Current Clinical Program Portfolio

Feb-18

Award Number, PI, Institution	Program	Trial Stage	Indication	Therapeutic	General Disease Area	General Class of Approach	Funding (ICOC Approved)	Therapeutic Cell (for Cell Therapy)	Cell Source	Rationale	Project Goal	Percent Time Into Award
NEURO THERAPEUTICS												
Neurologic Disorders: Injuries												
SP3A-07552 Lebkowski, Asterias Biotherapeutics	Strategic Partnership III	Ph 1/2a	Spinal Cord Injury	Allogeneic oligodendrocyte progenitors	Neurologic Injury	Cell Therapy	$14,323,318	Oligodendrocyte Progenitors	Allogeneic	Up to 12,000 Americans suffer a spinal cord injury each year. Leads to a high level of permanent disability and decreased life expectancy. Currently no approved therapies.	Safety. Dosing. Efficacy - motor improvement.	
CLIN2-10344 Bates, SanBio	Clinical Trial Stage Projects	Ph 2b	Ischemic Stroke	Modified bone marrow-derived mesenchymal stem cells (MSCs)	Neurologic Injury	Cell Therapy	$19,998,580	MSC	Allogeneic	Stroke is a major cause of long-term disability and there are no proven medical treatments for chronic stroke. Intracerebral delivery of modified MSCs provides a well tolerated treament with the potential to improve motor function in these patients	Safety and efficacy compared to sham surgery - improvement in motor activity on stroke affected side.	
CLIN1-09433 Steinberg, Stanford	Late Stage Preclinical Projects	IND	Ischemic Stroke	H9 ESC-derived neural stem cells	Neurologic Injury	Cell Therapy	$5,300,000	NSC or NPC (ESC-derived)	Allogeneic	Stroke is the leading cause of adult disability. There is no medical therapy that promotes stroke recovery. Cells derived from H9 ESC act via secretion of paracrine factors to modulate brain repair processes in preclinical stroke models.	Obtain an active IND	
Neurologic Disorders: Neurodegenerative												
DR2A-05320, CLIN2-09284 Svendsen, Cedars-Sinai	Disease Team Therapy Development, Clinical Trial Stage Projects	Ph 1/2a	ALS (Amyotrophic lateral sclerosis)	Allogeneic neural progenitor cells genetically modified with GDNF	Neurodegenerative Disorder	Genetically Modified Cell Therapy	$17,842,617, $6,154,067	NSC or NPC	Allogeneic	ALS is a devastating disease with no cure. This cell therapy intends to support sick motor neurons via astrocyte replacement and pro-survival growth factors. Allogeneic neural stem cells, genetically modified to express GDNF, injected into the spinal cord.	Safety. Dosing. Efficacy - Lower limb strength	
CLIN2-09894 Kern, Brainstorm	Clinical Trial Stage Projects	Ph 3	ALS (Amyotrophic lateral sclerosis)	Autologous MSCs cultured to enhance secretion of growth factors (NurOwn)	Neurodegenerative Disorder	Cell Therapy	$15,912,390	MSC	Autologous	ALS is a fatal neurodegenerative disease for which there is currently no adequate treatment. Autologous MSCs are propagated ex vivo and induced to secrete neurotrophic factors. NurOwn cells are returned to the patients in the target area of damage. Previous trials showed safety and encouraging signs of efficacy.	Safety and efficacy of three repeated doses.	
Eye Disease												
DR3-07438 Humayun, USC	Duane Roth Disease Team Therapy Development III	Ph 1	Adult Macular Degeneration	Allogeneic functionally polarized hESC-derived RPE monolayers on synthetic substrate	Eye Disease	Cell Therapy, Combination	$18,922,665	RPE	Allogeneic	Age-related macular degeneration is a progressive disease resulting in death of the retinal pigment epithelium (RPE) causing distortion to central vision and eventually to legal blindness. Incidence - 1:1359 in the US. Approach is replacement therapy with viable RPE cells delivered on a synthetic membrane mimicking native state with RPE cells on Bruch's membrane.	Safety. Efficacy - slow disease progression, maintain and restore visual acuity	
LSP1-0835 Wang, Cedars-Sinai	Late Stage Preclinical Projects	IND	Retinitis Pigmentosa	Subretinal injection of human neural progenitor cells	Eye Disease	Cell Therapy	$4,954,514	NPC	Allogeneic	Retinitis pigmentosa (RP) is a progressive retinal degeneration that affects over 1.5 million people worldwide. Unfortunately, treatment is still rather limited. A single sub-retinal injection of human neural progenitor cells offers dramatic preservation of vision. Grafted Cells survive for an extended period, secrete pro-survival factors and extracellular matrix, reduce oxidative stress response and preserve vision and RPE integrity.	Obtain an active IND	
DR2A-05739 Klassen, UC Irvine	Disease Team Therapy Development	IND, Ph 1/2a	Retinitis Pigmentosa	Allogeneic retinal progenitor cells	Eye Disease	Cell Therapy	$17,306,668	RPC	Allogeneic	Retinitis pigmentosa (RP) is a severe form of blindness that runs in families with an incidence of 1:4000. Good target for stem cell therapy due to the defined loss of specific cells. Proposed mechanism: Rescue the light sensing photoreceptors.	Safety and efficacy - visual acuity.	
CLIN2-09698 Klassen, Jcyte	Clinical Trial Stage Projects	Ph 2b	Retinitis Pigmentosa	Allogeneic retinal progenitor cells	Eye Disease	Cell Therapy	$8,295,750	RPC	Allogeneic	Follow-on study based on Phase 1/2a clinical trial. Continue to assess safety and establish efficacy.	Safety and efficacy - improvement in visual function at 12 months.	
CLIN1-08686 Deng, UCLA	Clinical Trial Stage Projects	IND	Corneal Blindness	Cultivated autologous human limbal stem cells on human amniotic membrane	Eye Disease	Cell Therapy	$4,244,211	LSC	Autologous	Limbal stem cell deficiency results in inability to heal following ocular surface injury leading to corneal opacity. Cultivated autologous limbal stem cells transplanted back to the patient allow restoration and maintenance of a normal corneal surface.	Obtain an active IND	
BLOOD & CANCER THERAPEUTICS												
Blood Disorders												
CLIN2-09183 Mackenzie, UCSF	Clinical Trial Stage Projects	Ph1	Alpha Thalassemia Major	Maternal bone marrow derived HSC transplant in utero	Blood Disorder	Cell Therapy	$12,131,817	HSC	Allogeneic	Untreated alpha thalassemia major is almost universally fatal in utero. Current treatment requires in utero blood transfusions and monthly blood transfusions for life or a bone marrow transplant if a suitable donor is identified. The proposed treatment is a maternal bone marrow transplant in utero that takes advantage of maternal-fetal immune tolerance, and may provide a definitive cure.	Safety and feasibility, efficacy.	
CLIN2-08231 Kohn UCLA	Clinical Trial Stage Projects	Ph 1/2	X-linked Chronic Granulomatous Disease	Lentiviral vector modified autologous CD34+ hematopoietic stem/progenitor cells via transplantation & engraftment	Blood Disorder	Genetically Modified Cell Therapy	$7,402,549	HSC	Autologous	CGD prevents white blood cells from killing foreign invaders. Patients have persistent, untreatable tissue infections. Affects 1:200,000 in US. Usually diagnosed before age 5, without treatment children die before age 10. Project plan is transplantation of severe X-CGD patients that lack matched donors using gene-corrected autologous HSCT.	Primary: Safety and Efficacy. Secondary: Restoration of immune function	

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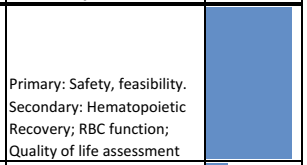
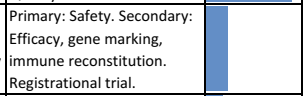
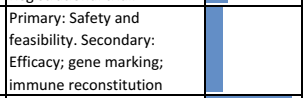
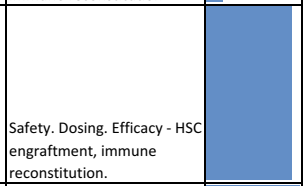
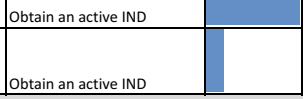
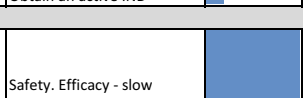
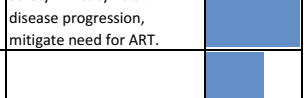
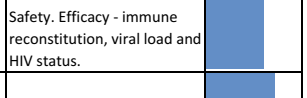
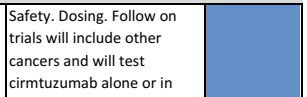
DR3-06945 Kohn, UCLA	Duane Roth Disease Team Therapy Development III	Ph 1	Sickle Cell Disease	Autologous HSC, genetically corrected ex vivo by lentiviral vector mediated addition of a hemoglobin gene that blocks sickling	Blood Disorder	Genetically Modified Cell Therapy	$13,935,441	HSC	Autologous	An inherited mutation in the hemoglobin gene causes red blood cells to "sickle" under conditions of low oxygen. Affects 1:500 African-Americans and is common in Hispanic-Americans. Median survival is 42 years for males and 48 years for females. More than 80% of patients lack an HLA-identical sibling donor. Project plan is genetic correction of adult bone marrow hematopoietic cells by adding a novel therapeutic hemoglobin gene that blocks sickling of the red blood cells.	Primary: Safety, feasibility. Secondary: Hematopoietic Recovery; RBC function; Quality of life assessment	
CLIN2-09339 Kohn, UCLA	Clinical Trial Stage Projects	Ph2	ADA-SCID (severe combined immune deficiency)	Autologous HSC, genetically corrected ex vivo by lentiviral vector mediated addition of human ADA gene	Blood Disorder	Genetically Modified Cell Therapy	$20,000,000	HSC	Autologous	In ADA-SCID allogeneic HSCTs from non-matched sibling donors are a high risk procedure. Efficacy of chronic enzyme replacement therapy is uncertain in the long-term. Preliminary data indicates that OTL-101 may significantly improve outcomes compared to available therapies.	Primary: Safety. Secondary: Efficacy, gene marking, immune reconstitution. Registrational trial.	
CLIN2-09504 Sorrentino, St. Jude's	Clinical Trial Stage Projects	Ph 1/2	X-SCID (X-linked severe combined immunodeficiency)	Autologous HSC, genetically corrected ex vivo by lentiviral vector mediated correction	Blood Disorder	Genetically Modified Cell Therapy	$11,924,780	HSC	Autologous	Catastrophic immunodeficiency disorder caused by mutation in IL2RG; Without a curative transplant-based therapy, X-SCID is lethal typically in first year of life.	Primary: Safety and feasibility. Secondary: Efficacy; gene marking; immune reconstitution	
DR2A-05365 Shizuru, Stanford	Disease Team Therapy Development	IND, Ph 1	Conditioning regimen for allogeneic HSC transplantation for SCID (Severe Combined Immunodeficiency)	MAb that depletes endogenous HSC	Blood Disorder	Biologic	$19,068,382	---	---	Monoclonal antibody that targets CD117 and promotes engraftment of hematopoietic stem cells. Could replace toxic conditioning regimens and enable chemotherapy-free transplants. Enabled donor cell HSC engraftment and cure of disease in an animal model of SCID.	Safety. Dosing. Efficacy - HSC engraftment, immune reconstitution.	
CLIN1-08363, Puck, UCSF	Late Stage Preclinical Projects	IND	ART-SCID (Artemis-deficient severe combined immunodeficiency)	Autologous HSC, genetically corrected ex vivo by lentiviral vector mediated correction	Blood Disorder	Genetically Modified Cell Therapy	4,268,865	HSC	Autologous	Primary immune deficiency due to Artemis gene. Most difficult to treat by allogeneic hematopoietic stem cell transplantation (HSCT) due to increased sensitivity to alkylating agents and radiation. Autologous gene modified HSCT transplantation to overcome allogeneic stem cell transplant difficulty.	Obtain an active IND	
CLIN1-10084, Porteus, Stanford	Late Stage Preclinical Projects	IND	Sickle Cell Disease	Autologous HSC, genetically corrected ex vivo by CRISPR-mediated correction	Blood Disorder	Genetically Modified Cell Therapy	5,194,431	HSC	Autologous	Gene editing using CRISPR-Cas9 technology has the potential to correct the sickle cell mutation.	Obtain an active IND	
HIV/AIDS												
DR1-06893 Symonds, Calimmune	Disease Team I	Ph 1/2a	HIV/AIDS	Autologous HSC transduced ex vivo with a lentiviral vector engineered to express an shRNA against CCR5 & a fusion inhibitor.	HIV/AIDS	Genetically Modified Cell Therapy	$8,278,722	HSC	Autologous	Cal-1 increases the number of HIV-protected cells in the body. Uses shRNA to CCR5 and C46 to confer cellular resistance to HIV infection.	Safety. Efficacy - slow disease progression, mitigate need for ART.	
CTS1-08231 Abedi, UC Davis	Clinical Trial Stage Projects	Ph 1	HIV/AIDS	Gene modified HSCs via a lentiviral vector that encodes a triple combination of HIV-resistance genes and a tCD25 pre-selective marker	HIV/AIDS	Genetically Modified Cell Therapy	$7,402,549	HSC	Autologous	Lentiviral vector encodes a triple combination of HIV-resistance genes and a pre-selective marker. Vector transduced CD34+ cells will safely engraft, divide and differentiate in vivo into mature myeloid and lymphoid cells.	Safety. Efficacy - immune reconstitution, viral load and HIV status.	
SP3A-07536 Zaia, City of Hope	Strategic Partnership III	Ph 1	HIV/AIDS	Autologous HSCs genetically modified to disrupt CCR5	HIV/AIDS	Genetically Modified Cell Therapy	$5,583,438	HSC	Autologous	Autologous hematopoietic stem cells gene edited ex vivo to eliminate expression of HIV entry co-receptor CCR5. Cells carrying disrupted CCR5 provide a renewable, long-lasting source of HIV-1 resistant immune cells.	Safety. Efficacy - engraftment.	
Hematologic Cancers												
DR3-06924 Kipps, UCSD	Duane Roth Disease Team Therapy Development III	Ph 1	CLL	Monoclonal antibody (anti-ROR1) targeting CLL cancer stem cells	Hematologic Malignancy	Biologic	$4,179,600	---	---	Cancer is a leading cause of death in CA. Many cancers resist current therapies due to therapy-resistant cancer stem cells (CSCs). Discovered a protein, ROR1, present on CSCs but not on normal healthy cells. Developed an antibody, cirmtuzumab, that is specific for ROR1. Project plan is to treat chronic lymphocytic leukemia with cirmtuzumab.	Safety. Dosing. Follow on trials will include other cancers and will test cirmtuzumab alone or in combination with other anti-cancer therapies.	
CLIN2-10192 Kipps, UCSD	Clinical Trial Stage Projects	Ph 1b/2a	B Cell Cancers	Monoclonal antibody (anti-ROR1), combined with tyrosine kinase inhibitor Ibrutinib	Hematologic Malignancy	Biologic	$18,292,674	---	---	Cancer is a leading cause of death in CA. Many cancers resist current therapies due to therapy-resistant cancer stem cells (CSCs). Discovered a protein, ROR1, present on CSCs but not on normal healthy cells. Developed an antibody, cirmtuzumab, that is specific for ROR1. Project plan is to treat chronic lymphocytic leukemia or mantle cell carcinoma with cirmtuzumab in combination with ibrutinib.	Evaluate dosing and complete response rate.	

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CLIN1-08342 Davis, Angiocrine Bioscience	Clinical Trial Stage Projects	IND	Hematologic malignancies including leukemia and lymphoma	Matched cord blood derived hematopoietic stem and progenitor cells expanded by co-culture with genetically modified endothelial cells.	Hematologic Malignancies	Cell Therapy	$3,797,117	Expanded CD34+ stem and progenitor cells from cord blood and gene-modified endothelial cells	Allogeneic	CD34+ hematopoietic Stem and progenitor cells engraft into the bone marrow of patients, rebuilding a new blood and immune system after appropriate preparation called myeloablation. The endothelial cells used in the co-culture are thought to aid the engraftment of the stem and progenitor cells into the bone marrow via secretion of angiocrine factors. The remainder of the cord blood cells in the cell product also aid in the engraftment as well as provide anti-viral and anti-bacterial effects after transplantation.	Obtain an active IND	
CLIN2-10386 Finnegan, Angiocrine Bioscience	Clinical Trial Stage Projects	Ph 1b	Hematologic malignancies including leukemia and lymphoma	Matched cord blood derived hematopoietic stem and progenitor cells expanded by co-culture with genetically modified endothelial cells cells.	Hematologic Malignancies	Cell Therapy	$5,000,000	Expanded CD34+ stem and progenitor cells from cord blood and gene-modified endothelial cells	Allogeneic	CD34+ hematopoietic Stem and progenitor cells engraft into the bone marrow of patients, rebuilding a new blood and immune system after appropriate preparation called myeloablation. The endothelial cells used in the co-culture are thought to aid the engraftment of the stem and progenitor cells into the bone marrow via secretion of angiocrine factors. The remainder of the cord blood cells in the cell product also aid in the engraftment as well as provide anti-viral and anti-bacterial effects after transplantation.	Safety.	
CLIN1-09776 Junutula, Cellerant	Late Stage Preclinical Projects	IND	AML	Anti-CLL1 antibody linked to a DNA binding payload.	Hematologic Malignancy	Antibody-drug conjugate (ADC)	$6,863,755	---	---	ADCs are intended to target and kill only the target cancer cells and spare healthy cells. ADCs are composed of an antibody linked to a cytotoxic payload or drug. After the ADC binds to the target cell and is internalized, the cytotoxic drug is released and kills the cancer cell. CLL1 is highly expressed on leukemia stem cells but not on normal cells. Binding of the anti-CLL1 ADC results in targeted killing of leukemia stem cells.	Obtain an active IND	
CLIN2-09574 Delaney, Nohla	Clinical Trial Stage Projects	Ph 2	AML	Umbilical cord blood stem cells.	Hematologic Malignancy	Cell Therapy	$6,922,109	Cord blood	Allogeneic	Using cord blood transplant to overcome the neutropenia caused by chemotherapy for AML.		
CLIN2-10144 Chao, 47Inc	Clinical Trial Stage Projects	Ph 1b	AML	Anti-CD47 monoclonal antibody with azacitidine	Hematologic Malignancy	Biologic	$5,000,000	---	---	CD47 is overexpressed on cancer and cancer stem cells and prevents their elimination by phagocytic macrophages by delivering a potent "don't eat me" signal. Hu5F9-G4 is a humanized monoclonal antibody (mAb) that binds to CD47 and blocks its interaction with its receptor, thereby enabling phagocytosis of cancer cells.		
Pulsipher, CHLA	Clinical Trial Stage Projects	Ph 1/2	Viral infection	Partially HLA-matched virus-specific T cells	HSC transplant-related infection	Cell Therapy	$4,825,587	T Cell	Allogeneic			
CLIN2-10395 Spear, Poseida	Clinical Trial Stage Projects	Ph 1	Multiple myeloma	CAR-T	Hematologic Malignancy	Cell Therapy	$19,997,927	CAR-T	Autologous			
Solid Cancers												
DR2A-05309 Ribas, UCLA	Disease Team Therapy Development	IND, Ph 1	Advanced tumors (Synovial Sarcoma, Melanoma, Ovarian)	Autologous HSCs and T cells genetically modified to express an anti-tumor T cell receptor.	Solid Tumor	Genetically Modified Cell Therapy	$19,999,563	HSC	Autologous	There are few options for patients whose cancers have metastasized due to resistance to current therapies. Engineering of patient's own blood-forming stem cells to produce a continual supply of the immune system cell to attack cancer.	Primary: Safety and feasibility. Secondary: Persistence of gene-marked anti-cancer immune cells	
DR3-07067 Slamon, UCLA	Duane Roth Disease Team Therapy Development III	Ph 1	Solid Tumor	Small molecule mitotic inhibitor targeting serine/threonine kinase to eliminate both tumor cells and cancer stem cells	Solid Tumor	Small Molecule	$6,924,317	---	---	Solid tumors are the most prevalent form of cancer, and are a major cause of death worldwide. The small molecule being developed inhibits the activity of a protein required in tumor cell lines and cancer stem cells (CSC). It is hypothesized that inhibiting the CSC can prevent tumor regrowth after treatment.	Determination of maximum tolerated dose and recommended Phase 2 dose. Safety. PK. Efficacy in solid cancers.	
CLIN2-09577 Chao, 47Inc	Clinical Trial Stage Projects	Ph1b/2	Solid Tumor	Anti-CD47 monoclonal antibody + cetuximab	Solid Tumor	Biologic	$10,234,048	Ab	_	CD47 is overexpressed on cancer and cancer stem cells and prevents their elimination by phagocytic macrophages by delivering a potent "don't eat me" signal. Hu5F9-G4 is a humanized monoclonal antibody (mAb) that binds to CD47 and blocks its interaction with its receptor, thereby enabling phagocytosis of cancer cells. Anti-CD47 is highly synergistic in combination with other anti-cancer therapies including tumor-targeting mAbs such as cetuximab.	Safety. Dosing. Efficacy - objective response rate (ORR)	
CLIN2-10248 Brown, COH	Clinical Trial Stage Projects	Ph 1	Malignant Glioma	T cells engineered to target cancer stem cells	Solid Tumor	Genetically Modified Cell Therapy	$12,753,854	CAR-T	Autologous	Gliobastoma (GBM) is lethal with 5 year survival rate is only 5.5%. CAR-T are "living drug" with potential to actively seek out and destroy malignant cells. This study clinical study will investigate two different routes of local delivery of CAR-T cells to target and eliminate IL13R expressing tumor cells	Safety, Feasibility, persistence, biodistribution and biological activity	
ORGAN SYSTEMS THERAPEUTICS												
Bone Disorders												
DR2A-05302 Lane, UC Davis	Disease Team Therapy Development	Ph 1 a/b	Osteonecrosis	Synthetic molecule, LLP2A-Ale, to enhance homing of endogenous bone marrow MSCs to bone surface	Bone Disorder	Small Molecule	$19,999,867	---	---	Femoral head osteonecrosis (aka avascular necrosis) is a disease caused by loss of blood supply to the bone, leading to bone cell death, end stage hip arthritis and total hip replacement. There is an unmet need for treatment of this disease, that affects individuals at prime of life (peak age 35 years). This small molecule therapeutic recruits bone forming cells to site of damage, where they serve the dual function of laying down new bone, and stimulating revascularization to prevent further bone cell death.	Safety, tolerability. Determine PK. Determine PD effects on bone turnover, biomarkers. Determine immunogenicity.	

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Cartilage Disorders												
CLIN1-09472 Wang, Cellular Biomedicine Group	Late Stage Preclinical Projects	IND	Osteoarthritis	Allogeneic adipose-derived MSCs	Cartilage Disorder	Cell Therapy	$2,291,976	MSC	Allogeneic		Obtain an active IND	
CLIN1-08309 Schultz, Calibr	CLIN1	IND	Osteoarthritis, cartilage injuries	Small molecule injected intra-articularly that promotes resident cartilage mesenchymal stem cell differentiation into chondrocytes	Cartilage Disorder	Small Molecule	$1,667,832	---	---		File an IND	
CLIN2-10388 Sahelijo, Calibr	CLIN2	Ph 1	Osteoarthritis, cartilage injuries	Small molecule injected intra-articularly that promotes resident cartilage mesenchymal stem cell differentiation into chondrocytes	Cartilage Disorder	Small Molecule	$8,447,523	---	---			
Cardiovascular & Vascular Disorders												
DR2A-05735 Smith, Capricor Inc.	Disease Team Therapy Development	Ph 2	Heart dysfunction after myocardial infarction/Chronic heart failure	Allogeneic cardiosphere derived cells	Cardiovascular Disease	Cell Therapy	$19,782,136	CDC	Allogeneic	Heart failure is a progressive disease with a high risk of mortality. Cardiosphere-derived cells (CDCs) reduce scar size after heart attack in preclinical animal models and in a prior clinical trial.	Primary: Determine whether treatment is safe and causes reduction in cardiac scar size in patients with heart failure after a heart attack. Secondary: Assess for other structural or functional cardiac benefits.	
CLIN2-09444 Lewis, Cedars-Sinai	Clinical Trial Stage Projects	Ph1a/b	Pulmonary Arterial Hypertension	Allogeneic cardiosphere derived cells	Vascular Disease	Cell Therapy	$7,354,772	CDC	Allogeneic	Pulmonary arterial hypertension (PAH) is a progressive condition with no cure, survival is poor. Cardiosphere-derived cells (CDCs) decrease wall thickening of lung small blood vessels in preclinical studies. Improvement in lung blood vessels is expected to reduce cardiac right ventricular dysfunction.	Primary: Safety. Secondary: Exploratory efficacy measures of right ventricular function.	
CLIN2-08334 Ascheim, Capricor, Inc.	Clinical Trial Stage Projects	Ph 2	Duchenne muscular dystrophy cardiomyopathy	Allogeneic cardiosphere derived cells	Skeletal Muscle Disorder	Cell Therapy	$3,376,259	CDC	Allogeneic	Heart failure is a leading cause of death for Duchenne muscular dystrophy patients. Cardiosphere-derived cells (CDCs) decrease myocardial fibrosis, improve cardiac function and induce regeneration of heart muscle in preclinical models of DMD.	Primary: Safety and tolerability in DMD patients. Secondary: Structural or functional cardiac benefits, quality of life improvements.	
DR2A-05394 Wu, Stanford	Disease Team Therapy Development	IND	Ischemic heart failure	Allogeneic hESC-derived cardiomyocytes	Cardiovascular Disease	Cell Therapy	$19,060,330	CM	Allogeneic	5.7 million Americans suffer from heart failure, and the end stage 2 year survival rate is 50%. hESC-CM promote new blood vessel formation and improve cardiac function in preclinical models of heart failure.	Obtain an active IND for a first-in-human trial in heart failure patients.	
Diabetes & Complications/Metabolic												
AP1-08039 Foyt, ViaCyte Inc.	Accelerated Pathway I	Comparability Trial	Diabetes: Type 1	Allogeneic hESC-derived pancreatic cell progenitors in a device implanted subcutaneously	Endocrine Disorder	Cell Therapy, Combination	$16,603,160	Pancreatic endocrine progenitor	Allogeneic	Diabetes mellitus affects 370 million people worldwide. Disproportionately affects certain minority groups and the elderly. Current therapy is self-administration of insulin. Diabetes costs in CA are tens of billions of dollars each year. Directed differentiation of embryonic stem cells to pancreatic precursor cells. Project plan is transplantation of pancreatic precursor cells that generate functional islet tissue in vivo that can respond to insulin levels in a more physiological manner than direct insulin replacement.	Primary: Safety. Secondary: Efficacy.	
CLIN2-09730 Losordo, Caladrius	Clinical Trial Stage Projects	Ph 2	Diabetes: Type 1	Autologous ex vivo expanded polyclonal regulatory T cells	Endocrine Disorder	Cell Therapy	$12,211,255	T-reg	Autologous	Children with T1D face lifelong struggles with glycemic control and, despite careful management, an increased risk of severe complications. No therapy that maintains or restores pancreatic beta islet cell function is currently approved. Evidence indicates that regulatory T-cells (T-regs) maintain immune balance at least in part by control of differentiation of multipotent progenitor/stem cells.	Primary: Safety. Secondary: Efficacy.	
CLIN1-08671, D'Amour, Viacyte	Clinical Trial Stage Projects	IND	Diabetes: Type 1	hESC-derived pancreatic progenitor cells delivered in a device that allows direct vascularization of the cell therapy	Endocrine Disorder	Cell Therapy, Combination	$3,984,164	Pancreatic endocrine progenitor	Allogeneic	There are over 100,000 people in the US with type 1 diabetes so severe that they are at constant risk of hospitalization and/or death. Within months after administration, this product could provide a source of insulin producing beta cells to restore those patients' blood sugar to normal healthy levels and save their lives.	Obtain an active IND and trial start up	
CLIN2-09672, Foyt, Viacyte	Clinical Trial Stage Projects	Ph 1/2	Diabetes: Type 1	hESC-derived pancreatic progenitor cells delivered in a device that allows direct vascularization of the cell therapy	Endocrine Disorder	Cell Therapy, Combination	$20,000,000	Pancreatic endocrine progenitor	Allogeneic	There are over 100,000 people in the US with type 1 diabetes so severe that they are at constant risk of hospitalization and/or death. Within months after administration, this product could provide a source of insulin producing beta cells to restore those patients' blood sugar to normal healthy levels and save their lives.	Primary:Safety and Tolerability	
Kidney Disorders												

Award Number, PI, Institution	Program	Trial Stage	Indication	Therapeutic	General Disease Area	General Class of Approach	Funding (ICOC Approved)	Therapeutic Cell (for Cell Therapy)	Cell Source	Rationale	Project Goal	Percent Time Into Award
CLIN2-08938, Lawson, Humacyte, Inc.	Clinical Trial Stage Projects	Ph 3	Renal dialysis	A Human Acellular Vessel in Patients Needing Renal Replacement Therapy: A Comparison with ePTFE Grafts as Conduits for Hemodialysis (HUMANITY)	Endocrine Disorder	Device	$9,999,528		Allogeneic	Synthetic vascular access grafts for hemodialysis in kidney patients are associated with thrombosis, infection and abandonment. Human Acellular Vessel (HAV) is made of extracellular matrix from human smooth muscle cells, similar in composition and structure to native tissue.	Primary: Safety and tolerability, rate of patency of the graft and rate of interventions needed to restore patency.	
CLIN2-09688, Lawson, Humacyte, Inc.	Clinical Trial Stage Projects	Ph 3	Renal dialysis	A Human Acellular Vessel in Patients Needing Renal Replacement Therapy.	Endocrine Disorder	Device	$14,082,865		Allogeneic	Synthetic vascular access grafts for hemodialysis in kidney patients are associated with thrombosis, infection and abandonment. Human Acellular Vessel (HAV) is made of extracellular matrix from human smooth muscle cells, similar in composition and structure to native tissue.	A Comparison with AV Fistula	
CLIN2-09439 Strober, Stanford	Clinical Trial Stage Projects	Ph 1	Transplant tolerance	Donor CD34+ and CD3+ T cells for immune tolerance to HLA mismatched kidney donors.	Immune tolerance, transplant	Cell Therapy	$5,069,674	HSC	Allogeneic	Unmet medical need for allogeneic kidney transplants. Need to eliminate chronic rejection/allograft nephropathy that causes gradual loss of kidney (50% of graft loss by 12-15 years in HLA mismatched recipients). Eliminate the lifelong need for anti-rejection drugs that have numerous cumulative side effects.	Primary: Safety. Secondary: Preliminary efficacy.