Regenerative Medicine and Cell Therapies:

An Overview of Clinical Studies in the United States

Alliance for Cell Therapy Now June 2021

Regenerative Medicine and Cell Therapies (RMCTs) Show Promise for Patients with Serious and Life-Threatening Conditions

There are nearly 900 active clinical trials in the United States that are exploring the use of regenerative medicine and cell therapies (RMCTs) for patients with serious and life-threatening conditions. Cancer is the most prevalent condition being studied, representing 48 percent of all active clinical studies, followed by musculoskeletal conditions (11 percent), neurological conditions (6 percent), cardiovascular conditions (6 percent), COVID-19 (5 percent), and eye-related conditions (4 percent).

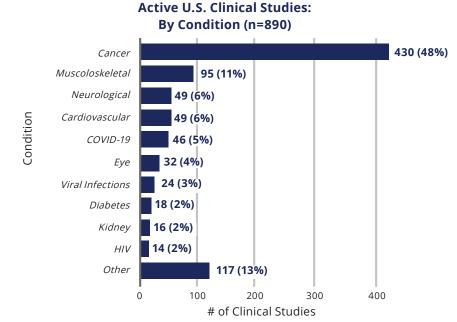
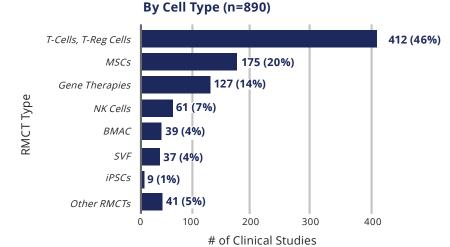


Figure 1. Number of Active Clinical Studies Exploring Use of RMCTs in U.S., by Condition

Clinical Studies are Exploring the Use of Many Types of RMCTs

There are many different types of RMCTs. The majority of studies being conducted today explore the use of T-cells and T-Reg cells (46 percent), primarily for cancer. Many clinical studies are also exploring the use of mesenchymal stromal cells (MSCs) (20 percent), gene therapies (14 percent), and natural killer (NK) cells (7 percent) for various conditions. Studies exploring the use of induced pluripotent stem cells (iPSCs) , bone marrow aspirate concentrate (BMAC), and stromal vascular fraction (SVF) are also being conducted.



Active U.S. Clinical Studies:

Some clinical studies can explore the use of multiple RMCT types, therefore percentages can add up to more than 100%

Figure 2. Number of U.S. Clinical Studies Exploring Use of RMCTs, by Type

1 | Regenerative Medicine and Cell Therapies: An Overview of Clinical Trials in the United States

MSCs and Gene Therapies Show Promise for Patients in Need

While cancer is the focus of nearly all clinical studies involving T-cells, T-Reg cells, and Natural Killer cells, studies exploring the use of MSCs are focused on musculoskeletal conditions (21 percent), COVID-19 (18 percent), neurological conditions (13 percent), and cardiovascular disease (11 percent).

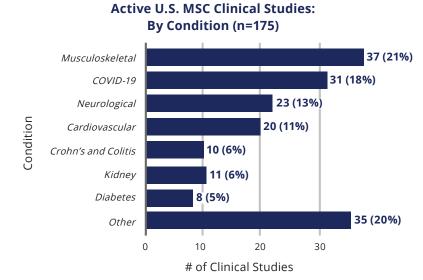


Figure 3. Number of Active Clinical Studies Exploring Use of MSCs in U.S., by Condition

Clinical studies exploring the use of gene therapies are focused on cancer (19 percent), eye-related conditions (17 percent), neurological conditions (15 percent), cardiovascular conditions (11 percent), and musculoskeletal conditions (8 percent).

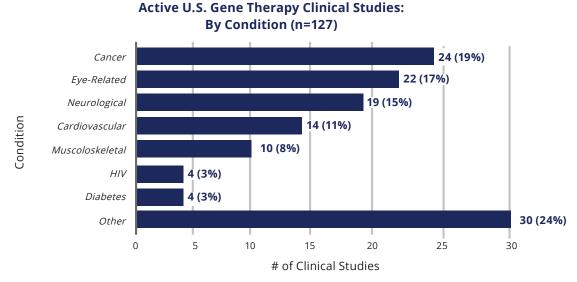


Figure 4. Number of Active Gene Therapy Clinical Studies in U.S., by Condition

Vast Majority of Active U.S. Clinical Trials are Early Phase Trials

Of the 890 active clinical studies exploring the use of RMCTs in the United States, 776 are clinical trials. Ninety-six percent of all active U.S. clinical trials are either Phase 1 or Phase 2 trials. Similarly, 94 percent of the 141 active U.S. clinical trials exploring the use of MSCs are either Phase 1 or Phase 2 trials. While results of early clinical studies are promising, the primary barrier to advancing such therapies is the significant cost of conducting large-scale, randomized clinical trials, which are a precursor to bringing safe and effective therapies to patients.

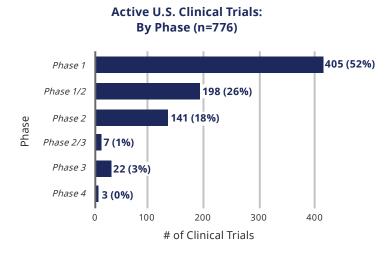


Figure 5. Number of Active U.S. Clinical Trials, by Phase

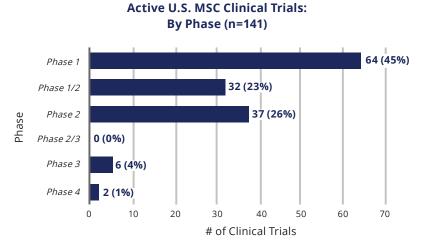


Figure 6. Number of Active U.S. MSC Clinical Trials, by Phase

The federal government funds about 18 percent of all active clinical studies exploring the use of regenerative medicine and cell therapies in the United States.

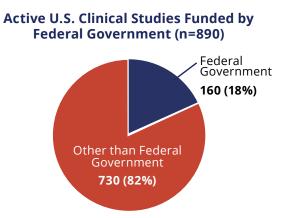


Figure 7. Federal Funding of Active Clinical Studies in U.S.

The federal government funds an even smaller percentage—13 percent—of clinical studies that explore the use of MSCs for patients with serious and life-threatening conditions. Without federal support, a majority of the promising results of several studies—particularly those conducted within academic and medical institutions, where most research is performed—will never make their way to patients.

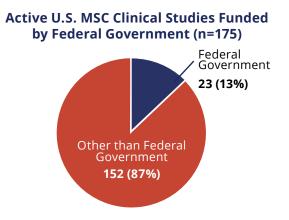
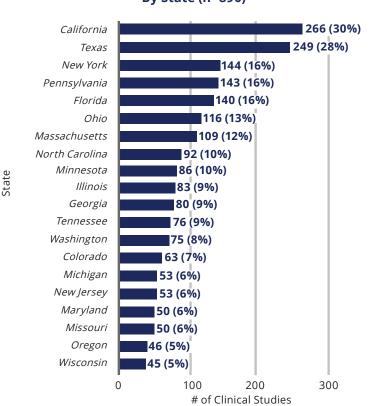


Figure 8. Federal Funding of Active MSC Clinical Studies in U.S.

Most Active Clinical Studies are Conducted in a Small Number of States

Most active clinical studies exploring the use of RMCTs are being conducted in a relatively small number of states, including California (30 percent), Texas (28 percent), New York (16 percent), Pennsylvania (16 percent), Florida (16 percent), Ohio (13 percent), Massachusetts (12 percent), North Carolina (10 percent), and Minnesota (10 percent).

Nine percent of active clinical studies are being conducted in Georgia, Illinois and Tennessee, while 8 percent of active clinical studies are being conducted in the state of Washington.



Active U.S. Clinical Studies: By State (n=890)

Some studies are conducted in multiple locations, therefore percentages add up to more than 100%

Figure 9. Number of Active Clinical Studies in U.S., by State

Funding is Needed to Advance Promising RMCTs

Hundreds of clinical trials are active in the United States that explore the use of regenerative medicine and cell-based therapies for many conditions, including cancer, neurological conditions, cardiovascular conditions, musculoskeletal conditions, diabetes, and even COVID-19. RMCTs hold great hope for a range of conditions for which—to date—there has been no cure.

Nearly all active clinical trials involving RMCTs in the U.S. are early phase (either Phase 1 or Phase 2) trials. While results of early clinical studies are promising, the primary barrier to advancing such therapies is the significant cost of conducting large-scale, randomized clinical trials, which are a precursor to bringing safe and effective therapies to patients. The financial barriers are particularly problematic for academic and research institutions, as well as small biotechnology companies, who are responsible for the vast majority of clinical trials investigating the use of RMCTs in the United States. Federal funding is urgently needed to bring safe and effective therapies to patients in need.

ACTN would like to thank its Advisory Board members who have provided guidance and input to ACTN's ongoing assessment of the field, including content contained in this report.

Julie Allickson, PhD

Chief, Manufacturing Development Center Officer, Wake Forest Institute for Regenerative Medicine

Arnold Caplan, PhD

Professor of Biology, Director of the Skeletal Research Center, Case Western Reserve University

George Christ, PhD

Professor of Biomedical Engineering and Orthopaedic Surgery, Director of Basic and Translational Research in Orthopaedic Surgery; University of Virginia School of Engineering and Applied Sciences

Colleen Delaney, MD, MSc

Founder, Chief Scientific Officer and Executive Vice President of Research and Development, Deverra Therapeutics and Professor, Department of Pediatrics, Division of Pediatric Hematology/Oncology, University of Washington

Joe GN "Skip" Garcia, MD Dr. Merlin K. DuVal Professor of Medicine, University of Arizona Health Sciences

Geoffrey Green Chief Executive Officer, Longeveron

Joshua M. Hare, MD, FACC, FAHA

Louis Lemberg Professor of Medicine, Founding Director, Interdisciplinary Stem Cell Institute, University of Miami, Miller School of Medicine

Joanne Kurtzberg, MD

Jerome Harris Distinguished Professor of Pediatrics; Professor of Pathology; Director, Marcus Center for Cellular Cures; Director, Pediatric Blood and Marrow Transplant Program; Director, Carolinas Cord Blood Bank; Co-Director, Stem Cell Transplant Laboratory; Duke University Medical Center

Brian Lindberg

Chief Legal Officer, General Counsel, Chief Policy Officer, National Marrow Donor Program and Be The Match

Keith L. March, MD, PhD

Director, University of Florida Center for Regenerative Medicine; Vice Chief, Cardiology Research; Professor, Cardiovascular Medicine and Department of Medicine, University of Florida

Janet M. Marchibroda

President, Alliance for Cell Therapy Now; Executive Director, NFL Alumni Health; Fellow, Bipartisan Policy Center

Maria T. Millan, MD President and CEO, California Institute for Regenerative Medicine

J. Marc Overhage, MD, PhD

Principal Investigator, Alliance for Cell Therapy Research Evidence Development Collaboration, Alliance for Cell Therapy Now

David A. Pearce, PhD

President of Innovation, Research, and World Clinic, Sanford Health; Senior Scientist, Sanford Children's Health Research Center; Professor of Pediatrics, University of South Dakota Sanford School of Medicine

Wenchun Qu, MD, PhD

Associate Professor of Anesthesiology; Associate Professor of Physical Medicine and Rehabilitation; Physiatrist and Pain Specialist, Mayo Clinic

Kyle Richardson

Board Member, President of Chapters, Co-Director of Healthcare Initiatives, NFL Alumni

Camillo Ricordi, MD

Stacy Joy Goodman Professor of Surgery, Distinguished Professor of Medicine, Professor of Biomedical Engineering, and Microbiology and Immunology, Director of the Diabetes Research Institute and the Cell Transplant Program, University of Miami

Krishnendu Roy, PhD

Robert A. Milton Chair; Director, NSF Engineering Research Center for Cell Manufacturing Technologies; Director, Marcus Center for Cell-Therapy Characterization and Manufacturing; Technical Lead, National Cell Manufacturing Consortium; Director, Center for ImmunoEngineering, Georgia Institute of Technology

Fred Sanfilippo, MD, PhD

Professor, Health Policy and Management, Rollins School of Public Health, Emory University; Director, Emory-Georgia Tech Healthcare Innovation Program; Medical Director, The Marcus Foundation

Beth Shaz, MD

Professor in Pathology, Deputy Director of the Marcus Center for Cellular Cures, Duke University School of Medicine; Former Chief Medical and Scientific Officer and Senior Vice President, New York Blood Center

Bernard Siegel, JD Executive Director, Regenerative Medicine Foundation; Founder and Chair, World Stem Cell Summit

Robin L. Smith, MD, MBA President and Chair, Stem for Life and Cura Foundation

ACTN would also like to acknowledge Spoorthi Balu, who assisted with research and Alice Yu, who was responsible for the design and lay-out of this report.

About Alliance for Cell Therapy Now

Alliance for Cell Therapy Now (Alliance) is an independent, non-profit organization guided by leaders representing academic and medical institutions, industry innovators, and patients, that is working to advance safe and effective regenerative medicine and cell therapies for patients in need. For more information, go to <u>http://allianceforcelltherapynow.org/</u>

For More Information

For more information, contact Alliance for Cell Therapy Now via email at communications@allianceforcelltherapynow.org.