminotransferase increased subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 3 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Blood bilirubin increased subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 1 / 7 (14.29%) 1 | 2 / 12 (16.67%) 2 |
| Blood creatinine increased subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 2 / 7 (28.57%) 2 | 0 / 12 (0.00%) 0 |
| Blood immunoglobulin A decreased subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Blood immunoglobulin M decreased subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Blood lactate dehydrogenase increased subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| C-reactive protein increased subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 2 / 12 (16.67%) 2 |
| Ejection fraction decreased subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Electrocardiogram QT prolonged subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Eosinophil count increased | | | |

| | | | |
|------------------------------------------------|----------------|----------------|----------------|
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Gamma-glutamyltransferase increased | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences (all) | 1 | 1 | 1 |
| International normalised ratio increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Liver function test abnormal | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Neutrophil count decreased | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 1 | 0 | 2 |
| Oxygen saturation decreased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Platelet count decreased | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 3 | 0 | 1 |
| Serum ferritin increased | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 1 | 0 |
| Weight decreased | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 2 | 1 | 0 |
| Weight increased | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| White blood cell count decreased | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 2 | 0 | 0 |
| Injury, poisoning and procedural complications | | | |

| | | | |
|-------------------------------------------------------------------------------|----------------------|---------------------|----------------------|
| Head injury subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Infusion related reaction subjects affected / exposed occurrences (all) | 5 / 6 (83.33%) 10 | 4 / 7 (57.14%) 4 | 3 / 12 (25.00%) 3 |
| Cardiac disorders | | | |
| Sinus bradycardia subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Sinus tachycardia subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Ventricular tachycardia subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Nervous system disorders | | | |
| Encephalopathy subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Facial paralysis subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Headache subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 4 / 12 (33.33%) 4 |
| Myoclonus subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| Neurotoxicity subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 2 / 12 (16.67%) 2 |
| Paraesthesia subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Peripheral sensory neuropathy | | | |

| | | | |
|--------------------------------------------------------------------------|---------------------|---------------------|----------------------|
| subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Tension headache subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| Tremor subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Blood and lymphatic system disorders | | | |
| Anaemia subjects affected / exposed occurrences (all) | 4 / 6 (66.67%) 4 | 4 / 7 (57.14%) 4 | 6 / 12 (50.00%) 6 |
| Lymphadenopathy subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Neutropenia subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Thrombocytopenia subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 2 / 7 (28.57%) 2 | 3 / 12 (25.00%) 3 |
| Ear and labyrinth disorders | | | |
| Hypoacusis subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Eye disorders | | | |
| Visual impairment subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| Gastrointestinal disorders | | | |
| Abdominal distension subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 2 / 12 (16.67%) 2 |
| Abdominal pain subjects affected / exposed occurrences (all) | 2 / 6 (33.33%) 2 | 1 / 7 (14.29%) 1 | 2 / 12 (16.67%) 2 |
| Abdominal pain lower | | | |

| | | | |
|------------------------------------|----------------|----------------|-----------------|
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Abdominal pain upper | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 1 | 0 |
| Constipation | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Dental caries | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Diarrhoea | | | |
| subjects affected / exposed | 3 / 6 (50.00%) | 1 / 7 (14.29%) | 2 / 12 (16.67%) |
| occurrences (all) | 4 | 1 | 2 |
| Dry mouth | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Flatulence | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Gastrointestinal motility disorder | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Gastrointestinal wall thickening | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Hypoaesthesia oral | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Nausea | | | |
| subjects affected / exposed | 3 / 6 (50.00%) | 3 / 7 (42.86%) | 5 / 12 (41.67%) |
| occurrences (all) | 4 | 3 | 6 |
| Parotid gland enlargement | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Stomatitis | | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|----------------------|
| subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 2 / 12 (16.67%) 2 |
| Toothache subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Vomiting subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Hepatobiliary disorders Hepatocellular injury subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 1 / 12 (8.33%) 1 |
| Skin and subcutaneous tissue disorders Dermatitis contact subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Drug eruption subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| Erythema subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Papule subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 0 / 7 (0.00%) 0 | 1 / 12 (8.33%) 1 |
| Petechiae subjects affected / exposed occurrences (all) | 0 / 6 (0.00%) 0 | 1 / 7 (14.29%) 1 | 0 / 12 (0.00%) 0 |
| Pruritus subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 0 / 7 (0.00%) 0 | 0 / 12 (0.00%) 0 |
| Rash subjects affected / exposed occurrences (all) | 1 / 6 (16.67%) 1 | 1 / 7 (14.29%) 1 | 1 / 12 (8.33%) 1 |
| Rash follicular | | | |

| | | | |
|-------------------------------------------------|----------------|----------------|-----------------|
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Rash macular | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 2 | 1 | 0 |
| Toxic skin eruption | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Renal and urinary disorders | | | |
| Acute kidney injury | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Haematuria | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Proteinuria | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Musculoskeletal and connective tissue disorders | | | |
| Arthralgia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Arthritis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Back pain | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 1 / 7 (14.29%) | 2 / 12 (16.67%) |
| occurrences (all) | 1 | 1 | 2 |
| Bone pain | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Muscular weakness | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Musculoskeletal chest pain | | | |

| | | | |
|----------------------------------------|----------------|----------------|----------------|
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Musculoskeletal pain | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Myalgia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Infections and infestations | | | |
| Adenovirus infection | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| BK virus infection | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Cellulitis | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Cytomegalovirus infection | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Cytomegalovirus infection reactivation | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 2 / 7 (28.57%) | 0 / 12 (0.00%) |
| occurrences (all) | 2 | 2 | 0 |
| Escherichia bacteraemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Herpes simplex | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Influenza | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Lip infection | | | |

| | | | |
|--------------------------------------|----------------|----------------|-----------------|
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Metapneumovirus infection | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Oral herpes | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 2 / 12 (16.67%) |
| occurrences (all) | 1 | 0 | 3 |
| Parainfluenzae virus infection | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Tinea versicolour | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Upper respiratory tract infection | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Urinary tract infection enterococcal | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Metabolism and nutrition disorders | | | |
| Decreased appetite | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 1 | 1 |
| Fluid overload | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 2 / 12 (16.67%) |
| occurrences (all) | 0 | 0 | 2 |
| Hypercalcaemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |
| Hypermagnesaemia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 0 / 7 (0.00%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 0 | 0 |
| Hypernatraemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |

| | | | |
|-----------------------------|----------------|----------------|----------------|
| Hyperuricaemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Hypocalcaemia | | | |
| subjects affected / exposed | 1 / 6 (16.67%) | 2 / 7 (28.57%) | 0 / 12 (0.00%) |
| occurrences (all) | 1 | 2 | 0 |
| Hypokalaemia | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 2 | 0 | 1 |
| Hypomagnesaemia | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 4 | 1 | 0 |
| Hyponatraemia | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 1 / 7 (14.29%) | 0 / 12 (0.00%) |
| occurrences (all) | 0 | 1 | 0 |
| Hypophosphataemia | | | |
| subjects affected / exposed | 2 / 6 (33.33%) | 1 / 7 (14.29%) | 1 / 12 (8.33%) |
| occurrences (all) | 3 | 1 | 1 |
| Vitamin D deficiency | | | |
| subjects affected / exposed | 0 / 6 (0.00%) | 0 / 7 (0.00%) | 1 / 12 (8.33%) |
| occurrences (all) | 0 | 0 | 1 |

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18 November 2016 | <p>Amendment No. 1 applicable in all countries, mainly concerned:</p> <ul style="list-style-type: none">- Addition of information on the communication plan between Sponsor and all centres to ensure that when dose escalation or other stopping criteria were met at any site, the information was communicated to all sites immediately so that no patient received a dose that had been determined to be too toxic.- Modification of the original methodology of dose allocation into an mTPI design.- Modification of the statistical paragraph and analyses to be consistent along the protocol (response rate, duration of response, time to response, disease-specific survival and progression-free survival).- Addition of MTD to the primary objective.- Assessment of the objective response along the study (D84) was moved from the exploratory objectives to the secondary objectives; Overall response was added to the secondary objectives.- Modification of the definitions of the DLT Criteria.- Modification of the suggested lymphodepletion regimen to align with the lymphodepletion treatment suggested in the UCART19 paediatric protocol (UCART19- PALL Study).- Clarification on MRD methods of measurement: flow cytometry and/or qPCR could be used.- Modification of the adverse events definition.- Deletion of genotoxicity from the list of AESI.- Qualification of CALM study as a First-In-Human Study in adults. |
| 11 January 2017 | <p>Amendment No. 2, applicable in all countries, to implement the recommendations received before the submission of the CALM study to the regulatory authorities in United States (US). The recommendations were mainly related to patient safety. The main changes included:</p> <ul style="list-style-type: none">- Modification of the flat dosing strategy and rationale to implement a weight-banded dosing strategy in selected cohorts (2 weight-bands).- Modification of the definitions of the DLT criteria including:<ul style="list-style-type: none">* addition of any Grade ≥ 3 non-haematologic toxicity not resolving within 7 days,* down-grading of the GvHD to Grade ≥ 2 requiring oral or IV corticosteroids (> 1 mg/kg/day) and that does not resolve within 7 days,* removal of electrolyte abnormalities.- Addition of grading scale for TLS management.- Amendment of grading scale for acute GvHD to the grading of Harris.- Update on the management of safety risks and supportive care measures for CRS and neurotoxicity.- Addition of discontinuation criteria for using alemtuzumab in lymphodepletion regimen.- Addition on follow-up and management of chronic GvHD post UCART19 administration.- Surveillance/prophylaxis (viral, fungal, bacterial) was pursued for at least 1 year post UCART19 administration in patients receiving alemtuzumab.- Addition of immunogenicity assays (presence of anti-UCART19 antibodies) at D0, D28 and D84.- Modifications in the statistical paragraph, with addition of a minimum number of 3 patients to be dosed per each dose level tested in the mTPI design; addition of appendix 9.- Addition of one time point at D-7 (before the start of the lymphodepletion treatment) for UCART19 analysis by flow cytometry.- Assessment of CD52 expression on leukemic blasts (on blood/bone marrow if assessments were performed locally).- Assessment of the percentage of CD19-positive and CD19-negative leukaemia cells in bone marrow, if the assessment was performed locally. |

| | |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 02 March 2017 | <p>-Amendment No. 3, applicable in all countries to implement the requests received by the US regulatory authorities (Food and Drug Administration) after the Investigational New Drug review. The recommendations were only related to patients' safety. The main changes included:</p> <ul style="list-style-type: none"> - Implementation of a dose expansion phase. - Definition of treatment pause rules. - Modification of the definition of the DLT criterion for nervous system disorders: Grade ≥ 3 lasting more than 7 days (instead of 14 days) or Grade ≥ 4. - Removal of one exploratory objective (patients planned for allo-HSCT). - Assessment of cytokines in the frame of a CRS reaction, if performed locally. - Statistics part updated with definition of treatment pause rules, addition of a dose expansion phase with 2 different lymphodepletion regimens, deletion of exploratory criteria and determination of sample size. |
| 22 March 2018 | <p>-Amendment No. 4, applicable in all countries. One of the main objectives of this substantial amendment was to include the possibility to re-dose the patient with UCART19. The main changes included:</p> <ul style="list-style-type: none"> - Addition of a section defining criteria for an optional UCART19 re-dosing after the initial UCART19 infusion. - Extension of the study duration to 13 months and modification of the study plan (definition of treatment and follow-up periods). - Addition of a new important potential risk identified of prolonged cytopenia. - Modification of the dose of alemtuzumab in the lymphodepletion treatment. - Addition of criteria defining a patient not evaluable for DLT. - Update of the "treatments prohibited" and "treatments authorised". - Update of safety risks: CRS, neurologic toxicity and genotoxicity. - Update of the time points of disease assessment. - Update of the safety assessments during the treatment and follow-up periods, definition of a new AESI (prolonged neutropenia), addition of a mandatory neurological consultation in France during the screening period (adapted to local practices for other countries). - Update of the exploratory analyses. - Update of the statistics part: adaptation of secondary objectives and efficacy endpoints to the extended study duration of 13 months, clarifications regarding the number of patients treated in the safety expansion part, modifications of the data analysis sets. |
| 25 April 2019 | <p>-Amendment No. 6, applicable in all countries. The first main objective of this substantial amendment was to assess the FCA regimen as lymphodepleting regimen prior to UCART19 infusion in the next patients included in the CALM study. Whatever the moment the patient entered in CALM (dose-escalating part or safety dose expansion part), the use of alemtuzumab at the dose of 40 mg (8 mg/kg/day for 5 days) became mandatory for all patients.</p> <p>The main changes concerned:</p> <ul style="list-style-type: none"> - Update of study design, study plan and the safety dose expansion procedure removing the FC arm in the safety dose-expansion part. - Update of lymphodepletion regimen with possibility to increase alemtuzumab dose to 60 mg flat dose. - Modification of the total number of patients treated (from 40 patients initially to 30 patients). - Addition of the primary objective concerning the safety dose expansion part. - Removal of soluble CD52 in the exploratory endpoints. - Revision of DLT definition of nervous system disorder for UCART19. - Update of prohibited and authorized treatments. - Clarifications of the AE of special interest per study period. - Clarifications of the time frame for AE reporting. - Clarification on DSMB role at the end of the study. - Addition of checking of DSAs directed against UCART19 before any re-dosing. - Clarification on UCART19 assessment in case of neurotoxic event. |

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported