
**Serious and Other Selected Adverse Events
Reported for Human Gene Transfer Protocols
NIH Office of Biotechnology Activities
June 2011**

Protocol Number: 864

Protocol Title: **An Open Label Dose-Escalation Study of a Self Complementary Adeno-Associated Viral Vector (scAAV2/8-LPI-hFIXco) for Gene Therapy of Hemophilia B**

DocID#	Receipt Date	Event Description
11146	02/09/2011	The fifth patient developed elevated liver enzymes (transaminitis) approximately two months after dosing. This was a laboratory finding and not associated with any clinical symptoms. Steroids were administered per the protocol and the transaminitis resolved. This event was discussed at the June 2011 meeting of the RAC (http://oba.od.nih.gov/rdna_racrac_past_meetings_2010.html#RAC2011).

Protocol Number: 901

Protocol Title: **Adoptive Transfer of MART-1 F5 TCR Engineered Peripheral Blood Mononuclear Cells (PBMC) after a Nonmyeloablative Conditioning Regimen, with Administration of MART-126-35-Pulsed Dendritic Cells and Interleukin-2, in Patients with Advanced Melanoma**

DocID#	Receipt Date	Event Description
11167	03/04/2011	Subject received the gene modified T-cells followed by a vaccine of modified dendritic cells and high dose interleukin-2. The subject developed difficulty breathing and low blood pressure that was life-threatening and required admission into the intensive care unit. The subject was given steroids to help reverse the effect of the gene modified T-cells. The subject's clinical condition improved. This event was later attributed to pneumonia in light of positive blood cultures (bacteria in the blood) and cytokine analysis.

Protocol Number: 940

Protocol Title: Assessment of the Safety and Feasibility of Administering T cells Expressing an anti-CD19 Chimeric Antigen Receptor to Patients with B cell Lymphoma

DocID#	Receipt Date	Event Description
11171	05/02/2011	Subject received the gene modified T-cells followed by IL-2, which was stopped due to low blood pressure and worsening kidney function. Three days after receiving the gene modified T-cells the subject was transferred to the intensive care unit due to a decline in mental status (somnolence). Subject was intubated six days after receiving the cells. The subject recovered. While initially the event was attributed to the IL-2, cytokine analysis indicates a possible role of the gene modified cells. Of note the subject had significant response with decrease in his disease burden.
11172	04/26/2011	Subject received his gene modified T cells and then five doses of IL-2 before developing evidence of worsening kidney function and low blood pressure. Due to worsening clinical status including somnolence, the subject was intubated about three days after receiving the gene modified T cells. Analysis of cytokine data indicate that this clinical event was possibly related to the gene modified T cells and the IL-2. Subject recovered and had a significant clinical response after receipt of the T cells.

Protocol Number: 951

Protocol Title: An open label phase I study to evaluate the safety and tolerability of a vaccine consisting of whole, heat-killed recombinant *Saccharomyces cerevisiae* (yeast) genetically modified to express CEA protein in adults with metastatic CEA-expressing carcinoma

DocID#	Receipt Date	Event Description
11083	02/03/2011	<p>Subject was admitted to hospital for shortness of breath and severe left shoulder pain (worse pain than baseline) and back pain.</p> <p>For two or three days prior to admission, subject had been having upper back pain on top of chronic left shoulder pain, rated 10 out of 10 on a pain scale of 10. Pain was continuous and subject had difficulty breathing due to the pain. Subject attributed this shortness of breath mostly from the pain and inability to take a deep breath.</p> <p>Subject was treated with intravenous pain medication, antibiotics and oxygen. A CAT scan did not show a blood clot in the lungs, but did show an increase in the baseline pleural effusion (fluid around the lungs). Laboratory results were reported as normal. MRI did not show new spinal metastases.</p> <p>Subject recovered and was discharged.</p>

Protocol Number: 1037

Protocol Title: Phase I/II Study of Metastatic Melanoma Using Lymphodepleting Conditioning Followed by Infusion of CD8 Enriched Tumor Infiltrating Lymphocytes Genetically Engineered to Express IL-12

DocID#	Receipt Date	Event Description
11173	05/04/2011	Subject diagnosed with melanoma in 2007. Subject was enrolled on this trial and received cytoxan and fludarabine per the protocol, prior to receiving the gene modified T-cells. Approximately one week after receiving the T-cells, the subject developed a persistent fever and chills and was admitted for evaluation. Subject recovered and was discharged within two days. No information received regarding the etiology of the fever and its relationship to the gene modified T cells

Protocol Number: 1042

Protocol Title: A Phase I/II Study using Allogeneic Tumor Cell Vaccination with Oral Metronomic Cytosin in Patients with High-Risk Neuroblastoma (ATOMIC)

DocID#	Receipt Date	Event Description
11175	02/01/2011	Subject was enrolled on the study and received six vaccinations. About two weeks after the sixth vaccination, the subject developed extreme pain in one arm and both legs, as well as a high fever. Subject was admitted to the hospital due to the fever and need for intravenous (IV) pain medication. No infectious cause was found to explain the fever. Once the subject was afebrile and no longer required IV pain medication, the subject was discharged from the hospital. Pain and fever are known potential side effects of this vaccine; however, this is the first subject that required admission to the hospital for these symptoms. The symptoms appear to have been self-limiting.
