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CENTER FOR APPLIED MEDICAL RESEARCH
UNIVERSITY OF NAVARRA

Criterios de Excelencia para la Selección de Centros de Excelencia

Felipe Prosper. Clinica Universidad de Navarra

FUNDACIÓN INSTITUTO DE INVESTIGACIÓN SANITARIA DE NAVARRA_Recinto de Complejo Hospitalario de Navarra c/Irunlarrea 3 Pamplona 31008





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UNIVERSITY OF NAVARRA

Modelo de Investigación Traslacional del Servicio de Hematología y Terapia Celular

Interacción Academia-Industria

Felipe Prosper. Clinica Universidad de Navarra

FUNDACIÓN INSTITUTO DE INVESTIGACIÓN SANITARIA DE NAVARRA_Recinto de Complejo Hospitalario de Navarra c/Irunlarrea 3 Pamplona 31008





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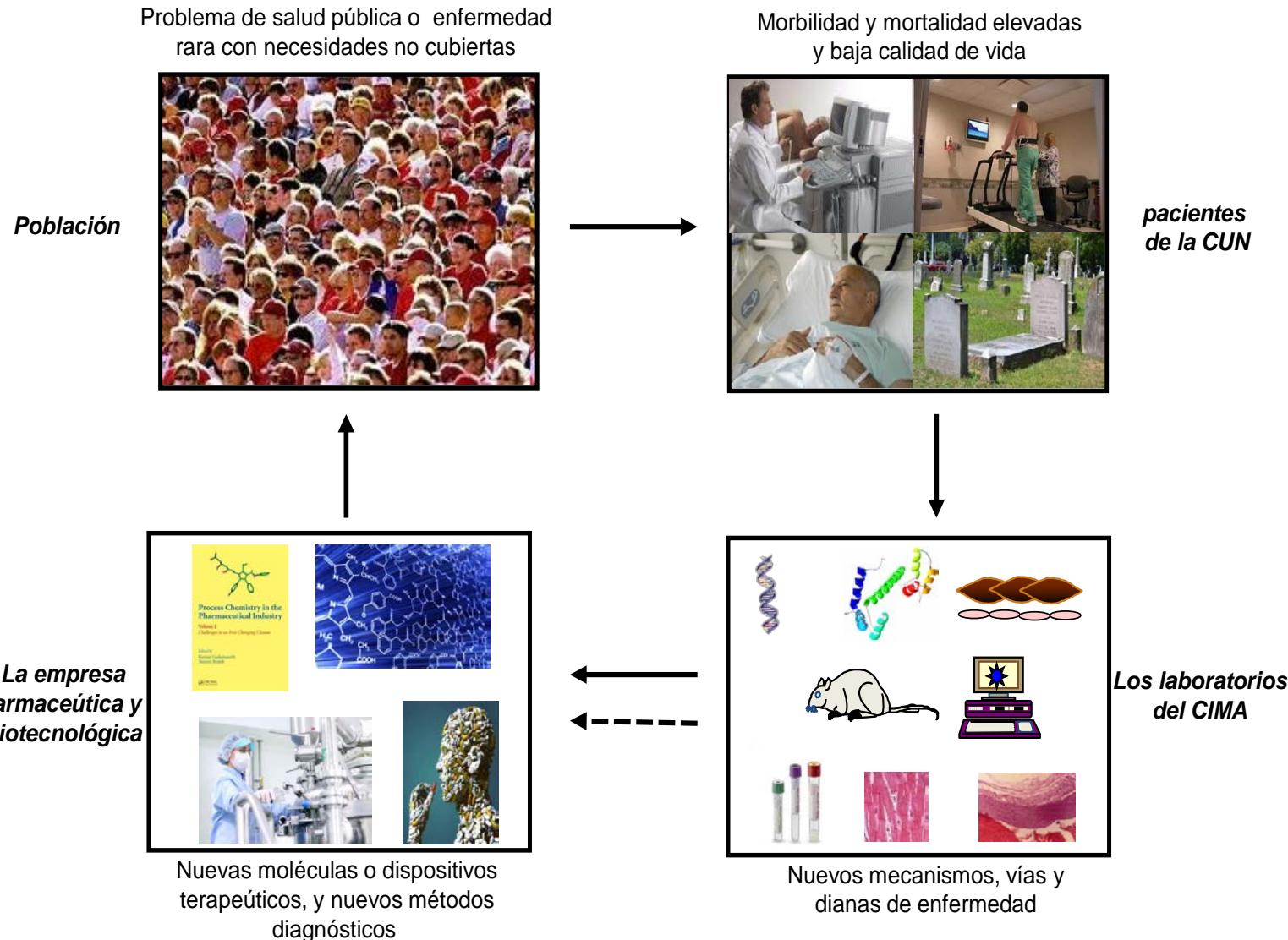
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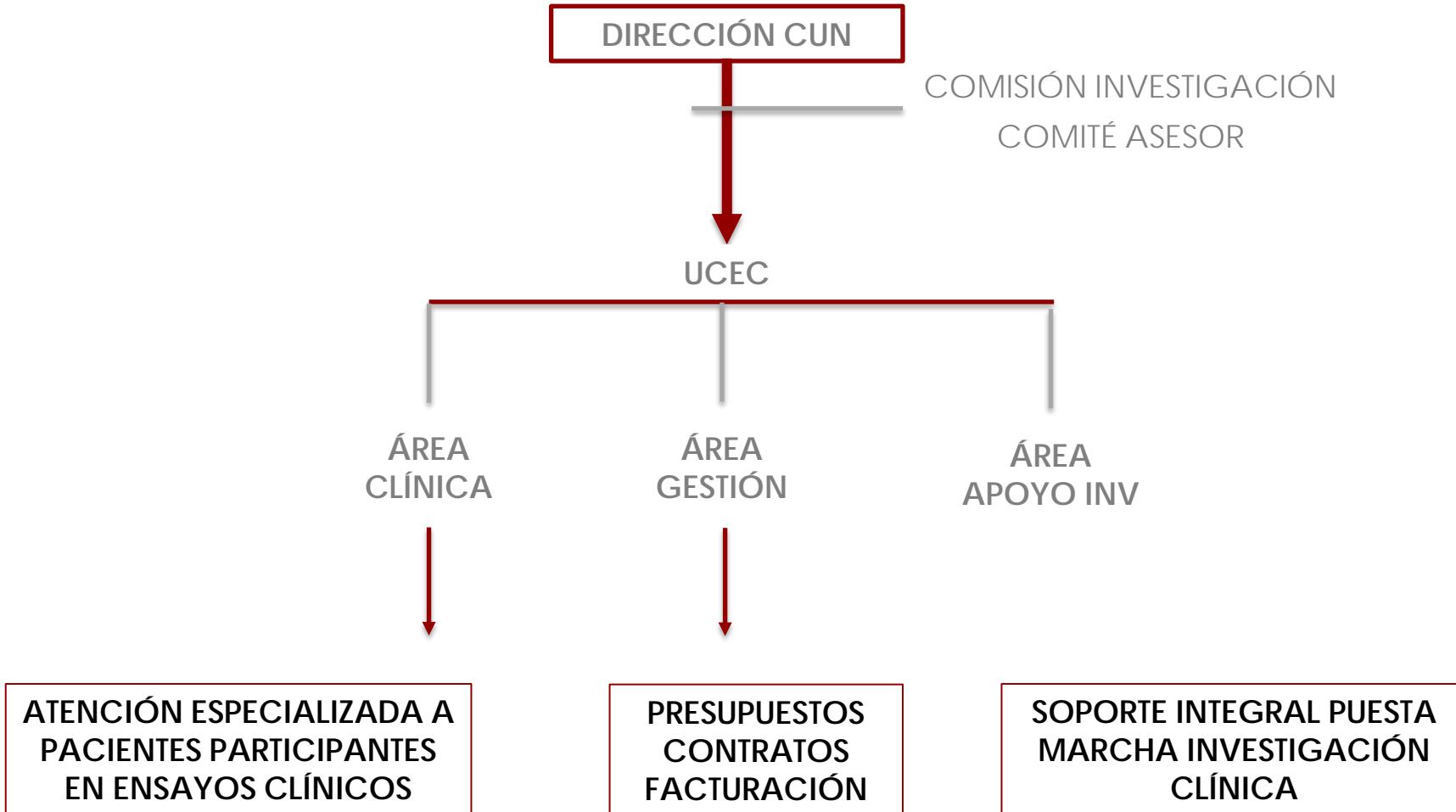
Un modelo de Investigación Traslacional



Unidad de Ensayos Clínicos



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Unidad de Ensayos Clínicos

SALA FASE I



ALMACÉN/ARCHIVO



CONSULTAS MÉDICAS



SALAS DE REUNIONES



DESPACHOS



LABORATORIO



Unidad de Ensayos Clínicos



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INVESTIGADOR

- Médico especialista en la patología investigada
- Formación y experiencia en investigación
- Atención continuada al paciente durante el estudio

ENFERMERA ENSAYOS/COORDINADOR

- Atención integral al paciente
- Seguimiento presencial y telefónico
- Formación y experiencia en investigación
- Coordinación estudio con promotor

ASISTENTE INVESTIGACIÓN

- Gestión de muestras de investigación (biopsias, muestras biológicas)
- Gestión de imágenes radiológicas

DATA-MANAGER

- Gestión de datos clínicos obtenidos durante el estudio

FARMACEUTICO

- Control exclusivo de medicamentos en investigación
- Preparación medicamentos según protocolo

Mas de 400 EECC y mas de 1800 pacientes activos



CIMA LAB DIAGNOSTICS, LABORATORIO DE DIAGNÓSTICO GENÉTICO Y FENOTÍPICO INTEGRAL DE LA CLÍNICA UNIVERSIDAD DE NAVARRA

RELLENE EL FORMULARIO Y SOLICITE UNA PRUEBA

Área de enfermedad
constitucional

C PANELES DE NGS
ENFERMEDADES
CONSTITUCIONALES

Área de tumores
sólidos

TS PANELES DE NGS
TUMORES
SÓLIDOS

Área de enfermedades
hematológicas

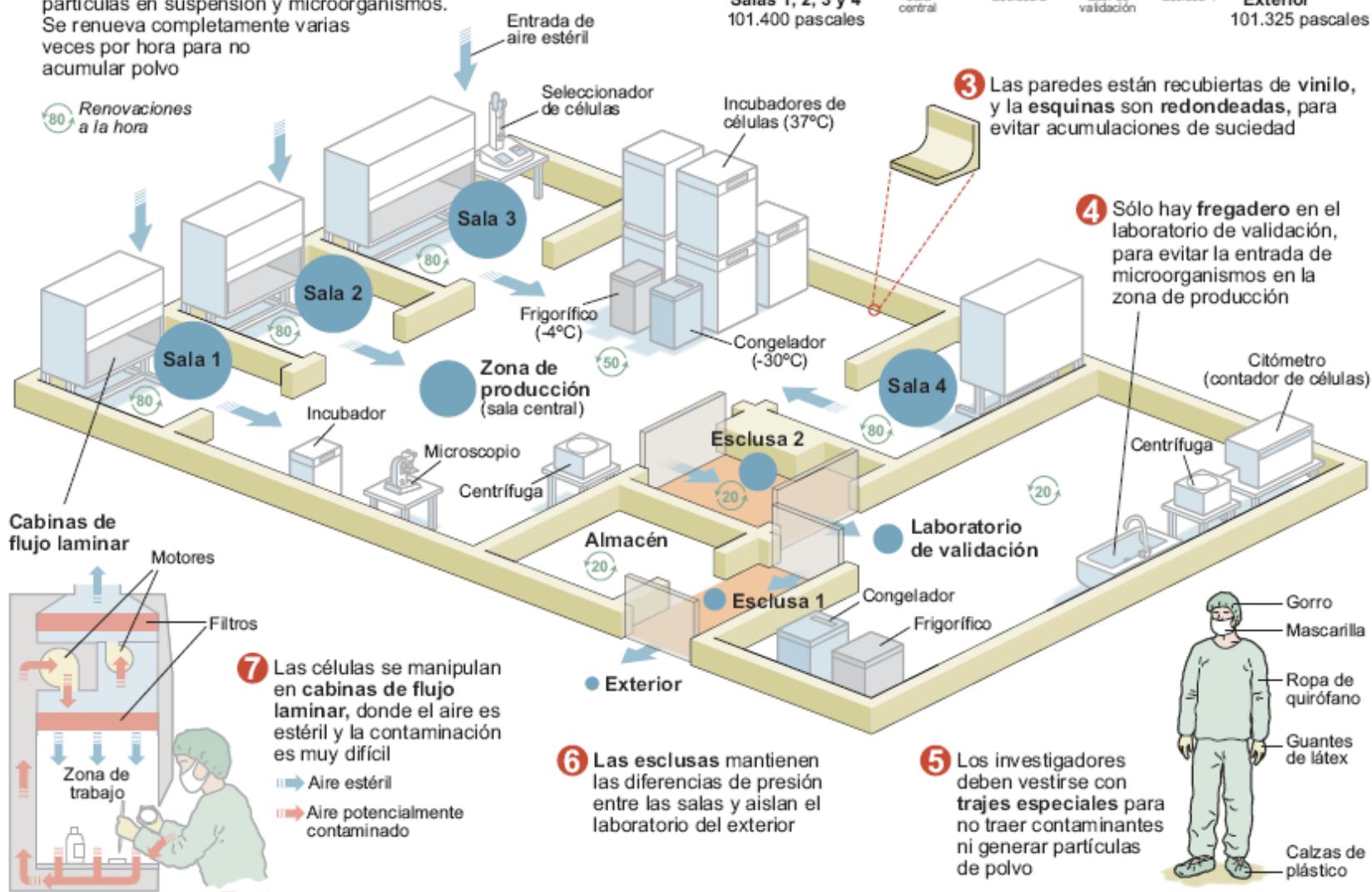
H PANELES DE NGS
ENFERMEDADES
HEMATOLÓGICAS

Citometría
de flujo



Unidades Singulares: Laboratorio GMP

- 1** El aire que entra en el laboratorio es estéril ya que ha sido filtrado para eliminar partículas en suspensión y microorganismos. Se renueva completamente varias veces por hora para no acumular polvo





Acreditaciones de Calidad: GMP, CAT, JACIE



2010

CERTIFICADO DE CUMPLIMIENTO DE NCF DE MEDICAMENTOS/
CERTIFICATE OF GMP COMPLIANCE OF A MANUFACTURER

Parte 1/Part 1

Emitido tras una inspección de acuerdo con el artículo 15 de la Directiva 2001/20/CE.
Issued following an inspection in accordance with article 15 of Directive 2001/20/EC.

La autoridad competente certifica lo siguiente:

LABORATORIO UNIDAD DE TEJI
UNIVERSITARIA
instalaciones ubicad
Pamplona, Navarra
acuerdo con el artí
incorporada en la
artículo 31, D.E. 22.

Este certificado
instalaciones de fá
efectiva la inspec
considerando que a
transcrito en la acta
inspección. Pasado
con la autoridad
certificada.

La autenticidad d
verificada con la aut

2013

CERTIFICADO DE CUMPLIMIENTO DE NCF¹² /
CERTIFICATE OF GMP COMPLIANCE OF A MANUFACTURER¹²

Parte 1 / Part 1

Emitido en virtud de una inspección según artículo 15 de la Directiva 2001/20/CE. / Issued following an inspection in accordance with article 15 of Directive 2001/20/EC.

La autoridad competente de España certifica lo The competent authority of Spain confirms the following:

El fabricante CLINICA UNIVERSIDAD DE NAVARRA.

The manufacturer CLINICA UNIVERSIDAD DE



2017

CERTIFICADO DE CUMPLIMIENTO DE NCF /
CERTIFICATE OF GMP COMPLIANCE OF A MANUFACTURER

Parte 1 / Part 1

Emitido en virtud de una inspección según artículo 15 de la Directiva 2001/20/CE. / Issued following an inspection in accordance with article 15 of Directive 2001/20/EC.

La autoridad competente de España certifica lo The competent authority of Spain confirms the following:

El fabricante CLINICA UNIVERSIDAD DE NAVARRA.

The manufacturer CLINICA UNIVERSIDAD DE

LABORATORIO DE TERAPIA CELULAR en su planta

ubicada en Avda. Pío XII, 36, Pamplona, 31008 Navarra

España ha sido inspeccionado de acuerdo con artículo

13 de la Directiva 2001/20/CE, incorporado en la

siguiente legislación: Real Decreto 824/2010, de 25 de

Junio y artículo 63, Real Decreto Legislativo 12/2015, de 24 de Julio y artículo 31, Royal Decree Legislative

2/2015, de 24 de Julio y artículo 31, Royal Decree 223/2004, de 6 de febrero.

En base a la información obtenida en las visitas de inspección a este fabricante, la última de ellas realizada el 14/06/2017, se considera que el mismo cumple con los principios y directrices de las Normas de Correcta Fabricación establecidas en Directiva 2003/94/CE.

Este certificado refleja la situación de la planta de fabricación en la fecha en que se efectúa la inspección antes citada, y no puede considerarse que acredite el cumplimiento si han transcurrido más de tres años desde esa fecha de inspección. Sin embargo, este período de validez podrá verse reducido o ampliado mediante el empleo de la herramienta de análisis de riesgos y su inclusión en el correspondiente campo de Restricciones y Aclaraciones.

Este certificado es válido sólo cuando se presente con todas las páginas y las Partes 1 y 2.

Certificado N° / Certificate No: ES/127/17

CERTIFICADO DE CUMPLIMIENTO DE NCF /
CERTIFICATE OF GMP COMPLIANCE OF A MANUFACTURER

Parte 1 / Part 1

Emitido en virtud de una inspección según artículo 15 de la Directiva 2001/20/CE. / Issued following an inspection in accordance with article 15 of Directive 2001/20/EC.

La autoridad competente de España certifica lo The competent authority of Spain confirms the following:

El fabricante CLINICA UNIVERSIDAD DE NAVARRA.

The manufacturer CLINICA UNIVERSIDAD DE

LABORATORIO DE TERAPIA CELULAR en su planta

ubicada en Avda. Pío XII, 36, Pamplona, 31008 Navarra

España ha sido inspeccionado de acuerdo con artículo

13 de la Directiva 2001/20/CE, incorporado en la

siguiente legislación: Royal Decree 824/2010, of 25 June

and article 63, Royal Legislative Decree 12/2015, of 24th of July and article 31, Royal Decree 223/2004, of 6th February.

From the knowledge gained during inspection of this manufacturer, the latest of which was conducted on 14/06/2017, it is considered that it complies with the principles and guidelines of Good Manufacturing Practice laid down in Directive 2003/94/EC.

This certificate reflects the status of the manufacturing site at the time of the inspection noted above and should not be relied upon to reflect the compliance status if more than three years have elapsed since the date of that inspection. However, this period of validity may be reduced or extended using regulatory risk management principles by an entry in the Restrictions or Clarifying remarks field.

This certificate is valid only when presented with all pages and both Parts 1 and 2.

- Mioblastos diferenciados autólogos de músculo esquelético expandidos
- Células Mesenquimales troncales autólogas de médula ósea expandidas
- Células Mesenquimales troncales alopérgicas de médula ósea expandidas
- Células Mesenquimales troncales autólogas de tejido adiposo expandidas
- Células Mesenquimales troncales alopérgicas de tejido adiposo expandidas
- Células dendríticas diferenciadas autólogas de sangre periférica no expandidas derivadas de monocitos y pulsadas con lisado tumoral.
- Melanocitos diferenciados adultos autólogos de piel expandidos
- Células limfáticas troncales adultas autólogas de limbo esclerocorneal expandidas
- Células limfáticas troncales adultas alopérgicas de limbo esclerocorneal expandidas
- Linfocitos diferenciados adultos infiltrantes de tumor autólogos expandidos.
- Células linfoides diferenciadas adultas autólogas de sangre periférica expandidas estimuladas por citoquinas.
- Células mononucleares adultas autólogas de médula ósea no expandidas.
- Colirio de extracto de membrana amniótica.
- Células dendríticas tolerogénicas adultas autólogas diferenciadas de monocitos de sangre periférica, no expandidas pulsadas con péptidos.

Productos de Terapia Génica 2011



Certificado N° / Certificate No: ES/079/11

CERTIFICADO DE CUMPLIMIENTO DE NCF /
CERTIFICATE OF GMP COMPLIANCE OF A MANUFACTURER

Parte 1 / Part 1

Emitido en virtud de una inspección según artículo 15 de la Directiva 2001/20/CE.

Issued following an inspection in accordance with article 15 of Directive 2001/20/EC.

La autoridad competente de España certifica lo The competent authority of Spain confirms the following:

El fabricante LABORATORIO DE TERAPIA CELULAR

en su planta ubicada en Avda. Pío XII, 36, Pamplona

31008 (Navarra) España ha sido inspeccionado de acuerdo con: artículo 13 de la Directiva 2001/20/CE

incorporado en la siguiente legislación nacional: artículo 31,

Royal Decreto 223/2004, de 6 de febrero.

En base a la información obtenida en las visitas de inspección a este fabricante, la última de ellas realizada el 16/06/2011, se considera que el mismo cumple con los principios y directrices de las Normas de Correcta Fabricación establecidas en: Directiva 2003/94/CE.

Este certificado refleja la situación de la planta de fabricación en la fecha en que se efectúa la inspección antes citada, y no puede considerarse que acredite el cumplimiento a partir del 16/06/2014. La fecha de validez, deberá consultarse con la autoridad emisora sobre la validez del certificado.

Este certificado es válido sólo cuando se presente con todas las páginas y las Partes 1 y 2. La autenticidad de este certificado puede ser verificada con la autoridad emisora.

This certificate is valid only when presented with all pages and both Parts 1 and 2. The authenticity of this certificate may be verified with the issuing authority.

Ensayos Clínicos de Terapias Avanzadas



Código	EudraCT	PEI	Nº pacientes
CSM/EICH2005	2005-003674-14	06-076	18
Mio/Reg/perc	2006-000679-14	06-014	36
Mio/Reg/quirur	2006-000955-17	06-014	-
CD-2007-01	2006-005238-19	09-033	31
CD133/isquemiaDM	2008-000693-20	08-068	8
CD-2009-01	2008-007795-23	09-033	26
DEND/GM	2009-009879-35	09-033	27
CSM/CROH	2009-009880-71	09-034	15
EPC/CIRR	2009-014278-16	10-012	12
CMM-EM	2009-016442-74	10-037	16
DEND/CM	2009-017402-36	09-033	22
CMM/ART	2009-017624-72	10-148/10-149	30
LEA/VIT	2009-017757-36	10-067/10-068	30
LFNK	2009-017829-19	10-069	23
CSM-EICH-2010	2010-020947-11	06-076	25
CD-2010-01	2010-023139-40	09-033	17
CD-AdNS3	2010-024043-32	10-132	6
CELLTRIMS	2010-024081-21	10-037	10
CDCC/2010	2010-024118-73	09-033	7
CMM-PRGF-ART	2011-006036-23	10-148/10-149	60
CMM-FPI	2011-006240-75	10-148/10-149	18
EMAOS	2011-006287-50	14-130	10
LIVER Advance	2012-003900-11	14-094	16
FISPAC	2012-001178-28	09-034	58
DENDTIA	2013-003632-71	09-33	6
MSC/EICH2014	2014-005533-22	15-103	11
TOLERVIT-MS	2015-003541-26	15-181	3

Clinical research
Autologous intramyocardial injection of cultured skeletal muscle-derived stem cells in patients with non-acute myocardial infarction

Citation: Molecular Therapy — Methods & Clinical Development (2010) 2, 15006; doi:10.1038/mtd.2015.6
© 2015 The American Society of Gene & Cell Therapy. All rights reserved 0239-0509/15



RESEARCH ARTICLE
Randomized Placebo-Controlled Phase II Trial of Autologous Mesenchymal Stem Cells in Multiple Sclerosis

Brief Report
Mesenchymal stem cells expanded *in vitro* with human serum for the treatment of acute and chronic graft-versus-host disease: results of a phase I/II clinical trial

Lane-Demner et al. J Clin Med 2018; 1:2396
DOI:10.3390/jcm70202396
Journal of
Translational Medicine
RESEARCH Open Access
Intra-articular injection of two different doses of autologous bone marrow mesenchymal stem cells versus hyaluronic acid in the treatment of knee osteoarthritis: multicenter randomized controlled clinical trial (phase I/II)

Efficacy of Autologous Melanocyte Transplantation on Amniotic Membrane in Patients With Stable Leukoderma: A Randomized Clinical Trial
Corneal neovascularization after stem cell therapy

Quantification of corneal neovascularization after *ex vivo* limbal epithelial stem cell therapy
Clinical Research

Pilot Clinical Trial of Type 1 Dendritic Cells Loaded with Autologous Tumor Lysates Combined with GM-CSF, PEGylated IFN, and Cyclophosphamide for Metastatic Cancer Patients

Online Submission: <http://www.wsgnet.com/ejs/>
wsgnet@wsgnet.com
doi:10.5306/ejs.v3i11.142

World J Clin Oncol 2012 November 3(11): 142-149
ISSN 2218-4333 (online)
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ORIGINAL ARTICLE
Dendritic cell vaccination in glioblastoma after fluorescence-guided resection

Inoguchi et al. J Transl Med (2017) 15:194
DOI 10.1186/s12967-017-1202-z
Journal of
Translational Medicine
RESEARCH Open Access
A phase II trial of autologous dendritic cell vaccination and radiochemotherapy following fluorescence-guided surgery in newly diagnosed glioblastoma patients

Phase 1–2 pilot clinical trial in patients with decompensated liver cirrhosis treated with bone marrow-derived endothelial progenitor cells
Translational Research
Volume 188

Unidades Singulares: Unidad PET-Ciclotron

Synthesis modules



Cyclotron



Hot pet laboratory

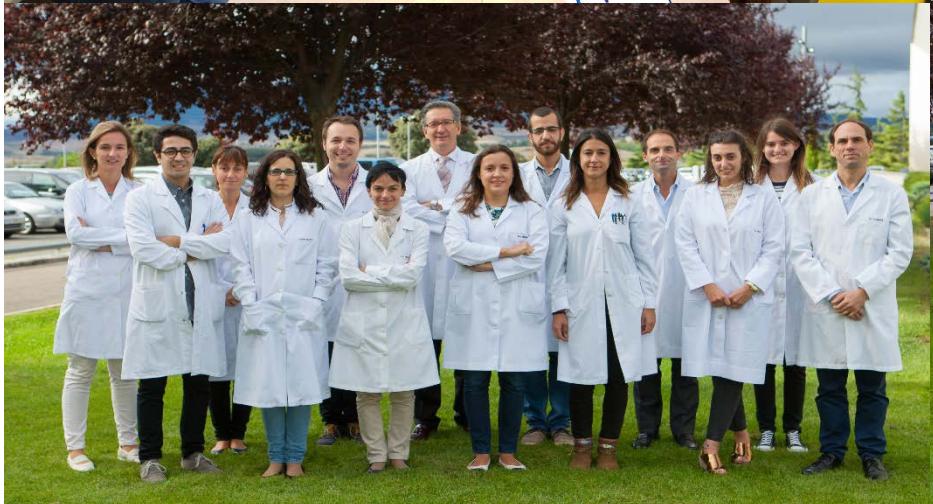
Unidades Singulares: Quirófano Experimental



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Las Personas y los Equipos



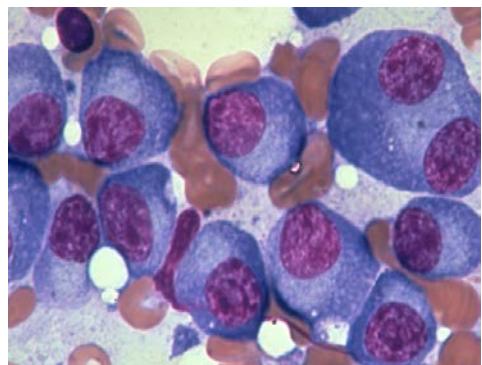
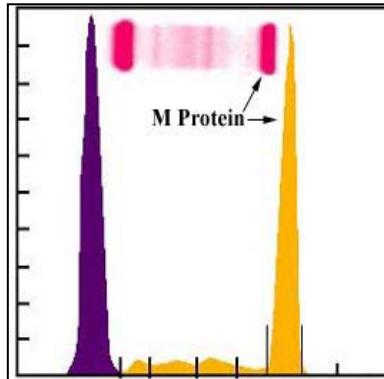
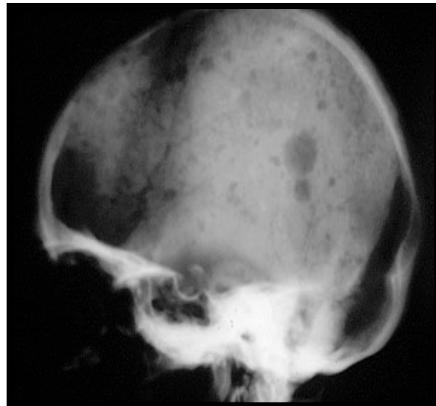
Estudios de monitorización, biomarcadores e identificación de dianas



El modelo de Mieloma Múltiple



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- **Second most common hematological malignancy**
 - Incidence: 4/100.000 persons/year
 - Prevalence: 60.000 patients (Europe)
 - Incidence increases with age: *80% of patients > 60 years rare in < 35 yo*)
- **Clinical Course: Remitting and Relapsing disease**
 - In spite of the progress in survival with novel agents eventually refractory state (incurable)
- **With current treatment**
 - 7-year survival 50% - 70%
 - Potentially cured ~ 10%

Investigación en los EECC

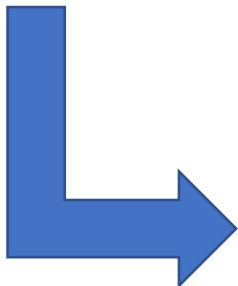


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Sample reception (5cc)

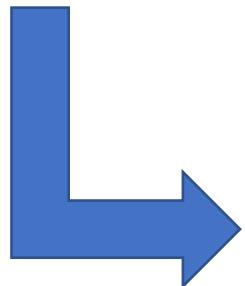
(1cc)

MRD & Immune
Monitoring

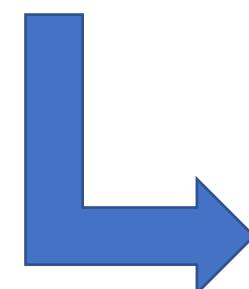
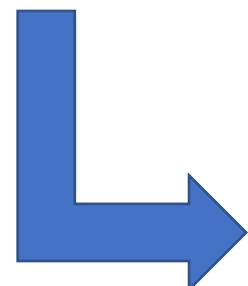


(4cc)

FACSorting



Functional / Biobanking



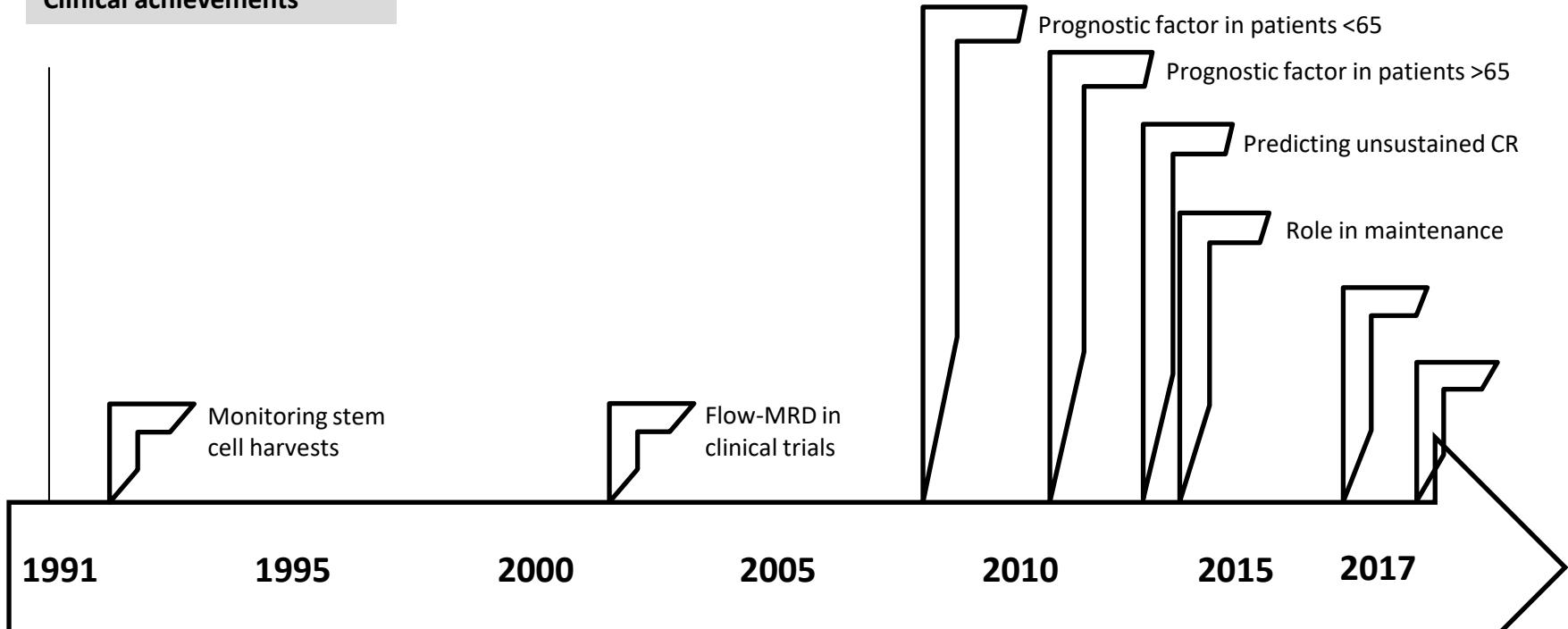
Sequencing

Minimal Residual Disease in Myeloma



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Clinical achievements

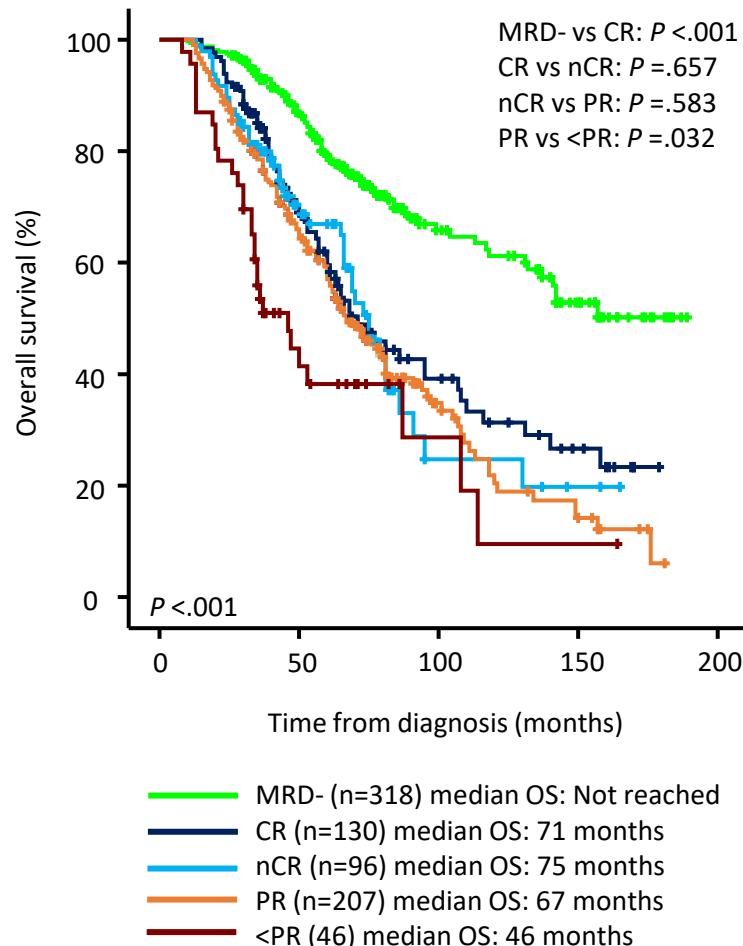
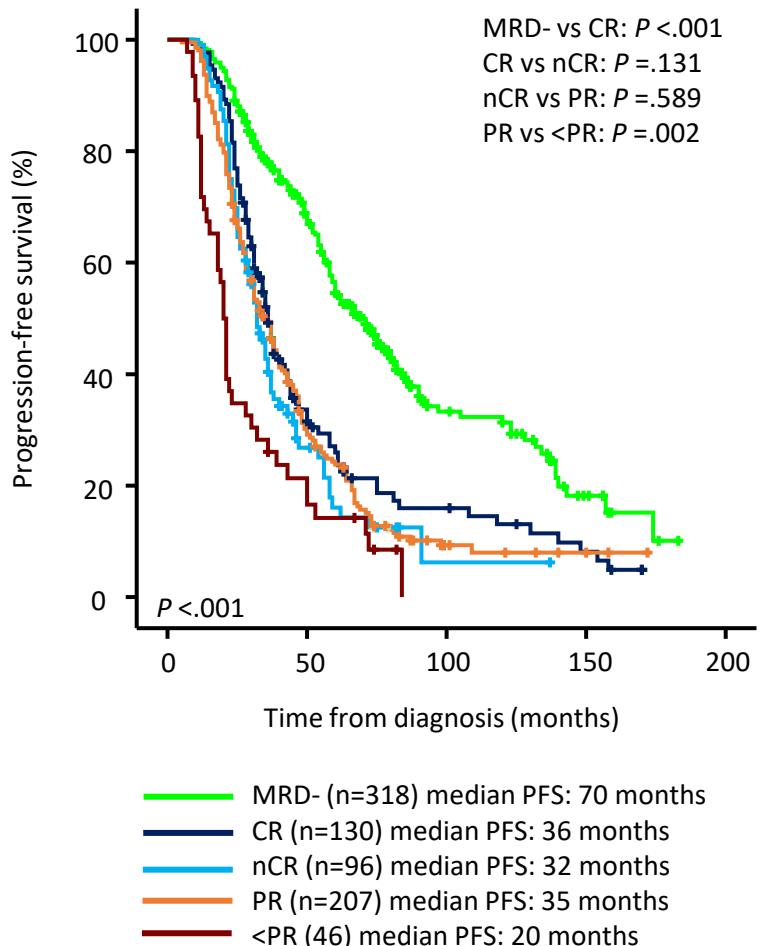


Technological developments

Minimal Residual Disease: prognostic factor



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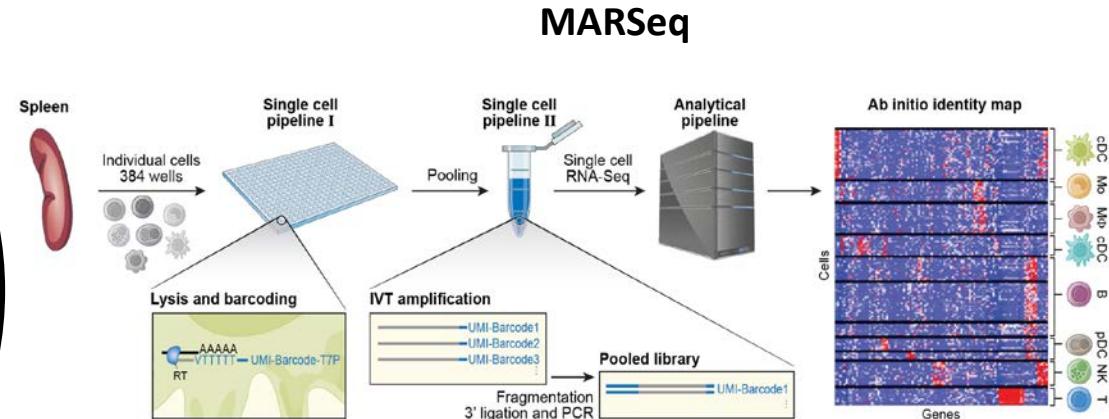
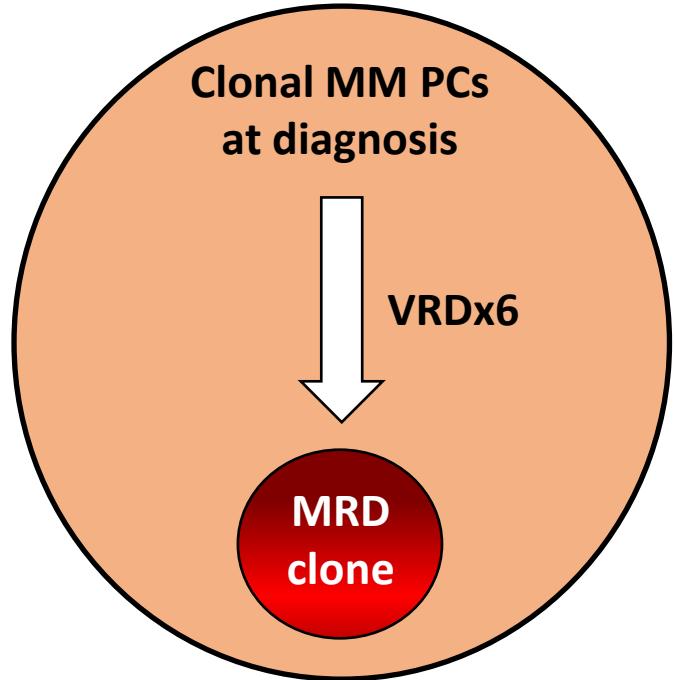


GEM2000, GEM2005MENOS65, GEM2005MAS65, GEM2010MAS65

MRD as a source for understanding resistance



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Jaitin DA, et al. Science 2014; 343(6172):776-9

Small number of sorted MRD cells
(median of 25,600)

Goicoechea I, et al. Blood 2018;132: abstract 112

Monitoring and genetic characterization of MRD cells in more than 20 clinical trials
(PETHEMA, Abbvie, Amgen, BMS, Celgene, Karyopharm, Roche, Sanofi, Takeda)

Minimal Residual Disease: new criteria for response



Response SubCategory	Response Criteria
Sustained MRD-negative	MRD negativity in the marrow (NGF or NGS, or both) and by imaging as defined below, confirmed minimum of 1 year apart . Subsequent evaluations can be used to further specify the duration of negativity (eg, MRD-negative at 5 years) [†]
Flow MRD-negative	Absence of phenotypically aberrant clonal plasma cells by NGF [‡] on bone marrow aspirates using the EuroFlow standard operation procedure for MRD detection in multiple myeloma (or validated equivalent method) with a minimum sensitivity of 1 in 10⁵ nucleated cells or higher
Sequencing MRD-negative	Absence of clonal plasma cells by NGS on bone marrow aspirate in which presence of a clone is defined as less than two identical sequencing reads obtained after DNA sequencing of bone marrow aspirates using the LymphoSIGHT platform (or validated equivalent method) with a minimum sensitivity of 1 in 10⁵ nucleated cells [§] or higher
Imaging plus MRD-negative	MRD negativity as defined by NGF or NGS plus disappearance of every area of increased tracer uptake found at baseline or a preceding PET/CT or decrease to less mediastinal blood pool SUV or decrease to less than that of surrounding normal tissue

When minimal residual disease results are reported, the assessment should be qualified by the method(s) used (flow minimal residual disease-negative or sequencing minimal residual disease-negative), and the level of sensitivity (eg, one in 10⁵ or one in 10⁶ cells).

[†]Bone marrow MFC should follow NGF guidelines; [§]DNA sequencing assay on bone marrow aspirate should use a validated assay such as LymphoSIGHT (Sequenta).

Kumar SK, et al. Lancet Oncology 2016; 17(8):e328-e346

Definition of Multiple Myeloma

Clonal bone marrow plasma cells $\geq 10\%$ or biopsy proven plasmacytoma* and

ANY ONE OR MORE OF THE FOLLOWING MYELOMA DEFINING EVENTS (MDE)

Evidence of end organ damage that can be attributed to the underlying plasma cell proliferative disorder, specifically

- Hypercalcemia: Serum calcium $>0.25 \text{ mmol/L}$ above upper limit of normal or $> 2.75 \text{ mmol/L}$
- Renal insufficiency: Creatinine Clearance $<40 \text{ ml/minute}$ or Serum creatinine $> 2 \text{ mg/dL}$
- Anemia: hemoglobin value of $>2 \text{ g/dL}$ below the lower limit of normal or $<10 \text{ g/dL}$
- Bone lesions: one or more osteolytic lesions on skeletal radiography, CT, or PET-CT

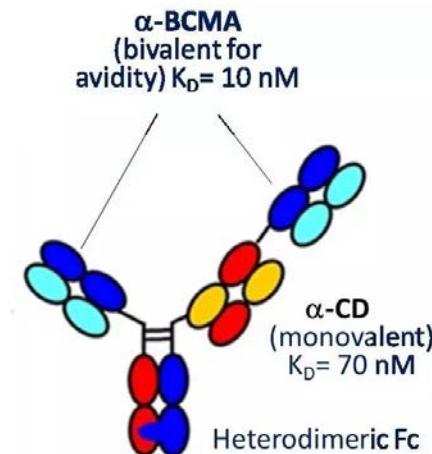
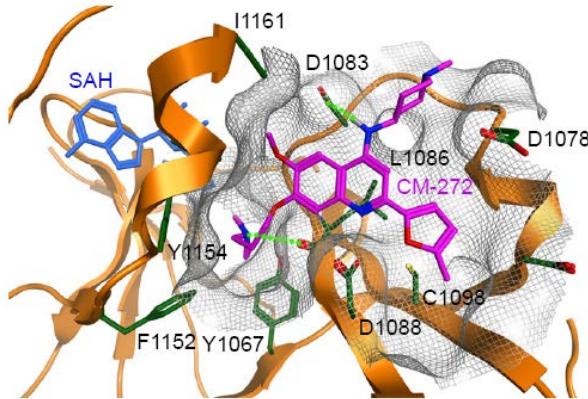
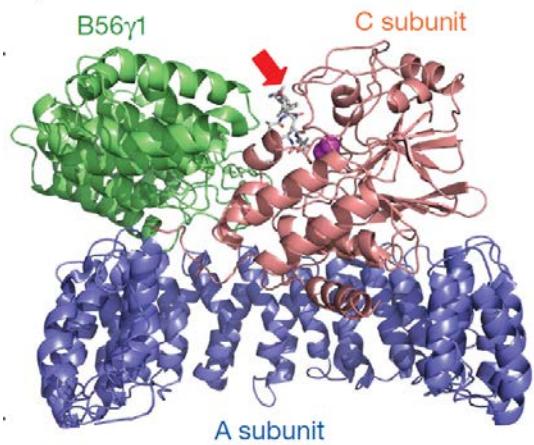
Any one or more of the following new biomarkers of malignancy (“Early MM”)

- Clonal bone marrow plasma cell percentage* $\geq 60\%$
- Involved/uninvolved serum free light chain ratio[‡] ≥ 100
- >1 focal lesions on magnetic resonance imaging studies

Desarrollo de Nuevas Moléculas



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Desarrollo de Nuevas Moléculas



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“in vitro”



“in vivo”



Efficacy

- Cell lines
- Patient's samples (ex vivo)
- In the presence of Microenvironment

Tumor volume
Survival

Toxicity

- Lymphocytes & Granulocytes in the BM

“Clinical”
Histological

MoA

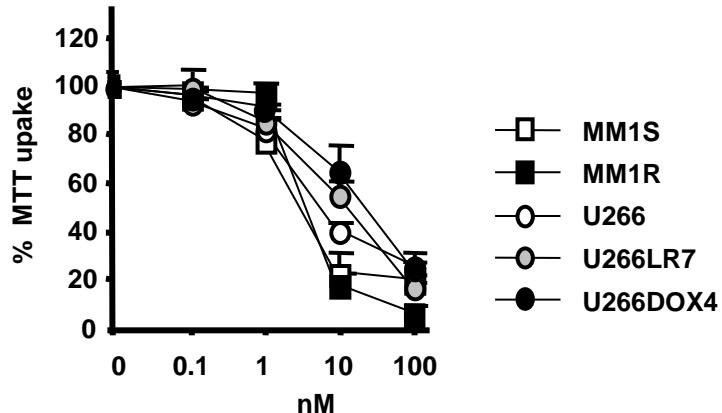
- Apoptosis
- Cell cycle
- Specific Mechanisms

Panobinostat

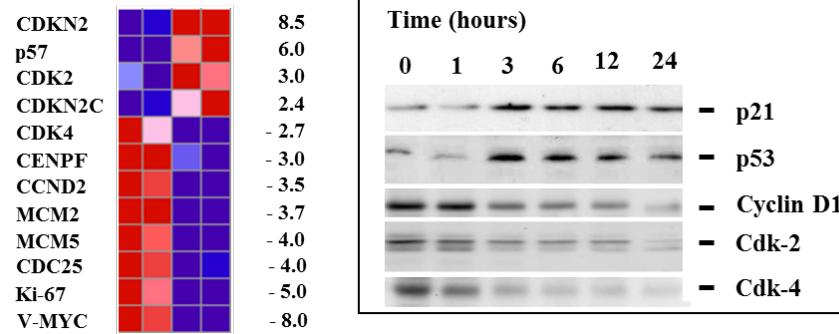


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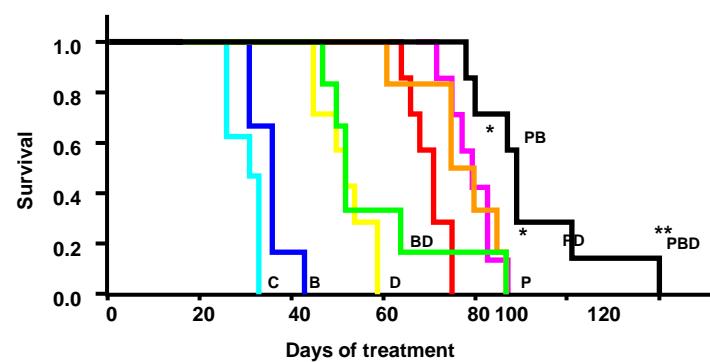
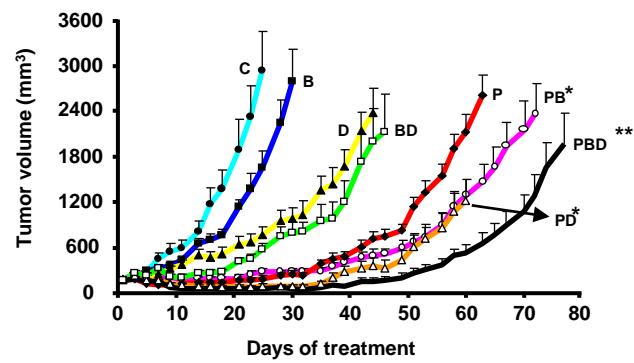
Activity and toxicity in vitro



Mechanism of Action



Activity and combinations in vivo



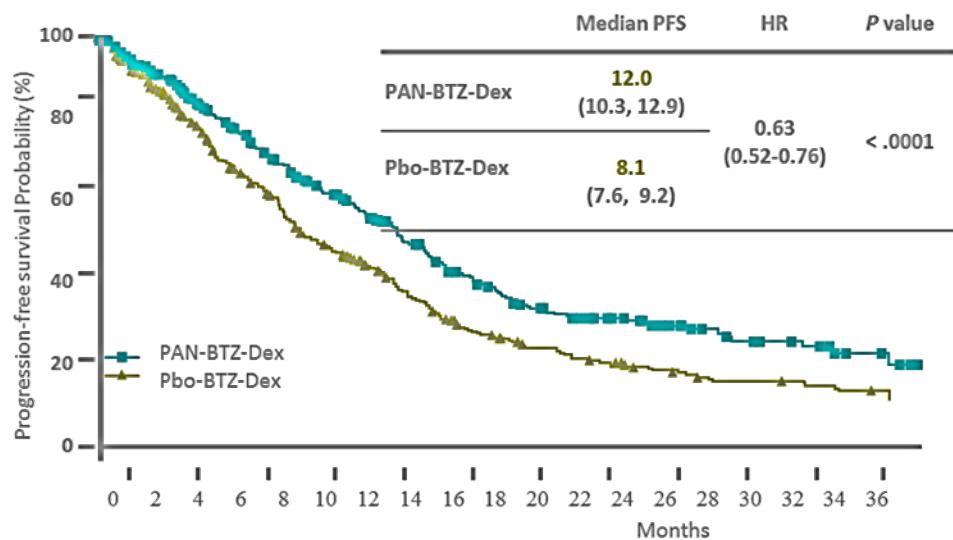
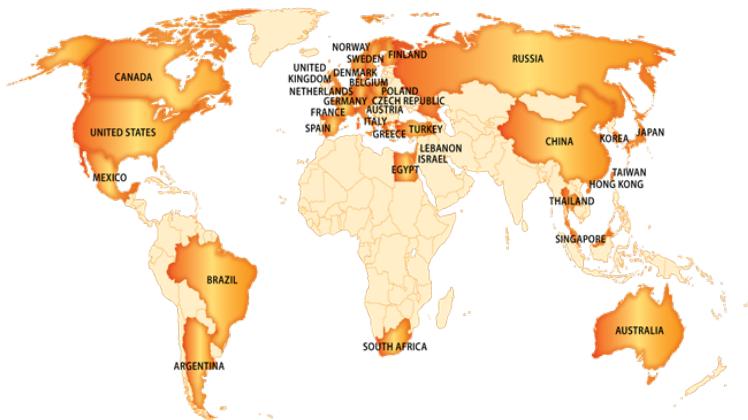
Maiso et al, Cancer Res. 2006

Panobinostat + Bortezomib + Dex in Relapsed MM PANORAMA 1 (768 patients)



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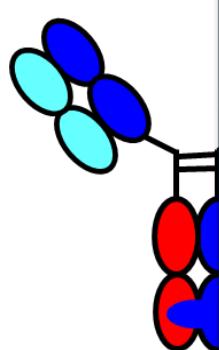
34 participating countries and 215 centers



San Miguel JF, Lancet Oncol. 2014; 15:1195-206

α -BCMA: bivalent high affinity binding

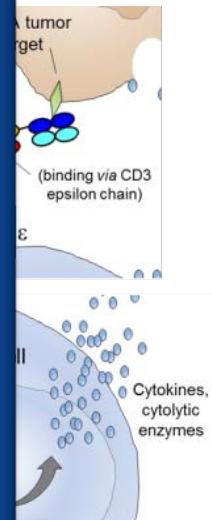
Mechanism of action of BCMA-TCB: Redirected Killing of Tumor Target Cells By Release of Cytolytic Enzymes
(Cytokines from Activated T Cells)



Study of CC-93269, a BCMA x CD3 T Cell Engaging Antibody, in Subjects With Relapsed and Refractory Multiple Myeloma

NCT03486067

- Developed by BiTEs AG, Switzerland
- Uses asymmetric heterodimeric technology developed at the University of Zurich
- Carries a heterodimeric Fc with FcR_N binding to T cells and IgG1 binding to myeloma cells
- No binding to Fc_YR on immune cells and to complement component (C1q) to minimize infusion reactions by engineering of the heterodimeric Fc with P329G, L234A and L235A mutations



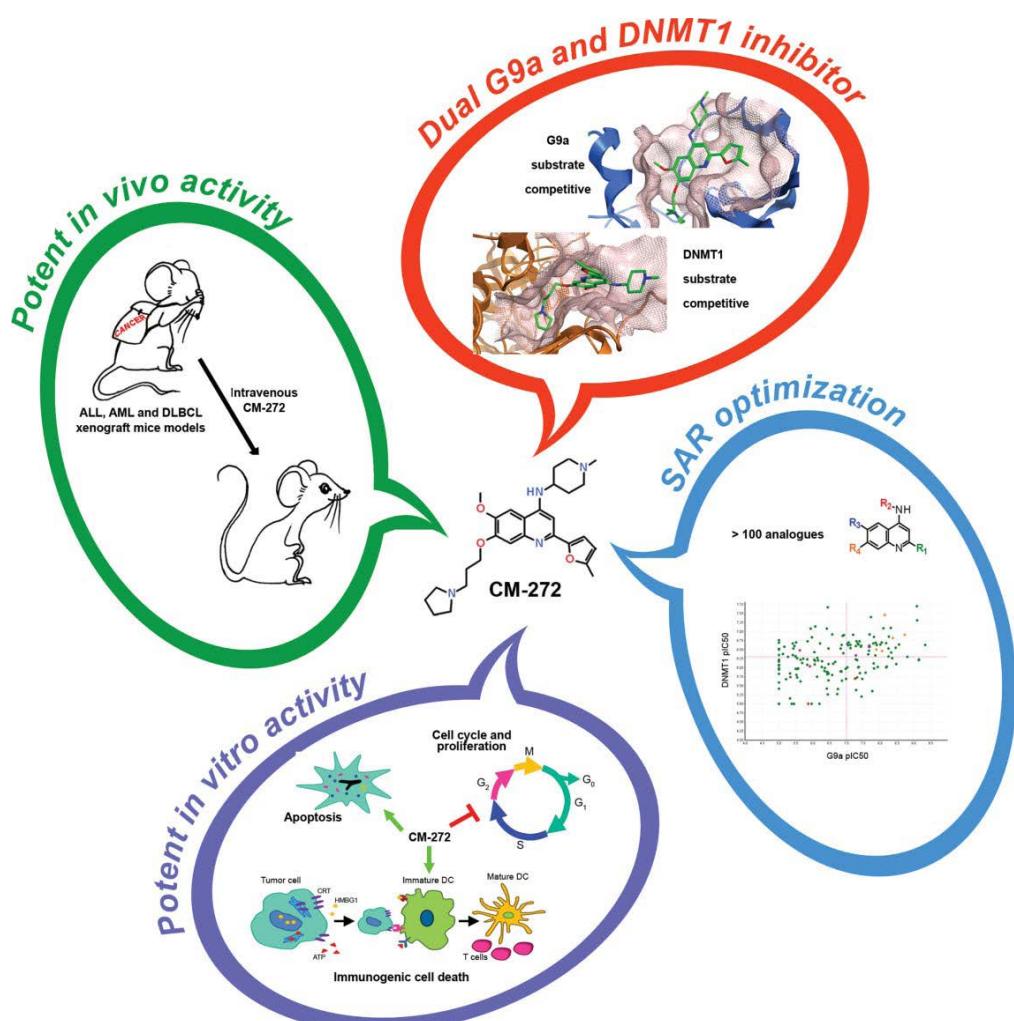
Cytokines,
cytolytic
enzymes

Cytokines,
cytolytic
enzymes

New Epigenetic Inhibitors: CM-272



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ARTICLE

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DOI: 10.1038/ncomms15424

OPEN

Discovery of first-in-class reversible dual small molecule inhibitors against G9a and DNMTs in hematological malignancies

Journal of
Medicinal
Chemistry

Cite This: J. Med. Chem. XXXX, XXXX, XXXX–XXXX

Article
pubs.acs.org/jmc

Discovery of Reversible DNA Methyltransferase and Lysine Methyltransferase G9a Inhibitors with Antitumoral in Vivo Efficacy

Journal of
Medicinal
Chemistry

Cite This: J. Med. Chem. XXXX, XXXX, XXXX–XXXX

Article
pubs.acs.org/jmc

Detailed Exploration around 4-Aminoquinolines Chemical Space to Navigate the Lysine Methyltransferase G9a and DNA Methyltransferase Biological Spaces

HEPATOLOGY

AASLD
AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASE

HEPATOLOGY, VOL. 69, NO. 2, 2019

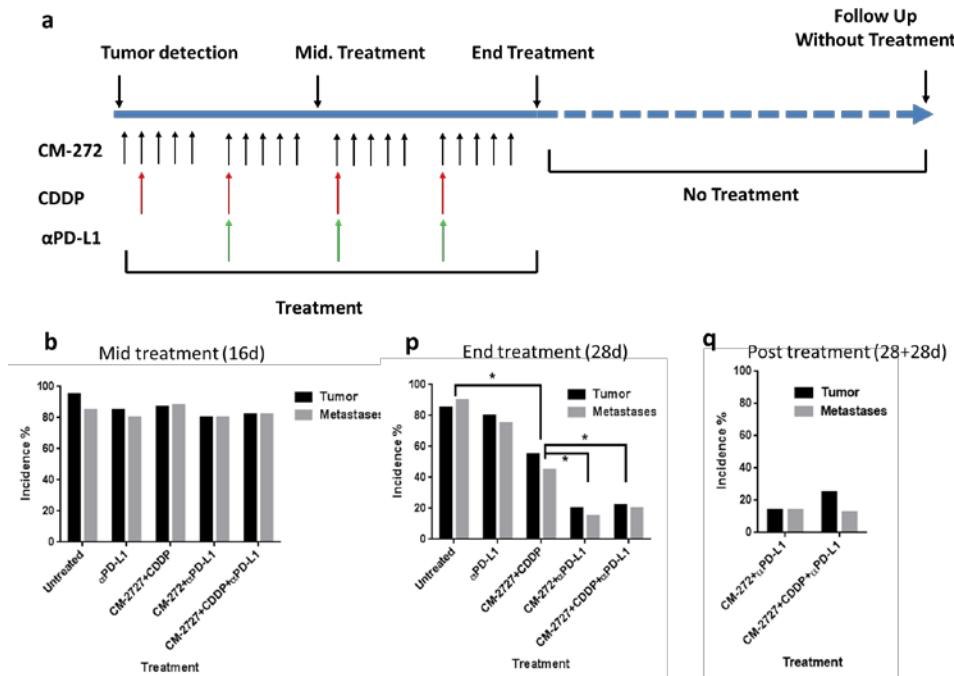
Dual Targeting of Histone Methyltransferase G9a and DNA-Methyltransferase 1 for the Treatment of Experimental Hepatocellular Carcinoma

New Epigenetic Inhibitors: CM-272 synergistic effect with immunotherapy and pro-apoptotic

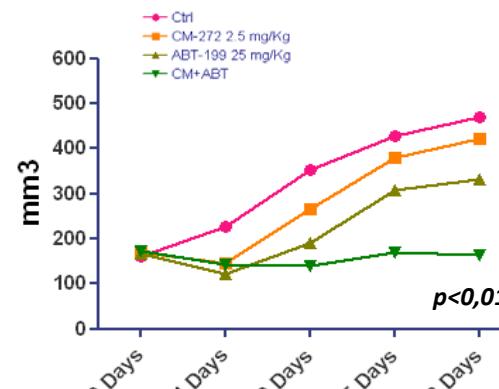


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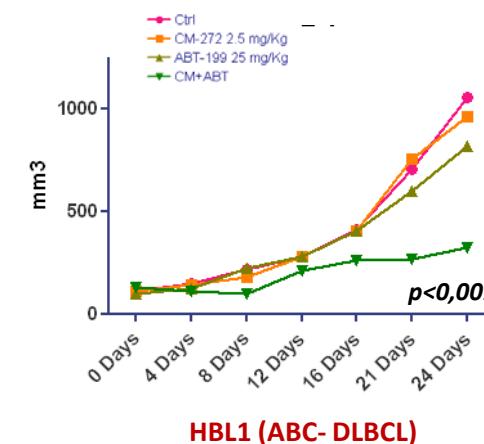
Activity in Bladder Cancer in combination with Anti-PDL-1



Activity in Hematological Tumors combined with Bcl-2 Inhibitors



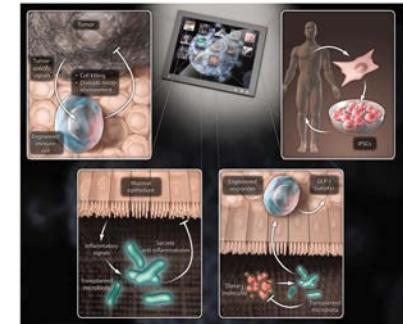
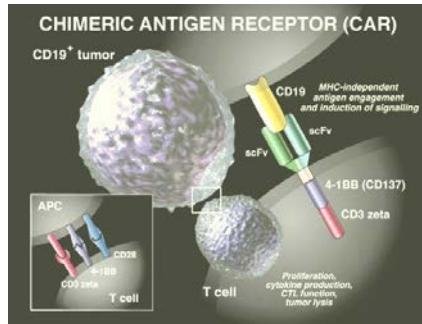
Karpas 422 (GCB-DLBCL)



Fármacos de Terapia Avanzada



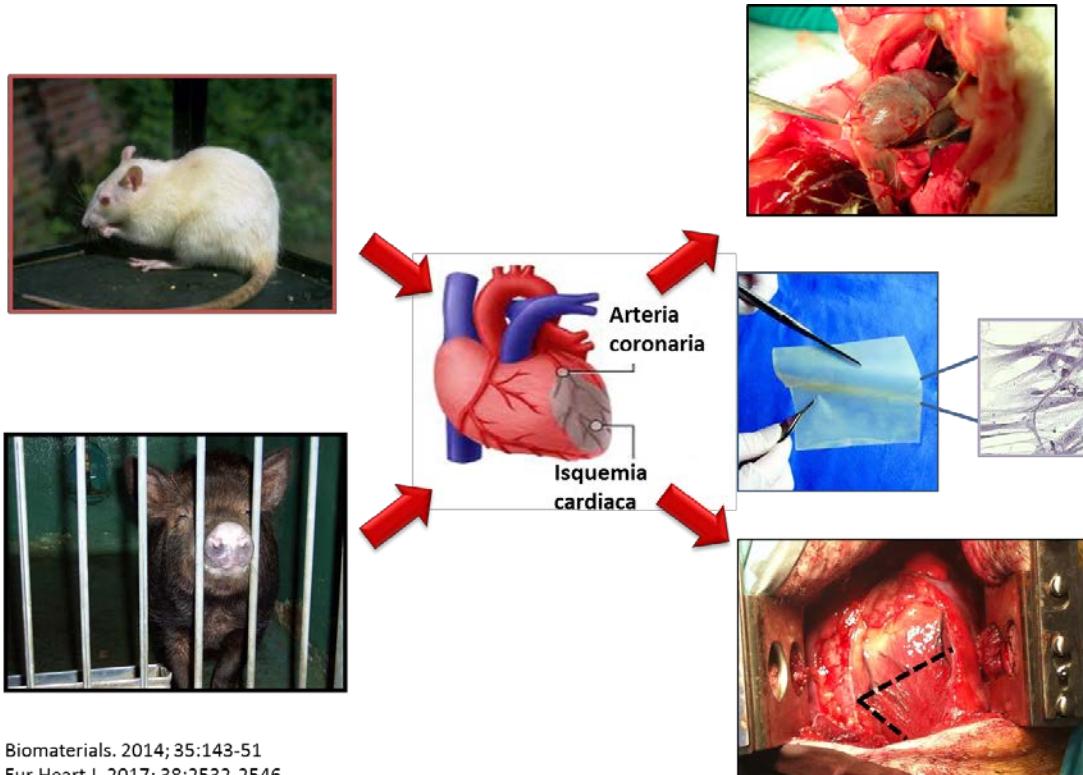
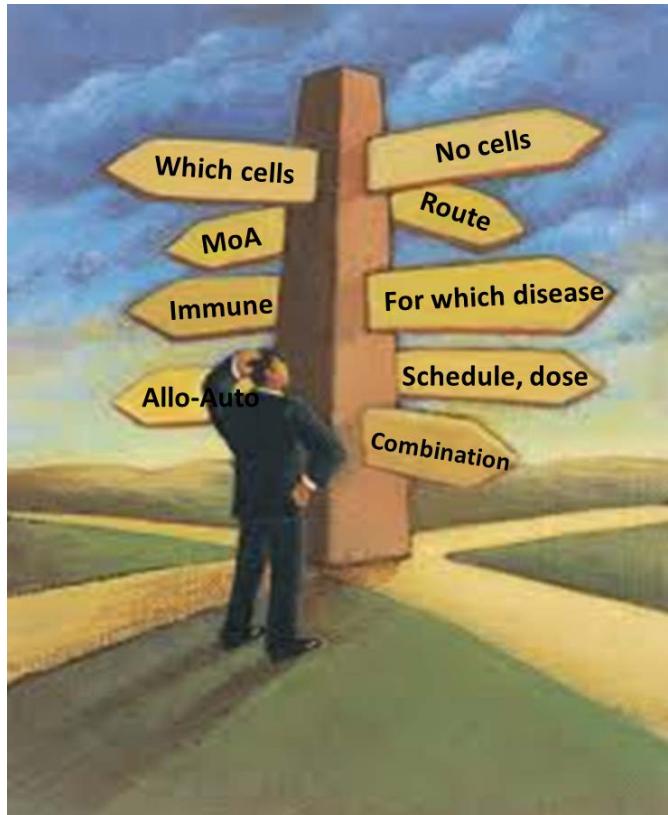
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Cardiac Repair with ATMP



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Biomaterials. 2014; 35:143-51
Eur Heart J. 2017; 38:2532-2546

Clinical Development: Industrial Process, IND and Phase I Clinical Trial

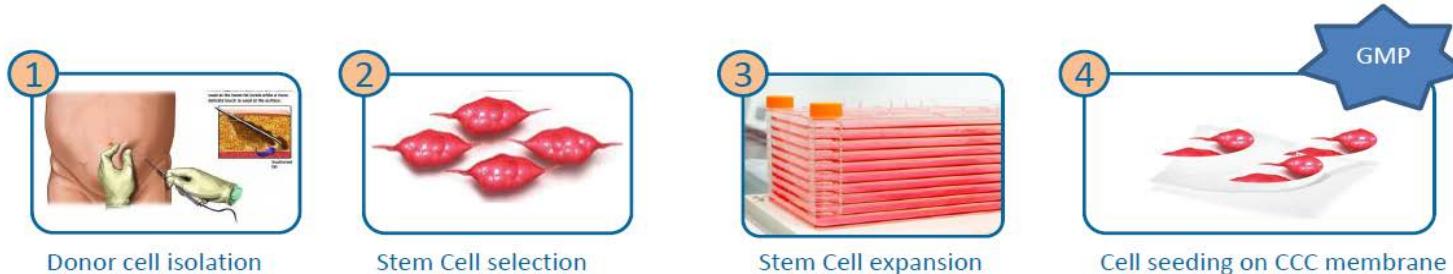


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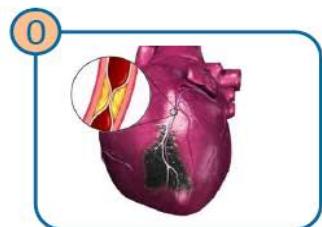
Viscofan



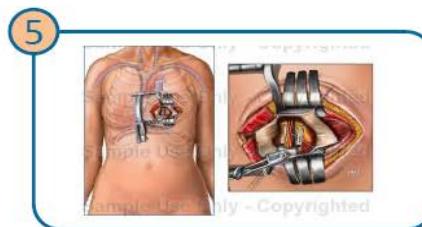
VISCOFAN
BIO ENGINEERING



Hospitals



Patient has infarct & develops dysfunction



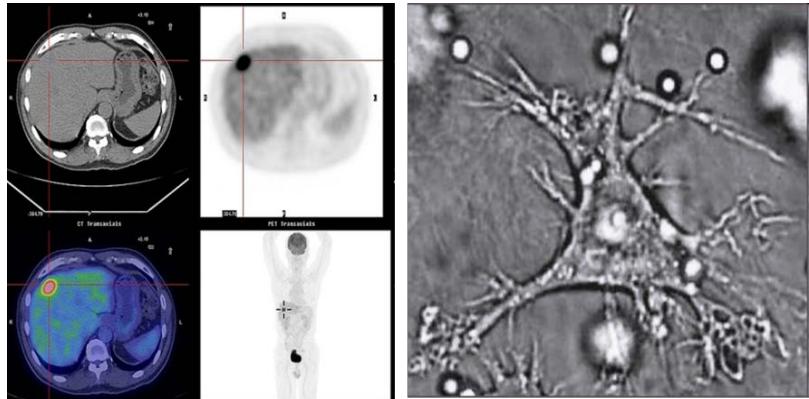
Cell seeded membrane is implanted through minithoracotomy

First-in-human, double blind, control-randomized, clinical trial to evaluate the safety and efficacy of epicardial meshes seeded with allogenic stem-cells in patients undergoing CABG

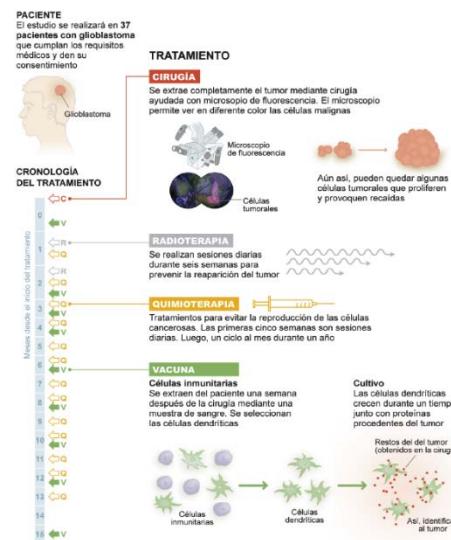
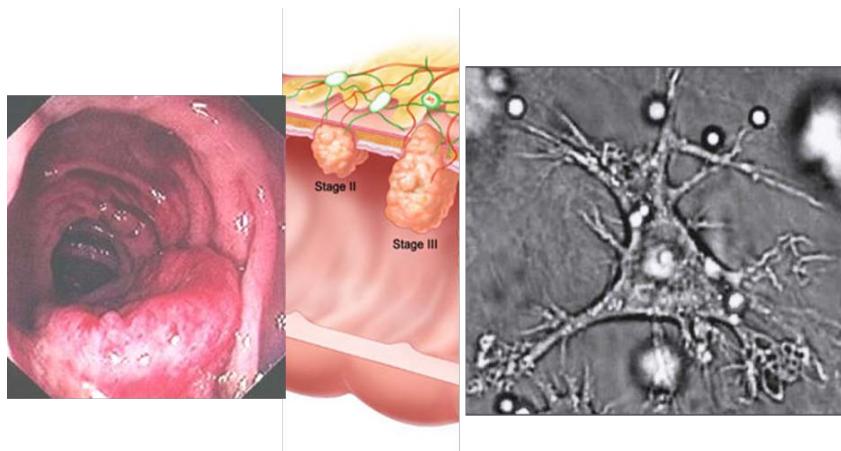
Adoptive Immunotherapy and gene therapy engineered cells: Dendritic Cell Vaccines



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Células dendríticas en pacientes con carcinoma colorrectal (metástasis, localmente avanzado)



Adoptive Immunotherapy and gene therapy engineered cells: CAR T cells (Industry)



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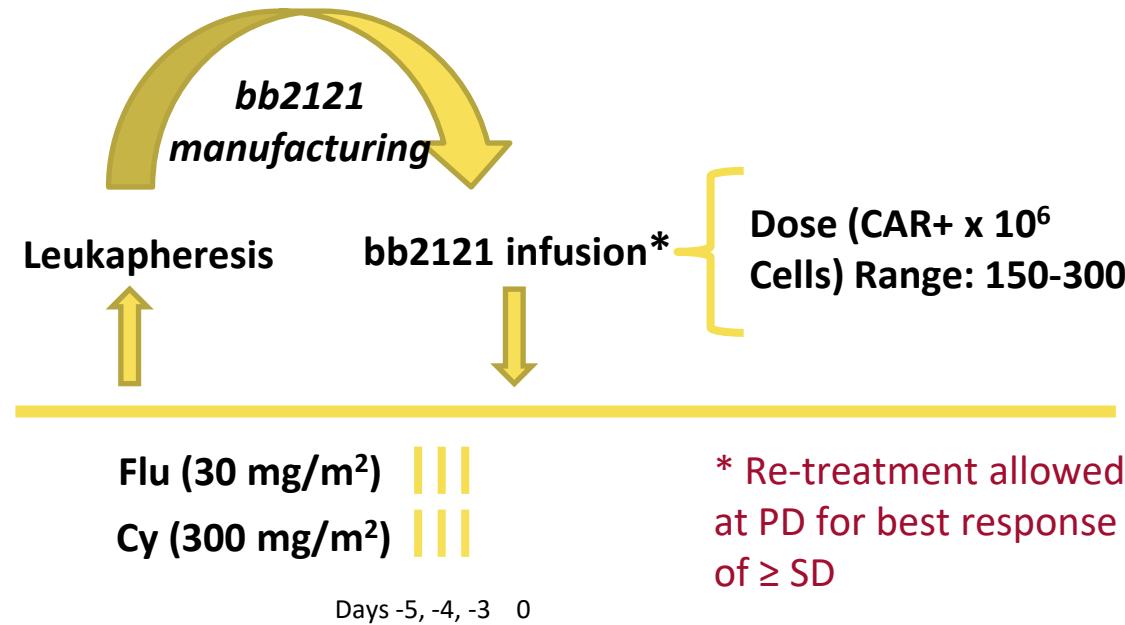


Kar T In Multiple Myeloma

RRMM:

- ≥ 3 prior treatment regimens with ≥ 2 consecutive cycles each
- received prior IMiD, PI and anti-CD38
- **refractory** (per IMWG) to last treatment regimen

BB2121-MM-001 clinical study design (Phase 2 single arm registration study (N=94)

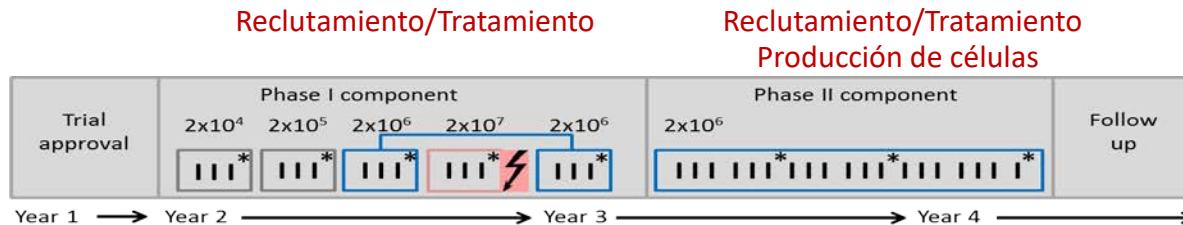
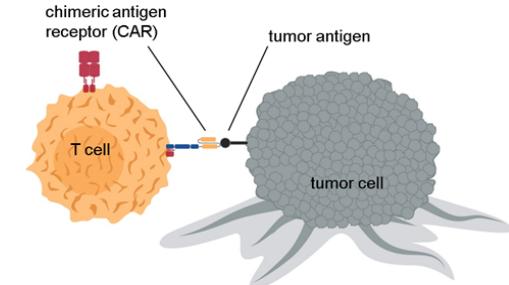
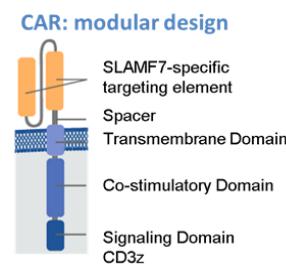


Endpoints:

- **Primary:** ORR
- **Secondary:** CR (Key Secondary), TTR, DOR, PFS, TTP, OS, Safety, bb2121 expansion and persistence, MRD (genomic and flow assays), QOL, immunogenicity, cytokines
- **Exploratory:** BCMA expression/loss, T cell immunophenotype, GEP in BM, HEOR

Adoptive Immunotherapy and gene therapy engineered cells: CAR T cells (Academic)

SLAMF7-CAR T cells prepared by Sleeping Beauty gene-transfer for immunotherapy of multiple myeloma



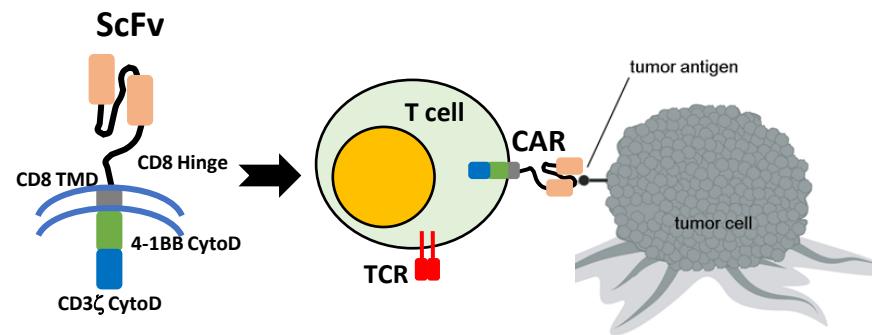
Colaboración con el Hospital Clinic de Barcelona

- Ensayo clínico multicéntrico con CAR T CD19 en pacientes con LLA
- Ensayo clínico multicéntrico con CAR T BCMA en pacientes con mieloma

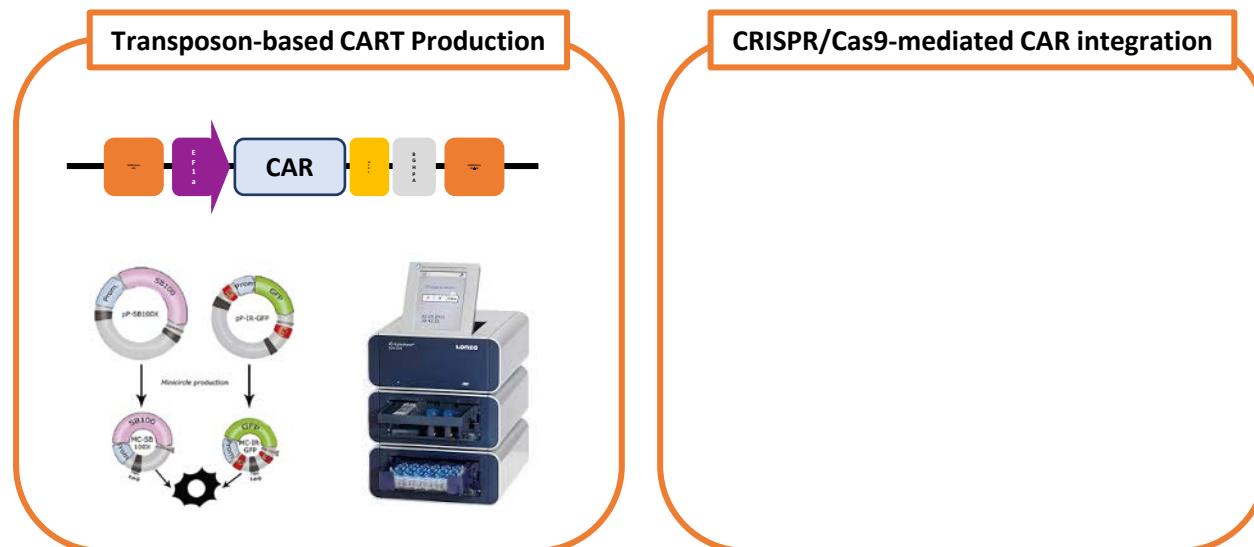
Adoptive Immunotherapy and gene therapy engineered cells: CAR T cells (Academia)



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Development of property CART cells for different hematological malignancies: CD19/CD20 for ALL and Lymphoma; CD123/CD33 for AML





Muchas Gracias