

CARTISTEM® PHASE I/IIa CLINICAL TRIAL PROTOCOL MP-0201-01

Version 3.2 Date: 15 March, 2017

CARTISTEM® PHASE I/IIa CLINICAL TRIAL PROTOCOL

CARTISTEM®

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Name of Company Name of Product: Umbilical Cord Blo Ex vivo, Combined	Protocol #: MP-0201-01								
Protocol Title	Evaluation of Safety and Exploratory Efficacy of CARTISTEM [®] , a Cell Therapy Product for Articular Cartilage Defects: A Phase I/IIa Clinical Trial in Patients with Focal, Full-thickness Grade 3-4 Articular Cartilage Defects of the Knee								
Clinical Phase	Phase I/IIa								
Study Overview	dy Overview CARTISTEM [®] will be administered at doses ranging from 0.5×10 ⁷ to 2.25×10 ⁷ hUCB-MSC (0.25×10 ⁷ cells/cm ² ; 0.5 mL/cm ² with 0.5×10 ⁷ MSC/mL) to patients with focal, full-thickness, Grade 3-4 articular cartilage defects of ≥ 2cm ² in size. Safety: Patient safety will be assessed step-wise with increasing levels of total hUCB-MSC and HA exposure: a total of 12 patients will be enrolled and treated with CARTISTEM [®] to evaluate whether dose limiting toxicity (DLT) is detected. DLT is defined as toxicity or adverse event of Grade 3 or higher [80 points or higher for pain] in two or more events at the surgery site among swelling, tenderness, range of motion, and pain in any one visit. DLT is also defined as adverse drug reaction of Grade 3 or higher in the Common Toxicity Criteria Adverse Events (CTCAE), Version 4.0, with the exception of the following events and that they are unresolved for 7 consecutive days, despite medical interventions: ✓ Abnormal results in lab test (Acidosis, Hyponatremia, Hyperbilirubinemia, etc.) ✓ Abnormal results in lab test (Acidosis, Hyponatremia, Hyperbilirubinemia, etc.) ✓ Pain, defined as severe pain; limiting self-care ADL ✓ Pain, defined as severe pain; limiting self-care ADL								
	✓ Fever, defined as > 40.0 degrees C (> 104.0 d	degrees F) for > 24 hours							
	Initially, 6 patients with lesion sizes of 2-5 cm ² w (Dosage A); if dose limiting toxicity is not detect after administration, an additional 6 patients, with	ed during a 12 week period							

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	5 cm ² , will be enrolled and treated (Dosage B) to further evaluate safety.
	Efficacy: Efficacy will be evaluated with several validated clinical outcome instruments as primary endpoints as well as non-invasive structural assessment utilizing high-resolution magnetic resonance imaging with cartilage-specific sequences as a secondary endpoint.
Objectives:	
Primary Objective	To evaluate the safety of CARTISTEM [®] administration
Secondary Objectives	To evaluate the exploratory efficacy (improvement in Clinical Scores and regeneration of defective cartilage as assessed by Radiological images) of CARTISTEM [®] .
Diagnosis and Main Criteria for Inclusion	 Patients must meet the following criteria to be eligible for the study; Patients with an intended- to- treat single focal, full-thickness cartilage defect (ICRS [International Cartilage Repair Society] Grade 3 or 4) of the knee as a result of ageing, trauma, or degenerative diseases. Age ≥ 18 years old Size of the articular cartilage lesion is ≥ 2 cm² Swelling, tenderness and active range of motion ≤ Grade II Joint pain : 20-mm - 60-mm on VAS (Visual Analog Scale) at the time of Screening Appropriate blood coagulation, kidney and liver function laboratory parameters: ✓ PT(INR) < 1.5, APTT <1.5×control ✓ Creatinine ≤ 2.0 mg/dL, Albumin ≤ trace in urine dipstick test ✓ Bilirubin ≤ 2.0 mg/dL, AST/ALT ≤ 100 IU/L Ligament instability ≤ Grade II Lower extremity alignment within 5 degrees of the neutral weight bearing axis No meniscal surgery within the past 3 months and more than 5mm of meniscal rim remaining Ability and willingness to fully participate in the post-operative rehabilitation program Subject is informed of the investigational nature of this study, voluntarily agrees to participate in the study, and signs an IRB-approved informed consent prior to performing any of the screening procedures

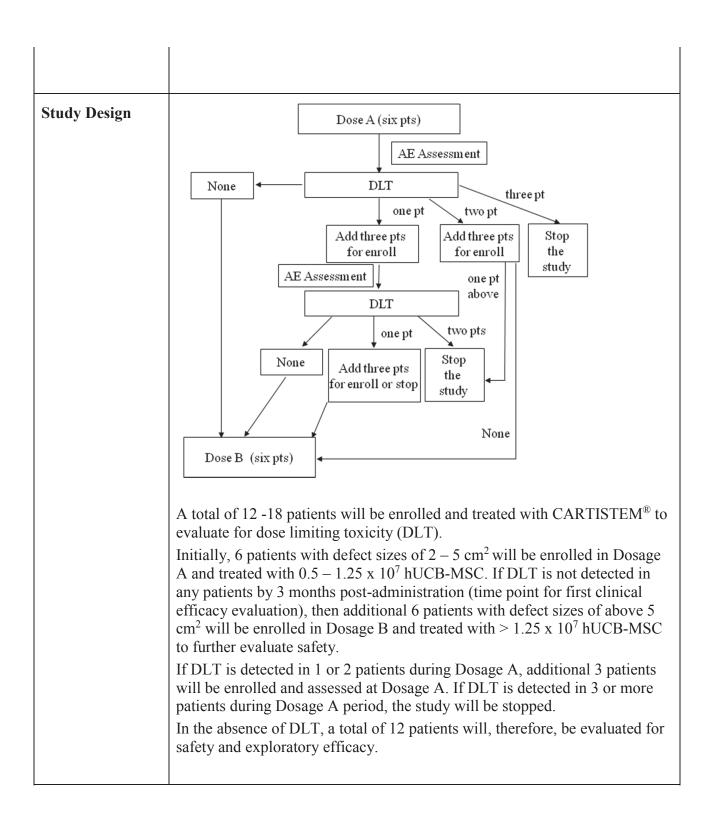
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	• Body Mass Index (BMI) $\leq 35 \text{ kg/m}^2$
Criteria for Exclusion	 Patients who have been treated previously and are asymptomatic Avascular necrosis/ osteonecrosis Autoimmune or inflammatory joint disease History of infection within the past 6 weeks Surgery or radiation therapy within the past 6 weeks Serious medical co-morbidities, which would otherwise contraindicate surgery, as determined by the investigator Currently pregnant or nursing Psychotic diseases, epilepsy, or any history of such diseases Current abuse of alcohol (> 10 drinks weekly) and/or regular exposure to other substances of abuse, currently an active smoker Chronic inflammatory articular diseases such as rheumatoid arthritis Enrolled in any other clinical trials within the past 4 weeks Administered immunosuppressants such as Cyclosporin A or azathioprine within the past 6 weeks Ligament instability > Grade II Uncorrected significant lower extremity malalignment (i.e. > 5 degrees) (sub-) Total meniscectomy (<5mm rim remaining) Corticosteroid or viscosupplementation injection to the affected knee in the past 3 months Principal investigator considers inappropriate for the clinical trial due to any reasons other than those listed above
Number of Patients	12 patients in total; 6 patients with defect sizes of 2-5 cm ² followed by 6 patients with defect sizes > 5 cm ²
Number of Study Centers	Two
Concomitant Treatment	Patients should discuss any medications and therapies they are currently taking with the study doctor. Patients in this trial must not take the following drugs: glucosamine, dietary supplements used as alternative medicine to treat osteoarthritis such as chondroitin sulfate and hyaluronan, systemically administered corticosteroids (Hydrocortisone, Prednisone, Prednisolone, Methylprednisolone, Triamcinolone, Dexamethasone, Paramethasone, Betamethasone, Aldosterone, Fludrocortisone) and immunosuppressants (Prednisone, Vincristine, Azathioprine, γ – globulin, Cyclophosphamide, Chlorambucil, 6-mercaptopurine, Cyclophosphamide + factor XIII, Rh(D) immune globulin, ALG, Actinomycin-D, OKT3, Methotrexate)

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Clinical Trial Material (CTM)	CARTISTEM [®] (human allogeneic-unrelated umbilical cord blood-derived mesenchymal stem cells, hUCB-MSC, and sodium hyaluronate) CARTISTEM [®] consists of approximately 7.5 x 10 ⁶ hUCB-MSC suspended in 1.5 mL medium in one vial, and 60 mg sodium hyaluronate provided as a lyophilized sponge form in a separate vial. The two vials are mixed at the surgical site. Upon admixture of the two vials, the combination forms a viscous gel, which is implanted into the articular cartilage defect.
Clinical Trial Material Dosage and Administration	CARTISTEM [®] will be administered into the articular cartilage defect by open surgery at a dose of 0.5 mL/cm ² based upon size of the defect. The CARTISTEM [®] dosage has been selected based on the results derived from nonclinical studies and prior human experience (see Investigator's Brochure for further information)
Surgical Technique	Before application of CARTISTEM [®] , unstable chondral fragments are debrided using a curet and stable shoulders of healthy surrounding cartilage are created. After adequate removal of the debris, multiple holes are created across the entire articular cartilage defect with a 2~3 mm drill bit spacing the holes approximately 3~5 mm apart. CARTISTEM [®] is applied onto the drilled holes first, and then throughout the entire cartilage defect.
Post-operative rehabilitation	Patients will be started on a continuous passive motion (CPM) device on post-operative day 1 with a range of motion of 0-30 degrees initially. This will be increased by 10 degrees per day as tolerated to a maximum of 0-90 degrees. Patients will undergo CPM treatment for 6 hours per day over 6 weeks. The patient will remain touch-down weight-bearing (TDWB) for 6 weeks, and then advance to full-weight bearing during the next 6 weeks (up to week 12). The patient will refrain from high-impact activities, such as running, during the subsequent 8 to 12 weeks (week $20 - 24$).
Reference Therapy	The study does not include a reference compound.
Approximate Duration of Patient Participation	Each patient will undergo a 6-week screening period for eligibility and a 12- month follow-up observation period for both the primary (safety) and secondary (efficacy) evaluations following administration of CARTISTEM [®] . Also each patient will undergo a 24-month follow-up visit for a long term patient assessment.

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Approximate Duration of Study	The estimated duration of the study for the primary evaluation is approximately 12 months, with an additional 12 month extension for the long-term patient assessment phase.
Safety Evaluation	<u>General</u> General safety will be evaluated via the following assessments: AEs, routine clinical laboratory tests (hematology, clinical chemistry, and urinalysis), thrombin generation (PT and aPTT), immunogenicity tests (T cell subset), vital signs, physical exams, ECGs, and MRI for tumorigenicity.
	 Adverse Events To assess the safety of CARTISTEM[®], the course and degree of swelling, tenderness, range of motion and pain will be determined. DLT is defined as toxicity or adverse event of Grade 3 or higher [80 points or higher for pain] in two or more events at the surgery site among swelling, tenderness, range of motion, and pain, in any one visit. DLT is also defined as adverse drug reaction of Grade 3 or higher in the Common Toxicity Criteria Adverse Events (CTCAE), Version 4.0, with the exception of the following events and that they are unresolved for 7 consecutive days, despite medical interventions: Abnormal results in lab test (Acidosis, Hyponatremia, Hyperbilirubinemia, etc.) Fatigue, defined as not relieved by rest; limiting self-care ADL Pain, defined as severe pain in various parts of the head, limiting self-care ADL Fever, defined as >40.0 degrees C (> 104.0 degrees F) for > 24 hours
Efficacy Evaluation	Primary efficacy outcome parameters will be the postoperative changes in subjective knee function as assessed by IKDC (International Knee Documentation Committee) score at 12 months. For secondary efficacy outcome parameters, patients will answer questionnaires for pain (visual analogue scale, VAS), knee specific outcome instruments (Lysholm knee scoring, and KOOS [Knee injury and Osteoarthritis Outcome Score]). Structural information will be gathered using high-resolution (1.5 or 3 Tesla) magnetic resonance imaging (MRI).

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Statistical Methods	General: all safety and efficacy endpoints will be presented for each dose cohort as well as for all patients combined. For safety evaluation, statistical homogeneity between dose groups will be performed. For efficacy evaluation, statistical comparison (difference) between dose groups will be performed.
	1) Safety Safety will be demonstrated with 95% confidence intervals. Adverse events, adverse drug reactions, serious adverse events, and drop-out patients due to AE will be presented with frequency and percentage. Homogeneity between dose groups will be analyzed using person's chi-square test or Fisher's exact test. Descriptive statistics including means, medians, SD (standard deviation), minimum and maximum will be used to demonstrate the other safety endpoints.
	2) Efficacy Symptom improvement from the outcome instruments will be demonstrated with means and standard deviations. Efficacy results will also be analyzed for statistical significance using change from baseline at each efficacy endpoint. Statistical difference of continuous variables and categorical variables between dose groups will be compared using t-test and Fisher's exact test, respectively.
Rationale for Study Population and Number of Patients	CARTISTEM [®] is administered to the defective joint cartilage region by open surgery. Due to ethical considerations, it is not possible to conduct this type of procedure in a healthy subject. Therefore, no studies in healthy subjects will be performed.
	Factors such as number of subjects to acquire statistical data of the effectiveness are not considered as critical in this phase I/IIa study. A small number of subjects generally participate in this stage of clinical study. Accordingly, Dosage A is set based on dose limit of toxicity from non-clinical study and then Dosage B will be administered.

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Abbreviations

AE	Adverse Event, Adverse Experience
ADR	Adverse Drug Reaction
ALP	Alkaline Phosphatase
ALT(sGPT)	Alanine aminotransferase (serum Glutamic Pyruvic Transaminase)
AST(sGOT)	Aspartate aminotransferase (serum Glutamic Oxaloacetic Transaminase)
BUN	Blood Urea Nitrogen
СК	Creatine Kinase
CRP	C-Reactive Protein
CTC	Common Toxicity Criteria
DLT	Dose Limiting Toxicity
ESR	Erythrocyte Sedimentation Rate
HCG	Human Chronic Gonadotropin
Hb	Hemoglobin Concentration
Hct	Hematocrit
ICRS	International Cartilage Repair Society
IKDC	International Knee Documentation Committee
IND	Investigational New Drug
KOOS Score	Knee injury and Osteoarthritis Outcome Score
LDH	Lactate dehydrogenase
МСН	Mean Corpuscular Hemoglobin
MCHC	Mean Corpuscular Hemoglobin Concentration
MCV	Mean Corpuscular Volume
MLR	Mixed Lymphocyte Reaction
MTD	Maximal Tolerated Dose
NCI	National Cancer Institute
РТ	Prothrombin Time
aPTT	Activated Partial Thromboplastin Time
RBC	Red Blood Cell
ROM	Range of Motion
VAS	Visual Analogue Scale
WBC	White Blood Cell

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1 Title and Development of Phase

1.1 Study Title

Evaluation of Safety and Exploratory Efficacy of CARTISTEM[®], a Cell Therapy Product for Articular Cartilage Defects: A Phase I/IIa Clinical Trial in Patients with Focal, Full-thickness, Grade 3-4 Cartilage Defects of the Knee

1.2 Developmental Phase Phase I/IIa

2 Name and affiliation of principal or coordinating investigators

2.1 Name and Address of the Research Facilities

RUSH University Medical Center

1611 W. Harrison Street, Chicago, IL 60612

Brigham and Women's Hospital

850 Boylston St., Chestnut Hill, MA 02467

2.2 Names and Titles of the Coordinating Investigator and the Principal Investigators

Coordinating Investigator, Principal Investigator

Brian J. Cole, MD

Professor, Department of Orthopedic Surgery Professor, Department of Anatomy and Cell Biology Section Head of Cartilage Restoration Center

Principal Investigator

Andreas H. Gomoll, MD

Assistant Professor, Department of Orthopedic Surgery

2.3 Name and Title of the Clinical Trial Pharmacist

CARTISTEM[®] consists of umbilical cord blood-derived mesenchymal stem cells (hUCB-MSC; main component) suspended in a transparent pale pink medium and sodium hyaluronate

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(device) intended for cartilage regeneration in patients with cartilage defects or injuries. Unlike other conventional investigational products, the innate biological properties of the living cells in this product limit the shelf-life of the suspension (mixture of hUCB-MSC and HA) to less than 72 hours after preparation. Therefore, the investigational product needs to be delivered to the test site on the day of the actual surgery so that the on-site preparation and administration to the patient can take place shortly after receipt of the two vialed CARTISTEM[®] components (hUCB-MSC and lyophilized HA). Designation of a clinical trial pharmacist is deemed unnecessary as the unused portion of the investigational product which is ordered and administered on an individual subject basis is to be returned to MEDIPOST after the surgery. Therefore, a clinical nurse is given the role of managing the investigational product under supervision of the principal investigator and the subinvestigators.

Moreover, CARTISTEM[®] does not require a separate compounding or preparation process of a clinical trial pharmacist as the product can be mixed and used by the principal investigator in the surgery room. Hence, it was decided that it would be acceptable to have an appropriate individual designated by the (principal) investigator order, receive the shipment of, and return the investigational product to the sponsor. Therefore, a clinical nurse is assigned the role of managing the investigational product under the supervision of the investigator.

2.4 Name and Address of the reviewing Institutional Review Board (IRB)

The Institutional Review Board at RUSH University Medical Center

Research and Clinical Trials Administration Office

1653 W. Congress Parkway, Chicago, IL 60612

(Mailing Address: 707 S. Wood Street, Lower Level, Chicago, IL 60612)

Partners Human research Committee at Brigham and Women's Hospital

116 Huntington Avenue, Suite 1002, Boston, MA 02116

(Website: http://healthcare.partners.org/phsirb)

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3 Name of the Sponsor

MEDIPOST Co., Ltd.

21 Daewangpangyo-ro 644-beon-gil, Bungdang-gu, Seongnam-si, Gyeonggi-do 13494, Korea

4 Background of the Study

4.1 Cartilage defects

Chondral defects or damage to articular cartilage due to accidents, repetitive trauma or arthritis are common disorders. They are major causes of disability, as they can lead to osteoarthritis and they rarely heal spontaneously (e.g., Dragoo et al. 2003, Moore et al. 2005). As the population ages and as more young people participate in active sports, the size of the target patient group is also growing. However, despite ongoing research efforts, clinical products directed at cartilage repair remain limited.

Articular cartilage consists of hyaline cartilage and is a highly differentiated connective tissue covering joint surfaces. It is avascular and alymphatic, and it is sheltered from the immune system. It also has no nerve supply and is therefore not sensitive to early injuries. Articular cartilage also has poor repair properties because there are relatively few cells in the tissue, the metabolic rate is low, and the capacity of chondrocytes to divide and migrate within articular cartilage is restricted by the dense matrix. As a consequence, it is generally agreed that articular cartilage does not repair significantly after damage to the collagen matrix (e.g., Chang et al. 2006, Gelse et al. 2003, Hedrick and Daniels 2003, Katayama et al. 2004, Risbud et al. 2001, Wakitani et al. 2002). Therefore, damage to the tissue as a result of trauma generally progresses to osteoarthritis.

In most cases, the critical limiting step for the induction of spontaneous cartilaginous repair is incomplete and leads to the formation of fibrous, or at best fibrocartilage, tissue – a tissue intermediate of fibrous mesenchyme and cartilage, depending on the location and size of injury. Compared with the native hyaline articular cartilage, fibrous repair tissue has poor mechanical qualities and is prone to fail in the long term (Athanasiou et al. 2001, Chuma et al. 2004, Gelse et al. 2003, Guo et al. 2004, Mizuta et al. 2004, Moore et al. 2005, Otsuka et al. 1997). It is, <u>CARTISTEM®</u>

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therefore, desirable to develop procedures that allow for improved repair of cartilage defects, as discussed below.

4.2 Investigational cellular-surgical combined interventions

Various different types of treatments are in use, such as drug therapy, arthroscopy, joint replacement surgery, marrow stimulation techniques (drilling, abrasion arthroplasty and microfracture for stimulation of local MSC), periosteal grafts, and autologous chondrocyte transplantation (Athanasiou et al. 2001, Risbud et al. 2001, Smith et al. 2005). However, conventional treatment modalities have not been able to provide complete and sustained resolution of symptoms following damage to the articular cartilage. Despite the numerous techniques available today, complete healing of damaged or defective cartilage or consistent reproduction of normal hyaline cartilage does not occur, and continuous drug administration or secondary surgeries are common. Thus, functional restoration of diseased and damaged human articular cartilage continues to remain one of the most challenging orthopedic problems and the clinical need for cartilage repair/regeneration technologies is undisputed (Athanasiou et al. 2001, Elisseeff 2004, Gelse et al. 2003, Lee et al. 2010, Smith et al. 2005, Yanai et al. 2005).

The latest attempts to develop clinically useful procedures for repairing damaged articular cartilage include the use of cells with the potential for cartilage repair. There are three potential cell types that may be utilized: chondrocytes (already used in the autologous chondrocyte transplantation technique), adult (somatic) stem cells and embryonic stem cells (Barry 2003, Browne et al. 2005, Giannoni et al. 2005, Guo et al. 2004, Otsuka et al. 1997, Yanai et al. 2005).

Chondrocyte implantation has long been considered as a potential treatment and several approaches of chondrocyte implantation are in current clinical use. Implantations of previously isolated and *in vitro* amplified autologous chondrocytes are being performed in current clinical practice. The disadvantages of this procedure are the limited proliferative capacity of adult chondrocytes, the issue of dedifferentiation in culture and required re-differentiation upon implantation, as well as the need for a 2-stage procedure for harvest and implantation.

The use of stem cells is the most recently developed and investigated method. The most promising approaches involve the introduction of MSC /cartilage precursor cells. Bone marrow

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contains non-hematopoietic progenitor cells capable of differentiating into osteoblasts, chondrocytes and adipocytes; because those differentiated cells have mesodermal origin, their bone marrow progenitors have been designated MSC.

The umbilical cord blood is a source of hematopoietic stem cells and is used for hematopoietic stem cell transplantation in patients with diseases such as leukemia, aplastic anemia, and congenital immune deficiency that require allogeneic hematopoietic stem cell transplants. Over 5,000 cases of umbilical cord blood-derived hematopoietic stem cell transplantations have been conducted globally as of 2004, and transplant treatments using umbilical cord blood are expected to increase even further in the future. Umbilical cord blood is blood from the placenta and umbilical cord, which can be easily collected from the umbilical cord after childbirth, and therefore the collection poses no risk of harm to either the mother or the infant. Considering the present US birth rate of about 4,000,000 infants per year, umbilical cord blood is one of the most readily available and non-invasive sources of mesenchymal stem cells. The mesenchymal stem cell found in umbilical cord blood is characterized by its ability to self-replicate as well as its multipotency, or the capability to differentiate into cell lineages that compose bone, cartilage, bone marrow stroma, adipocytes, tendon, neurons, and various other tissues and organs.

Research in MSC has had a rapid acceleration over the past decade and MSC-based therapy has become one of the objects of investigation for a new branch of medicine termed regenerative medicine. This emerging technology shows great promise for producing transplantable cartilage constructs to restore the function of degenerated joints. However, current treatment options using MSC for articular cartilage repair/regeneration are still at an experimental stage of development. Studies with MSC were conducted in various animal models while currently only one clinical investigation and two case reports with MSC are available (e.g., Wakitani et al. 2002, Wakitani et al. 2010).

4.3 CARTISTEM[®] (MEDIPOST Cell Therapy Product)

CARTISTEM[®] is intended to be used as a single-dose cellular therapeutic agent for cartilage regeneration in human subjects with cartilage defects of the knee as a result of ageing, trauma or

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degenerative diseases.

The CARTISTEM[®] drug product consists of a combination of human umbilical cord bloodderived mesenchymal stem cells (hUCB-MSC; supplied as a liquid suspension) and lyophilized sodium hyaluronate, provided in separate vials for mixing prior to administration. The packaged drug product will be shipped and stored as two vials, one vial containing approximately 7.5x10⁶ hUCB-MSCs suspended in 1.5 mL medium (alpha-MEM) to be mixed with one vial containing 60 mg sodium hyaluronate (lyophilized). Upon admixture of the two vials, i.e. after distribution of the cells in the hyaluronate polymer, the reconstituted product (5x10⁶ cells/mL; 40 mg/mL sodium hyaluronate) is formed as a viscous gel which is implanted into the cartilage lesion during open surgery. The initial proposed clinical dose is to be 0.5 mL/cm² (approximately 2.5x10⁶ cells and 20 mg HA/cm²). Immune phenotype tests using flow cytometer demonstrated that the hUCB-MSCs are CD45 negative, CD14 negative, HLA-DR negative, CD29 positive, CD73 positive, CD105 positive, and CD166 positive.

hUCB-MSCs, the active ingredient in CARTISTEM[®], are expected to induce the regeneration of damaged cartilage tissues by repair of the microenvironment with paracrine effects or by differentiation towards tissue-specific pathways. Sodium hyaluronate is believed to function as a medical device to provide mechanical stability to the hUCB-MSC suspension, enabling the cells to remain at the site of the implantation and not disseminate into adjacent areas.

4.4 Sodium Hyaluronate

Hyaluronic acid is a natural component of the extracellular matrix in cartilage. The glycosaminoglycan is highly conserved and is widely distributed in the body. hUCB-MSCs express cell surface receptors (CD44) that bind to hyaluronic acid. Interaction between cells and the extracellular matrix regulates many biological processes that are important to cartilage homeostasis and repair, including cell attachment, growth, differentiation, and survival (Marcacci et al. 2005, Risbud et al. 2001).

Since the 1970's, hyaluronic acid has been clinically used as a chondroprotective agent (Caplan and Dennis 2006, Watterson and Esdaile 2000). In addition, sodium hyaluronate has been

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FDA approved for the treatment of osteoarthritis of the knee since 1997 (as an orthopedic device – e.g. ORTHOVISC[®] High Mol, SUPARTZ[®] Dispo, SYNVISC[®] (Hylan G-F 20) and HYALGAN[®]). In 2003, HA was approved for injection into the mid to deep dermis for correction of moderate to severe facial wrinkles and folds (such as nasolabial folds). In all cases, the FDA has regulated the products as medical devices.

The sodium hyaluronate in the CARTISTEM[®] product is believed to provide a stabilizing function to the MSC enabling them to remain at the site of the implant and not spill over into adjacent areas. In fact, sodium hyaluronate (and its derivatives) has proven to be an ideal molecule for use in the delivery of cellular therapies such as autologous chondrocytes or MSC in cartilage repair helping to keep the implanted cells in place (e.g., Elisseeff 2004, Marcacci et al. 2005, Risbud et al. 2001). In addition, hyaluronic acid has been shown to be both non-toxic and biocompatible (Kasahara et al. 2008). Thus, sodium hyaluronate was considered highly desirable for use as a scaffold in CARTISTEM[®]. There is currently no evidence that the presence of sodium hyaluronate contributes in any way to the inherent activity of the implanted MSC. Therefore, MEDIPOST considers the sodium hyaluronate to be a device in the final administered CARTISTEM[®].

5 Purpose of the Study

The primary objective of the proposed single-center phase I/IIa study is to evaluate the safety of CARTISTEM[®], an allogeneic-unrelated mesenchymal stem cell (hUCB-MSC) suspension mixed with sodium hyaluronate, at doses ranging from 0.5×10^7 to 2.25×10^7 hUCB-MSC in patients with articular cartilage defects that are equal or greater than 2cm².

The secondary objective of the study is to evaluate the efficacy (regeneration of defective cartilage and decrease of pain) of CARTISTEM[®].

CARTISTEM[®] will be administered, as a function of the defect size, at a cell density of 0.25×10^7 cells/cm² (0.5 mL/cm² with 0.5×10^7 hUCB-MSC/mL) directly into the articular cartilage defect by open surgery.

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A total of 12 patients, initially 6 patients with defect sizes of 2 to 5 cm² (Dosage A) followed by an additional 6 patients with defect sizes of above 5 cm² (Dosage B), will be enrolled sequentially in 2 groups in order to evaluate whether dose-limiting toxicity (DLT) is detected.

Each patient will undergo a 6-week screening period for eligibility and a 12-month follow-up observation period for both the primary (safety) and secondary (efficacy) endpoints of the study. There is an additional long term follow-up observation visit at 24 months. The estimated total duration of the study is approximately 24 months.

Prior to administration of CARTISTEM[®], the defect will undergo debridement, and following appropriate preparation, perforation of the subchondral plate.

CARTISTEM[®] is applied directly onto the entire defect site.

For use at the clinical site, CARTISTEM[®] will be provided as a cell suspension and lyophilized sodium hyaluronate in separate glass vials.

In terms of post-operative rehabilitation, patients will be started on a continuous passive motion (CPM) device on post-operative day 1 and refrain from high-impact activities such as running for 20 to 24 weeks.

6 Study Design

6.1 Study Period

- 1) 24 months from approval of the clinical trial protocol
- 2) Recruiting period: 7 months
- 3) Follow-up period: 12 months from baseline (week 0) to final visit
- 4) Long term follow-up visit: 24 months following administration of CARTISTEM®

6.2 Subject Selection Criteria

- 1) Inclusion Criteria
- A. Patients with an intended- to- treat single focal, full-thickness cartilage defect (ICRS [International Cartilage Repair Society] Grade 3 or 4) of the knee as a result of ageing,

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trauma, or degenerative diseases

- B. Age \geq 18 years old
- C. Size of the articular cartilage lesion is $\ge 2 \text{ cm}^2$
- D. Swelling, tenderness and active range of motion \leq Grade II
- E. Joint pain : 20-mm 60-mm on VAS (Visual Analog Scale) at the time of Screening
- F. Appropriate blood coagulation, kidney and liver function laboratory parameters:
 - ✓ PT(INR) < 1.5, APTT <1.5×control
 - ✓ Creatinine \leq 2.0 mg/dL, Albumin \leq trace in urine dipstick test
 - ✓ Bilirubin \leq 2.0 mg/dL, AST/ALT \leq 100 IU/L
- G. Ligament instability \leq Grade II
- H. Lower extremity alignment within 5 degrees of the neutral weight bearing axis
- I. No meniscal surgery within the past 3 months and more than 5mm of meniscal rim remaining
- J. Ability and willingness to fully participate in the post-operative rehabilitation program
- K. Subject is informed of the investigational nature of this study, voluntarily agrees to participate in the study, and signs an IRB-approved informed consent prior to performing any of the screening procedures
- L. Body Mass Index (BMI) \leq 35 kg/m²
- 2) Exclusion Criteria
- A. Patients that have been treated previously and are asymptomatic
- B. Avascular necrosis / osteonecrosis
- C. Autoimmune or inflammatory joint disease
- D. History of infection within the past 6 weeks
- E. Surgery or radiation therapy within the past 6 weeks
- F. Serious medical co-morbidities which would otherwise contraindicate surgery, as determined by the investigator
- G. Currently pregnant or nursing
- H. Psychotic diseases, epilepsy, or any history of such diseases

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- I. Current abuse of alcohol (> 10 drinks weekly) and/ or regular exposure to other substances of abuse; currently an active smoker
- J. Chronic inflammatory articular diseases such as rheumatoid arthritis
- K. Enrolled in any other clinical trials within the past four weeks
- L. Administered immunosuppressants such as Cyclosporin A or azathioprine within the past 6 weeks
- M. Ligament instability > Grade II
- N. Uncorrected significant lower extremity malalignment (i.e. > 5 degrees)
- O. (Sub-) Total meniscectomy (<5mm rim remaining)
- P. Corticosteroid or viscosupplementation injection to the affected knee in the past 3 months
- Q. Principal investigator considers inappropriate for the clinical trial due to any reasons other than those listed above

6.3 Number of Subjects

1) Estimated Number of Patients

This study requires 12-18 patients (6-9 patients per arm depending on rate of DLT) for two different dose ranges (Dosage A: defect sizes of 2-5 cm² and Dosage B: defect sizes of above 5 cm²).

2) Target Number of Subjects and Rationale

This is a phase I/IIa clinical trial to evaluate safety and exploratory efficacy of the investigational drug product. Therefore, it is not considered critical to base the number of subjects on formal statistical power calculations. Six patients at each dose cohort enrolled sequentially are considered sufficient for this study. This study will be performed with two dose ranges, on the basis of existing pre-clinical test results. Initially, 6 patients with defect sizes of 2-5 cm² will be enrolled in Dosage A. If no DLT is seen during Dosage A, another 6 patients with larger defect sizes (above 5 cm²) will be recruited for Dosage B of the study. There could be a need for an intermediate dose or up to 6 additional patients, based on the rate of DLT seen.

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1) Initial Administration Dosage and Rationale

It is somewhat well understood by developers and regulators of living cell therapies that for products like CARTISTEM[®] administered locally into an anatomical defect there is no simple extrapolation of a safe starting dose in humans based primarily upon body surface area calculations derived from animal studies.

In addition, dose determinations in this clinical setting should take into account the surface area of the cartilage defect such that all NOAEL values should be converted into a unit quantity (cells/cm²) at the application site. This approach applies to most therapeutics administered into anatomical compartments that have little subsequent distribution outside of the compartment; it is recommended that doses are normalized between species according to the compartmental volumes and amount of the therapeutic product.

Support for the range of CARTISTEM[®] doses (0.5×10^7 cells to 2.25×10^7 cells) to be evaluated for safety and efficacy in this phase I/IIa study comes from both preclinical studies and clinical results in humans (comprised of a completed Phase I/II study in Korean patients with articular cartilage defects (N=7) and an ongoing Phase III study in Korean patients (N=50), as follows:

NOAELs for CARTISTEM[®] have been determined in the rat (Study No. B04001; NOAEL = $3x10^7$ cells per mL; > $1x10^7$ cells per cm²) and the rabbit (Study No. B04004; NOAEL = $1.5x10^7$ cells per mL; > $0.3x10^7$ cells per cm²); however, it is possible that the design of these studies did not allow for a proper assessment of the NOAEL due to limitations on the density of cells administered, and an overall very low toxicity of the hUCB-MSC in the species examined.

No treatment-related SAEs have been reported in seven patients who participated in a phase I/II Korean study and 50 patients currently enrolled in an ongoing phase III Korean study; all of these patients have received single administrations of 0.25×10^7 cells/cm² (0.5 ml/cm² with $0.5x10^7$ MSC/mL) up to a maximum of $2.25x10^7$ total MSC; this number of cells represents a much higher dose than the NOAEL ($10x10^7$ MSC per mL) derived from CARTISTEM® page 22 of 137

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Study B04001 (GLP repeat-dose toxicology study in rats).

Based on these findings (for further discussion, please see the Investigator's Brochure), MEDIPOST has selected a single administration of CARTISTEM[®] at 0.25×10^7 cells/cm² (0.5 mL/cm² with 0.5×10^7 hUCB-MSC/mL), with both the volume and total number of hUCB-MSC administered to patients being a function of the defect size.

Similar products available on the market include CARTICEL[®] manufactured by Genzyme Biosurgery, an autologous cultured chondrocyte product approved by the US-FDA. Clinical studies of CARTICEL[®] were conducted at dose levels ranging from 0.64×10^6 cells/cm² up to 3.3×10^6 cells/cm² for the 1.2×10^7 cells/0.4mL product. Meanwhile, Chondron, the autologous chondrocyte regeneration therapy of Cellontech, Korea, is a 1.2×10^7 cells/0.4mL product which is applied at a ratio of 0.1 mL for every 1 cm² of cartilage defect. For cartilage defects greater than 4 cm² in size, the entire vial is administered.

Both CARTICEL[®] and Chondron are autologous chondrocyte therapies, with limits in cell proliferation and maximum number of cells that can be achieved in the defect. In other words, the limited cell number is a challenge and it is difficult to determine a constant cell concentration per unit area in larger defect sizes. Also, there are potentially large differences in cell potency since the starting materials/living cells are derived in a patient-specific manner and, therefore, typically vary greatly from patient to patient.

CARTISTEM[®] can be differentiated from these two products because it is an off-theshelf allogeneic-unrelated cellular therapy that allows a consistent application of the most effective cell concentration per area of defect throughout the entire lesion with a constant cell concentration.

Against this background, the most scientific and logical approach for the study would be to perform the clinical trial using two different cell concentrations of 0.5×10^7 cells/mL and 1.0×10^7 cells/mL. However, it was deemed ethically inappropriate to subject a treatment group to a relatively-less effective dose. Therefore, a single cell concentration expected to be the more effective of the two was first chosen through a preclinical study and adopted for CARTISTEM[®] page 23 of 137

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this clinical trial. The total volume of administration was determined by size of the lesion.

CARTISTEM[®], consisting of mesenchymal stem cells and sodium hyaluronate, will be applied at a dose of 0.5 mL/cm². The administered dose is, therefore, a function of the defect size. It will be administered into the cartilage defect by open surgery.

The following chart provides determination of CARTISTEM[®] dosage relative to the defect size (derived from nonclinical studies and prior human experience):

Study	Defect Size	Volume of Dose	Total Cell Number	Device Dosage		
Phase	Defect Size	volume of Dose	(hUCB-MSC)	(Sodium hyaluronate)		
	2 cm^2	1.0 mL	0.5×10^7 cells	40 mg		
А	3 cm ² 1.5 mL		0.75×10^7 cells	60 mg		
	4 cm^2	2.0 mL	1.0×10^7 cells	80 mg		
	5 cm^2	2.5 mL	1.25×10^7 cells	100 mg		
	6 cm^2	3.0 mL	1.5×10^7 cells	120 mg		
В	7 cm^2	3.5 mL	1.75×10^7 cells	140 mg		
Б	8 cm ²	4.0 mL	2.0×10^7 cells	160 mg		
	9 cm ² ~	4.5 mL~	2.25×10^7 cells~	180 mg ~		

6.5 Dose Escalation

This clinical trial will employ the following dose escalation scheme:

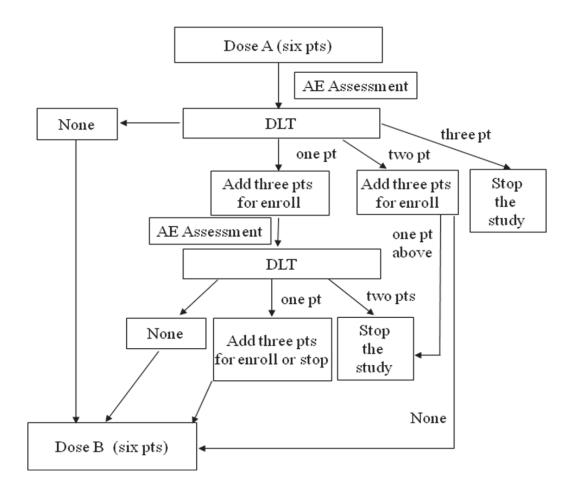
A total of 12-18 patients will be enrolled and treated with CARTISTEM[®] for dose limiting toxicity (DLT) evaluation. Initially, 6 patients with lesion sizes of $2 - 5 \text{ cm}^2$ will be assigned to Dosage A and treated with $0.5 - 1.25 \times 10^7$ MSCs; if dose limiting toxicity is not observed at the 3 month time point for the first clinical efficacy evaluation, then another 6 patients with lesion sizes of above 5 cm² will be assigned to Dosage B and treated with more than 1.25 x 10^7 MSCs for further safety evaluation. If a DLT occurs to one or two patients of the group treated with the dosage A, 3 more patients will be assigned to dosage A. If DLT happens to 3 of the patients who were treated with the dosage A or above, this study will be halted and the FDA and IRB will be notified. The Independent Data Monitoring Committee will perform a comprehensive review of safety (see Section 9.1).

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If no DLT occurs to any of the dosage A patients, another 6 patients with larger defect sizes will be enrolled and assigned to dosage B. In case of no DLT observed, a total of 12 patients will be enrolled for safety and efficacy evaluation. However, 18 patients could be enrolled if DLT occurs to two patients. If DLT occur 3 or more patients treated with Dosage B, this study will be halted and the FDA and IRB will be notified. The Independent Data Monitoring Committee will perform a comprehensive review of safety (see Section 9.1).



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6.6 Definition of Maximum Permissible Dose and Method of Dose Escalation

Dose Limiting Toxicity (DLT): DLT is defined as toxicity or events of Grade 3 or higher (80 points or higher against pain) in two or more events at the surgery site among swelling, tenderness, range of motion, and pain in any one visit. DLT is also defined as adverse drug reaction of Grade 3 or higher in the Common Toxicity Criteria Adverse Events (CTCAE), Version 4.0, with the exception of the following events and that they are unresolved for 7 consecutive days, despite medical interventions:

- ✓ Abnormal results in lab test (Acidosis, Hyponatremia, Hyperbilirubinemia, etc.)
- ✓ Fatigue, defined as not relieved by rest; limiting self-care ADL
- ✓ Pain, defined as severe pain; limiting self-care ADL
- ✓ Headache, defined as severe pain in various parts of the head, limiting self-care ADL Fever, defined as > 40.0 degrees C (> 104.0 degrees F) for > 24 hours

Maximum Tolerated Dose (MTD): If DLT occurs in 2 or fewer patients at the Dosage B level, the MTD will be Dosage B. If DLT occurs in 3 or more patients treated with Dosage B then the MTD will be Dosage A. If DLT occurs in 3 patients treated with Dosage A then the MTD will not have been determined in this study design.

6.7 Expected Adverse Effects and Usage Considerations

6.7.1 Expected Adverse Effects

There has not been any expected adverse effect that is directly related to the administration of CARTISTEM[®], however, mild increase in temperature, pain, nausea, and headache may occur in a response to the administration of allogenic mesenchymal stem cells. In general, adverse effects that may be observed following arthrotomy accompanied by the use of anesthesia include the followings:

- Implant site pain, pruritus, and warmth
- Nausea

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- Constipation
- Dyspepsia
- Headache
- Dysuria
- Dizziness
- 6.7.2 Usage Considerations
- 1) Sterility should be strictly maintained as the product involves injection into human knee joint cavity.
- 2) Should any serious adverse events occur during the administration period or within 14 days after final injection, the principal investigator must, regardless of whether or not the adverse reaction is thought to be related to the study drug, report the incident to the clinical trial review committee and MEDIPOST Co., Ltd. personnel within 24 hours of occurrence.
- 3) This drug should not be administered intravenously.
- 4) Before mixing the constituting substances of the drug, tap the vial with the fingers to make sure that the cells and the preserving solution mix properly. Do not vortex.
- 5) In order to prevent the intrusion of any foreign materials into the syringe, wipe the needle point and insertion area of the vial with ethanol before inserting the needle into the vial.

7 Investigational Product

7.1 Investigational Product

7.1.1 Trade Name

CARTISTEM[®]

7.1.2 Ingredients

- hUCB-MSCs: Human umbilical cord blood-derived mesenchymal stem cell suspension in pale pink and transparent medium

- Sodium hyaluronate: white or gray-white lyophilized sponge form

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7.1.3 Property

A viscous gel matrix formed by mixing umbilical cord blood-derived mesenchymal stem cell suspension and white lyophilized sodium hyaluronate

7.1.4 Storage and Handling Conditions

- Storage condition: 2 10 °C (36 50 °F)
- Shelf-life of hUCB-MSC suspension: 72 hours from the time of manufacturing
- CARTISTEM[®] after combining with sodium hyaluronate is recommended to use within 12 hours from time of the combination.

7.2 Route of Administration

7.2.1. Anesthetize a patient.

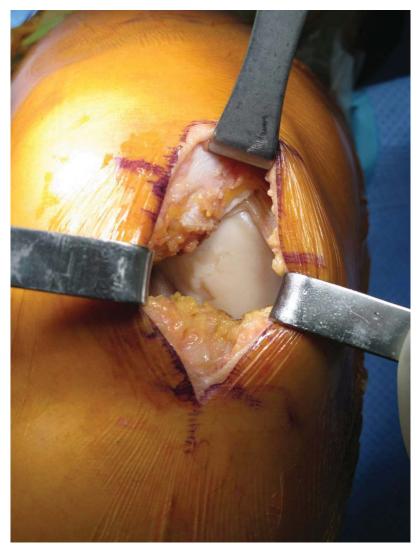
7.2.2. Gently finger-tap hUCB-MSC vial to mix and transfer 1.5 mL of the cell suspension using a sterile syringe to the HA vial. Gently mix using a sterile spatula and leave the mixture stationary until the sodium hyaluronate is completely swollen for at least 30 minutes at room temperature.

7.2.3. Perform arthroscopy to obtain more accurate measurement of the defect size.

7.2.4. Expose the cartilage defect through routine knee arthrotomy, based on defect location (medial or lateral parapatellar arthrotomy).

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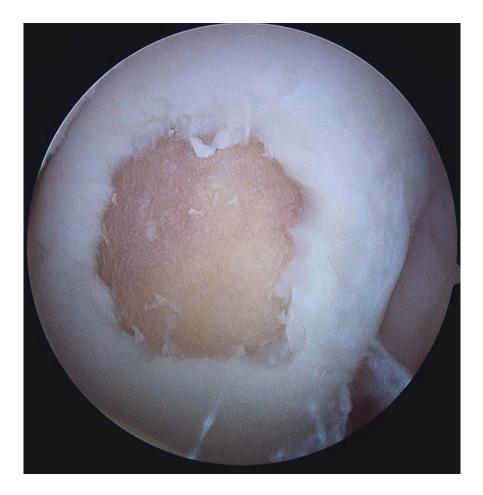


7.2.5. Debride the cartilage defect back to stable shoulders using a curet to remove any unstable or degenerated (soft and fissured) cartilage, following standard guidelines as used for microfracture or autologous chondrocyte implantation. After debridement, measure size of the defect to calculate required the dose of CARTISTEM[®].

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7.2.6. Create multiple holes across the entire base of the articular cartilage defect with a $2\sim3$ mm drill bit spacing the holes approximately $3\sim5$ mm apart. If active bleeding is encountered, the defect may be packed with epinephrine soaked sponges. Alternatively, thrombin (5000 Units) or thrombin spray may be used. The defect base should be without any active bleeding at the time of implantation.

- 7.2.7. Fill the holes with CARTISTEM[®] first and across the entire cartilage defect.
- 7.2.8. Deflate the tourniquet, achieve hemostasis, and close the wound.
- 7.2.9. Put a knee immobilizer and a standard cold-therapy device onto the leg of a patient.

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7.3 Return and disposal of unused investigational product

After administration of CARTISTEM[®], the amount of any empty containers or remaining drug shall be documented on a designated form and returned to the Contract Manufacturing Organization (CMO).

The CMO will then verify the amount of any remaining drugs indicated on the form and store them frozen for one year after its receipt of the returned investigational product. Thereafter, the CMO will dispose the returned drug per its operating procedure.

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8 Study Method

8.1 Overview of the Study Design

This study is a phase I/IIa open-label clinical trial with the objective of assessing the safety and exploratory efficacy of a single administration of CARTISTEM[®], an allogeneic-unrelated umbilical cord blood-derived mesenchymal stem cell product, in patients with articular cartilage defects.

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8.2 Study Flow Chart

	Screening (Week – 6~Week 0)	Baseline (Day -2) (±2d)	Treatment (Day 0)	Week 2 (±5d)	Week 4 (±5d)	Week 8 (±5d)	Week 12 (±7d)	Week 24 (±14d)	Month 12 <u>(±30d)</u>	Month 24 <u>(±30d)</u>
Visits	1	2	3	4	5	6	7	8	9	10
Informed Consent	•									
Physical Examination ¹⁾	•								٠	
Medical History, Medication History ¹⁾	•									
Inclusion/Exclusion Criteria	•									
Pregnancy Test (Serum HCG)	•	•								
Vital Signs/Temperature										
Laboratory Tests ²⁾	•3)			● ⁴⁾						
Immunogenicity tests (T cell subset)	● ⁵⁾							•		
X-ray of the Joint										
MRI (T2 mapping)	● ⁶⁾							•	●7)	●7)
Administration of the Investigational Product ⁸⁾			•							
IKDC Score ⁹⁾										

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	Screening (Week – 6~Week 0)	Baseline (Day -2) (±2d)	Treatment (Day 0)	Week 2 (±5d)	Week 4 (±5d)	Week 8 (±5d)	Week 12 (±7d)	Week 24 (±14d)	Month 12 (±30d)	Month 24 (±30d)
Lysholm Score										
KOOS Score										
100-mm VAS Evaluation ¹⁰⁾		•		●11)	•	•	•	•	•	•
Check for Concomitant Medications		•		•	•	•	•	•	•	•
Check for Adverse Events/Toxicity						•	•	•		•

- 1) Name, gender, date of birth, address, height, body weight, medical history, concomitant medications
- 2) Hematology: Hematocrit, Hemoglobin, MCV, MCH, MCHC, RBC, WBC, Platelet, Differential count (Neutro, Eosino, Baso, Lympho, Mono)

Blood Chemistry: GOT (AST), GPT (ALT), Alkaline Phosphatase, Glucose, Urea (BUN), Creatinine, Direct bilirubin, CK, LDH, Uric acid, Albumin, and Total Protein

Blood Coagulation: PT, aPTT

Electrolytes: Sodium, Potassium, Chloride

Urinalysis: Color, Specific gravity, pH, Leucocytes, Nitrite, Protein, Glucose, Ketone, Urobilinogen, Bilirubin, RBC, Microscopy

- 3) Lab test at Screening can be used as the pre-treatment baseline.
- 4) Lab Tests for patient at Week 2 can be omitted if the lab tests within the window period for Week 2 (i.e. 9 to 19 days after operation) are available.
- 5) Immunogenicity test at Screening can be used as the pre-treatment baseline.
- 6) MRI (T2 mapping) performed for at Screening may be skipped if MRI (T2 mapping) within the past 6 months is available. MRI (T2 mapping) at Screening can be used as the pre-treatment baseline.
- 7) MRI performed at Week 24 and Months 12 and 24 will also evaluate for tumorigenicity at focal lesion of the knee administration

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site.

- 8) Administration of the Investigational Product: 500 μ L/cm² of defect size
- 9) From baseline to Week 24, only subjective knee evaluation form must be filled in.
- 10) Use of NSAIDs must be discontinued for 6 weeks prior to treatment and may be resumed following the treatment. Use of NSAIDs and any other analgesics must be discontinued for 48 hours and 24 hours, respectively, prior to VAS evaluation at Weeks 4, 8, 12, and 24, and Months 12 and 24.
- 11) Patient may be allowed to take analgesics within 24 hours prior to VAS evaluation at Week 2.

The subject must visit the center on the scheduled visitation date ± 5 days for Weeks 2, 4, and 8; ± 7 days for Week 12, ± 14 days for Week 24 after the administration of the investigational product. For the long term follow-up patient assessment, the subject must visit the center on the scheduled visitation date ± 30 days at Months 12 and 24.

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8.3 Concomitant Medications and Concomitant Non-drug Therapies

Concomitant treatment with systemic corticosteroids or immunosuppressants is not permitted, but co-administration of any other drugs that have no effect on the efficacy assessment is allowed. If there is a concomitant medication, the name of the drug's active ingredient (name of the product in case of a combination drug), dosage, starting/ending date of administration, and the reasons for administration are to be recorded on the case report form (CRF). Information on any concurrent therapies (ex: physiotherapy) are also required to be documented on the CRF (type, duration, etc.). All concomitant medications and therapies are to be recorded at baseline and during the trial.

The following drugs are not permitted: glucosamine, dietary supplements used as alternative medicine to treat osteoarthritis such as chondroitin sulfate and hyaluronan, systemically administered corticosteroids (Hydrocortisone, Prednisone, Prednisolone, Methylprednisolone, Triamcinolone, Dexamethasone, Paramethasone, Betamethasone, Aldosterone, Fludrocortisone) and immunosuppresant (Prednisone, Vincristine, Azathioprine, γ - globulin, Cyclophosphamide, Chlorambucil, 6-mercaptopurine, Cyclophosphamide + factor XIII, Rh(D) immune globulin, ALG, Actinomycin-D, OKT3, Methotrexate

8.4 Observation and Evaluation Items

8.4.1 Demographic Background and Medical History of Subjects

The patients will be screened by survey of demographic background and medical history to determine their eligibility for enrollment.

✓ Demographic background: the patient's initials, date of birth, age, gender, body weight, height, ethnicity, etc.

- ✓ Medical history: the patient's current or past diseases of substantial significance
- ✓ Vital Signs and Physical Examination: vital signs will be monitored and recorded at screening, after administration of the investigational product, and at each follow-up visit.
- ✓ Vital signs: blood pressure, pulse

✓ Physical examinations: general condition, nutritional condition, skin/mucosa, eye, ENT, thyroids, lungs, cardiovascular system, abdomen, kidney, spine/extremities,

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peripheral circulation, neuro-psychiatric system, lymphatic system, etc

8.4.2 Concomitant Medications

Each participating subject must be inquired at baseline and throughout the treatment period and at each follow up visit whether he or she is on any concomitant medications. And detailed information of the medication such as the name of the drug's active ingredients (name of the product for a combination drug), dosage, start and end dates of the administration, and a reason for the administration should be documented on case report form.

8.4.3 Evaluation of Adverse Events & Toxicity

Any adverse events (AE) or toxic reactions of each participating subject will be evaluated throughout the course of the study and at each follow up visit (from Day -2 to the end-of-study visit). Any adverse events or serious adverse events will be managed, investigated, and reported according to the procedures described in the following sections:

✓ <u>Adverse Events</u>

When an adverse event is either observed by the investigator or reported by a subject, the investigator, regardless of the relationship of the AE to the investigational product, will record name and type of the adverse event, the severity, dates of onset and resolution of the event, the investigator's opinion on the relationship between the investigational product and the adverse event, and whether or not the event was an SAE (serious adverse event) on the case report form (CRF).

The principal investigator or the trial coordinator will carry out follow-up observations for all subjects with adverse events until the symptoms subside and the abnormal clinical test results are returned to normal, or until a satisfactory explanation can be given for the observed changes. If and when there is such a request from the sponsor, a progress report on the adverse event will be submitted to the trial coordinator.

✓ <u>Serious Adverse Events</u>

A serious adverse event is defined as any untoward medical occurrence at any dose that causes death, life-threatening condition, in-patient hospitalization or prolongation of existing hospitalization, persistent or significant disability/incapacity, a congenital anomaly/birth defect, or another important medical event (see below).

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Important medical events that do not result in death, are not life-threatening, or do not require hospitalization may be considered SAEs when, based on appropriate medical judgment, they may jeopardize the subject and may require medical or surgical intervention to prevent one of the outcomes listed above. Examples of such medical events include allergic bronchospasm requiring intensive treatment in an emergency room or at home, blood dyscrasias or convulsions that do not result in in-patient hospitalization, or development of drug dependency or drug abuse. If a serious adverse event occurs, the investigator must, regardless of the relationship of the SAE to the investigational product/treatment, report the event to the responsible Institutional Review Board/Independent Ethics Committee and to the sponsor within 24 hours of awareness of the event by the investigator or, at the latest, by the next working day.

If an unexpected fatal or life-threatening adverse event occurs, the sponsor must report to the FDA by telephone or fax within seven days and report in writing of unexpected and serious adverse events within 15 days as required under 21CFR312.32.

8.4.4 Laboratory Evaluations

Laboratory evaluations will be performed at screening, after final administration of the investigational product and at every follow-up visit.

1) Hematology: Hematocrit, Hemoglobin, MCV, MCH, MCHC, RBC, WBC, Platelet, Differential count (Neutro, Eosino, Baso, Lympho, Mono)

2) Blood Chemistry: GOT(AST), GPT(ALT), Alkaline Phosphatase, Glucose, Urea(BUN), Creatinine, Direct bilirubin, CK, LDH, Uric acid, Albumin, Total Protein

3) Blood coagulation test: PT, aPTT

4) Electrolytes: Sodium, Potassium, Chloride

5) Urinalysis: Color, Specific gravity, pH, Leucocytes, Nitrite, Protein, Glucose, Ketone, Urobilinogen, Bilirubin, RBC, Microscopy

8.4.5 Immunogenicity study

T cell subset for immunogenicity evaluations will be performed at Screening, at 24week 12-month, and 24-month visit.

8.4.6 IKDC Score

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The subjects will undergo a self-assessment of knee function using IKDC subjective knee evaluation score before and after the drug administration in order to determine the efficacy of the investigational product. The IKDC assessment will be performed at the 4, 8, 12, 24 weeks and 12 and 24 months after the drug treatment in an exploratory fashion but the IKDC score from the 12 month time point will be used as a primary result of the post-operative change.

8.4.7100-mm VAS Evaluation

The subjects will undergo a self-assessment of joint pain using 100 mm VAS before and the 2, 4, 8, 12, 24 weeks and 12 and 24 months after the drug administration for the efficacy evaluation. Use of NSAIDs must be discontinued for 6 weeks prior to treatment and may be resumed following the treatment. Use of NSAIDs and any other analgesics must be discontinued for 48 hours and 24 hours, respectively, prior to VAS evaluation at Weeks 4, 8, 12, and 24, and Months 12 and 24. Patient may be allowed to take analgesics within 24 hours prior to VAS evaluation at Week 2.

8.4.8 Lysholm Score

The subjects will undergo a self-assessment of knee function using Lysholm Score before and the 4, 8, 12, 24 weeks and 12 and 24 months after the drug administration for the efficacy evaluation.

8.4.9 KOOS Score

The subjects will undergo a self-assessment of knee function and knee-related qualityof-life (QoL) using KOOS Score before and the 4, 8, 12, 24 weeks and 12 and 24 months after the drug administration for the efficacy evaluation.

8.4.10 MRI Assessment

Structural information will be gained using high-resolution (1.5 or 3 Tesla) magnetic resonance imaging (MRI) at Screening, week 24, month 12, and month 24 in order to evaluate the clinical symptom improvement. The MRI evaluations at week 24, month 12 and month 24 will also evaluate for tumorigenicity at focal lesion.

8.5 Early Discontinuation from the Study

Drop-out or withdrawal of a subject from the study can be determined at any time point during the study period by reporting to the trial coordinator or the principal investigator.
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Should a patient voluntarily decide to withdraw, the decision will be respected and accepted without any questions.

Purpose of this study is to evaluate the safety and the efficacy of the investigational product. Therefore, any subjects who want to withdraw from the study on a voluntary basis or due to the adverse events will be replaced with new subjects as long as the drug administration in the dosage group that the withdrawn subject was in is not complete. The study data obtained from such a subject until the point of drop out will be, where possible, included in the data pool for analysis at the final evaluation stage.

9 Definition of Adverse Events

An adverse event (AE) is defined as any undesired clinical responses or complication experienced by a subject. All operative and postoperative adverse events, whether related or not, will be documented on the AE case report form (CRF).

9.1 Criteria for Safety Assessment

Vital sign monitoring, physical examination (swelling, tenderness, range of motion, and pain), and laboratory evaluations will be carried out to determine the safety of the investigational product. When an adverse event occurs, the type, the severity, dates of the onset and resolution of the adverse event, and the relationship between the investigational product and the adverse event will be investigated and documented on the case report form.

Causality of the adverse events will be determined according to the following criteria:

 \checkmark Not related: the adverse experience is definitely not related to the investigational product

✓ Unlikely: there are other, more likely causes and the investigational product is not suspected as a cause

 \checkmark Suspected, reasonable possibility: the direct cause and effect relationship between the drug and the adverse event has not been demonstrated but there is a reasonable possibility that the event was caused by the drug.

 \checkmark Probable: there probably is a direct cause and effect relationship between the adverse event and the investigational product

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Certainty of causal relationship between the adverse event and the investigational product (or any other reasons – progression of an underlying disease, concomitant therapy, etc.) will be determined on the basis of how well the adverse event could be explained in light of the following factors:

✓ Known pharmacological effect and mechanism of the investigational product

 \checkmark Similar events previously reported for the investigational product or other substances of the same class

✓ Drug reactions frequently reported with similar medications

 \checkmark Events that are temporally associated with the investigational product (events that are resolved once the drug is discontinued but reappear with the next administration)

The study will be under ongoing periodic reviews by an assigned Independent Data Monitoring Committee (IDMC). An IDMC will independently review data on a periodic basis as detailed in the IDMC charter. Serious AEs will be reported to the IDMC as outlined in the IDMC charter. The IDMC will make recommendations to the Sponsor as to whether the trial should be revised or closed.

10 Statistical Analysis

10.1 Analysis Populations

10.1.1 Safety Population

The safety analysis for all clinical and laboratory adverse experiences will be based on all enrolled patients who are administered the investigational product.

10.1.2 Efficacy Population

The efficacy population will be defined as all patients who met the eligibility criteria and received at least one dose of the investigational product, and had been assessed at least once for at least one efficacy endpoint.

10.2 Analysis of Safety Variables and Statistical Evaluation

10.2.1 Safety Variables

All adverse events will be coded according to the latest version of MedDRA and the classification according to the System Organ Class of MedDRA using preferred term.

All adverse events will be summarized and analyzed.

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Serious adverse events and drop-out patients due to adverse events will be described in details.

Descriptive statistics including means, medians, SD (standard deviation), minimum and maximum will be used to present the other safety endpoints, laboratory tests including routine hematology and chemistry, thrombin generation (PT and aPTT), vital signs, autoimmune disease test (T-cell subset) and ECGs. For laboratory data, the number of subjects who deviated from the normal range will be presented for each analyte, by visit, and by dosage phase. The results will be also classified into normal, decreased, or increased in relation to the normal range.

10.2.2 Analysis of Safety Endpoints

Analysis of the adverse events, adverse drug reactions, and serious adverse events will be presented with number of case (# of subject who experienced), number of adverse events, and percentage.

Analysis of the adverse events will include the severity, the seriousness and the relationship with the study medication. It will be presented with number of event and percentage.

Incidence rates of the adverse events including adverse drug reactions and serious adverse events occurred in each dose group will be presented with frequency, percentage, and 95% confidence interval of the rates. Homogeneity between dose groups will be analyzed using person's chi-square test or Fisher's exact test.

Incidence rates of the adverse drug reaction by SOC between two dose groups will be analyzed for homogeneity using pearson's chi-square test or Fisher's exact test.

10.3 Analysis of Efficacy Variables and Statistical Evaluation

10.3.1 Efficacy Variables

Data such as subjective knee function of each category will presented using criteria for the IKDC, the Lysholm score and the KOOS assessment, and the improvement level of pain will be analyzed using the 100-mm VAS. Structural information will be gained through the use of high-resolution (1.5 or 3 Tesla) magnetic resonance imaging (MRI) with cartilage-specific sequences (T2-mapping).

✓ Primary efficacy endpoint: post-operative change in subjective knee function will be obtained from the IKDC score at the 12-month time point as the primary

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efficacy endpoint.

- ✓ Secondary efficacy endpoint: the Lysholm Score and the KOOS score will be used as the secondary efficacy endpoint to measure post-operative change of the knee function.
- ✓ Improvement degree of joint pain will be measured using a 100-mm VAS (Visual Analogue Scale).
- ✓ Grade of the cartilage regeneration and morphological constitution of the cartilage repair area will be assessed using high-resolution (1.5 or 3 Tesla) magnetic resonance imaging (MRI).

10.3.2 Analysis of Efficacy Endpoints

The descriptive statistics of the categorical variables will be presented with percentage and frequency and that of the continuous variables such as mean, median, standard deviation, and interquartile range. The primary efficacy endpoint will be analyzed using the t-test. As for the secondary efficacy endpoints, differences of the continuous variables and the categorical variables between the two groups will be analyzed using the t-test and Fisher's exact test, respectively.

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11 Rehabilitation Protocol

All patients must participate in the following standardized rehabilitation program after receiving treatment. Rehabilitation program will vary according to the defect location of each subject.

Stage 1- Proliferative Phase (Week 1 to 6)

Femoral Condyle Defect

	PRIMARY GOALS
	DO NOT OVERLOAD GRAFT
	INCREASE TIBIOFEMORAL AND PATELLOFEMORAL MOBILITY
	RESTORE QUADRICEPS CONTROL
BRACE	• Knee immobilizer with ambulation, until good quads control/SLR (approximately Week 3 to 6)
GAIT	Heel-toe TDWB with crutches
ROM	• Full AROM and gentle AAROM.
	 CPM ≥ 6 to 8 hours daily for 6 weeks. Start at 0-40 degrees, progress range as tolerated.
	• Goal: minimum 90 degrees flexion for the first 2 weeks, 110 degrees for the next 4 weeks (the 6 week time point of post-op)
THEREX	• Quad sets, SLR in knee immobilizer as needed, leg curl/heel slides, hip abduction
	 Stationary bicycle with no resistance once 90 degrees knee flexion obtained (~ 4 weeks).
	 90 degree leg dangle hourly to improve ROM
THERAPY	 Gentle multi-directional patella mobilization starts immediately after surgery. Cryotherapy and compression stockings/TEDS for swelling and pain control. E-stim for VMO/quadriceps muscle re-education/biofeedback encouraged
	early after surgery if needed.
	 Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar fat pad region at 2-3 weeks post-op.
	 Pool therapy recommended 2-3 weeks post-op to enhance motion.
	• Foot merapy recommended 2-5 weeks post-op to emiance motion.

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Femoral Condyle Defect

<u>PRIMARY GOALS</u> DO NOT OVERLOAD GRAFT INCREASE TIBIOFEMORAL AND PATELLOFEMORAL MOBILITY RESTORE QUADRICEPS CONTROL

BRACE	• Knee brace may be discontinued once independent SLR achieved
GAIT	• Week 7 & 8: 50% weight-bearing, week 9+: full weight-bearing
ROM	 Full AROM and gentle PROM exercises Progress towards full ROM until the 12 week time point.
THEREX	 Low weight (max 10-20lbs.) open-chain leg extension and curl Stationary bicycle with gradual increased tension per level of comfort Continue quad sets, SLR in brace, leg curl and heel slides
	 Strengthen quadriceps, hamstrings, and hip abductors/extensors using ankle weights and/or elastic band resistance through full ROM as tolerated Gentle closed-chain terminal knee extension 0 to 40 degrees (TKE) permitted starting from the nine or ten week time point as tolerated per weight bearing restriction
THERAPY	 Gentle multi-directional patella mobilization Cryotherapy and compression stockings/TEDS for swelling and pain control E-stim for VMO/quadriceps muscle re-education/biofeedback encouraged Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar fat pad region Pool therapy recommended to enhance motion

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-- or for trochlear defects --

Stage 1- Proliferative Phase (Week 0 to 6)

Trochlear Defect

	<u>PRIMARY GOALS</u> DO NOT OVERLOAD GRAFT INCREASE TIBIOFEMORAL AND PATELLOFEMORAL MOBILITY RESTORE QUADRICEPS CONTROL
BRACE	 Bledsoe Hinge knee brace for ambulation (locked) and at night Out of brace for CPM. No brace, but towel/pillow behind heel when lying down
PRECAUTIONS	• Full weightbearing in full extension (locked brace)
ROM	 Gentle AROM flexion as tolerated 3x/day. Only PROM extension allowed. CPM ≥ 6 to 8 hours daily. Starting from 0 to 40 degrees, progress range as tolerated after the first 2 weeks. Minimum 90 degrees flexion for the first 2 weeks, 110 degrees for the next 4 weeks
THEREX	 Quad sets, SLR with brace locked, leg curl/heel slides, hip abduction Stationary bicycle with no resistance once 90 degrees knee flexion obtained (> 4wks). 90 Degree Leg dangle hourly to improve ROM
THERAPY	 Gentle multi-directional patella mobilization right after surgery Cryotherapy and compression stockings/TEDS for swelling and pain control. E-stim for VMO/quadriceps muscle re-education/biofeedback encourage early after surgery if necessary. Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar fat pad region at the two to three week time point post-op. Pool therapy recommended two to three weeks post-op to enhance motion.

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Trochlear Defect

PRIMARY GOALS DO NOT OVERLOAD GRAFT INCREASE TIBIOFEMORAL AND PATELLOFEMORAL MOBILITY **RESTORE QUADRICEPS CONTROL** BRACE Hinged knee brace may be discontinued once independent SLR achieved ٠ GAIT ٠ Full weight-bearing as tolerated ROM Gentle A/AAROM flexion and extension permitted ٠ Progress towards full ROM until week 12. THEREX Stationary bicycling without resistance at short intervals (5 min, 2-3x/day) as ٠ tolerated ٠ Strengthening of quadriceps, hamstrings, and hip abductors/extensors using elastic band isometrics and closed-chain terminal knee extension 0-40 degrees only Backward treadmill walking with safety bars recommended to reduce • patellofemoral compressive forces Pool exercise using kickboard allowed. Flutter/straight leg scissor kick only (no ٠ whip kick) No open-chain strengthening permitted until 6 months after surgery. No closed-chain leg pressing or squatting ٠ THERAPY Gentle multi-directional patella mobilization ٠ Cryotherapy and compression stockings/TEDS for swelling and pain control ٠ E-stim for VMO/quadriceps muscle re-education/biofeedback encouraged ٠ Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, ٠ medial/lateral gutters, and infrapatellar fat pad region Pool therapy recommended to enhance motion ٠

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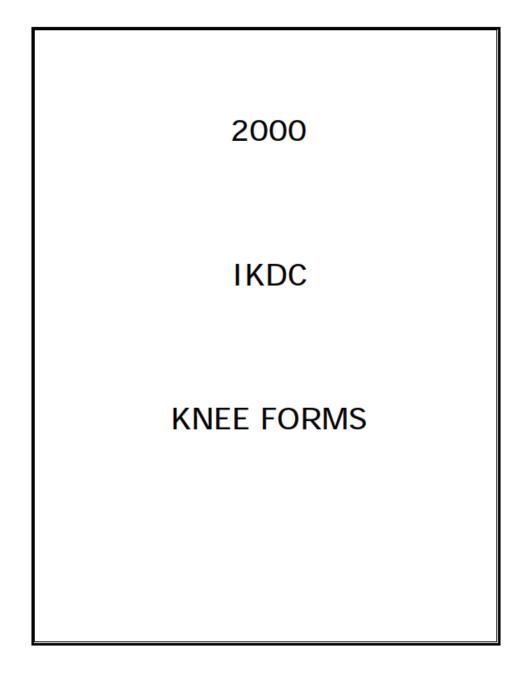
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IKDC PATIENT REPORTED

SYMPTOMS*:

*Grade symptoms at the highest activity level at which you think you could function without significant symptoms, even if you are not actually performing activities at this level.

1. What is the highest level of activity that you can perform without significant knee pain?

Very strenuous activities like jumping or pivoting as in basketball or soccer

Strenuous activities like heavy physical work, skiing or tennis

Moderate activities like moderate physical work, running or jogging

Light activities like walking, housework or yard work

Unable to perform any of the above activities due to knee pain

2. During the	past 4 v	weeks, or	since your	injury, h	ow often	have you l	had pain?
Marian	0	1	2	2	4	5	(

	Never	0	1	2	3	4	5	6	7	8	9	10	Constant
	\odot												$\overline{\mathbf{c}}$
3. If	5	e pain, h	ow sever										
	Never	0	1	2	3	4	5	6	7	8	9	10	Worst Pain Imaginable
	\bigcirc												R
													\smile
4. D	uring the	past 4 we	eeks, or si	nce your	injury, ho	w stiff or s	swollen w	vas your k	nee?				
	Not at	all		Aildly		Moder	ately	[Very		E	xtremely	/
5. W	 5. What is the highest level of activity you can perform without significant swelling in your knee? Very strenuous activities like jumping or pivoting as in basketball or soccer Strenuous activities like heavy physical work, skiing or tennis Moderate activities like moderate physical work, running or jogging Light activities like walking, housework, or yard work Unable to perform any of the above activities due to knee swelling 												
_]Yes	No		liee your .			• 10 • 11 01						
7. W	_	•			^		0			your kneef	2		
L	Very strenuous activities like jumping or pivoting as in basketball or soccer												
	Strenuous activities like heavy physical work, skiing or tennis												
	Moderate activities like moderate physical work, running or jogging												
	Light activities like walking, housework or yard work Unable to perform any of the above activities due to giving way of the knee												
	_]Unable	to perfor	m any of	the above	e activities	due to gi	ving way	of the kne	ee				

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IKDC Subjective Knee Evaluation Form cont.

SPORTS ACTIVITIES:

8. What is the highest level of activity you can participate in on a regular basis?

Very strenuous activities like jumping or pivoting as in basketball or soccer

Strenuous activities like heavy physical work, skiing or tennis

Moderate activities like moderate physical work, running or jogging

Light activities like walking, housework or yard work

Unable to perform any of the above activities due to knee

9. How does your knee affect your ability to:

		Not difficult at all	Minimally difficult	Moderately Difficult	Extremely difficult	Unable to do
a.	Go up stairs					
b.	Go down stairs					
c.	Kneel on the front of your knee					
d.	Squat					
e.	Sit with your knee bent					
f.	Rise from a chair					
g.	Run straight ahead					
h.	Jump and land on your involved leg					
i.	Stop and start quickly					

FUNCTION:

10. How would you rate the function of your knee on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activities which may include sports?

FUNCTION PRIOR TO YOUR KNEE INJURY:

Cannot perform	0	1	2	3	4	5	6	7	8	9	10	No limitation
daily activities												
CURRENT FUNCTION OF YO	UR K	NEE:										
Cannot perform	0	1	2	3	4	5	6	7	8	9	10	No limitation
daily activities												

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APPENDIX 2. LYSHOLM SCORE

LYSHOLM KNEE SCORING SCALE

Instructions: Below are common complaints which people frequently have with their knee problems. Please check the statement which best describes your condition.

I.	LIMP:	V.	PAIN:
	I have no limp when I walk. (5)		I have no pain in my knee. (25)
	I have a slight or periodical limp when I walk. (3)		I have intermittent or slight pain in my knee
	I have a severe and constant limp when I walk. (0)		during vigorous activities. (20)
		_	I have marked pain in my knee during vigorous activities. (15)
II.	USING CANE OR CRUTCHES		I have marked pain in my knee during or after
	I do not use a cane or crutches. (5)		walking more than 1 mile. (10)
	I use a cane or crutches with some		I have marked pain in my knee during or after
	weight-bearing. (2)	_	walking less than 1 mile. (5)
	Putting weight on my hurt leg is impossible. (0)		I have constant pain in my knee. (0)
		VI.	SWELLING
III.	LOCKING SENSATION IN THE KNEE		I have no swelling in my knee. (10)
	I have no locking and no catching sensations in my knee. (15)	_	I have swelling in my knee only after vigorous activities. (6)
	I have catching sensation but no		I have swelling in my knee after ordinary
	locking sensation in my knee. (10)		activities. (2)
	My knee locks occasionally. (6)		I have swelling constantly in my knee. (0)
	My knee locks frequently. (2)		
	My knee feels locked at this moment. (0)		
	•	VII.	CLIMBING STAIRS:
IV.	GIVING WAY SENSATION FROM THE KNEE		I have no problems climbing stairs. (10)
	My knee never gives way. (25)		I have slight problems climbing stairs. (6)
	My knee rarely gives way, only during athletics or		I can climb stairs only one at a time. (2)
	other vigorous activities. (20)		Climbing stairs is impossible for me. (0)
	My knee frequently gives way during athletics or		• · · · · · · · · · · · · · · · · · · ·
	other vigorous activities, in turn I am unable to	VIII.	SQUATTING
	participate in these activities. (15)		I have no problems squatting. (5)
	My knee occasionally gives way during daily		I have slight problems squatting. (4)
	activities. (10)		I can not squat beyond a 90 degree bend in my
	My knee often gives way during daily activities. (5)		knee. (2)
	My knee gives way every step I take. (0)		Squatting is impossible because of my knee. (0)
	my mice grees may every step i take. (6)		squaring is impossible because of my knee. (6)

TOTAL___/100

INSTRUCTIONS: Please place an X on the line to indicate the amount of pain you have had in your knee(s) the past 24 hours. The scale ranges from "no pain at all" to the "worst possible pain".

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APPENDIX 3. KOOS KNEE SCORE

Knee injury and Osteoarthritis Outcome Score (KOOS), English version LK1.0

-				
D	-		n	
-	a	L		

P1. How often	do you experience	knee pain?		
Never	Monthly	Weekly	Daily	Always

What amount of knee pain have you experienced the **last week** during the following activities?

P2. Twisting/pive None	oting on your kr Mild D	Moderate	Severe	Extreme
P3. Straightening None	knee fully Mild □	Moderate	Severe	Extreme
P4. Bending knee None	fully Mild		Severe	Extreme
P5. Walking on fl None	at surface Mild	Moderate	Severe	Extreme
P6. Going up or d None	lown stairs Mild	Moderate	Severe	Extreme
P7. At night while None	e in bed Mild	Moderate	Severe	Extreme
P8. Sitting or lyin None	g Mild	Moderate	Severe	Extreme
P9. Standing upri None	ght Mild □	Moderate	Severe	Extreme

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A1. Descending	stairs			
None	Mild	Moderate	Severe	Extreme
A2 Assauding	taina			
A2. Ascending s		2.2		
None	Mild	Moderate	Severe	Extreme

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For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Risin None	g from sitting Mild	Moderate	Severe	Extreme
A4. Stand None		Moderate	Severe	Extreme
A5. Bend None	ing to floor/pick up Mild □	an object Moderate	Severe	Extreme
A6. Walk None	ing on flat surface Mild	Moderate	Severe	Extreme
A7. Getti None	ng in/out of car Mild	Moderate	Severe	Extreme
A8. Goin None	g shopping Mild	Moderate	Severe	Extreme
A9. Puttin None	ng on socks/stockin Mild	gs Moderate □	Severe	Extreme
A10. Risi None	ng from bed Mild	Moderate	Severe	Extreme
A11. Tak None	ing off socks/stocki Mild □	ngs Moderate □	Severe	Extreme
A12. Lyin None	ng in bed (turning o Mild	ver, maintaining kn Moderate	nee position) Severe	Extreme
A13. Gett None	ing in/out of bath Mild	Moderate	Severe	Extreme
A14. Sitti None		Moderate	Severe	Extreme
A15. Gett None	ing on/off toilet Mild	Moderate	Severe	Extreme
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For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A16. Heavy don	nestic duties (mo	oving heavy boxes,	scrubbing floors	, etc)
None	Mild	Moderate	Severe	Extreme
A17. Light dom	estic duties (coo	king, dusting, etc)		
None	Mild	Moderate	Severe	Extreme

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting None	Mild	Moderate	Severe	Extreme
SP2. Running None	Mild	Moderate	Severe	Extreme
SP3. Jumping None	Mild	Moderate	Severe	Extreme
SP4. Twisting/piv None	voting on your i Mild D	njured knee Moderate	Severe	Extreme
SP5. Kneeling None	Mild	Moderate	Severe	Extreme
Quality of Life				
Q1. How often ar Never	e you aware of Monthly	your knee problem Weekly □	? Daily	Constantly
Q2. Have you mo	dified your life			activities
		style to avoid poter	ntially damaging	acuvities
to your knee? Not at all		Moderately	Severely	
to your knee? Not at all	Mildly	Moderately	Severely	Totally
to your knee? Not at all Q3. How much ar Not at all	Mildly Mildly re you troubled Mildly □	Moderately with lack of confide Moderately	Severely contact in your kne Severely	Totally D e? Extremely

Thank you very much for completing all the questions in this questionnaire.

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Common Terminology Criteria for Adverse Events (CTCAE) Version 4.0

U.S.DEPARTMENT OF HEALTH AND HUMAN SERVICES National Institutes of Health National Cancer Institute

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Common Terminology Criteria for Adverse Events v4.0 (CTCAE) -----

	Publish Date: May 28, 2009	
Quick Reference The NCI Common Terminology Criteria for Adverse Events is a descriptive terminology which can be utilized for Adverse Event (AE) reporting. A grading (severity) scale is provided for each AE term. Commonents and Oreanization SOC System Organ Class, the highest level of the MedDRA hierarchy, is identified by anatomical or physiological system, etiology, or purpose (e.g., SOC Investigations for laboratory test results). CTCAE terms are grouped by MedDRA Primary SOCs. Within each SOC, AEs are listed and accompanied by descriptions of severity (Grade). CTCAE Terms An Adverse Event (AE) is any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medical treatment or procedure that may or may <u>not</u> be considered related to the medical treatment or procedure. An AE is a term that is a unique representation of a specific event used for medical documentation and scientific analyses. Each CTCAE v4.0 term is a MedDRA LLT (Lowest Level Term).	Grades Grade refers to the severity of the AE. The CTCAE displays Grades 1 through 5 with unique clinical descriptions of severity for each AE based on this general guideline: Grade 1 Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated. Grade 2 Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL ⁴ . Grade 3 Severe or medically significant but not immediately life-threatening; hospitalization indicated; disabling; limiting self care ADL ⁴⁴ . Grade 4 Life-threatening consequences; urgent intervention indicated. Grade 5 Death related to AE.	"Self care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

1 CTCAE v4.0 incorporates certain elements of the MedDRA terminology. For further details on MedDRA refer to the MedDRA MSSO Web site [http://www.meddiamsso.com].

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	В	lood and lymphatic syst	em disorders		
			Grade		
Adverse Event	1	2	3	4	5
Anemia	Hemoglobin (Hgb) < LLN - 10.0 g/dL; < LLN - 6.2 mmol/L; <lln -<br="">100 g/L</lln>	2	Hgb <8.0 - 6.5 g/dL; <4.9 - 4.0 mmol /L; <80 - 65 g/L; transfusion indicated	Life-threatening consequences; urgent intervention indicated	Death
	ized by an reduction in the amount (th, palpitations of the heart, soft syst	NAR 7.4 1993) D.588940	65.005 States	ay include pallor of the skin and m	nucous
Bone marrow hypocellular	Mildly hypocellular or <= 25 % reduction from normal cellularity for age	Moderately hypocellular or >25 -	24	Aplastic persistent for longer than 2 weeks	Death
	ized by the inability of the bone man	12		1	
Disseminated intra vascular coagulation		Laboratory findings with no bleeding	Laboratory findings and bleeding	Life-threatening consequences; urgent intervention indicated	Death
	ized by systemic pathological activa r is depleted of platelets and coagula	085 - 789702	which results in dot formation thr	oughout the body. There is an incr	nease in the
Febrile neutropenia		-	Present	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er character	ized by a decrease in neutrophils as	ssociated with fever.			2
Hemolysis	Lab oratory evidence of hemolysis only (e.g., direct antiglobulin test; DAT; Coombs'; schistocytes; decreased haptoglobin)	Evidence of hemolysis and >=2 gm decrease in hemoglobin, no transfusion	Transfusion or medical intervention indicated (e.g., steroid <i>s</i>)	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er character	ized by laboratory test results that in	ndicate widespread erythrocyte œ	Il membrane destruction.		35 35
Hemolytic uremic syndrome	Evidence of RBC destruction (schistocytosis)without dinical consequences		Laboratory indings with clinical consequences (e.g., renal insufficiency, petechiae)	Life-threatening consequences, (e.g., CNS hemorrhage or thrombosis/embolism or renal failure)	Death
Definition: A disord er character	ized by a form of thrombotic microar	ngiopathy with renal failure , hemo	lytic anemia, and severe thromboo	cytopenia.	50) 19
Leukocytosis Doficition: A disorder obarrator	- ized by laboratorytest results that ir	diate to increased purphy of u	>100 000/mm3	Clinical manifestations of leucostasis; urgent intervention indicated	Death
Lymph node pain	Mild pain	Moderate pain ; limitin g	Severe pain; limiting self care	3	5
	· · · · · · · · · · · · · · · · · · ·	instrumental ADL	ADL		ł.
Spleen disorder	ized by a sensation of marked disco Incidental Indings (e.g., Howell- Jolly bodies); mild degree of thrombocytosis and leukocytosis	Prophylactic antibiotics indicated		Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er of the spl	The second	Ê	i Touristantina anna anna anna anna anna anna an		-
Thrombotic thrombocytopenic purpura	Evidence of RBC destruction (schistocytosis)without dinical consequences		Laboratory findings with clinical consequences (e.g., renal insufficiency, petechiae)	Life-threatening consequences, (e.g., CNS hemorrhage or thrombosis/embolism or renal failure)	Death
	ized by the presence of microangiop sual disturbances. It is an acute or s	572 0.0 (Strike	cytopenic purpura, fever, renal abr	normalities and neurological abnor	malities suc
Blood and lymphatic system disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin vasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization in dicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention in dicated	Death

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a to myocardial infa valvular h or without mild gitation or vaging in a ortic valve funct ystole; non-urgent gement indicated thmia without cardii c, intervention not	arction. Asymptomatic; moderate regurgitation or stenosis by timaging tion or structure. ac electrical activity. Typically, this Non-urgent medical intervention indicated Non-urgent medical intervention indicated	abnormal, hemodynamically stable fium secondary to coronary artery Symptomatic; severe regungitation or stenosis by imaging; symptoms controlled with medical intervention s is accompanied by cessation of ft Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled medically, or	4 Symptomatic, unstable angina and/or acute myo cardial infarction, cardiao enzymes abnormal, hemodynamically unstable rdisease. The clinical presentation Life-threatening consequences; urgent intervention indicated (e.g., valve replacement, valvuloplasty) Life-threatening consequences; urgent intervention indicated the pumping function of the heart. Life-threatening consequences; urgent intervention indicated he pumping function of the heart. Life-threatening consequences; urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences; urgent intervention indicated	Death Death Death bance
d symptoms related a to myocardial infa svalvular h or without mild gitation or laging in a ortic valve funct gement indicated thmia without cardii c, intervention not	Symptomatic, progressive angina; cardia o enzymes normal; hemodynamically stable d to acute ischemia of the myocard arction. Asymptomatic; moderate regungitation or stenosis by imaging tion or structure. ac electrical activity. Typically, this Non-urgent medical intervention indicated Non-urgent medical intervention indicated	Symptomatic, unstable angina and/or acute myocardial infarction, cardiae enzymes abnormal, hemodynamically stable fium secondary to coronary artery Symptomatic; severe regungitation or stenosis by imaging; symptoms controlled with medical intervention sis accompanied by cessation of th Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation	Symptomatic, unstable angina and/or acute myo cardial infarction, cardiac enzymes abnormal, hemodynamically unstable disease. The clinical presentation Life-threatening consequences; urgent intervention indicated (e.g., valve replacement, valvuloplasty) Life-threatening consequences; urgent intervention indicated he pumping function of the heart. Life-threatening consequences; urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences;	Death covers a Death Death bance
a to myocardial infa valvular h or without mild gitation or vaging in a ortic valve funct ystole; non-urgent gement indicated thmia without cardii c, intervention not	angina; cardia c enz yme s normal; hemodynamically stable d to acute ischemia of the myo card arction. Asymptomatic; moderate regurgitation or stenosis by imaging tion or structure. ac electrical activity. Typically, this Non-urgent medical intervention indicated Non-urgent medical intervention indicated	and/or acute myocardial infarction, cardiac enzymes abnormal, hemodynamically stable dium secondary to coronary artery Symptomatic; severe regurgitation or stenosis by imaging; symptoms controlled with medical intervention : is accompanied by cessation of th Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled medically, or controlled medically, or controlled medically, or	and/or acute myo cardial infarction, cardiao enzymes abnormal, hemodynamically unstable disease. The clinical presentation Life-threatening consequences; urgent intervention indicated (e.g., valve replacement, valvuloplasty) Life-threatening consequences; urgent intervention indicated he pumping function of the heart. Life-threatening consequences; urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences;	co vers a Death Death Death bance
a to myocardial infa valvular h or without mild gitation or vaging in a ortic valve funct ystole; non-urgent gement indicated thmia without cardii c, intervention not	arction. Asymptomatic; moderate regurgitation or stenosis by timaging tion or structure. ac electrical activity. Typically, this Non-urgent medical intervention indicated Non-urgent medical intervention indicated	Symptomatic; severe regurgitation or stenosis by imaging; symptoms controlled with medical intervention s is accompanied by cessation of ft Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled medically, or	Life-threatening consequences; urgent intervention indicated (e.g., valve replacement, valvuloplasty) Life-threatening consequences; urgent intervention indicated he pumping function of the heart. Life-threatening consequences; urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences;	Death Death Death bance
h or without mild gitation or laging stole; non-urgent gement indicated thmia without cardii c, intervention not thmia without disce	regurgitation or stenosis by imaging tion or structure. ac electrical activity. Typically, this Non-urgent medical intervention indicated rnible P waves and an irregular ve Non-urgent medical intervention indicated	regurgitation or steinosis by imaging; symptoms controlled with medical intervention is accompanied by cessation of ft Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled with device (e.g.,	urgent intervention indicated (e.g., valve replacement, valvuloplasty) Life-threatening consequences; urgent intervention indicated he pumping function of the heart. Life-threatening consequences; urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences;	Death Death bance
stole; non-urgent igement indicated thmia without cardii ; intervention not thmia without disce ; intervention not	ac electrical activity. Typically, this Non-urgent medical intervention indicated rnible P waves and an irregular ve Non-urgent medical intervention indicated	Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled with device (e.g.,	urgent intervention indicated he pumping function of the heart. Life-threatening consequences; urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences;	Death
gement indicated thmia without cardi ;, intervention not thmia without disce ;, intervention not	Non-urgent medical intervention indicated rnible P waves and an irregular ve Non-urgent medical intervention indicated	Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled with device (e.g.,	urgent intervention indicated he pumping function of the heart. Life-threatening consequences; urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences;	Death
;, intervention not thmia without disce ;, intervention not	Non-urgent medical intervention indicated rnible P waves and an irregular ve Non-urgent medical intervention indicated	Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled with device (e.g.,	Life-threatening consequences; urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences;	bance
thmia without disce	indicated rnible P waves and an irregular ve Non-urgent medical intervention indicated	controlled medically, or controlled with device (e.g., pacemaker), or ablation entricular response due to multiple Symptomatic and incompletely controlled medically, or controlled with device (e.g.,	urgent intervention indicated reentry circuits. The rhythm distur Life-threatening consequences;	bance
; intervention not	Non-urgent medical intervention indicated	Symptomatic and incompletely controlled medically, or controlled with device (e.g.,	Life-threatening consequences;	
	indicated	controlled medically, or controlled with device (e.g.,	1201000 2006 00 20088 00 000 000	-
hmia with organize	1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	pacemaker), or ablation		Death
	ed mythmic atrial contractions with	a rate of 200-300 beats per minut	te. The rhythm disturbance originat	tes in the
	Non-urgent intervention indicated	Symptomatic and in completely controlled medically, or controlled with device (e.g., pacemaker)	Life-threatening consequences; urgent intervention indicated	Death
thmia with complete , intervention not	e failure of atrial electrical impulse Non-urgent intervention	conduction through the AV node t	to the ventrides.	
hmia with a delay i	indicated in the time required for the conduct	 tion of an electrical impulse throug	 gh the atrioventricular (AV) node be	l eyond D.:
than 200 millise co	nds. T			
		-	Life-threatening consequences; urgent intervention in dicated	Death
) of the pumping fu	nction of the heart.	ni Tana mata pana kata pana kata kata kata sa ta	í .	Ĩ
	Moderate pain ; limitin g instrumental ADL	Pain at rest; limiting self care ADL		7
al discomfort due tr	o insufficient myocardial oxygenati	ion .	- Lantan ana	
s; intervention not	Moderate symptoms	Severe symptoms; intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death
cal irregularities in	the cardiac conduction system.		1	
		Symptomatic heart failure or other cardiac symptoms, responsive to intervention	Refractory heart failure or other poorly controlled cardiac symptoms	Death
ed and fibrotic peri	icardial sac; these fibrotic changes	impedenormal myocardial functi	on by restricting myocardial muscle	action.
with laboratory	Symptoms with mild to moderate activity or exertion	1965 J. S. St. 1987 Sec. 1987	100002 (SAME X1388-002003)	Death
	ed and fibrotic peri with laboratory Natriuretic ardiac imaging	with laboratory Symptoms with mild to Natriuretic moderate activity or exertion	other cardiac symptoms, responsive to intervention ad and fibrotic pericardial sac; these fibrotic changes impede normal myocardial functi with laboratory Symptoms with mild to Severe with symptoms at rest or Natriuretic moderate activity or exertion with minimal activity or exertion; ardiac imaging	ed and fibrotic pericardial sac; these fibrotic changes impede normal myocardial function by restricting myocardial muscle with laboratory Symptoms with mild to moderate activity or exertion with minimal activity or exertion; intervention indicated (e.g., continuous IV therapy or mechanical hermodynamic

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		Cardiac disord	ers		
			Grade		
Adverse Event	1	2	3	4	5
Le t ventricular systolic dysfunction			Symptomatic due to drop in ejection fraction responsive to intervention	Refractory or poorly controlled heart failure due to drop in ejection fraction; intervention such as ventricular assist device, intravenous vasopressor support, or heart transplant indicated	
그렇지 않는 것 같아요. 그렇게 가지 않는 것 같아요. 나는 것이 ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?	zed by failure of the left ventride to nea, onthopnea, and other signs ar	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	e an increase in distending pressur stion and edema.	e and in end-diastolic volume. Clin	ical
Mitral valve disease	Asymptomatic valvular thickening with or without mild valvular regurgitation or stenosis by imaging	Asymptomatic; moderate regungitation or stenosis by imaging	Symptomatic; severe regungitation or stenosis by imaging; symptoms controlled with medical intervention	Life-threatening consequences; urgent intervention indicated (e.g., valve replacement, valvuloplasty)	Death
Definition: A disord er characteri	zed by a defect in mitral valve func	tion or structure.	1 12 13 ALL 19 21 -	10-10-20	
Mobitz (type) II atrioventricular block	Asymptomatic, intervention not indicated	Symptomatic; medical intervention indicated	Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker)	Life-threatening consequences; urgent intervention indicated	Death
이 가슴에서 여기 때 가지 않는 것 같은 것 같은 것 같아요. 나는 것 같아요.	zed by a dysrhythmia with relatively atrioventricular (AV) node to the ve		block of an atrial impulse. This is t	he result of intermittent failure of a	trial electrical
Mobitz type I	Asymptomatic, intervention not indicated	Symptomatic; medical intervention indicated	Symptomatic and incompletely controlled medically, or controlled with device (e.g., pacemaker)	Life-threatening consequences; urgent intervention indicated	Death
	zed by a dysrhythmia with a progre ion through the atrioventricular (AV	그는 그 그럼 선물이 많습니 것 같아서 왜 짓말 것 없다.	rior to the blocking of an atrial impu	lse. This is the result of intermitter	nt failure of
Myocardial infarction	2.44	Asymptomatic and cardiac enzymes minimally abnormal and no evidence of ischemic ECG changes	Severe symptoms; cardiao enzymes abnormal; hemodynamically stable; ECG changes consistent with infarction	Life-threatening consequences; hemodynamically un stable	Death
Definition: A disord er characteri	, zed by gross necrosis of the myocz	ardium; this is due to an interrupti	on of blood supply to the area.	1	ăi V
Myocarditis	Asymptomatic with laboratory (e.g., BNP [B-Natriuretic Peptide]) or cardiac imaging abnormalities	Symptoms with mild to moderate activity or exertion	Severe with symptoms at rest or with minimal activity or exertion; intervention indicated		Death
Definition: A disord er characteri	zed by inflammation of the musclet	tissue of the heart.	······································		
Palpitations	Mild symptoms; intervention not indicated	Intervention indicated			
Definition: A disord er characteri	zed by an unpleasant sensation of	15	2		r
Paroxysmal atrial tachycardia	Asymptomatic, intervention not indicated	Symptomatic; medical management indicated	M medication indicated	Life-threatening consequences; incompletely controlled medically; cardioversion indicated	Death
Definition: A disord er characteri originates in the atria.	zed by a dysrhythmia with abrupt o	nset and sudden termination of a	trial contractions with a rate of 150-	250 beats per minute. The rhythm	n disturbance
Pericardial effusion	•	Asymptomatic effusion size small to moderate	Effusion with physiologic consequences	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characteri	zed by fluid collection within the pe	ricardial saic, usually due to inflan	nmation.	0.000 10	1 eo - co
Pericardial tamponade				Life-threatening consequences; urgent intervention in dicated	Death
1	zed by an increase in intrapericardi	12			r
Pericanditis	Asymptomatic, ECG or physical findings (e.g., rub) consistent with pericarditis	Symptomatic pericarditis (e.g., chest pain)	Pericarditis with physiologic consequences (e.g., pericardial constriction)	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characteria	zed by imitation to the layers of the	pericardium (the protective sac a	round the heart).		

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		Cardiac disorde	ars		
			Grade		
Adverse Event	1	2	3	4	5
Pulmonary valve disease	Asymptomatic valvular thickening with or without mild valvular regurgitation or stenosis by imaging	Asymptomatic; moderate regurgitation or stenosis by imaging	Symptomatic; severe regurgitation or stenosis by imaging; symptoms controlled with medical intervention	Life-threatening consequences; urgent intervention indicated (e.g., valve replacement, valvuloplasty)	Death
	ized by a defect in pulmonary valve	function or structure .	τ	1	r
Restrictive cardiomyopathy			Symptomatic heart failure or other cardiac symptoms, responsive to intervention	Refractory he art failure or other poorly controlled cardiac symptoms	Death
Definition: A disord er character	ized by an inability of the ventricles	to fill with blood because the myo	cardium (heart musde) stiffens an T	d loses its flexibility.	r
Right ventricular dysfunction	Asymptomatic with laboratory (e.g., BNP (B-Natriuretic Peptide]) or cardiac imaging abnormalities	Symptoms with mild to moderate activity or exertion	Severe symptoms, associated with hypoxemia, right heart failure; oxygen indicated	Life-threatening consequences; urgent intervention indicated (e.g., ventricular assist device); heart transplant indicated	Death
232232	ized by impairment of right ventricul	223 22 23	1925 005 235 15V52012	2320. 01	22 22
Sick sinus syndrome	Asymptomatic, intervention not indicated	Non-urgent intervention indicated	Severe, medically significant; medical intervention in dicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er character	ized by a dysrhythmia with alternati	ng periods of bradycardia and atri:	al tach ycardia accompanied by sy	n cope, fatigue and dizziness.	-
Sinus bradycardia	Asymptomatic, intervention not indicated	Symptomatic, medical intervention indicated	Severe, medically significant, medical intervention in dicated	Life-threatening consequences; urgent intervention indicated	Death
	ized by a dysrhythmia with a heart r		an and the second s	2	Ê
Sinus tachycardia	Asymptomatic, intervention not indicated	Symptomatic; non-urgent medical intervention indicated	Urgent medical intervention indicated		Ĺ
Definition: A disord er character	ized by a dysrhythmia with a heart r	rate greater than 100 beats per mi	nute that originates in the sinus no	ode.	001 Tearro-puin
Supraventricular tachycardia	Asymptomatic, intervention not indicated	Non-urgent medical intervention indicated		Life-threatening consequences; urgent intervention indicated	Death
전망 - 30. 332 - 7.253	ized by a dysrhythmia with a heart r	12 72 32	183 - 182	2220 02	Death
Tricuspid valve disease	Asymptomatic valvular thickening with or without mild valvular regurgitation or stenosis	Asymptomatic; moderate regurgitation or stenosis by imaging	Symptomatic; severe regurgitation or stenosis; symptoms controlled with medical intervention	Life-threatening consequences; urgent intervention indicated (e.g., valve replacement, valvuloplasty)	Death
	ized by a defect in tricuspid value fu		n Na serence de la companya de la comp		ini Pontesse
Ventricular arrhythmia	Asymptomatic, intervention not indicated	Non-urgent medical intervention indicated	Medical intervention indicated	Life-threatening consequences; hemodynamic compromise; urgent intervention indicated	Death
Definition: A disord er character	ized by a dysrhythmia that originate	s in the ventricles.	a	1	
ventricular fibrillation		-		Life-threatening consequences; hemodynamic compromise; urgent intervention in dicated	Death
Definition: A disorder character ventricles.	ized by a dysrhythmia without disce	rnible QRS complexes due to rapi	id repetitive excitation of myocardi	ial fibers without coordinated contr	action oft
Ventriculartachycandia		Non-urgent medical intervention indicated	Medical intervention indicated	Life-threattening consequences; hemodynamic compromise; urgent intervention indicated	Death
Definition: A disord er character	ized by a dysrhythmia with a heart r	' rate greater than 100 beats per mi	, nute that originates distal to the bu	undle of His.	
Wolff-Parkinson-White	Asymptomatic, intervention not	Non-urgent medical intervention	han an an an an Albert an an an an an an Albert an Albert an Albert an Albert an Albert and Albert and Albert a	Life-threatening consequences;	Death
syndrome	indicated	indicated	controlled medically or controlled with procedure	urgent intervention in dicated	1000049
Definition: A disord er character	' ized by the presence of an accesso	ry conductive pathwa y between th	e atria and the ventricles that cau	; ses premature ventricular activatio	n.
Cardiac disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or noninvasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization in dicated;	Life-threatening consequences; urgent intervention indicated	Death

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	Congenital, familial a	nd genetic disorders			
	Grade				
Adverse Event	1	2	3	4	5
Congenital, familial and genetic disorders - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or noninvasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death

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	¥	Ear and labyrinth dis	oraers				
	Grade						
Adverse Event	1	2	3	4	5		
Earpain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL		·		
Definition: A disord er character	ized by a sensation of marked disco	m fort in the ear.			Î.		
External ear inflammation	External otitis with erythema or dry desquamation ized by inflammation , swelling and r	External otitis with moist desquamation, edema, enhanced cerumen or discharge; tympanic membrane perforation; tympanostomy	Extern al otitis with mastoiditis; stenosis or osteomyelitis; necrosis of soft tissue or bone	Urgent operative intervention indicated	Death		
Betemal ear pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	5	-		
Definition : A disorder character	। ized by a sensation of marked disco	3	l'en		25		
Hearing impaired	Adults enrolled on a monitoring program (a 1, 2, 3, 4, 6 and 8	Adults enrolled in monitoring program (a 1, 2, 3, 4, 6 and 8 kHz audiogram): threshold shit of >25 d B averaged at 2 contiguous test frequencies in at least one ear Adult not enrolled in monitoring program: hearing loss but hearing aid or intervention not indicated; limiting instrumental ADL Pediatrics (a 1, 2, 3, 4, 6 and 8 kHz audiogram): >20 dB at >4 kHz	Adults enrolled in monitoring program (a 1, 2, 3, 4, 6 and 8 kHz audiogram): threshold shift of >25 d B averaged at 3 contiguous test frequencies in at least one ear; therapeutic intervention indicated Adults not enrolled in monitoring program: hearing loss with hearing aid or intervention indicated; limiting self care ADL Pediatrics (a 1, 2, 3, 4, 6 and 8 kHz audiogram): hearing loss sufficient to indicate therapeutic intervention, including hearing aids; >20 d B at 3 kHz and above in one ear; additional speech-language related services indicated	Adults: profound bilateral hearing loss (>80 dB at 2 kHz and above); non-serviceable hearing Pediatrio: audiologic indication for cochlear implant and additional speech-language related services indicated	-		
Middle ear in fammation	Serous otitis	Serous otitis, medical intervention indicated	Mastoiditis; necrosis of canal soft tissue or bone	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er character	' ized by inflammation (physiologic re	Constant of the second state of the second sta	 Strandblack Total State 				
Tinnitus	Mild symptoms; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		-		
C	ized by noise in the ears, such as rir		Course compton a limite a14	8	1		
Vertigo Definition : A disorder obarrater	Mild symptoms	Moderate symptomatic; limiting instrumental ADL	Severe symptoms; limiting self care ADL	he himcelf ware muching in)*		
vertigo).	reed by a sensation as in the externa	n wond were revolving around the	Page in (objective vehicy of as in	ne minsenwere revolving in spac	e (sabjet		
ve stibular di <i>s</i> order	28	Symptomatic; limiting instrumental ADL	Severe symptoms; limiting self care ADL	τ.	•		
Definition: A disord er character	ized by dizziness, imbalance, nause	a, and vision problems.	20 07 20 00		961 201		
Ear an d Iabyrinth disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or me dically significant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization in dicate d; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		

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		Endocrine disor	ders		
			Grade		
Adverse Event	1	2	3	4	5
Adrenal insufficiency	Asymptomatic; olinical or diagnostic observations only; intervention not indicated	Moderate symptoms; medical intervention indicated	Severe symptoms; hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death
	urs when the adrenal cortex does not dison's disease or primary adrenal in:	\$1.5228. VE	cortisol and in some cases, the ho	ormone aldosterone. It may be due	to a dison
Cushingoid	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated	Severe symptoms, medical intervention or hospitalization indicated		-
Definition : A disord er characte osteoporosis, u sually due to e	erized by signs and symptoms that re exogenous corticosteroids.	semble Oushing's disease or syn	drome: buffalo hump obesity, striat	tions, adiposity, hypertension, diab	etes, and
Delayed pub erty		No breast development by age 13 yrs for females; testes volume of <3 co or no Tanner Stage 2 development by age 14.5 yrs for males	No breast development by age 14 yrs for females; no increase in testes volume or no Tanner Stage 2 by age 16 yrs for males; hormone replacement indicated	5	-
Definition: A disord er characte	erized by unusually late sexual maturi	ity.	1		
Growth accelerated	-	>= +2 SD (standard deviation) above mid parental height or target height	-		-
Definition: A disord er characte	erized by greater growth than expecte	ed forage.			
Hyperparath yroidism	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated	-	-	-
Definition: A disord er characte the blood).	erized by an increase in production of	, fparathyroid hormone by the para	, thyroid glands. This results in hyp	, ercalcemia (abnormally high levels	of calcium
Hyperthyroidism	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; thyroid suppression therapy indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characte	erized by excessive levels of thyroid h	normone in the body. Common ca	uses include an overactive thyroid	gland or thyroid hormone overdos	æ.
Hypoparathyroidism	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; medical intervention indicated	Severe symptoms; medical intervention or hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder characte	erized by a decrease in production of	parathyroid hormone by the para	thyroid glands.		
Hypothyroidism	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic; thyroid replacement indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; hospitalization indicated	Life-threatening consequences; urgent intervention in dicated;	Death
Definition: A disord er characte	erized by a decrease in production of	thyroid hormone by the thyroid gl	and .		
Precocious puberty	Physical signs of puberty with no biochemical markers for females <8 years and males <9 years	Physical signs and biochemical markers of puberty for females <8 years and males <9 years	-	-	-
Definition:Adisordercharacte 9 forboys.	erized by unusually early developmen	, t of secondary sexual features; th	, e onset of sexual maturation begin	, ns usually before age 8 for girls an	dbefore a
Arilization	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated		10	5
Definition: A disord er characte	erized by inappropriate masculinizatio	n occurring in a female or prepub	ertal male.	Landred and the	1
En docrine disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; mini mal, local or nonin vasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization in dicated;	Life-threatening consequences; urgent intervention indicated	Death

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	10	Eye disorders	ì				
	Grade						
Adverse Event	1	2	3	4	5		
Əlurred vision	Intervention not indicated	Symptomatic; limiting instrumental ADL	Limiting self care ADL	ů.	-		
Definition: A disord er charact	erized by visual perception of unclear	or fuzz y images.	Y		÷		
Cataract	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; moderate decrease in visual acuity (2040 or better)	Symptomatic with marked decrease in visual acuity (worse than 20/40 but better than 20/200); operative intervention indicated (e.g., cataract surgery)	Blindness (20/200 or worse) in the affected eye			
Definition : A disord er charact un treated .	erized by partial or complete opacity o	of the crystalline lens of one or bot	h eyes. This results in a decrease	in visual acuity and eventual blind	ness if		
Conjunctivitis	Asymptomatic or mild symptoms; intervention not indicated	Symptomatic; topical intervention indicated (e.g., antibiotics); limiting instrumental ADL	Limiting self care ADL	5	-		
Definition: A disord er charact	erized by inflammation , swelling and r	redness to the conjunctiva of the e T	ye.		ĩ		
Comeal ulœr		Symptomatic; medical intervention indicated (e.g., topical agents); limiting instrumental ADL	Limiting self care ADL; declining vision (worse than 20/40 but better than 20/200)	Perforation or blindness (20/200 orworse) in the affected eye	2		
Definition: A disord er charact	erized by an area of epithelial tissue l	oss on the surface of the cornea.	t is associated with in flammatory o	ells in the comea and anterior cha	mber.		
Dryeye	Asymptomatic; clinical or diagnostic observations only; mild symptoms relie ved by lubricants	Symptomatic; multiple agents indicated; limiting instrumental ADL	Decrease in visual acuity (<20.40); limiting self care ADL	2			
Definition: A disord er charact	erized by dryness of the comea and c	onjunctiva.	• ·				
Extraocular musde paresis	Asymptomatic; clinical or diagnostic observations only	Symptomatic; limiting instrumental ADL	Limiting self care ADL; disabling	÷	-		
Definition: A disord er charact	erized by incomplete paralysis of an e	xtraocular muscle.	5 V				
Eye pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	Ű.	-		
Definition: A disord er charact	erized by a sensation of marked disco	om fort in the eye.			ř		
Eyelid function disorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; non operative intervention indicated; limiting instrumental ADL	Limiting self care ADL; operative intervention indicated	8	5		
	erized by impaired eyelid function.		ni Tananana menangkan kenangkan di Ang		ĩ		
Flashing lights	Symptomatic but not limiting ADL	Limiting instrumental ADL	Limiting self care ADL	8	ī		
	erized by a sudden or briefburst oflig	NAME OF ALL ADDRESS	2 1207080 (% 10.00		ř –		
Floaters	Symptomatic but not limiting ADL	Limiting instrumental ADL	Limiting self care ADL		1		
	erized by an individual seeing spots b		1		6		
Glaucoma	Bevated intraocular pressure (EIOP) with single topical agent for intervention; no visual field deficit	EIOP causing early visual field deficits; multiple topical or oral agents in dicated; limiting instrumental ADL	EIO P causing marked visual field defoits (e.g., involving both superior and inferior visual fields); operative intervention indicated; limiting self care ADL	Blindness (20/200 or worse) in the affected eye			
Definition: A disord er charact	erized by an increase in pressure in th	ne eyeball due to obstruction of the	e aqueous humoroutflow .		Ĩ		
Keratitis	() ()	Symptomatic; medical intervention indicated (e.g., topical agents); limiting instrumental ADL	Decline in vision (worse than 20/40 but better than 20/200); limiting selfcare ADL	Perforation or blindness (20/200 orworse) in the affected eye	1		
Definition: A disord er charact	erized by inflammation to the comea	ofthe eye.	n V		50 		
Night blindne <i>s</i> s	Symptomatic but not limiting ADL	Limiting instrumental ADL	Limiting self care ADL	Blindne <i>s</i> s (20/200 or worse) in the affected eye	-		

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		Eye disorder:	S				
	Grade						
Adverse Event	1	2	3	4	5		
Optic nerve disorder	Asymptomatic; clinical or diagnostic observations only	Limiting vision of the affected eye (20/40 or better);	Limiting vision in the a ffected eye (worse than 20/40 but better than 20/200)	Blindne <i>s</i> s (20/200 or worse) in the affected eye	-		
Definition: A disord er character	ized by involvement of the optic ner	ve (second cranial nerve).	1				
Papillederna Definition: A disorder character	Asymptomatic; no visual field defects ized by swelling around the optic dis	Symptomatic decline in vision; visual field defect present sparing the central 20 degrees se	Marked visual field defect (worse than 20/40 but better than 20/200)	Blindne <i>s</i> s (20/200 or worse) in the affected eye	1		
Photophobia	Symptomatic but not limiting ADL	Limiting instrumental ADL	Limiting self care ADL		•		
Definition: A disord er character	ized by fear and avoidance of light.		10) V	с н Г	04		
Retinal detachment	Asymptomatic	Exudative and visual acuity 20/40 or better	Rhegmatogenous or exudative detachment; operative intervention indicated; dedine in vision (worse than 20/40 but better than 20/200)	Blindness (20/200 or worse) in the affected eye			
Definition: A disord er character	ized by the separation of the inner n	etina layers from the underlying pi	igment epithelium.				
Retinal tear		Laser therapy or pneumopexy indicated	Vitroretinal surgical repair indicated	Blindness (20/200 or worse) in the affected eye	-		
Definition: A disord er character	ized by a small laceration of the reti	na, this occurs when the vitreous	separates from the retina . Sympto	ms include fashes and floaters.			
Retinal vascular disorder	- ized by pathological retinal blood ve	Topical medication indicated	Intravitreal medication; operative intervention indicated		5		
Retinopathy	Asymptomatic; clinical or diagnostic observations only	Symptomatic with moderate decrease in visual acuity (2040 or better); limiting instrumental ADL	Symptomatic with marked decrease in visual acuity (worse than 2040); disabling; limiting self care ADL	Blindness (20/200 or worse) in the affected eye	1 -		
Definition: A disorder involving	the retina.	第	3 B				
Soleral disorder	Asymptomatic; clinical or diagnostic observations only	Symptomatic, limiting instrumental ADL; moderate decrease in visual acuity (20.40 or better)	Symptomatic, limiting self care ADL; marked decrease in visual acuity (worse than 20/40)	Blindness (20/200 or worse) in the affected eye			
Uefinition : A disorder character Uveitis	ized by involvement of the science of		no acoleo con consta	Dife de la est (20.000) es verses Sie	2		
ovens	Asymptomatic; clinical or diagnostic observations only	Anterior uveitis; medical intervention indicated	Posterior or pan-uveitis	Blindness (20/200 or worse) in the affected eye	-		
Definition: A disord er character	ized by inflammation to the uvea off	' the eye.	8 6 		5		
vitreo us hemorrhage	Asymptomatic or mild symptoms; dinical or diagnostic observations only	Symptomatic; limiting instrumental ADL	Limiting self care ADL; vitrectomy indicated	Blindness (20/200 or worse) in the affected eye	2		
Definition: A disord er character	ized by blood extravasation into the	vitreou s humor.	20 E		S		
Watering eyes	Intervention not indicated	Intervention indicated	Operative intervention indicated	3	4		
The STATE States and the second	; sive tearing in the eyes; it can be cau	, ised by overproduction of tears or	1.1		e.		
Eye disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or noninvasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately sight- threatening; hospitalization or prolongation of existing hospitalization in dicated; disabling; limiting self care ADL	Sight-threatening consequences; urgent intervention indicated; blindness (20/200 or worse) in the affected eye	ť		

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		Gastrointestinal dis	orders				
	Grade						
Adverse Event	1	2	3	4	5		
%b dominal distension	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; limiting instrumental ADL	Severe discomfort; limiting self care ADL	0	-		
	terized by swelling of the abdomen.	La anno 10 martin	w to the second second second second	-2			
∾b dominal pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL		1		
Definition: A disord er charac	terized by a sensation of marked disc	om fort in the abdominal region.			Ĩ		
≏nal istula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tuble feeding, TPN or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er charac	terized by an abnormal communicatio	n between the opening in the anal	canal to the perianal skin.				
An al hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder charac	terized by bleeding from the anal regio	on.					
An al mucositis	Asymptomatic or mild symptoms; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		
	terized by inflammation of the mucous	s membrane of the anus.					
¥nal necrosis			TP N or hospitalization indicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
	terized by a necrotic process occurring						
≏n al pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting selfcare ADL		ŀ		
	terized by a sensation of marked disc	-5	l		E		
≏nal stenosis	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic; altered GI function	Symptomatic and severely altered GI function; non- emergent operative intervention indicated; TPN or hospitalization indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disord er charac	terized by a narrowing of the lumen of	fthe anal canal.	n Trati un via naturale tas	sectors enor	in Decoment		
An al ulcer	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; TP N indicated; elective operative or endoscopic intervention indicated; disabling	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disord er charac	terized by a circumscribed, in flammate	ory and necrotic erosive lesion on t	the mucosal surface of the anal ca	nal.	90) 20		
Asoite s	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; invasive intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disord er charac	terized by accumulation of serous or h	, he morrhagic fluid in the periton eal (, cavity,		2)		
9loating	No change in bowel function or oral intake	Symptomatic, decreased oral intake; change in bowel function	30 	2	2		
Definition: A disorder charac	terized by subject-reported feeling of t	un comfortable fullness of the abdor	men.		82		
Cecal hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er charac	terized by bleeding from the cecum.		2 (2		
Cheilitis	Asymptomatic; dinical or	Moderate symptoms; limiting	Severe symptoms; limiting self	8			
	diagnostic observations only; intervention not indicated	instrumental ADL	care ADL; intervention indicated				

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		Gastrointestinal dis	oraers				
		Grade					
Adverse Event	1	2	3	4	ं		
Colitis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Abdominal pain; mucus or blood in stool	Severe abdorninal pain; change in bowel habits; medical intervention indicated; peritoneal signs	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder charac	sterized by inflammation of the colon.						
Colonic fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; bowel rest, TPN or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er charac	sterized by an abnormal communication	between the large intestine and a	an other organ or anatomic site.		201		
Colonic hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization in dicated	Transtusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder charac	sterized by bleeding from the colon.	No.			(0) Permente		
Colonic obstruction	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Ho spitalization indicated; elective operative intervention indicated; disabling	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disorder charac	sterized by blockage of the normal flow	of the intestinal contents in the co	lon.		101 1 0000 - 101 - 10		
Colonic perforation	1	Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder charac	sterized by a rupture in the colonic wall.	5 40 Ke 2010	122 10 ⁴ 101 1227/201 50	0000 12	190 00		
Colonic stenosis	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tube feeding or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disord er charad	terized by a narrowing of the lumen of t	the colon.		,	355 701		
Colonic ulcer	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; TP N indicated; elective operative or endoscopic intervention indicated; disabling	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disorder charac	sterized by a circumscribed, in fammato	ry and necrotic erosive lesion on t	the mucosal surface of the colon.				
Constipation	Occasional or intermittent symptoms; occasional use of stool softeners, laxatives, dietary modification, or enema	Persistent symptoms with regular use of laxatives or enemas; limiting instrumental ADL	Obstipation with manual evacuation in dicated; limiting selfcare ADL	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder charac	sterized by irregular and infrequent or di	ifficult evacuation of the bowels.	T		r		
Dental caries	One or more dental caries, not involving the root	Dental caries involving the root	Dental caries resulting in pulpitis or periapical abscess or resulting in tooth loss	5	-		
Definition: A disorder charac	nterized by the decay of a tooth, in whic	h it becomes soften ed, discolored	and/orporous.	1	r		
Diamh ea	Increase of <4 stools per day over baseline ; mild increase in ostomy output compared to baseline	h crease of 4-6 stools per day over baseline; moderate increase in ostomy output compared to baseline	horease of >=7 stools per day over baseline; in continence; hospitalization in dicated; severe increase in o stomy output compared to baseline; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder charac	sterized by frequent and watery bowel n	novements.	1	1	1		
Dry mouth	Symptomatic (e.g., dryor thick saliva) without significant dietary alteration; unstimulated saliva flow >0.2 ml/min	Moderate symptoms; oral intake alterations (e.g., copious water, other lubricants, diet limited to purees and ôr sot, moist foods); unstimulated saliva 0.1 to 0.2 ml/min	hability to adequately aliment orally; tube feeding or TPN indicated; un stimulated saliva <0.1 ml/min	3	a <u>1</u>		

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Gastrointestinal disorders								
		Grade						
Adverse Event	1	2	3	4	5			
Duodenal fstula	Asymptomatic; olinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely attered GI function; tube feeding, TPN or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er charact	erized by an abnormal communication	n betwe en the duodenum and an	other organ or anatomic site.	Particle and	Location			
Duodenal hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disorder charact	erized by bleeding from the duoden ur	n.						
Duodenal obstruction	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic; altered GI function	Hospitalization or elective operative intervention indicated; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er charact	terized by blockage of the normal flow	of stomach contents through the	duodenum.	80070 70	Price 100			
Duodenal perforation		Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disorder charact	perized by a rupture in the duodenal w	all.	257 107 101 22310401 005 1	0000 0				
Duodenal stenosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tuble feeding; ho spitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disorder charact	erized by a narrowing of the lumen of	the duodenum.	10. 21					
Duodenal ulcer	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; medical intervention indicated; limiting instrumental ADL	Severely attered GI function; TP N indicated; elective operative or endoscopic intervention indicated; limiting self care ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disorder charact	erized by a circumscribed, in fammato	, pry and necrotic erosive lesion on	the mucosal surface of the duoder	nal wall.				
Dyspepsia	Mild symptoms; intervention not indicated	15	Severe symptoms; surgical intervention indicated		-			
	terized by an uncornfortable, often pai	n ful feeling in the stornach, result	ing from impaired digestion. Sympt	oms include burning stomach, blo	ating,			
heanbum, nausea and vornit Dysphagia	Symptomatic, able to eat	Symptomatic and altered	Severely altered	Life-threatening consequences;	Death			
	regular diet	eating/swallowing	eating/swallowing;tube feeding or TPN or hospitalization indicated	urgent intervention in dicated				
Definition: A disord er charact	erized by difficulty in swallowing.							
Entero colitis	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Abdominal pain; mucus or blood in stool	d Severe or persistent abdominal pain; fever; ileus; peritone al signs	Life-threatening consequences; urgent intervention in dicated	Death			
Definition: A disorder charact	erized by inflammation of the small ar	id large intestines.	100 200 100 10 shift	Included and				
Enterove sical fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; non invasive intervention indicated	Severe, medically significant; medical intervention indicated	Life-threattening consequences; urgent intervention in dicated	Death			
Definition: A disorder charact	erized by an abnormal communication	between the urinary bladder and	d the intestine .	,	x-			
Esophageal fistula	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic; altered GI function	Severely aftered GI function; tube feeding, TPN or hospitalization in dicated; elective operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death			
Definition: A disord er charact	terized by an abnormal communication	between the esophagus and an	other organ or an atomic site.	1				
	Mild; intervention not indicated	Moderate symptoms; medical	Transfusion, radiologic,	Life-threatening consequences;	Death			
Esophageal hemorrhage		intervention or minor cauterization indicated	endoscopic, or elective operative intervention indicated	urgent intervention in dicated				

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Gastrointestinal disorders							
	Grade						
Adverse Event	1	2	3	4			
Esophageal ne <i>c</i> rosis	123		hability to aliment ade quately by GI tract; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disorder chara	cterized by a necrotic process occurring	g in the esophageal wall.	1				
Esophageal ob <i>s</i> truction	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic ; altered GI function ; limiting instrumental ADL	Hospitalization indicated; elective operative intervention indicated; limiting selfcare ADL; disabling	Life-threatening consequences; urgent intervention indicated	Death		
123 V. V. V.	sterized by blockage of the normal flow	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SI 973533 722		I		
Esophageal pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	8			
Definition : A disorder chara	l sterized by a sensation of marked disco	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1702		I		
Esophageal perforation	-	Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disorder chara	sterized by a rupture in the wall of the e	esophagus.	1				
Esophageal stenosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tube feeding; hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disorder chara	sterized by a narrowing of the lumen of	the esophagus.	Los at the deliver of				
Esophageal ulcer	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; limiting instrumental ADL	Severely altered GI function; TP N indicated; elective operative or endoscopic intervention indicated; limiting self care ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death		
1 Care and a care and a care and a care	sterized by a circumscribed, in fammato		1/1/		Leonaria		
Esophageal varices hemorrhage		Self-limited; intervention not indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder chara	nterized by bleeding from esophageal v	arices.	1		r		
Esophagitis	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic; altered eating/swallowing; oral supplements indicated	Severely altered eating/swallowing; tube feeding, TPN or hospitalization indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Contraction and the second states of the	sterized by inflammation of the esopha		Lawrence and the second second	2	1		
Fecal incontinence	Occasional use of pads required	Daily use of paids required	Severe symptoms; elective operative intervention indicated	-	ļ		
Dofinition: A disarder at	, wainad hu inabilityte as the lite a	a afeta al fram the restrum					
	terized by inability to control the escap				I.		
	sterized by inability to control the escap Mild symptoms; intervention not indicated			ð:	-		
Flatulence	Mild symptoms; intervention not	Moderate; persistent; psychosocial sequelae	-	2	-		
Flatulence	Mild symptoms; intervention not indicated	Moderate; persistent; psychosocial sequelae	- Severely altered GI function; bowel rest; tube feeding, TPN or hospitalization in dicated ; elective operative intervention indicated	- Life-threatening consequences; urgent operative intervention indicated	- Death		
Flatulence Definition: A disorder chara Gastric fistula	Mild symptoms; intervention not indicated cterized by a state of excessive gas in t Asymptomatic; clinical or diagnostic observations only;	Moderate; persistent; psychosocial sequelae he alimentary canal. Symptomatic; altered GI function	bowel rest; tube feeding, TPN or hospitalization in dicated; elective operative intervention indicated	urgent operative intervention	Death		
Flatulence Definition: A disorder chara Gastric fistula Definition: A disorder chara	Mild symptoms; intervention not indicated terized by a state of excessive gas in t Asymptomatic; dinical or diagnostic observations only; intervention not indicated	Moderate; persistent; psychosocial sequelae he alimentary canal. Symptomatic; altered GI function	bowel rest; tube feeding, TPN or hospitalization in dicated; elective operative intervention indicated	urgent operative intervention	- Death Death		
Flatulence Definition: A disorder chara Gastric fistula Definition: A disorder chara Gastric herrorrhage	Mild symptoms; intervention not indicated sterized by a state of excessive gas in t Asymptomatic; dinical or diagnostic observations only; intervention not indicated	Moderate; persistent; psychosocial sequelae the alimentary canal. Symptomatic; altered GI function h between the stormach and an oth Moderate symptoms; medical intervention or minor cauterization indicated	bowel rest; tube feeding, TPN or hospitalization in dicated ; elective operative intervention indicated er organ or anatomic site. Transfusion, radiologic, endoscopic, or elective	urgent operative intervention indicated Life-threatening consequences;			

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5		Gastrointestinal dis	orders					
	Grade							
Adverse Event	1	2	3	4	5			
Gastric perforation Definition: A disorder characte	- rized by a rupture in the stormach wa	Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Gastric stenosis	Asymptomatic; clinical or	Symptomatic; altered GI	Severely altered GI function;	Life-threatening consequences;	Death			
Sa suit stellosis	diagnostic observations only; intervention not indicated	function	tub e feeding; ho spitalization indicated; elective operative intervention indicated	urgent operative intervention indicated	Death			
Definition: A disord er characte	rized by a narrowing of the lumen of	the stornach.						
Gastric ulcer	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; medical intervention indicated; limiting instrumental ADL	Severely altered GI function; TP N indicated; elective operative or endoscopic intervention indicated; limiting self care ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
	rized by a circumscribed, in fammato	enter of the first of the data set of the	A STREET AND A STREET AND A STREET	Conservation and the second states of the second st	00 1200840			
Gastritis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; medical intervention indicated	Severely altered eating or gastric function; TPN or hospitalization indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er characte	rized by inflammation of the stormach		8		001			
Gastroesophageal reflux disea <i>s</i> e	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated	Severe symptoms; surgical intervention indicated	2	Ť			
	rized by reflux of the gastric an d/or d y result in injury to the esophageal m			nd usually caused by incompetenc	e ofthe l			
Gastrointestinal fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely aftered GI function; tube feeding, TPN or hospitalization indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er characte	rized by an abnormal communication	between any part of the gastroin	testinal system and another organ	or a natomic site.	001			
Gastrointestinal pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting selfcare ADL	8	ľ.			
Definition: A disord er characte	rized by a sensation of marked disco	m fort in the gastrointestinal region	n.	I				
Gastroparesis	Mild nausea, early satiety and bloating, able to maintain caloric intake on regular diet	Moderate symptoms; able to maintain nutrition with dietary and lifestyle modifications; may need pharmacologic intervention	Weight loss; refractory to me dical intervention; unable to maintain nutrition orally	-3	-			
Definition: A disord er characte	rized by an incomplete paralysis of th	ne musdes ofthe stomach wall re	sulting in delayed emptying of the	' gastric contents into the small inte	stine.			
Gingival pain	Mild pain	Moderate pain interfering with oral intake	Severe pain; inabilityto aliment orally		-			
	rized by a sensation of marked disco				00 			
Hemorrhoidal hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization in dicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death			
Definition: A disord er characte	rized by bleeding from the hemorrhoi	ids.	10. 		001			
Hemorrhoids	Asymptomatic; dinical or diagnostic observations only; intervention not indicated	Symptomatic; banding or medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated					
Definition: A disord er characte	rized by the presence of dilated vein	s in the recturn and surrounding a	rea.		001			
leal fistula	Asymptomatic; dinical or diagnostic observations on ly; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; TP N or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death			
Definition: A disorder characte	rized by an abnormal communication	between the ileum and another o	organ or anatomic site.		1			
leal hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor	Transfusion, radiologic, endoscopic, or elective	Life-threatening consequences; urgent intervention indicated	Death			
	.1	cauterization in dicated	operative intervention indicated		1			

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		Gastrointestinal dis	sorders					
	Grade							
Adverse Event	1	2	3	4	ं			
eal obstruction	Asymptomatic; olinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; limiting instrumental ADL	Hospitalization indicated; elective operative intervention indicated; limiting self care ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er character	ized by blockage of the normal flow	of the intestinal contents in the il	eum.					
leal perforation		Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
	ized by a rupture in the ileal wall.	1	1.		T			
leal stenosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tube feeding or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Jefinition: A disord er character	ized by a narrowing of the lumen of	f the ileum.	1.02 10 ¹ 101 2014/401 00	0.2050 P2	190 00			
leal ulcer	Asymptomatic; olinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; TPN indicated; elective operative or endoscopic intervention indicated; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er character	ized by a circumscribed, in fammat	ory and necrotic erosive lesion on	the mucosal surface of the ileum.		an Particula			
leus	.	Symptomatic; altered GI function; bowel rest indicated	Severely altered GI function; TPN indicated	Life-threatening consequences; urgent intervention indicated	Death			
이 가슴가슴 가슴 쉬다. 이것	ized by failure of the ileum to transp	N 97147 101 97 171		102 A				
ntra-abdominal hemorrhage	-	Medical intervention orminor cauterization in dicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er character	ized by bleeding in the abdominal o	cavity.			~			
lejun al fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; TPN or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er character	ized by an abnormal communicatio	n betwe en the jejunum and anoth	er organ or anatomic site.		001 001			
lejunal hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er character	ized by bleeding from the jejunal w	all.	(8)の (3)		351 554			
lejunal obstruction	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; limiting in strumental ADL	Hospitalization indicated; elective operative intervention indicated; limiting self care ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
Sector to an experimental sec	ized by blockage of the normal flow	She is an	ejunum.					
lejunal perforation		Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er character	' ized by a rupture in the jejunal wall	20 20	10 E		55 			
lejunal stenosis	Asymptomatic; dinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tube feeding or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition : A disord er character	ized by a narrowing of the lumen of	fthe jejunum.	1	1				
lejunal ulcer	Asymptomatic; dinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; TPN indicated; elective operative or endoscopic intervention indicated; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
Jefinition: A disorder character	ized by a circumscribed, inflammat	ory and necrotic erosive lesion on	the mucosal surface of the jejunum	n				
ip pain	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	-	÷			

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		Gastrointestinal dis	orders		
			Grade		
Adverse Event	1	2	3	4	ं
Lower ga strointestinal herrorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
	erized by bleeding from the lower gas	Conservation and Conservation of the	1.2		
Malab sorption	- erized by inadequate absorption of n	Attered diet; oral intervention indicated	hability to a liment adequately; TPN indicated	Life-threatening consequences; urgent intervention indicated	Death
		-			D
Mucositis oral	Asymptomatic or mild symptoms; intervention not indicated	Moderate pain ; not interfering with oral intake; modified diet indicated	Severe pain ; interfering with oral intake	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er charact	erized by inflammation of the oral mu	cosal.	10. cl	I	
Nausea	Loss of appetite without alteration in eating habits	Oral intake decreased without significant weight loss, dehydration or malnutrition	ha dequate oral caloric or fuid intake ; tube feeding, TPN, or hospitalization indicated	0	,
	erized by a queasy sensation and/or	CANADA DA SARA DA SARA NA ANA			
Obstruction gastric	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; limiting instrumental ADL	Ho spitalization indicated; elective operative intervention indicated; limiting self care ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A disorder charact	erized by blockage of the normal flow	of the contents in the stomach.	no co		
Oral cavity fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; TP N or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er charact	erized by an abnormal communicatio	n between the oral cavity and ano	therorgan or anatomic site.		
Oral dysesthesia	Mild discomfort; not interfering with oral intake	Moderate pain ; interfering with oral intake	Disabling pain; tube feeding or TPN indicated	a .	-
Second reaction and the second second	erized by a burning or tingling sensat	Survey and 1000 means the second second	Constant and the second s		Darren
Oral hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death
Oral pain	wrized by bleeding from the mouth. Mild pain	Moderate pain ; limiting	Severe pain; limiting self care	2	Ê.
orarpani		instrumental ADL	ADL		ſ
Definition: A disorder charact	erized by a sensation of marked disc	omfort in the mouth, tongue or lips			001
Pancreatic duct stenosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tube feeding or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A disorder charact	erized by a narrowing of the lumen of	fthe pancreatic duct.	1		
Pancreatic istula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tube feeding or TPN or hospitalization in dicated; elective operative intervention indicated	Life-threattening consequences; urgent operative intervention indicated	Death
Definition: A disord er charact	erized by an abnormal communicatio	n between the pancreas and a not	her organ or anatomic site.		
Pancreatic hemorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death
Definition: A disord er charact	erized by bleeding from the pancreas				
Pancreatic necrosis	-	•	Tube feeding or TPN indicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A disord er charact	erized by a necrotic process occurrin	g in the pancreas.	1.22 Zat 20100 000000		
Pancreatitis		Enzyme elevation or radiologic findings only	Severe pain; vomiting; medical intervention indicated (e.g., analgesia, nutritional support)	Life-threatening consequences; urgent intervention indicated	Death

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		Gastrointestinal dis	sorders			
		Grade				
Adverse Event	1	2	3	4	t	
Definition: A disord er charac	terized by inflammation of the pancrea	s.	10. 11. 10. 11.		6.) 004	
Periodontal disease	Gingival recession or gingivitis; limited bleeding on probing; mild local bone loss	Moderate gingival recession or gingivitis; multiple sites of bleeding on probing; moderate bone loss	Spontane ous bleeding ; severe bone loss with or without tooth loss; osteonecrosis of maxilla or mandible	23	5	
Definition : A disord er in the ;	gingival tissue around the teeth.	43	10 U		29 20	
Peritoneal necrosis	2		Tube feeding or TPN indicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition: A disord er charac	nerized by a necrotic process occurring	in the peritoneum.	10 11 11		-	
Proctitis	Rectal discomfort, intervention not indicated	Symptoms (e.g., rectal discomfort, passing blood or mucus); medical intervention indicated; limiting instrumental ADL	Severe symptoms; fecal urgen cy or stool incontinence; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er charac	terized by inflammation of the rectum.		-			
Rectal fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely aftered GI function; TPN or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er charac	terized by an abnormal communication	between the rectum and anothe	r organ or an atomic site.		001	
Rectal he mornhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er charac	terized by bleeding from the rectal wall	and discharged from the anus.	10			
Rectal mucositis	Asymptomatic or mild symptoms; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition: A disorder charac	terized by inflammation of the mucous	membrane of the rectum.	10			
Rectal ne crosis			Tube feeding or TPN indicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition: A disord er charac	nterized by a necrotic process occurring	in the rectal wall.	10		01. 	
Rectal ob struction	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; limiting in strumental ADL	Hospitalization indicated; elective operative intervention indicated; limiting selfcare ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition: A disord er charac	terized by blockage of the normal flow	of the intestinal contents in the re	ectum.		20 20	
Rectal pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	2	-	
Rectal perforation	-	Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition: A disorder charac	Interized by a rupture in the rectal wall.		1		r.	
Rectal stenosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Severely altered GI function; tube feeding or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition : A disord er charao	nterized by a narrowing of the lumen of	the rectum.	20 C		5	
Rectal ulcer	Asymptomatic; dinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function (e.g. altered dietary habits, vomiting, diarrhea)	Severely altered GI function; TPN indicated; elective operative or endoscopic intervention indicated; disabling	Life-threatening consequences; urgent operative intervention indicated	Death	

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2		Gastrointestinal dis	UIUEIS		_			
	Grade							
Adverse Event	1	2	3	4	ंः			
Retroperiton eal hemorrhage Definition : A disorder character	- ized by bleeding from the retroperity	Self-limited; intervention indicated	Transfusion, medical, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Salivery duct in fammation	Slightly thickened saliva; slightly	2	Acute salivary gland necrosis;	Life-threatening consequences;	Death			
Sandry Got in faithfailth	altered taste (e.g., metallic)	markedly altered taste; alteration in diet indicated; secretion-induced symptoms; limiting instrumental ADL	se vere secretion-in duced symptoms (e.g., thick saliva/oral secretions or gagging); tube feeding or TPN indicated; limiting self care ADL; disabling	urgent intervention indicated	Death			
Definition: A disord er character	ized by inflammation of the salivary	duct.	an we and an a		001 101			
Salivary gland fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; tube feeding indicated	Severely altered GI function; hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er character	ized by an abnormal communication	n between a salivary gland and an	other organ or anatomic site.					
Small intestinal mucositis	Asymptomatic or mild symptoms; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe pain ; interfering with oral intake ; tube feeding, TPN or hospitalization indicated; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er character	ized by inflammation of the mucous	membrane of the small intestine.						
Small intestinal obstruction	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function; limiting in strumental ADL	Hospitalization indicated; elective operative intervention indicated; limiting self care ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er character	ized by blockage of the normal flow	of the intestinal contents.	1992-004-0-00-00		×-			
Small intestinal perforation		Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er character	ized by a rupture in the small intesti	ne wall.						
Small intestinal stenosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function	Symptomatic and severely altered GI function; tube feeding, TPN or hospitalization indicated; non-emergent operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er character	ized by a narrowing of the lumen of	the small intestine.	1		r			
Small intestine ulœr	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; altered GI function ; limiting in strumental ADL	Severely altered GI function; TP N indicated; elective operative or endoscopic intervention indicated; limiting self care ADL; disabling	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er character	ized by a circumscribed, in fammato	ry and necrotic erosive lesion on t	the mucosal surface of the small in	itestine.				
Stomach pain	Mild pain	Moderate pain ; limitin g instrumental ADL	Severe pain; limiting self care ADL		Ŧ			
Definition: A disord er character	ized by a sensation of marked disco	omfort in the stomach.						
Tooth development disorder	Asymptomatic; hypoplasia of tooth or en amel	Impairment correctable with oral surgery	Maldevelopment with impairment not surgically correctable; disabling	÷	-			
	ized by a pathological process of the	e teeth occurring during tooth dev I	elopment.	~	L			
Tooth discoloration	Surface stains	ŀ	1-	**	ŀ			
	ized by a change in tooth hue or tint	김 승규가 여자들이 다 공장을 알려 있다.		1				
Toothache	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting selfcare ADL	[©]				
Definition: A disorder character	ized by a sensation of marked disco	ormfortin the tooth.						

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		Gastrointestinal dis	sorders					
	Grade							
Adverse Event	1	2	3	4	5			
Typhlitis		•	Symptomatic (e.g., ab dominal pain, fever, change in bowel habits with ileus); peritoneal signs	Life-threatening consequences; urgent operative intervention indicated	Death			
Definition: A disord er characte	erized by inflammation of the cecum.		1	1	r			
Upper gastrointestinal hernorrhage	Mild; intervention not indicated	Moderate symptoms; medical intervention or minor cauterization indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disorder characte	rized by bleeding from the upper gas	strointestin al tract (o ral cavity, pha	arynx, esophagus, and stornach).					
Vorniting	1 - 2 episodes (separated by 5 minutes) in 24 hrs	3 - 5 episodes (separated by 5 minutes) in 24 hrs	>=6 episodes (separated by 5 minutes) in 24 hrs; tube feeding, TPN or hospitalization indicated	Life-threatening consequences; ungent intervention indicated	Death			
Definition: A disord er characte	erized by the reflexive act of ejecting t	the contents of the stornach throu	igh the mouth.					
Gastrointestinal disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			

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Definition: A disorder characterized by oscattion of life occurring during the first 28 days of life. Image: Control of				Grade		
Investign: Advance of the marker is physiologic response to reaking a to narkouse Perponsive narkouse Definition: Advance of characterized by a stantation of old that of the marker a physiologic response to reaking a to narkouse - - - Operating a to narkouse Definition: Advance of characterized by a stantation of the that cannot be attributed to a CTCAE term a socialed with Grade 5. - - - Definition: - - - - - Definition: Definition: Advance of characterized by a stantation of the that cannot be attributed to a CTCAE term a socialed with Grade 5. -	Adverse Event	1	2	3	4	5
Death neon stal - - Death neon stal - - Death neon stal Definition: A disorder duransetted by assation of the staff bidded to a CTCAE term associated with Oracle 5. - - Death neon stal - - Death neon stal - - Death neon stal - - - Death neon stal - - Death neon stal - - Death neon stal - - - Death neon stal - - - - - - Death neon stal - </td <td>Chills</td> <td></td> <td></td> <td></td> <td></td> <td>ŀ</td>	Chills					ŀ
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Death NO S - - Death Definition: A description of life that cannot be attributed to a CTC/AE term associated with Grede 5. Severe swelling; limiting self -	Death neon atal	122		10 S	3	Death
Definition: A description of link that cannot be attributed to a CTCAE term associated with Grade 5. Severe swelling; limiting self -	Definition: A disord er characte	rized by cessation of life occurring di	uring the first 28 days of life.			
Edema face Localized facial edema Moderate localized facial edema, limiting in strumental ADL Severe swelling, limiting set ere ADL - - Definition: A disorder characterized by smelling due to excessive fuld accumulation in triad itsues. Severe swelling, limiting set ere ADL - <	Death NO S		r i		-6	Death
Image: Second	Definition: A cessation of life t	hat cannot be attributed to a CTCAE	term a ssociated with Grade 5.		·	061 997
Edema limbs 5 - 10% inter-limb discrepancy in volume or discrepancy in volu	Edema face	Localized facial edema	edema; limiting in strumental	24 P. G. S. S. Market C. 19 204 (2010) (19 202) (2010) (1	2	Ī
In volume or droumference at point of greatest visible difference; seeling or obscuration of anatomic architecture on close inspection architecture on close inspection architecture on close inspection architecture on close inspection anatomic architecture; billing aparent obscuration of anatomic architecture; instrumental ADL Nolume; gross de vision from normal anatomic ocnotour; liming self care ADL Image: Self care ADL Definition: A disorder characterized by seelling due to excessive tud accumulation in the upper of lower extremities. Image: Self care ADL Image: Self care ADL Definition: A disorder characterized by seelling due to excessive tud accumulation in the upper of lower extremities. Image: Self care ADL Image: Self care ADL Definition: A disorder characterized by seelling due to excessive tud accumulation in the upper of lower extremities. Image: Self care ADL Image: Self care ADL Definition: A disorder characterized by seelling due to excessive tud accumulation in the turb are and instrumental ADL Severe pain; limiting self care ADL Image: Self care ADL Image: Self care ADL Definition: A disorder characterized by as state of generalized useatweets with a prono uncel inability to summer sufficient energy to accumptific daily activities. Image: Self care ADL I	Definition: A disord er characte	rized by swelling due to excessive fu	uid a coumulation in facial tissues.		-	-
anatomic architecture on olose inspectionanatomic architecture; oblification of skin folds; readily apparent deviation from not skin folds; readily apparent ADLanatomic contour; limiting a arch ADLanatomic contour; limiting self care ADLanatomic seriesDefinition: A disorder characterized by swelling due to excessive fuld accumulation in the truck area.Moderate pain; limiting instrumental ADLSevere pain; limiting self care ADLDefinition: A disorder characterized by a setation of marked discombrit in the face.Fatigue not relieved by rest; limiting instrumental ADLFatigue not relieved by rest, limiting self care ADLDefinition: A disorder characterized by a state of generalized weatwress with a prono unced inability to summon sufficient energy to accomplish daily activitiesFever33.0.39.0 degrees C (100.4 102.2 degrees F)39.0.40.0 degrees C (102.3 lod degrees C)>40.0 degrees C (104.0 degrees F) for >24 hrs>40.0 degrees C (104.0 degrees F) for >24 hrs>240.0 degrees C)Definition: A disorder characterized by a strue of symptoms similar to those observed in patients with the fut. It includes fever, chills, body aches, malaise, loss of appette an onder and u due based, limping or hobbling) widebased, limping or hobbling) assistive device indicated; limiting instrumental ADLDefinition: A disorder characterized by walking difficuties:Moderate charge in gait (e.g., wide- based, limping or hobbling)Moderate c	Edema limb s	in volume or droumference at point of greatest visible difference; swelling or obscuration of a natomic	discrepancy in volume or circumference at point of greatest visible difference; readily apparent obscuration of anatomic architecture; obliteration of skin folds; readily apparent deviation from normal anatomic contour; limiting	volume; gross deviation from normal anatomic contour;		-
anatomic architecture on close inspectionanatomic architecture; oblification of skin folds; readily aparared eviation from not skin folds; readily anatomic contour; limiting and instrumental ADLanatomic contour; limiting self are ADLDefinition: A disorder characterized by swelling due to excessive turid accumulation in the trunk area.Severe pain; limiting self care ADLDefinition: A disorder characterized by a sen sation of marked discomtor in the face.Severe pain; limiting self care ADLDefinition: A disorder characterized by a sen sation of marked discomtor in the face.Fatigue not relieved by rest; limiting instrumental ADLFatigue not relieved by rest, limiting instrumental ADLDefinition: A disorder characterized by a state of generalized wealwess with a pronounced inability to urg 2 degrees F) or (2 degrees F)Definition: A disorder characterized by easting of the body's terre- true do degrees C (100.4 102.2 degrees F)>30.0.40.0 degrees C (102.3 degrees F) for (2 de hrs>40.0 degrees C (101.4) degrees F) for (2 de hrs>40.0 degrees C (101.4) degrees F) for (2 de hrs>Definition: A disorder characterized by elsymptoms present. Bod degrees F)Moderate symptoms; limiting instrumental ADL>40.0 degrees C (102.3 degrees F) for (2 de hrs>>Definition: A disorder characterized by elsymptoms similar to those observed in patients with the flu. It includes fiver, chills, body a ches, malaise, loss of appetter an observed in gasistive device indobling; assistive device indobling; assistive device indobling; assistive device indobling; assistiv	Definition: A disord er characte	rized by swelling due to excessive 10	uid accumulation in the upper or lo	wer extremities.		3
Image: Definition: A disorder characterized by a state of generalized weatwardFatigue not relieved by perst; limiting instrumental ADLADLADLADLDefinition: A disorder characterized by a state of generalized weatwardFatigue not relieved by perst; limiting instrumental ADLFatigue not relieved by perst; limiting self care ADL	Edema trunk	anatomic architecture on close	anatomic architecture; obliteration of skin folds; readil y apparent de viation from normal anatomic contour; limiting	anatomic contour; limiting self	5	.*
Definition: A disorder characterized by a sen sation of marked discontrol in the face. ADL ADL Patigue Fatigue relieved by rest Fatigue not relieved by yest; limiting instrumental ADL Fatigue not relieved by yest, limiting self care ADL - <	Definition: A disord er characte	rized by swelling due to excessive fu	uid a coumulation in the trunk area			
Fatigue Fatigue relieved by rest Fatigue not relieved by rest; limiting instrumental ADL Fatigue not relieved by rest, limiting instrumental ADL Fatigue not relieved by rest, limiting self care ADL -	Facial pain	Mild pain		1742.0 D.V. D.V.C.	8	ŀ
Imiting instrumental ADL Imiting self care ADL Imiting self care ADL Imiting self care ADL Definition: A disorder characterized by a state of generalized weak-ess with a pronounced inability to summon sufficient energy to accomplish daily a ctivities. >40.0 degrees C (>104.0 degrees F) for <=24 hrs	Definition: A disord er characte	rized by a sensation of marked disco	omfort in the face.	n n 1	·	7
Fever 38.0 - 39.0 degrees C (100.4 - 102.2 degrees F) >39.0 - 40.0 degrees C (102.3 - 104.0 degrees C (>104.0 degrees C (>104.0 degrees F) for <=24 hrs			limiting instrumental ADL	limiting selfcare ADL		ŀ
102.2 degrees F) 104.0 degrees F) degrees F) for <=24 hrs	A REAL PROPERTY AND A REAL		The second se		Contraction of the Contract of Contract	in and the second
Flu like symptoms Mild fu-like symptoms present. Moderate symptoms; limiting instrumental ADL. Severe symptoms; limiting self care ADL - - Definition: A disorder characterized by a group of symptoms similar to those observed in patients with the flu. It includes fever, chills, body aches, malaise, loss of appetite an sough . Moderate change in gait (e.g., wide-based, limping or hobbling) Moderate change in gait (e.g., wide-based, limping or hobbling) Moderate change in gait (e.g., wide-based, limping or hobbling) Disabling; limiting selfcare ADL - - Definition: A disorder characterized by walking difficulties. Moderate change in gait (e.g., wide-based, limping or hobbling); assistive device indicated; limiting instrumental ADL. Disabling; limiting selfcare ADL - - Definition: A disorder characterized by walking difficulties. - - - - - Hypothermia -		102.2 degrees F)	104.0 degrees F)	degrees F) for <= 24 hrs	입법 가서 중 맛가? 가장 감상을 하지? 그 것이 없어야 했다 지	Death
instrumental ADL care ADL care ADL Definition: A disorder characterized by a group of symptoms similar to those observed in patients with the flu. It includes fever, chills, body aches, malaise, loss of appetite an cough. Gait disturbance Mild change in gait (e.g., wide-based, limping or hobbling) Moderate change in gait (e.g., wide-based, limping or hobbling); assistive device indicated; limiting instrumental ADL Disabling; limiting selfcare ADL -	2011 201 201	1 48 8 78 12 12 12	200700 gr. 10 40 80	121 No (142) 124 135		Ť
Cough : Gait disturbance Mild change in gait (e.g., wide-based, limping or hobbling) Moderate change in gait (e.g., wide-based, limping or hobbling) or hobbling); assistive device indicated; limiting instrumental ADL Disabling; limiting self care ADL -	2347300 8838 D4 25 60		instrumental ADL	care ADL		ŀ
Gait disturbance Mild change in gait (e.g., wide-based, limping or hobbling) Moderate change in gait (e.g., wide-based, limping or hobbling) or hobbling); assistive device indicated; limiting instrumental ADL Disabling; limiting self care ADL -		rized by a group of symptoms similar	r to those observed in patients wit	h the flu. It includes fever, chills, b	ody a ches, malaise, loss of appet	tite and d
Hypothermia - 35 ->32 degrees C; 95 ->89.6 degrees F 32 ->28 degrees C; 89.6 - >82.4 degrees F <=28 degrees C; 82.4 degrees F; life-threatening consequences (e.g., coma, hypotension, pulmonary edema, Deater	STREET,		wide-based, limping or hobbling); assistive device indicated; limiting instrumental	Disabling; limiting selfcare ADL	5	-
degrees F >82.4 degrees F F; life-threatening consequences (e.g., coma, h ypotension, pulmonary edema,	Definition: A disord er characte	rized by walking difficulties.	77 17	a (т 	181 19
	Hypothermia		그러 - 신간 에너지 아버지 않았지? - 친구 전	2014 - 전화가 있는 10 Mail 가지 않는 10 전 전 10 Mail 10 M	F; life-threatening consequences (e.g., coma, h ypoten sion, pulmon ary edema	
Definition: A disorder characterized by an abnormally low body temperature. Treatment is required when the body temperature is 36C (96F) or below.		en 18 meren meneratur beser tatat matematikan seberah kan	Cherry and group the second state and a		MED	and P

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		disorders and administra			
			Grade		
Adverse Event	1	2	3	4	5
Infusion related reaction	Mild transient reaction; infusion interruption n ot indicated; intervention not indicated	Therapy or infusion interruption indicated but responds promptly to symptomatic treatment (e.g., antihistamines, NSAIDS, narcotics, IV fuids); prophylactic medications indicated for <= 24 hrs	Prolonged (e.g., not rapidly responsive to symptomatic me dication and/or brief interruption of in fusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae	Life-threatening consequences; urgent intervention indicated	Death
	zed by adverse reaction to the infus	1-	I and the second s		
Infusion site extravasation		Erythem a with associated symptoms (e.g., edema, pain, induration, phlebitis)	Uceration or necrosis; severe tissue damage; operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
	zed by leakage of a pharmacologic sation and marked discomfort at th		nfusion site into the surrounding ti	ssue. Signs and symptoms include	e indurat
Injection site reaction	Tendemess with or without associated symptoms (e.g., warmth, erythema, itching)	Pain ; lipodystrophy; edema ; phlebitis	Uceration or ne crosis; severe tissue damage; operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
	zed by an intense adverse reaction.	\$3630 CARRENC SY	N N N N		
rritability	Mild; easily consolable	Moderate; limiting instrumental ADL; increased attention indicated	Severe abnormal or excessive response; limiting self care ADL; inconsolable	•	
Definition: A disord er characteria condition.	zed by an abnormal responsivenes	s to stimuli or physiological arous:	al; maybe in response to pain, frig	ht, a drug, an emotional situation	or a med
Localized edema	Localized to dependent areas, no disability or functional impairment.	Moderate localized edema and intervention indicated; limiting instrumental ADL	Severe localized edema and intervention indicated; limiting self care ADL	8	
	zed by swelling due to excessive fu	uid accumulation at a specific anat	tomic site.		<u>.</u>
Malai <i>s</i> e	Uneasiness or lack of well being	Uneasiness or lack of well being ; limiting instrumental ADL		8	Ť
Definition: A disord er characteria	zed by a feeling of general discornf	ort or uneasiness, an out-of-sorts	feeling.	02022 22	210 00
Multi-organ failure		•	Shock with azotemia and acid- base disturbances; significant coagulation abnormalities	Life-threatening consequences (e.g., vasopressor dependent and oliguric or anuric or ischemic colitis or lactic acidosis)	Death
Definition: A disord er characteria	zed by progressive deterioration of	the lungs, liver, kidney and dotting	g mechanisms.		
Neck ederna	Asymptomatic localized neck edema	Moderate neck edema; slight obliteration of anatomic landmarks; limiting instrumental ADL	Generalized neck edema (e.g., difficulty in turning neck); limiting selfcare ADL		1
	zed by swelling due to an accumula	7=		~	C
Non-cardiac chest pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	•	ŀ
	zed by discomfort in the chest unrel	lated to a heart disorder.	1		
Pain	Mild pain	Moderate pain ; limitin g instrumental ADL	Severe pain; limiting self care ADL	-	,
	ed by the sensation of marked dis-	comfort, distress or agoiny.	0 		01 2000848
Sudden death NOS	2 2222 R 640 W		t stati		Death
	tion of life that cannot be attributed	12	1 27		
General disorders and administration site conditions - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin vasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization in dicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death

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	¥	Hepatobiliary disorders							
		12	Grade						
Adverse Event	1	2	3	4	. :				
Əile duct stenosis	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic; altered GI function; M fluids indicated <24 hrs	Severely altered GI function; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death				
1	erized by a narrowing of the lumen o	56							
iliary fistula		Symptomatic and intervention not indicated	Severely altered GI function; TP N indicated; endoscopic intervention indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death				
Definition: A disord er charact	erized by an abnormal communication	on between the bile ducts and a not	her organ or an atomic site.	Incontration of the second					
Chole cystitis	-	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death				
	erized by inflammation involving the	gallbladder. It may be associated u	ith the presence of gallstones.	netora erat	n Deserve av				
Gallbladder fstula	Asymptomatic olinical or diagnostic observations only; intervention not indicated	Symptomatic and intervention not in dicated	Symptomatic or severely altered GI function; TPN in dicated; radiologic, endo scopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death				
)efinition: A disorder charact	erized by an abnormal communication	on between the galibladder and and	ther organ or anatomic site.						
Sallbladder necrosis			-	Life-threatening consequences; urgent radiologic or operative intervention indicated	Death				
Definition: A disord er charact	erized by a necrotic process occurrin	g in the gallbladder.	2). V.						
Gallbladder obstruction	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic;altered GI function;IV fluids indicated <24 hrs	Symptomatic and severely altered GI function; tube feeding, TPN or hospitalization indicated; non-emergent operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death				
Definition: A disord er charact	erized by blockage of the normal fou	v of the contents of the gallbladder	1). 						
Gallbladder pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	5	đ Q				
Definition: A disorder charact	erized by a sensation of marked disc	om fort in the gallbladder region.							
Gallbladder perforation	- 1	1	-	Life-threatening consequences; urgent intervention in dicated	Death				
Jefinition: A disord er charact	erized by a rupture in the gallbladder	wall.	n		-				
lepatic failure			Asterixis; mild encephalopathy; limiting selfcare ADL	Moderate to severe encephalopathy; corna; life- threatening consequences	Death				
Definition: A disord er charact de hydrogen ase , and alkaline	erized by the inability of the liver to m phosphatase.	netabolize chemicals in the body. L	aboratory test results reveal abno	mal plasma levels of ammonia , bi	lirubin, l				
lepatic hemorrhage	Mild; intervention not indicated	Symptomatic; medical intervention indicated	Transfusion indicated	Life-threatening consequences; urgent intervention in dicated	Death				
Definition : A disord er charact	erized by bleeding from the liver.	1.4							
lepatic necrosis				Life-threatening consequences; urgent radiologic or operative intervention indicated	Death				
Definition: A disord er charact	erized by a neorotic process occurrin	g in the hepatic parenchyma.							
lepatic pain	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	- -	-				
efinition: A disord er charact	erized by a sensation of marked disc	omfort in the liver region.			Î.				
^a erforation bile duct	19		Ra diologic, endoscopic or elective operative intervention indicated	Life-threattening consequences; urgent operative intervention indicated	Death				

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		Hepatobiliary dis	orders		
			Grade	-	
Adverse Event	1	2	3	4	5
Portal hyperten sion		Decreased portal vein flow	Reversal/retrograde portal vein 1ow; associated with varices and/or ascites	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characteriz	ed by an increase in blood pressu	re in the portal venous system.			20. 20.
Portal vein thrombosis		Intervention not indicated	Me dical intervention in dicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder characteria	, ed by the formation of a thrombus	(blood clot) in the portal vein.	at a K	3 63 C	Ф. Х.
Hepatobiliary disorders - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; ungent intervention indicated	Death

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	445	Immune system dis	orders		
		1	Grade		
Adverse Event	1	2	3	4	5
Allergic reaction Definition: A disorder characte	Transient fushing or rash, drug fever <38 degrees C (<100.4 degrees F); intervention not indicated	htervention or infusion interruption indicated ; responds promptly to symptomatic treatment (e.g., antihistamines, NSAIDS, narcotics); prophylactic medications indicated for <=24 hrs	Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of in fusion); recurrence of symptoms following initial improvement; hospitalization indicated for dinical sequelae (e.g., renal impairment, pulmonary infiltrates) reen.	Life-threatening consequences; urgent intervention indicated	Death
Anaphylaxis	rized by an acute inflammatory react	•	Symptomatic bronchospasm, with or without urticaria; parenteral intervention indicated; allergy-related edema/angio edema; hypotension	Life-threatening consequences; urgent intervention indicated ances from mast cells, causing a h	Death ypersensitiv
mmune response. Clinically, it	presents with breathing difficulty, dia	zziness, hypotension, cyanosis an T	d loss of consciousness and may	lead to death.	
Autoimmune disorder	Asymptomatic; serologic or other evidence of autoimmune reaction, with normal organ function; intervention not indicated	Evidence of autoimmune reaction involving a non- essential organ or function (e.g., hypothyroidism)	Autoimmune reactions involving major organ (e.g., colitis, anemia, myocarditis, kidney)	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er resultin g tissue constituents.	from loss of function or tissue destru	Iction of an organ or multiple organ	ns, arising from humoral or cellula	, r immune responses ofthe individ	ual to his ow
Cytokine release syndrome	Mild reaction; infusion interruption not indicated; intervention not indicated	Therapy or infusion interruption indicated but responds promptly to symptomatic treatment (e.g., antihistamines, NS AIDS, narcotics, IV fuids); prophylactic medications indicated for <= 24 hrs	Prolonged (e.g., not rapidly responsive to symptomatic me dication and/or brief interruption of in fusion); recurrence of symptoms following initial improvement; hospitalization indicated for dinical sequelae (e.g., renal impairment, pulmonary infiltrates)	Life-threatening consequences; pressor or ventilatory support indicated	Death
Definition: A disorder characte	, rized by nausea, headache, tachyca	rdia , hypotension, rash , and shorti	ness of breath; it is caused by the	release of cytokines from the cells	
Serum sickness Definition: A disorder characte	Asymptomatic; clinical or diagnostic observations only; intervention not indicated rized by a delayed-type hypersensiti	Moderate arthralgia; fever, rash, urticaria, antihistamines indicated vity reaction to foreign proteins de	Severe arthralgia or arthritis; extensive rash; steroids or IV fuids indicated rived from an animal serum. It occ	Life-threatening consequences; pressor or ventilatory support indicated urs approximately six to twenty-or	Death e days
	the foreign antigen. Symptoms includ	147/11 N 303 //201 //	N N N N N N N	20553 AGS	1380530
Immune system disorders - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin vasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting selfcare ADL	Life-threatening consequences; urgent intervention indicated	Death

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	4	Infections and infes	tations						
		Grade							
Adverse Event	1	2	3	4	5				
Ab dominal infection			M antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
Definition: A disord er chara	cterized by an infectious process inv	olving the abdominal cavity.	1	1					
An orectal in fection	Localized ; local intervention indicated	Oral intervention indicated (e.g. antibiotic, antifungal, antiviral)	antiviral intervention in dicated; radiologic, endo scopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
1 (1991)	ctenzed by an intectious process inv	volving the anal area and the rectum.	11 0338163 6366 69		-				
Appendicitis			M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
Definition: A disord er chara	cterized by acute inflammation to the	e vermi form appendix caused by a p	athogenic agent.						
Appendicitis perforated Definition: A disorder charae	- sterized by acute inflammation to the	Symptomatic; medical intervention indicated e vermiform appendix caused by a p	Severe symptoms; elective operative intervention indicated athogenic agent with gangrenous	Life-threatening consequences; urgent intervention indicated changes resulting in the rupture of	Death				
appendiceal wall. The appe	ndiceal wall rupture causes the relea	ase of inflammatory and bacterial co	ntents from the appendice all urner	into the abdominal cavity.	ř.				
Anteritis in fective	1999 		Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
Definition: A disord er chara	cterized by an infectious process inv	volving an artery.		5 	6) 				
Biliarytract infection			Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
Definition: A disord er chara	cterized by an infectious process inv	volving the biliary tract.	denier contraction de la section de la se						
Bladder infection		Oral intervention indicated (e.g. antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
Definition: A disord er chara	cterized by an infectious process inv	olving the bladder.			8				
Bone infection			M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
Definition: A disord er chara	cterized by an infectious process inv	olving the bones.		1	-				
Breast infection	100	Local infection with moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	Severe infection ; axillary adenitis ; Mantibacterial, antifungal, or antiviral intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
	cterized by an infectious process inv I		1						
Bronchial infection	-	Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death				
Definition: A disord er chara	cterized by an intectious process inv	olving the bronchi.							
Catheter related infection	-	Localized; local intervention indicated; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death				
Definition: A disorder chara	cterized by an infectious process that	at arises secondary to catheter use.	THE DESCRIPTION OF A	ana ana					
Cecal infection	1.71		Mantibiotic, antifungal, or antiviral intervention indicated ; radiologic, endoscopic, or	Life-threatening consequences; urgent intervention in dicated	Death				

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Adverse Event			Grade		
	1	2	3	4	
efinition: A disord er characte	rized by an infectious proces	s involving the œcum.	0. ()	ir Ij	4-0 904
Cervicitis infection	1.20	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
lefinition: A disord er characte	rized by an infectious proces	s involving the uterine cervix.			
conju nativitis infective		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
efinition: A disord er characte	rized by an infectious proces	s involving the conjunctiva. Clinical manif	estations include pink or red color	in the eyes.	-
Come al infection	143	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
lefinition: A disord er characte	rized by an infectious proces	s involving the cornea.			~
Cranial nerve infection	-	*	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characte	rized by an infectious proces	s involving a granial nerve.	a-	lj.	101
Device related intection	1	•	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characte	rized by an infectious proces	s involving the use of a medical device.			
	100 m	Moderate symptoms; medical	Mantibiotic, antifungal, or	Life-threatening consequences;	Death
Duodenal infection		intervention indicated (e.g., oral antibiotics)	antiviral intervention in dicated; radiologic or operative intervention indicated	urgent intervention indicated	19806189
Duodenal infection Definition : A disorder characte	rized by an infectious proces	intervention indicated (e.g., oral antibiotics)	antiviral intervention indicated; radiologic or operative		19806189
Definition : A disorder characte		intervention indicated (e.g., oral antibiotics) <u>s involving the duodenum.</u>	antiviral intervention indicated; radiologic or operative		Death
Definition : A disord er characte Encephalitis infection Definition : A disord er characte		intervention indicated (e.g., oral antibiotics) <u>s involving the duodenum.</u>	antiviral intervention in dicated; radiologic or operative intervention indicated Mantibiotic, antifungal, or antiviral intervention in dicated; severe changes in mental status; selfilimited seizure activity; focal neurologic abnormalities	urgent intervention indicated Life-threatening consequences; urgent intervention indicated	1
Definition : A disord er characte in cephalitis infection Definition : A disord er characte		intervention indicated (e.g., oral antibiotics) <u>s involving the duodenum.</u>	antiviral intervention in dicated; radiologic or operative intervention indicated // antibiotic, antifungal, or antiviral intervention in dicated; severe changes in mental status; selflimited seizure activity; focal neurologic	urgent intervention indicated	Death
Definition : A disorder characte Encephalitis infection Definition : A disorder characte Encephalornyelitis infection	rized by an infectious proces	intervention indicated (e.g., oral antibiotics) <u>s involving the duodenum.</u>	antiviral intervention in dicated; radiologic or operative intervention indicated Mantibiotic, antifungal, or antiviral intervention indicated; severe changes in mental status; self-limited seizure activity; focal neurologic abnormalities Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences;	1
Definition : A disorder characte Encephalitis infection Definition : A disorder characte Encephalornyelitis infection	rized by an infectious proces	intervention indicated (e.g., oral antibiotics) <u>s involving the duodenum.</u> - <u>s involving the brain tissue.</u> -	antiviral intervention in dicated; radiologic or operative intervention indicated Mantibiotic, antifungal, or antiviral intervention indicated; severe changes in mental status; self-limited seizure activity; focal neurologic abnormalities Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences;	1
Definition : A disord er characte Encephalitis infection Definition : A disord er characte Encephalomyelitis infection Definition : A disord er characte Endocarditis infective	rized by an infectious proces	intervention indicated (e.g., oral antibiotics) <u>s involving the duodenum.</u> - <u>s involving the brain tissue.</u> -	antiviral intervention in dicated; radiologic or operative intervention indicated Mantibiotic, antifungal, or antiviral intervention indicated; severe changes in mental status; self-limited seizure activity; focal neurologic abnormalities Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated es. Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated; radiologic or operative intervention indicated;	Life-threatening consequences; urgent intervention indicated	Death

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Infections and infestations						
			Grade			
Adverse Event	1	2	3	4	0	
Enterocolitis infectious		Passage of >3 unformed stools per 24 hrs or duration of illness >48 hrs; moderate abdominal pain	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endo scopic, or operative intervention indicated; profuse watery diarrhe a with signs of hypovolemia; blood y diarrhea; fever; severe abdominal pain; hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death	
efinition: A disorder charac	sterized by an infectious process involv	ving the small and large intestines.				
Esophageal infection	i esi	Local intervention indicated (e.g., oral antibiotic, antifungal, antiviral)	IV antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disorder charac	terized by an infectious process involv	ving the esophagus.	Δ'		0.1	
Eye infection		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated; enucleation	Death	
Definition: A disord er charac	terized by an infectious process involv	ving the eye.	50 53 1	1.	20 2	
Gallbladder infection			M antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death	
	nterized by an infectious process involv	1				
3um infection	Local therapy indicated (Swish and swallow)	Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death	
19 - 19 19 19 - 19 - 19 - 19 - 19 - 19	terized by an infectious process involv	ving the gums.	12 628 23 28 28 2	25325 EL	122 8	
lepatic infection		-	IV antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death	
efinition: A disord er charac	nterized by an infectious process involv	ving the liver.	av		01	
Hepatitis viral	Asymptomatic, treatment not indicated		Symptomatic liver dysfunction; fbrosis by biopsy; compensated cirrhosis. reactivation of chronic hepatitis	Decompen sated liver function (e.g., a soites, coagulop athy, encephalopathy, coma)	Death	
Definition : A disord er charad	terized by a viral pathologic process in	nvolving the liver parenchyma.	6) 6 6	f.	20 20	
nfective myositis		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death	
Definition: A disorder charac	nterized by an infectious process involv	ing the skeletal muscles.				
loint in fection		Localized; local intervention indicated; oral intervention indicated (e.g., antibiotic, antifungal, antiviral); needle aspiration indicated (single or multiple)	Arthroscopic intervention indicated (e.g., drainage) or arthrotomy (e.g., open surgical drainage)	Life-threatening consequences; urgent intervention indicated	Death	
	terized by an infectious process involv	ving a joint.	6) 6	1	25 20	
Definition: A disord er oharad	2 10 10 10 10 10 10 10 10 10 10 10 10 10		Mantibiotic, antifungal, or antiviral intervention indicated ;	Life-threatening consequences; urgent intervention in dicated	Death	

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		Infections and infes	tations		
			Grade		
Adverse Event	1	2	3	4	5
aryngitis		Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
efinition: A disorder chara	cterized by an inflammatory process	involving the larynx.			
ip infection	Localized , local intervention indicated	Oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	I ✓ antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated		-
Definition: A disord er chara	cterized by an infectious process inv	olving the lips.	-		
ung infection	-	Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endo scopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
)efinition: A disorder chara	cterized by an infectious process inv	olving the lungs.	il I constante su constante estate estate		ol Pana-aus
Lymph gland in fection		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Jefinition: A disord er chara	cterized by an infectious process inv	olving the lymph nodes.	w 1	12	-
vledia stinal infection			M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er chara	cterized by an infectious process inv	olving the mediastinum.	1	1	-
Meningitis	(-)	-	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated; focal neurologic defoit	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er chara	cterized by acute inflammation of the	meninges of the brain and/or spinal	cord.	9 1	87 01
lucosal infection	Localized, local intervention indicated	Oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death
Definition: A disord er chara	cterized by an infectious process inv	olving a mucosal surface.	6) b	18	21 21
Nail infection	Localized, local intervention indicated	Oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	2	1
Definition: A disord er chara	cterized by an infectious process inv	olving the nail.			
)titis externa	(2)	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death
		olving the outer ear and ear canal. C velling and marked discomfort in the	이 아이 있는 아이에 가지 않는 것이 아이는 것이 아이가 가지 않는 것이 아이가 있다. 아이가 아이가 아이가 나라 가지 않는 것이 아이가 나라 가지 않는 것이 아이가 아이가 아이가 아이가 아이가 나라 가 나라 가지 않는 것이 아이가 아이가 아이가 아이가 아이가 아이가 아이가 아이가 아이가 아이	ive water exposure (swimmer's ear	infection
titis media	1	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	IV antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death
)efinition: A disord er chara	cterized by an intectious process inv	olving the middle ear.	\$	12	5
Ovarian infection	1	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative	Life-threatening consequences; urgent intervention in dicated	Death

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3		Infections and infes	tations					
	Grade							
Adverse Event	1	2	3	4	5			
Pancreas in fection		2 	Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characte	rized by an infectious process involvi	ing the pancreas.	n					
Papulopustular rash	or may not be associated with symptoms of pruritus or tenderness	may or may not be associated with symptoms of pruritus or tendem ess; associated with psychosocial impact; limiting instrumental ADL	Papules and for pustules covering >30% BSA, which may or may not be a ssociated with symptoms of pruritus or tendemess; limiting selfcare ADL; associated with local superinfection with oral antibiotics indicated	Papules and/or pustules covering any % BSA, which may or may not be associated with symptoms of pruritus or tendemess and are associated with extensive superinfection with IV antibiotics indicated; life- threatening consequences	Death			
	rized by an eruption consisting of pay			CONTRACTOR OF A DESCRIPTION OF A DESCRIP	o, and uppe			
	his rash does not present with whiteh			SIONS.	1001 1			
Paronychia	Nail fold edema or enythema; disruption of the outide	Localized intervention indicated; oral intervention indicated (e.g., antibiotic, antifungal, antiviral; nail fold edema or erythema with pain; associated with discharge or nail plate separation; limiting in strumental ADL	Surgical intervention or M antibiotics indicated; limiting self care ADL					
Definition: A disord er characte	rized by an infectious process involvi	ing the soft tissues around the nai	L					
Pelvic infection	1 7 n - 175 - 1. 1	Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
	rized by an infectious process involvi				-			
Penile infection		Localized; local intervention indicated (e.g., to pical antibiotic, antifungal, or anti viral)	Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characte	rized by an infectious process involvi	ing the penis.	27 Khok 19 25 100	14 (1940) - KA	1995 - 200			
Periorbital infection	-	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
	rized by an infectious process involvi	ing the orbit of the eye. I	n en		tor Enclosed			
Peripheral nerve infection		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Los companya and a second second	rized by an infectious process involvi	ing the peripheral nerves.			Leonarda			
^a eritoneal infection			M antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition : A disord er characte	rized by an infectious process involvi	ing the peritoneum.						
¹ haryngitis		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characte	rized by inflammation of the throat.	•<		,				
Phlebitis infective	5.00	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death			

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		Infections and infes	tations		
-			Grade		
Adverse Event	1	2	3	4	5
Definition: A disorder charact of the infected vein.	erized by an infectious process invo	living the vein. Clinical manifestation	is include erythema, marked dis∝	omfort, swelling, and induration alo	ng the course
Pleural infection	20	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endo scopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder charact	erized by an infectious process invo	lving the pleura.	·		
Prostate infection .	-	Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endo scopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder charact	erized by an infectious process invo	lving the prostate gland.		-	
Rash pustular		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or anti viral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	5	
Definition: A disorder charact	erized by a circumscribed and eleva	ated skin lesion filled with pus.	a	1	
Rhinitis infective		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	ea		•
	erized by an infectious process invo I		n In an		na an a
Salivery gland infection		Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	IV antibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
	erized by an infectious process invo	Without and the Without and the second	Recordship and a set	(12 A	Durth
Scrotal infection		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder charact	erized by an infectious process invo I	living the scrotum.	1 · · · · ·	1	r -
Sepsis	100		-	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder charact	erized by the presence of pathogen	ic microorganisms in the blood strea	im that cause a rapidly progressin T	g systemic reaction that may lead	toshock.
Sinusitis		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder charact		living the mucous membranes of the	1		
Skin infection	Localized, local intervention indicated	Oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	IV antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder charact	erized by an infectious process invo	lving the skin.	27 20133 151 287 101	3.5393 25	
Small intestine infection		Moderate symptorns; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder charact	erized by an infectious process invo	lving the small intestine.	······································		
So t tissue in fection		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death
Definition : A disord er charact	erized by an infectious process invo	lving sot tissues.	6) () ()	1	
Splenic infection	2 <u>2</u> 0	•	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death

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		Infections and infes	tations					
	Grade							
Adverse Event	1	2	3	4	5			
lefinition: A disord er characte	rized by an infectious process involv	ing the spleen.	0. 2		601 001			
itoma site infection	Localized , local intervention indicated	Oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
)efinition: A disord er characte	rized by an infectious process involve	ing a storna (surgically created op r	ening on the surface of the body).		r			
ooth infection		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
	rized by an infectious process involvent	7.5						
「racheitis	-	Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	IV antibiotic, antifungal, or antiviral intervention in dicated; radiologic, endo scopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
23. 97 23.02 92	rized by an infectious process involvi	ing the trachea.	12 /22 2 2 2	2222 62	222 32			
Upper respiratory infection		Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	M antibiotic, antifungal, or antiviral intervention in dicate d; radiologic, endo scopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characte	rized by an infectious process involvi	ing the upper respirator y tract (no:	se, paranasal sinuses, pharynx, la	rynx, or trachea).	004 004			
Urethral infection	19	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	M antibiotic, antifungal, or antiviral intervention indicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characte	rized by an infectious process involv	ing the urethra.	57 E	1				
Urinary tract infection		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characte	rized by an infectious process involvi	ing the urinary tract, most commo		1				
Jterine infection	20	Moderate symptoms; oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characte	rized by an infectious process involvi	ing the endometrium. It may exten	d to the myometrium and parame	, trial tissues.	<i>v</i> .			
vaginal infection	led .	Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characte	rized by an infectious process involv	ing the vagina.						
vulual infection	Localized, local intervention indicated	Oral intervention indicated (e.g., antibiotic, antifungal, antiviral)	Mantibiotic, antifungal, or antiviral intervention in dicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death			
Definition: A disord er characte	rized by an infectious process involvi	, ing the vulva.	ð 6					
Nound in tection		Localized; local intervention indicated (e.g., topical antibiotic, antifungal, or antiviral)	Mantibiotic, antifungal, or antiviral intervention indicated; radiologic or operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death			
Definition: A disord er characte	rized by an infectious process involv	ing the wound.						
nfections and infestations - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or noninvasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization in dicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			

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		, poisoning and procedu	Grade		
Adverse Event	1	2	3	4	5
An We fracture	Mild; n on-surgical intervention indicated	Limiting instrumental ADL; operative intervention indicated	Limiting self care ADL; elective surgery indicated	*	
한 가지 않는 것 같아요. 그는 것 같아요. 아파 유가 한 것 같아요.	to the ankle joint characterized by:			। d discomfort, swelling and difficult	ı ymoving t
affected leg and foot.	T.	li -		Trana - Contractor - Contractor	D11
Aontic injury			Severe symptoms; limiting self care ADL; disabling; repair or revision indicated	Life-threatening consequences; evidence of end organ damage; urgent operative intervention indicated	Death
Definition: A finding of damage	to the aorta.	1-			
Arterial injury	Asymptomatic diagnostic finding ; intervention not indicated	Symptomatic (e.g., claudication); repair or revision not in dicated	Severe symptoms; limiting self care ADL; disabling; repair or revision indicated	Life-threatening consequences; evidence of end organ damage; urgent operative intervention indicated	Death
Definition: A finding of damage	to an artery.	21 N 100 20182 2015023		tortate one	n Decement
Biliary an astornotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage	ofbile due to breakdown of a biliar	/ anastomosis (surgical connection	oftwo separate anatomic structu	res).	2
Bladder ana stomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage	of urine due to breakdown of a blac	Ider anastomosis (surgical connect	tion of two separate anatomic stru	ctures).	
Bruising	Localized or in a dependent area	Generalized	58 1	2	2 2
Definition: A finding of injury of	the soft tissues or bone characteriz	ed by leakage of blood into surrou	nding tissue s.		
Bum Definition: A finding of impaired	Minimal symptoms; intervention not indicated integrity to the anatomic site of an	debri dement in dicate d	Moderate to major debridement or reconstruction indicated an be caused by exposure to cher	Life-threatening consequences	Death es and
[[[[[]]][[[]]]]	e depends on the length and intens		Si 20020 - 20 - 32 - 40	0	
Dermatitis radiation	Faint erythema or dry desquarnation	Moderate to brisk erythema ; patch y moist desquamation , mostly confined to skin folds and creases ; moderate edema	Moist desquamation in areas other than skin folds and creases; bleeding induced by minor trauma or abrasion	Life-threatening consequences; skin necrosis or ulceration of full thickness dermis; spontane ous bleeding from involved site; skin graft indicated	Death
Definition: A finding of cutaneo	us in fammatory reaction occurring :	as a result of exposure to biologica	Illy effective levels of ionizing radia	tion .	ici C
Esophageal ana stomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage	due to breakdown of an esophagea	I an astomosis (surgical connection	n oftwo separate a natomic structu	res).	<u> </u>
Fall	Minor with no resultant injuries; intervention not indicated	Symptomatic; non invasive intervention indicated	Hospitalization indicated	2	
Definition: A finding of sudden r	novement downward , usually resul	ting in injury.		santati antat	
Fallopian tube a nastornotic le al	 Asymptomatic; dinical or diagnostic observations only; intervention not indicated 	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage	due to breakdown of a fallopian tub	e anastomosis (surgical connectio	n oftwo separate a natomic structu	ures).	
Fallopian tube perforation	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic and intervention not indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated (e.g., organ resection)	Death
Definition: A finding of rupture of	ofthe fallopian tube wall.	The second second second second	n na an	sustant same	
Fracture	Asymptomatic; dinical or diagnostic observations on ly; intervention not in dicated	Symptomatic but non-displaced; immobilization indicated	Severe symptoms; displaced or open wound with bone exposure; disabling; operative	Life-threatening consequences; urgent intervention in dicated	Death

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	injury	, poisoning and procedu			
			Grade		
Adverse Event	1	2	3	4	3
Gastric anastomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage d	ue to breakdown of a gastric an as	tomosis (surgical connection of tu) o separate a natomic structures).	1	
Gastrointestinal anastomotic eak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage d	ue to breakdown of a gastrointesti	nal anastornosis (surgical connec	tion of two separate anatomic struc	xture s).	65 22
Gastrointestinal stoma necrosis		Superficial necrosis; intervention not in dicated	Severe symptoms; hospitalization or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of a necrotic	process occurring in the gastroin	te stinal tract storna.	1	1	r
Hip fracture		Hairline fracture; mild pain; limiting instrumental ADL; non- surgical intervention indicated	Severe pain ; hospitalization or intervention indicated for pain control (e.g., traction); operative intervention indicated	Life-threatening consequences; symptoms associated with neurovascular compromise	
Definition: A finding of traumatic	injury to the hip in which the contin	nuity of either the femoral head, fe	ernoral neck, intertrochanteric or su	btrochanteric regions is broken.	
Injury to carotid artery			Severe symptoms; limiting self care ADL (e.g., transient cerebral ischemia); repair or revision indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of damage t	o the carotid artery.		1	In the second	
Injury to inferior vena cava		e.	•	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of damage t	o the inferior vena cava.		-		
lnjury to jugular vein		-	Symptomatic limiting self care ADL; disabling; repair or revision in dicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of damage t	o the jugular vein.	1:	1		r
Injury to superior vena cava	Asymptomatic diagnostic finding ; intervention not indicated	Symptomatic; repair or revision not indicated	Severe symptoms; limiting self care ADL; disabling; repair or revision in dicated	Life-threatening consequences; evidence of end organ damage; urgent operative intervention indicated	Death
Definition: A finding of damage t	othe superior vena cava.				
Intestinal stoma leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage o	f contents from an intestinal storm	a (surgically created opening on th	ne surface of the body).	2222 72	1010 00
Intestinal storma obstruction		Self-limited; intervention not indicated	Severe symptoms; M fluids, tube feeding, or TPN in dicated >=24 hrs; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of blockage	of the normal flow of the contents	ofthe intestinal stoma.	10. d		001
Intestinal storna site bleeding	Minimal bleeding identified on clinical exam; intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of blood leal	age from the intestinal stoma.	411 	m 6		् २
Intraoperative arterial injury	Primary repair of injured organ/structure in dicated	Partial resection of injured organ /structure indicated	Complete resection or reconstruction of injured organ/structure indicated; disabling	Life-threatening consequences; urgent intervention in dicated	Death
Definition: A finding of damage t	' o an arter y durin g a surgical proce	dure.	NUMBER OF CONTRACTOR		
Intraoperative breast injury	Primary repair of injured organ/structure in dicated	Partial resection of injured organ/structure indicated	Complete resection or reconstruction of injured organ/structure indicated;	Life-threatening consequences; urgent intervention indicated	Death

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Injury, poisoning and procedural complications Grade							
Actuarda Event	1 2 3 4						
Adverse Event Definition: A finding of damage t			•	4	5		
Definition: A finding of damage t	o the breast paren chyma dunng	a surgical procedure.	Demonstration of the second	112 4	Durth		
Intraoperative cardiac injury	1		Primary repair of injured organ /structure indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of damage t	1000 2 602 0	01 84754 10334 1038830 04	122 25 26 2732 75	22272 202	0000140		
Intraoperative ear injury	Primary repair of injure d organ/structure indicate d	Partial resection of injured organ/structure in dicated	Complete resection of injured organ /structure indicated ; disabling (e.g., impaired hearing; impaired balance)	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of damage t	Constant and the second case	An electric to the second second second		el) The mass interests of ann manufactures and	ni Prosae		
Intraoperative endocrine injury	Primar y repair of injure d org an/structure indicate d	Partial resection of injured organ/structure indicated	Complete resection or reconstruction of injured organ /structure indicated; disabling	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of damage t	o the endocrine gland during a	surgical procedure.		014 014	-		
Intraoperative gastrointestinal injury	Primary repair of injure d organ/structure indicate d	Partial resection of injured organ/structure indicated	Complete resection or reconstruction of injured organ & tructure indicated; disabling	Life-threatening consequences; ungent intervention indicated	Death		
Definition: A finding of damage t	o the gastrointestinal system du	iring a surgical procedure.					
Intraoperative head and neck injury	Primar y repair of injure d organ/structure indicate d	Partial resection of injure d organ/structure in dicated	Complete resection or reconstruction of injured organ & tructure indicated; disabling	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of damage t	o the head and neck during a s	urgical procedure.	2211-241-0410-0421-22		~		
Intraoperative hemorrhage			Postoperative radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of uncontrol	led bleeding during a surgical p	rocedure.					
Intraoperative hepatobiliary injury	Primary repair of injured organ/structure indicated	Partial resection of injured organ /structure in dicated	Complete resection or reconstruction of injured organ & tructure indicated; disabling	Life-threatening consequences; urgent intervention in dicated	Death		
Definition: A finding of damage t	o the hep atic parenchyma and/	or biliary tract during a surgical pro	cedure.	50 51)	004		
Intraoperative musculoskeletal injury	Primary repair of injured organ/structure in dicated	Partial resection of injured organ <i>i</i> structure in dicated	Complete resection or reconstruction of injured organ & tructure indicated; disabling	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of damage t	o the musculoskeletal system d	uring a surgical procedure.			-		
Intraoperative neurological injury	Primary repair of injured organ/structure in dicated	Partial resection of injured organ /structure indicated	Complete resection or reconstruction of injured organ/structure indicated; disabling	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of damage t	to the nervou's system during a :	surgical procedure.					
Intraoperative ocular injury	Primary repair of injured organ/structure in dicated	Partial resection of injure d organ /structure indicated	Complete resection or reconstruction of injured organ/structure indicated; disabling	Life-threattening consequences; urgent intervention indicated	Death		
Definition: A finding of damage t	o the eye during a surgical proc	edure.	And the second sec	~	~		
Intraoperative renal injury	Primary repair of injured organ/structure in dicated	Partial resection of injured organ./structure indicated	Complete resection or reconstruction of injured organ/structure indicated; disabling	Life-threatening consequences; urgent intervention in dicated	Death		
Definition: A finding of damage t	o the kidney during a surgical p	rocedure.	181 (NAN)É 101	987 511	183 201		
Intraoperative reproductive tract injury		Partial resection of injured organ/structure indicated	Complete resection or reconstruction of injured organ/structure indicated; disabling	Life-threatening consequences; urgent intervention in dicated	Death		

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	ral complications	2014 B 0			
Adverse Event	1	2	3	4	5
	o the reproductive organs during a	a surgical procedure.			
ntraoperative respiratory injury	Primar y repair of injure d organ/structure indicate d	Partial resection of injured organ/structure in dicated	Complete resection or reconstruction of injured organ structure indicated ; disabling	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of damage to	o the respiratory system during a :	surgical procedure.	1		-
Intraoperative skin injury	Primary repair of injure d organ/structure indicate d	Partial resection of injured organ/structure in dicated	Complete resection or reconstruction of injured organ /structure indicated; disabling	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of damage to	o the skin during a surgical proced	dure.	~		
Intraoperative splenic injury		Primary repair of injured organ/structure in dicated	Resection or reconstruction of injured organ/structure indicated; disabling	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of damage to	o the spleen during a surgical proc	15	1		r
Intraoperative urinary injury	Primary repair of injure d organ/structure indicate d	Partial resection of injured organ/structure in dicated	Complete resection or reconstruction of injured organ /structure indicated; disabling	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of damage to	o the urinary system during a surg	gical procedure.	1	Included and	
Intraoperative venous injury	Primar y repair of injure d organ/structure indicate d	Partial resection of injured organ./structure in dicated	Complete resection or reconstruction of injured organ /structure indicated; disabling	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of damage to	o a vein during a surgical procedu	ire.	0. 2000 00 ()		01-
Kidney anastomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage o	furine due to breakdown of a kidr	ney anastomosis (surgical connecti	on of two separate anatomic struc	tures).	001
Large intestinal anastomotic eak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage d	ue to breakdown of an an astornos	sis (surgical connection of two sepa	arate anatomic structures) in the la	rge intestine.	01 01
Pancreatic anastomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage d	ue to breakdown of a pancreatic a	anastomosis (surgical connection o	ftwo separate anatomic structure:	s).	0.1
Pharyngeal ana stornotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death
Definition: A finding of leakage d	ue to breakdown of a pharyn geal	anastomosis (surgical connection	oftwo separate anatomic structure	es).	0.1
Postoperative hemonhage	Minimal bleeding identified on clinical exam; intervention not indicated	Moderate blee ding; ra diologic, endo scopic, or operative intervention indicated	Transfusion indicated of >=2 units (10 co/kg for pediatrics) pRBCs beyond protocol specification; urgent radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A finding of bleeding of	, occurring atter a surgical procedur	те	transfering the state of the st	,	x:
Postoperative thoracic procedure complication	•	Extubated within 24 - 72 hrs postoperatively	Extubated >72 hrs postoperatively, but be fore tracheostomy indicated	Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death
Definition: A finding of a previous	sly undocumented problem that oc	cours after a thoracic procedure .			0.1
Prolapse of intestin al stoma	Asymptomatic; reducible	Recurrent a ter manual reduction; local imitation or stool leakage; difficulty to fit appliance; limiting instrumental ADL	Severe symptoms; elective operative intervention indicated; limiting self care ADL	Life-threatening consequences; urgent operative intervention indicated	Death

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	Grade						
Adverse Event	1	2	3	4	5		
And a second	of the intestinal stoma (surgically T	Called the constant on one of the second	Name of the start of the start of the	New York and the second second second second second	or Frankrige		
Prolapse of urostomy	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Local care or maintenance; minor revision indicated	Dysfunctional stoma; elective operative intervention or major stomal revision indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of displacem	ent of the urostomy.	112			01		
Radiation recall reaction (dermatologic)	Faint erythema or dry desquamation	Moderate to brisk erythe ma; patchy moist desqua mation, mostly confined to skin folds and creases; moderate edema	Moist desquamation in areas other than skin folds and creases; bleeding induced by minor trauma or abrasion	Life-threatening consequences; skin necrosis or ulceration of full thickness dermis; spontaneous bleeding from involved site; skin graft indicated	Death		
이 같이 아파 등 것 같은 것 같은 것이 가지 않는 것 같은 것은 것 같은 것이 봐.	in fammatory reaction caused by		NA 2 2 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	lowing radiotherapy. The in famma	tory reaction		
6 02 02 02 02	liated skin and the symptoms disa	ppearatter the removal of the pha T	rmaceutical agent.	2220 02 1	222 22		
Rectal an astomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of leakage d	ue to breakdown of a rectal anasto	mosis (surgical connection of two	separate anatomic structures).				
Seroma	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; simple aspiration indicated	Symptomatic, elective radiologic or operative intervention indicated		-		
Definition: A finding of turnor-like	collection of serum in the tissues.	PC 40 7500.07	227 Souther 1.5	11010 KJ	P15 75		
Small intestinal anastomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of leakage d	ue to breakdown of an an astornos	is (surgical connection of two sepa	arate anatomic structures) in the s	mall bowel.			
Spermatic cord anastornotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of leakage d	ue to breakdown of a spermatic co	ord ana stornosis (surgical connecti	on oftwo separate anatomic struc	tures).	~ .		
Spinal fracture	Mild back pain; non-prescription analgesics indicated	Moderate back pain; prescription analgesics indicated; limiting instrumental ADL	Severe back pain; hospitalization or intervention indicated for pain control (e.g., vertebroplasty); limiting self care ADL; disability	Life-threatening consequences; symptoms associated with neurovascular compromise	Death		
Definition: A finding of traumatic	, injury to the spine in which the con	ntinuity of a vertebral bone is broke	In.		5		
Steno sis of gastrointestin al storna		Symptomatic; IV/fluids indicated <24 hrs; manual dilatation at bedside	Severely altered GI function; tube feeding, TPN or hospitalization indicated; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of narrowing	of the gastrointestinal stoma (surg	gically created opening on the surf	ace ofthe body).		~ .		
Stomal ulcer	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; elective operative intervention indicated	•	t		
	ed by a circumscribed, in fammato	ory and necrotic erosive lesion on t	he jejunal mucosal surface close i	to the anastomosis site following a	100		
ga stroentero storn y procedure.					20.040		
Tracheal hemorrhage	Minimal bleeding identified on clinical or diagnostic exam; intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of bleeding 1	iom the trachea.	10	9 6 C				
Tracheal obstruction	Partial asymptomatic obstruction on examination (e.g., visual, radiologic or endoscopic)	Symptomatic (e.g., noisy airway breathing), no respiratory distress; medical intervention indicated (e.g., steroids); limiting instrumental ADL	Stridor; radiologic or endoscopic intervention indicated (e.g., stent, laser); limiting self care ADL	Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomyor intubation)	Death		

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Injury, poisoning and procedural complications Grade							
Adverse Event	1	-			3		
racheostornysite bleeding	Minimal bleeding identified on clinical exam; intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of blood lea	kage from the tracheo stomy site .		~				
Ureteric anastomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of leakage	due to breakdown of a ureteral ana	stomosis (surgical connection of t	vo separate anatomic structures).				
Urethral ana stornotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of leakage	due to breakdown of a urethral ana	stomosis (surgical connection of t	vo separate anatomic structures).		r		
Urostomy leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of leakage	of contents from a urostomy.	1	1	1	r		
Urostomy obstruction	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; dilation or endoscopic repair or stent placement indicated	Aftered organ function (e.g., sepsis or hydronephrosis, or renal dysfunction); elective operative intervention indicated	Life-threatening consequences; organ failure; urgent operative intervention indicated	Death		
Definition: A finding of blockage	of the urostomy.			La contra de la			
Urostomy site bleeding	Minimal bleeding identified on clinical exam; intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A finding of bleeding	forn the urostomy site.	5) [1]	8. (2 1)		87 904		
Unostormy stenosis		Symptomatic but no hydronephrosis, no sepsis or no renal dysfunction; dilation or endoscopic repair or stent placement indicated	Symptomatic (e.g., hydronephrosis, or renal dysfunction); elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Uterine anastomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of leakage	due to breakdown of a uterine an as	ा stornosis (surgical connection of tw	1000 million and a second s	2799278-139-451	1		
Uterine perforation	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic and intervention not indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent intervention in dicated	Death		
	zed by a rupture in the uterine wall	15					
vaginal anastomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention in dicated	Death		
	due to breakdown of a vaginal ana:	15		Life threatening announced	Dame		
vas deferens anastomotic leak	Asymptomatic diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A finding of leakage	due to breakdown of a vas de feren	s an astornosis (surgical connection	n oftwo separate anatomic structu	ires).			
vascular access complication	-	Device dislodgement, blockage, leak, or malposition; device replacement indicated	Deep vein or cardiac thrombosis; intervention indicated (e.g., anticoagulation, lysis, filter, invasive procedure)	Embolic event including pulmonary embolism or life- threatening thrombus	Death		

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	Injury	, poisoning and procedu	ral complications					
	Grade							
Adverse Event	1	2	3	4	5			
Venous injury	Asymptomatic diagnostic finding ; intervention not indicated	Symptomatic (e.g., claudication); repair or revision not indicated	Severe symptoms; limiting self care ADL; repair or revision indicated; disabling	Life-threatening consequences; evidence of end organ damage; urgent operative intervention indicated	Death			
Definition: A finding of damage to		0	T		-			
Wound complication	Incisional separation of <=25 % of wound, no deeper than superficial fascia	In cision al separation >25 % of wound; local care indicated	Hernia without evidence of strangulation; fascial disruption/dehiscence; primary wound closure or revision by operative intervention indicated	Hernia with evidence of strangulation; major reconstruction fap, grating, resection, or amputation indicated	Death			
Definition: A finding of developm	ent of a new problem at the site of	an existing wound.	9 m. 9		2			
Wound dehiscence	Incisional separation of <=25 % of wound, no deeper than superficial tascia	h cision al separation >25% of wound with local care; asymptomatic hernia or symptomatic hernia without evidence of strangulation	Fascial disruption or dehisoence without evisceration; primary wound dosure or revision by operative intervention indicated	Life-threatening consequences; symptomatic hemia with evidence of strangulation; fascial disruption with evisceration; major reconstruction fap, grating, resection, or amputation indicated	Death			
Definition: A finding of separation	of the approximated margins of a	surgical wound.	16 15 Av		치 			
Wrist fracture	Mild; non-surgical intervention indicated	Limiting instrumental ADL; operative intervention indicated	Limiting self care ADL; elective surgery in dicated	3	-			
Definition: A finding of traumatic	injury to the wrist joint in which the	continuity of a wrist bone is broke	en.		ж. Ж.			
Injury, poisoning and procedural complications - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin vasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			

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		Investigations	S				
	Grade						
Adverse Event	1	2	3	4	5		
Activated partial thromboplastin time prolonged	>1 - 1.5 x ULN	>1.5 - 2.5 X ULN	> 2.5 x ULN; hemorrhage		ŀ		
	rytest result in which the partial th	이 사업 야구 영상에 있는 것 같은 것 같아? 것 같아? 것 같아요? 것 같아?		possible indicator of coagul	opathy, a prolonge		
S) may occur in a variety of disease	Statute and the second statute of the second status of the second statute of the second status of					
Alanine aminotran <i>s</i> ferase increa <i>s</i> ed	>ULN - 3 D X ULN	Asymptomatic with ALT >3D - 5.D x ULN; >3 x ULN with the appearance of worsening of fatigue, nausea, vomiting, right upper quadrant pain or tendemess, fever, rash, or eosinophilia	>5.0 - 20.0 x ULN; >5 x ULN for >2 weeks	1720.0 X OLN			
Definition: A finding based on lat	poratory test results that indicate a	n increase in the level of alanine a	minotransferase (ALT or SGPT) in	n the blood specimen.	T		
Alkaline phosphatase increased	>ULN - 2.5 x ULN	>2.5 - 5.0 x ULN	>5.0 - 20.0 x ULN	>20.0 x ULN	ŀ		
Definition: A finding based on lat	poratory test results that indicate a	n increase in the level of alkaline p	phosphatase in a blood specimen.		32		
Aspartate aminotransferase increased	>ULN - 3 D X ULN	Asymptomatic with AST >3.0 - 5.0.x ULN; >3.x ULN with the appearance of worsening of fatigue, nausea, vomiting, right upper quadrant pain or tendemess, fever, rash, or eosinophilia	>5.0 - 20.0 x ULN; >5 x ULN for >2 weeks	>20.0 x ULN			
Definition: A finding based on lat	poratory test results that indicate a	n increase in the level of aspartate	e arnin otransferase (AST or SGOT) in a blood specimen.			
Blood antidiuretic hormone abnormal	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Hospitalization indicated		•		
Definition: A finding based on lat	ooratory test results that indicate al	bnormal levels of antidiuretic hom	none in the blood specimen.		32		
Blood bilirubin increased	>ULN - 1.5 x ULN	>1.5 - 3.0 x ULN	>3.0 - 10.0 x ULN	> 10.0 x ULN			
Definition: A finding based on lat	ooratory test results that indicate a	n abnormally high level of bilirubin	in the blood. Excess bilirubin is a	ssociated with jaundice.	2		
Blood conticotrophin decreased	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Hospitalization indicated	500 1	-		
Definition: A finding based on lat	, poratory test results that indicate a	' n decrease in levels of corticotrop	, hin in a blood specimen.		2		
Blood gonadotrophin abnormal	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL	i i	-		
Definition: A finding based on lat	poratory test results that in dicate al	b normal levels of gonadotrophin h	ormone in a blood specimen.	5			
Blood prolactin abnormal	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	21	ŝ			
Definition: A finding based on lat	poratory test results that in dicate al	b normal levels of prolactin hormor	ne in a blood specimen.	·			
Carbon monoxide diffusing capacity decreased	3 - 5 units below LLN; for follow- up, a decrease of 3 - 5 units (ml/sec/mm Hg) below the baseline value	6 - 8 units below LLN; for follow- up, an a symptomatic decrease of >5 - 8 units (ml/sec/mm Hg) below the baseline value	Asymptomatic decrease of >8 units drop; >5 units drop along with the presence of pulmonary symptoms (e.g., > Grade 2 hyp oxia or > Grade 2 or higher dyspnea)	2			
Definition: A finding based on lur	ng function test results that indicate	a decrease in the lung capacity	to absorb carbon monoxide.				
Cardia o troponin Tincreased	Levels above the upper limit of normal and below the level of myocardial infarction as defined by the manufacturer		Levels consistent with myocardial in farction as defined by the manufacturer		-		
Definition: A lab oratory test resu	t which indicates increased levels	of cardiac tropon in I in a biologica	l specimen.	5	20 		
Cardia e troponin T increased	Levels above the upper limit of normal and below the level of myocardial infarction as defined by the manufacturer		Levels consistent with myocardial in farction as defined by the manufacturer				
	t which indicates in meased levels	, of cardiac tropon in T in a biologic.	al specimen.				

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		Investigations	1		ļ,
			Grade		
Adverse Event	1	2	3	4	5
CD4 lymphocytes decreased	<lln -="" 0.5="" 500="" <lln="" mm3;="" x<br="">10e9 /L</lln>	<500 - 200/mm3; <0.5 - 0.2 x 10e9 /L	<200 - 50/mm3; <0.2 x 0.05 - 10e9 /L	<50/mm3; <0.05 x 10e9 /L	
Definition: A finding based on lab	ooratory test results that indicate a	n decrease in levels of CD4 lymph	ocytes in a blood specimen.		
Chole sterol high	>ULN - 300 mg/dL; >ULN - 7.75 mmol/L	>300 - 400 mg/dL; >7.75 - 10.34 mmol/L	>400 - 500 mg/dL; >10.34 - 12.92 mmol/L	>500 mg/dL; >12.92 mmol/L	-
Definition: A finding based on lab	ooratory test results that indicate h	igher than normal levels of cholest	erol in a blood specimen .	0.03/14/22/9940	
CPK increased	>ULN - 2.5 x ULN	>2.5 x ULN - 5 x ULN	>5 x ULN - 10 x ULN	>10 x ULN	
Definition: A finding based on lab	oratory test results that indicate a	n increase in levels of creatine pho	osphokinase in a blood specimen.		1
Creatinine in creased	>1 - 1.5 x baseline ; >ULN - 1.5 x ULN	X ULN	>3.0 baseline; > 3.0 - 6.0 x ULN	>6.0 x ULN	ŀ
	ooratory test results that indicate in T	oreased levels of creatinine in a b T			
Ejection fraction decreased	12	Resting ejection fraction (EF) 50 - 40%; 10 - 19% drop from baseline	Resting ejection fraction (EF) 39 - 20%; > 20% drop from baseline	Resting ejection fraction (EF) <20%	
Definition: The percentage comp contraction.	uted when the amount of blood ej	ected during a ventricular contracti	on of the heart is compared to the	amount that was present prior to	the
Bectrocardiogram QT corrected interval prolonged	QTc 450 - 480 ms	QTo 481 - 500 ms	QTc >= 501 ms on at least two separate ECGs	0 Tc >= 50 1 or >60 ms change from baseline and Torsade de pointes or polymorphic ventricular tachycardia or sign s/symptoms of serious arrhythmia	
Definition: A finding of a cardiac	dysrhythmia characterized by an a	ab normally long corrected QT inter	val.		201
Fibrin ogen decreased	<1.D - D.75 x LLN or <25% decrease from baseline	<0.75 - 0.5 x LLN or 25 - <50% decrease from baseline	<0.5 - 0.25 x LLN or 50 - <75 % decrease from baseline	<0.25 x LLN or 75 % decrease from baseline or absolute value <50 mg/dL	
Definition: A finding based on lab	, poratory test results that indicate a	, n decrease in levels of fibrinogen i	, n a blood specimen.		187 701 - 12
Forced expiratory volume decreased	FEV1% (percentages of observed FEV1 and FVC related to their respective predicted values) 99 - 70% predicted	FEV1 60 - 69 %	50 - 69%	<= 49%	
Definition: A finding based on tes	t results that indicate a relative de	crease in the fraction of the forced	l vital capacity that is exhaled in a	specific number of seconds.	
GGT increased	>ULN - 2.5 x ULN	>2.5 - 5.0 x ULN	>5.0 - 20.0 x ULN	>20.0 x ULN	
		igher than normal levels of the enz proup from a gamma glutarnyl pept			nma-
Growth hormone abnormal	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL		9 19	<u>.</u>
Definition: A finding based on lab	oratory test results that in dicate a	bnormal levels of growth hormone	in a biological specimen.	1	ă.
Haptoglobin decreased	<lln.< td=""><td>•</td><td>20 T</td><td>2</td><td>4</td></lln.<>	•	20 T	2	4
Definition: A finding based on lab	, poratory test results that in dicate a	n decrease in levels of haptoglobir	, n in a blood specimen.	,	
Hemoglobin increased	Increase in >0 - 2 gm/dL above ULN or above baseline if baseline is above ULN	hcrease in >2 - 4 gm/dLabove ULN or above baseline if baseline is above ULN	horease in >4 gm/dL above ULN or above baseline if baseline is above ULN	-2	ŀ
Definition: A finding based on lab	ooratory test results that in dicate in	ocreased levels of hemoglobin in a	biological specimen.		-
INR increased	>1 - 1.5 x ULN; >1 - 1.5 times above baseline if on anticoagulation	>1.5 - 2.5 x ULN; >1.5 - 2.5 times above baseline if on anticoagulation	>2.5 x ULN; >2.5 times above baseline if on anticoagulation	8	
Definition: A finding based on lab	poratory test results that in dicate a	n increase in the ratio of the patier	it's prothrombin time to a control s	ample in the blood.	-
Lipase increased	>ULN - 1.5 x ULN	>1.5 - 2 D x ULN	>2.0-5.0 x ULN	>5.0 x ULN	
Definition: A finding based on lab	ooratory test results that in dicate a	, n increase in the level of lipase in .	a biological specimen.	1	66 2
Lymphocyte count decreased	<lln -="" -<br="" 0.8="" 800="" <lln="" mm3;="" x="">10e9 /L</lln>	<800 - 500 /mm3; <0.8 - 0.5 x 10e9 /L	<500 - 200 mm3; <0.5 - 0.2 x 10e9 /L	<200/mm3; <0.2 x 10e9 /L	-
Definition: A finding based on lab	poratory test results that in dicate a	decrease in number of lymphocyt	es in a blood specimen.	1	<u></u>
Lymphocyte count increased	5.C	>4000/mm3 - 20,000/mm3	>20000/mm3	0	17 2

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		Investigations	;		
			Grade		
Adverse Event	1	2	3	4	5
Definition: A finding based on lat	ooratory test results that indicate ar	n abnormal increase in the numbe	r of lymphocytes in the blood, effu	sions or bone marrow.	167 167
Neutrophil count decreased	<lln -="" 1.5="" 1500="" <lln="" mm3;="" x<br="">10e9 /L poratory test results that indicate a</lln>	<1500 - 1000/mm3 ; <1.5 - 1.0 x 10e9 /L decreates in number of neutrophil	10e9 /L	<500 /mm3; <0.5 x 10e9 /L	
Pancreatic enzymes decreased	CLUN and a symptomatic portion of the symptometry test results that indicate an approximation of the symptometry test results that indicate and the symptometry test results test results the symptometry test results test r	h crease in stool frequency, bulk, or odor; steatorrhea	Sequelae of absorption deficiency	2	
Platelet count decreased	<lln -="" -<br="" 75,000.mm3;="" <lln="">75.0 x 10e9 /L poratory test results that indicate a</lln>	<75 000 - 50 000/mm3; <75.0 - 50.0 x 10e9 /L	<50 000 - 25,000 mm3; <50.0 - 25.0 x 10e9 /L	<25,000/mm3; <25.0 x 10e9 /L	
Serum arnylase increased	VLN - 1.5 x ULN	>1.5 - 2.0 x ULN	>2.0 - 5 D x ULN	>5.0 x ULN	ŀ
Urine output decreased	- st results that in dicate urine produc	r.	Oliguria (<80 ml in 8 hr)	Anuria (<240 ml in 24 hr)	
Vital capacity abnormal	9D - 75% ofpredicted value Imonary function test results that in	<75 - 50% of predicted value; limiting instrumental ADL	<50 % of predicted value; limiting selfcare ADL	- um inhalation) when compared to	the predicte
Weight gain	5 - <10% from baseline	10 - <20% from baseline	>= 20 % from baseline	-	
	i d by an increase in overall body w		1		I.
Weight loss	5 to <10 %, from baseline; intervention not indicated d by a decrease in overall bodywe	10 - <20% from baseline; nutritional support indicated	>= 20 % from baseline; tube feeding or TPN indicated	2	ō
White blood cell decreased	1	<3000 - 2000/mm3; <3.0 - 2.0 x 10e9 /L	42000 - 1000/mm3; <2.0 - 1.0 x 10e9 /L	<1000 <i>/</i> mm3; <1.0 x 10e9 /L	
Definition: A finding based on lab	poratory test results that in dicate an	n decrease in number of white blo	od cells in a blood specimen.		51
nvestigations - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minima1, local or noninva sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization in dicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death

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	10	Metabolism and nutritio	n disorders			
	Grade					
Adverse Event	1	2	3	4	5	
Acido sis	pH <normal, but="">7.3</normal,>	-	pH <7.3	Life-threatening consequences	Death	
Definition: A disord er charact	terized by abnormally high acidity (high	hydrogen-ion concentration) of t	he blood and other body tissues.		2	
Alcoholintolerance		Present	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disorder charact vomiting, indigestion and hea	terized by an increase in sensitivity to adaches.	the adverse effects of alcohol , wh ,	ich can include nasal congestion, :	skin flushes, heart dysrhythmias, r ,	nausea,	
Alkalosis	pH >normal, but <=7.5	-	pH >7.5	Life-threatening consequences	Death	
Definition: A disord er charact	terized by abnormally high alkalinity (lo	whydrogen-ion concentration) of	the blood and other body tissues.		2	
Anorexia	Loss of appetite without alteration in eating habits	Oral intake altered without significant weight loss or malnutrition; oral nutritional supplements in dicated	Associated with significant weight loss or malnutrition (e.g., inade quate oral caloric and/or fuid intake); tube feeding or TPN indicated	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er charact	terized by a loss of appetite.	03 	ne kanzenne – – – – – – – – – – – – – – – – – –			
Dehydration	Increased oral tuids indicated ; dry mucous membranes; diminished skin turgor	IV fluids indicated ≺24 hrs	l∨ fluids or hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er charact	terized by excessive loss of water from	In the body. It is usually caused by	severe diamhea, vomiting or diaph	noresis.	2	
Glucose intolerance	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; dietary modification or oral agent indicated	Severe symptoms; insulin indicated	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er charact	terized by an inability to properly metal	bolize glucose.	e Pasare ena serviciana antici	lootellite were also the	in the second second	
Hypercalcemia		>11.5 - 12.5 mg.klL ; >2.9 - 3.1 mmol/L; lonized calcium >1.5 - 1.6 mmol/L; symptomatic	>12.5 - 13.5 mg/dL ;>3.1 - 3.4 mmol/L; lonized calcium >1.6 - 1.8 mmol/L; hospitalization indicated	>13.5 mg,klL; >3.4 mmol/L; lonized calcium >1.8 mmol/L; life-threatening consequences	Death	
Definition: A disord er charact	terized by laboratory test results that in	ndicate an elevation in the concen	tration of calcium in blood.	2 1		
Hyperglycemia	Fasting glucose value >ULN - 160 mg/dL; Fasting glucose value >ULN -8.9 mmol/L	Fasting glucose value >160 - 250 mg/dL; Fasting glucose value >8.9 - 13.9 mmol/L	>250 - 500 mg/dL; >13.9 - 27.8 mmol/L; hospitalization indicated	>500 mg/dL; >27.8 mmol/L; life- threatening consequences	Death	
Definition: A disord er charact intolerance.	terized by laboratory test results that in	ndicate an elevation in the concen	tration of blood sugar. It is usually	an indication of diabetes mellitus	or glucos	
Hyperkalemia	>ULN - 5.5 mmol/L	>5.5 - 6D mmol/L	>6.0 - 7 D mmol/L; hospitalization in dicated	>7.0 mmol/L; life-threatening consequences	Death	
	terized by laboratory test results that in	ndicate an elevation in the concen	tration of potassium in the blood ; a	associated with kidney failure or so	ometimes	
the use of diuretic drugs. Hypermagne <i>s</i> ernia	>ULN - 3 D mg/dL; > ULN - 123 mmol/L	20 •	>3.0 - 8 D mg/dL; >1.23 - 3.30 mmol/L	>8.0 mg/dL; >3.30 mmol/L; life- threatening consequences	Death	
Definition: A disord er charact	terized by laboratory test results that ir	idicate an elevation in the concer	tration of magnesium in the blood	10 17	50) 927	
Hypematremia	>ULN - 150 mmol/L	>150 - 155 mmol/L	>155 - 160 mmol/L; hospitalization in dicated	>160 mmolA; life-threatening consequences	Death	
249 (CURLEY - 2014)	terized by laboratory test results that in	전4118 원일(10)(12)(12) (12)(2) (12)(2)	1258620 07278 255829 07283 105530		D. II	
Hypertriglyœridemia	150 mg/dL - 300 mg/dL; 1.71 mmol/L - 3.42mmol/L	mmol/L- 5.7 mmol/L mmol/L- 5.7 mmol/L	>500 mg/dL - 1000 mg/dL; >5.7 mmol/L - 11.4mmol/L	>1000 mg/dL; >11.4 mmol/L; life-threatening consequences	Death	
	erized by laboratory test results that in	ndicate an elevation in the concen	tration of triglyceride concentration			
Hyperuricemia	>ULN - 10 mg/dL; <=0.59 mmol/L without physiologic consequences	•	>ULN - 10 mg/dL; <=0.59 mmol/L with physiologic consequences	>10 mg/dL; >0.59 mmol/L; life- threatening consequences	Death	
Definition: A disord er charact	erized by laboratory test results that in	ndicate an elevation in the concen	tration of uric acid.			
Hypoalburnin emia	<lln -="" 3="" 30="" ;<lln="" dl="" g="" l<="" td=""><td><3 - 2 g/dL; <30 - 20 g/L</td><td><2 g/dL; <20 g/L</td><td>Life-threatening consequences; urgent intervention in dicated</td><td>Death</td></lln>	<3 - 2 g/dL; <30 - 20 g/L	<2 g/dL; <20 g/L	Life-threatening consequences; urgent intervention in dicated	Death	
	terized by laboratory test results that in				-	
Hypocalcemia	<lln -="" 2.0<br="" 8.0="" <lln="" dl;="" mg="">mmol/L; lonized calcium <lln - 1.0 mmol/L</lln </lln>	<8.0 - 7.0 mg/dL; <2.0 - 1.75 mmol/L; lonized calcium <1.0 - 0.9 mmol/L; symptomatic	<7.0 - 6.0 mg/d L; <1.75 - 1.5 mmol/L; lonized calcium <0.9 - 0.8 mmol/L; hospitalization indicated	<6.0 mg/dL; <1.5 mmol/L; lonized calcium <0.8 mmol/L; life-threatening consequences	Death	

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		Metabolism and nutritic	on disorders		
			Grade		
Adverse Event	1	2	3	4	5
Definition: A disorder charact	erized by laboratory test results that in	ndicate a low concentration of ca	lcium in the blood.		00) 00)
Hypoglycemia	<lln -="" 3.0<br="" 55="" <lln="" dl;="" mg="">mmol/L</lln>		<40 - 30 mg/dL; <2.2 - 1.7 mmol/L	<30 mg/dL; <1.7 mmol/L; life- threatening consequences; seizures	Death
	erized by laboratory test results that in				L
Hypokalemia	<lln -="" 3.0="" l<="" mmol="" td=""><td><pre><lln -="" 3.0="" indicated<="" intervention="" l;="" mmol="" pre="" symptomatic;=""></lln></pre></td><td><3.0 - 2.5 mmol/L; hospitalization indicated</td><td><2.5 mmol/L; life-threatening consequences</td><td>Death</td></lln>	<pre><lln -="" 3.0="" indicated<="" intervention="" l;="" mmol="" pre="" symptomatic;=""></lln></pre>	<3.0 - 2.5 mmol/L; hospitalization indicated	<2.5 mmol/L; life-threatening consequences	Death
Definition: A disord er charact	erized by laboratory test results that in	ndicate a low concentration of po	tassium in the blood.	с 9	000 000
Hypomagne <i>s</i> emia	<lln -="" 0.5<br="" 1.2="" <lln="" dl;="" mg="">mmol/L</lln>	<1.2 - 0.9 mg/dL ;<0.5 - 0.4 mmol/L	<0.9 - 0.7 mg/dL; <0.4 - 0.3 mmol/L	<0.7 mg/dL; <0.3 mmol/L; life- threatening consequences	Death
Definition: A disord er charact	erized by laboratory test results that in	ndicate a low concentration of m	agnesium in the blood.		
Hyponatremia	<lln -="" 130="" l<="" mmol="" td=""><td>-</td><td><130 - 120 mmol/L</td><td><120 mmol/L; life-threatening consequences</td><td>Death</td></lln>	-	<130 - 120 mmol/L	<120 mmol/L; life-threatening consequences	Death
Definition: A disord er charact	erized by laboratory test results that in	ndicate a low concentration of sc	dium in the blood.		
Hypopho sphaternia	<lln -="" 0.8<br="" 2.5="" <lln="" dl;="" mg="">mmol/L</lln>	<2.5 - 2.0 mg/dL; <0.8 - 0.6 mmol/L	<2.0 - 1.0 mg/dL; <0.6 - 0.3 mmol/L	<1.0 mg/dL; <0.3 mmol/L; life- threatening consequences	Death
Definition: A disord er charact	erized by laboratory test results that in	ndicate a low concentration of ph	osphates in the blood.		
Iron overload	-	Moderate symptoms; intervention not indicated	Severe symptoms; intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er charact	erized by accumulation of iron in the t	issues.			
Obesity		BMI 25 - 29.9 kg/m2	BMI 3D - 39.99 kg/m2, or 1 or 2 decimals should be used consistently over both grades	BMI>=40 kg/m2	
Definition: A disord er charact	erized by having a high amount of boo	dynat.			
Tumor lysis syndrome		-	Present	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder charact	erized by metabolic abnormalities that	t result from a spontaneous or th	erap y-related cytolysis of turnor cel	ls.	
Metabolism and nutrition disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin vasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization in dicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention in dicated	Death

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			Grade		
Adverse Event	1	2	3	4	1
Ab dominal sot tissue necrosis		Local wound care; medical intervention indicated (e.g., dressings or topical medications)	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, 1ap or grafting)	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characteria	ed by a necrotic process occurring	in the soft tissues of the abdomin	nal wall.		
Arthralgia Definition: A disorder characteri	Mild pain	Moderate pain ; limitin g instrumental ADL	Severe pain ; limiting self care ADL		ŀ
Arthritis	Mild pain with inflammation, erythema, or joint swelling	Moderate pain associated with signs of inflammation, erythema, or joint swelling; limiting instrumental ADL	Severe pain associated with signs of infarmation, erythema, or joint swelling; irreversible joint damage; disabling; limiting self care ADL	0	-
Definition: A disord er characteria	ed by inflammation involving a joir	nt.	2		
Avascular necrosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; limiting instrumental ADL	Severe symptoms; limiting self care ADL, elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characteria	ed by necrotic changes in the bon	e tissue due to interruption of bloo	d supply. Most often affecting the	epiphysis of the long bones, the r	ecrotic
changes result in the collapse ar	nd the destruction of the bone struc	cture .	international and the state of the second stat	1	Ť.
Back pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	2	1
Definition: A disord er characteria	ed by marked discomfort sensatio	n in the back region.	No. Acceleration of the second		-
Bone pain	Mild pain	Moderate pain ; limitin g instrumental ADL	Severe pain; limiting self care ADL	e -	1.7 2
	ed by marked discomfort sensatio	5		1	
Buttock pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL		ŀ
Definition: A disord er characteria	ed by marked discomfort sensatio	n in the buttocks.	n		T
Chest wall pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	5 1	ŀ
Definition: A disord er characteria	ed by marked discomfort sensatio	n in the chest wall region.	N	-	
Exostosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; limiting instrumental ADL	Severe symptoms; limiting self care ADL, elective operative intervention indicated	2	
Definition: A disord er characteria	ed by non-neoplastic overgrowth (ofbone.	9 9	5 6	50) 20
Fibrosis deep connective tissue	Mild induration, able to move skin parallel to plane (sliding) and perpendicular to skin (pinching up)	Moderate induration, able to slide skin, unable to pinch skin; limiting instrumental ADL	Severe induration; unable to slide or pinch skin; limiting joint or orifice movement (e.g. mouth, anus); limiting self care ADL	Generalized; associated with signs or symptoms of impaired breathing or feeding	Death
Definition: A disord er characteriz	ed by fbrotic degeneration of the	deep connective tissues.			
Flank pain	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	2	ŀ
Definition: A disord er characteriz	ed by marked discomfort sensatio	n on the lateral side of the body in	the region below the ribs and abo	ove the hip.	26) 17
Generalized muscle weakne <i>s</i> s	Symptomatic; weakness perceived by patient but not evident on physical exam	Symptomatio; weakness evident on physical exam; weakness limiting in strumental ADL	Weakness limiting self care ADL; disabling	•	-
Definition: A disord er characteriz	ed by a reduction in the strength o	f muscles in multiple an atomic site	25.	5 /	20) 19
Growth suppression	Reduction in growth velocity by 10 - 29% ideally measured over the period of a year	Reduction in growth velocity by 30-49 % ideally measured over the period of a year or 0 - 49 % reduction in growth from the baseline growth curve	Reduction in growth velocity of >=50% ideally measured over the period of a year	2	

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		loskeletal and connectiv			
			Grade		1
Adverse Event	1	2	3	4	5
lead soft tissue necrosis		Local wound care; medical intervention indicated (e.g., dressings or topical medications)	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, flap or grafting)	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characteria	ed by a necrotic process occurring	in the soft tissues of the head.	1	1	
Joint effusion	Asymptomatic; clinical or diagnostic observations only; intervention not indicated red by excessive fluid in a joint, usu	Symptomatic; limiting instrumental ADL	Severe symptoms; limiting self care ADL; elective operative intervention indicated; disabling	-	÷
		>25 - 50% decrease in ROM:	1		r –
Joint range of motion decreased	<= 25 % loss of ROM (range of motion); decreased ROM limiting athletic activity	125 - 50 % decrease in RUM; limiting instrumental ADL	>50 % decrease in ROM; limiting selfcare ADL; disabling	18	-
Definition: A disord er characteria	ed by a decrease in joint flexibility	ofanyjoint.			
Joint range of motion decrea <i>s</i> ed cervical spine	Mild restriction of rotation or flexion between 60 - 70 degrees	Rotation <60 degrees to right or left; <60 degrees of flexion	Ankylosed/fused over multiple segments with no C-spine rotation		-
Definition: A disord er characteriz	ed by a decrease in flexibility of a	cervical spine joint.			
Joint range of motion decreased umbar spine Definition: A disorder characteria	Stiffness; difficultybending to the foortopick up a verylight object but able to do athletic activity ed by a decrease in flexibility of a l	Pain with range of motion (ROM) in lumb ar spine; requires a reaching aid to pick up a very light object from the floor	<50% lumbar spine flexion; associated with symptoms of ankylosis or fused over multiple segments with no L-spine flexion (e.g., unable to reach to foorto pick up a very light object)	2	-
	1	7.5	Course monophistics (one set) of	05	8
Kypho <i>s</i> is	Asymptomatic; clinical or diagnostic observations only; intervention not indicate d	Moderate accentuation; limiting instrumental ADL	Severe accentuation; operative intervention indicated; limiting self care ADL	•	
Definition: A disord er characteria	, ed by an abnormal increase in the	our vature of the thoracic portion (, of the spine.	1	
Lordosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate accentuation; limiting instrumental ADL	Severe accentuation; operative intervention indicated; limiting selfcare ADL	2	2
Definition: A disord er characteria	ed by an abnormal increase in the	curvature of the lumbar portion o	fthe spine.		
Muscle weakne <i>s</i> s le t -sided	Symptomatic; perceived by patient but not evident on physical exam	Symptomatic; evident on physical exam; limiting instrumental ADL	Limiting self care ADL; disabling	2	-
Definition : A disord er characteriz	ed by a reduction in the strength o	f the muscles on the left side of th	e body.		
Muscle weakness lower limb	Symptomatic; perceived by patient but not evident on physical exam	Symptomatic; evident on physical exam; limiting instrumental ADL	Limiting self care ADL; disabling	0	-
Definition : A disord er characteriz	ed by a reduction in the strength o	f the lower limb musdes.			
Muscle weakness right-sided	Symptomatio; perceived by patient but not evident on physical exam	Symptomatic; evident on physical exam; limiting instrumental ADL	Limiting self care ADL; disabling	8	-
Definition: A disord er characteriz	ed by a reduction in the strength o	f the muscles on the right side of t	the body.		
Muscle weakne <i>s</i> s trunk	Symptomatic; perceived by patient but not evident on physical exam	Symptomatic; evident on physical exam; limiting instrumental ADL	Limiting self care ADL; disabling	2	-
	225 F2 303 167 645 630	(destand second s	-	-	
Definition: A disord er characteriz	ed by a reduction in the strength o	T The Trunk muscles.			

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	Grade						
Adverse Event	1	2	3	4	5		
vlusculoskeletal de formity	Cosmetically and functionally insignificant hypoplasia	Deformity, hypoplasia, or asymmetry able to be remediated by prosthesis (e.g., shoe insert) or covered by clothing	Significant deformity, hypoplasia, or a symmetry, unable to be remediated by prosthesis or covered by clothing; disabling	5	-		
411112	ized by of a malformation of the mu:		22 820023728 0.699		1		
Myalgia	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	2	2		
	zed by marked discomfort sensatio		1		1		
Myositis	Mild pain	Moderate pain associated with weakness; pain limiting instrumental ADL	Pain associated with severe weakness; limiting self care ADL		-		
Definition: A disord er characteri	zed by inflammation in volving the s	keletal musdes.	1		r		
Neck pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	2	Ì		
Definition: A disord er characteri	zed by marked discomfort sensatio	n in the neck area.	1		L.		
Neck soft tissue necrosis		Local wound care; medical intervention indicated (e.g., dressings or topical medications)	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, 1ap or grafting)	Life-threatening consequences; urgent intervention indicated	Death		
	zed by a necrotic process occurring	15	1		1		
Osteonecrosis ofjaw	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated (e.g., topical agents); limiting instrumental ADL	Severe symptoms; limiting self care ADL; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteri	zed by a necrotic process occurring	in the bone of the mandible.	154 205 20105 20104 20	I			
Osteoporosis	Radiologic evidence of osteoporosis or Bone Mineral Density (BMD)t-score - 1 to -2.6 (osteopenia); no loss of height or intervention indicated	BMD t-score <-2.5; loss of height <2 cm; anti-oste oporotic therapy indicated; limiting instrumental ADL	Loss of height >=2 cm; hospitalization indicated; limiting self care ADL	*)			
Definition : A disord er characteri composition), resulting in increa	zed by reduced bone mass, with a sed fracture incidence	decrease in cortical thickne <i>s</i> s and	in the number and size of the trab	eculae of cancellous bone (but no	ormal cho		
Pain in extremity	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL				
		10	å				
Definition: A disord er characteri	zed by marked discomfort sensatio	n in the upper or lower extremities	5.				
	zed by marked discomfort sensatio	n in the upper or lowerextremities Local wound care; medical intervention indicated (e.g., dressings or topical medications)	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, tap or gratting)	Life-threatening consequences; urgent intervention in dicated	Death		
Pelvic sottissue necrosis	zed by marked discomfort sensatio	Local wound care; medical intervention indicated (e.g., dressings or topical medications)	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, 1ap		Death		
Pelvic soft tissue necrosis Definition: A disorder characteri		Local wound care; medical intervention indicated (e.g., dressings or topical medications)	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, 1ap		Death		
Pelvic soft tissue necrosis Definition: A disorder characteri Scoliosis	zed by a necrotic process occurring	Local wound care; medical intervention indicated (e.g., dressings or topical medications) in the soft tissues of the pelvis. >20 - 45 degrees; visible by forward texion; limiting instrumental ADL	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, tap or gratting) >45 degrees; scapular prominence in forward texion; operative intervention indicated;		Death		
Pelvic soft tissue necrosis Definition: A disorder characteri Scoliosis Definition: A disorder characteri	zed by a necrotic process occurring <20 degrees; clinically undetectable	Local wound care; medical intervention indicated (e.g., dressings or topical medications) in the soft tissues of the pelvis. >20 - 45 degrees; visible by forward texion; limiting instrumental ADL	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, tap or gratting) >45 degrees; scapular prominence in forward texion; operative intervention indicated;		Death - Death		
Pelvic sott tissue necrosis Definition: A disorder characteri Scoliosis Definition: A disorder characteri Sott tissue necrosis lower limb	zed by a necrotic process occurring <20 degrees; clinically undetectable	Local wound care; medical intervention indicated (e.g., dressings or topical medications) i in the soft tissues of the pelvis. >20 - 45 degrees; visible by forward texion; limiting instrumental ADL re of the spine. Local wound care; medical intervention indicated (e.g., dressings or topical medications)	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, fap or grafting) >45 degrees; scapular prominence in forward flexion; operative intervention indicated; limiting self care ADL; disabling Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, fap or grafting)	urgent intervention in dicated			
Pelvic sottissuen ecrosis Definition: A disorder characteri Scoliosis Definition: A disorder characteri Sottissuen ecrosis lower limb	zed by a necrotic process occurring <20 degrees; clinically undetectable zed by a malformed, lateral curvatu	Local wound care; medical intervention indicated (e.g., dressings or topical medications) i in the soft tissues of the pelvis. >20 - 45 degrees; visible by forward texion; limiting instrumental ADL re of the spine. Local wound care; medical intervention indicated (e.g., dressings or topical medications)	Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, fap or grafting) >45 degrees; scapular prominence in forward flexion; operative intervention indicated; limiting self care ADL; disabling Operative debridement or other invasive intervention indicated (e.g. tissue reconstruction, fap or grafting)	urgent intervention in dicated	•		

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	Muscu	loskeletal and connectiv	e tissue disorders				
Adverse Event	Grade						
	1	2	3	4	5		
Superficial soft tissue fibrosis	Mild induration, able to move skin parallel to plane (sliding) and perpendicularto skin (pinching up)	Moderate induration, able to slide skin, unable to pinch skin; limiting instrumental ADL	Severe induration; unable to slide or pinch skin; limiting joint or orifice movement (e.g. mouth, anus); limiting self care ADL	Generalized; associated with signs or symptoms of impaired breathing or feeding	Death		
Definition: A disord er characteriz	ed by tibrotic degeneration of the s	superficial soft tissues.	•••••				
Trismus	Decreased ROM (range of motion) without impaired eating	Decreased ROM requiring small bites, so t foods or purees	Decreased ROM with inability to adequately aliment or hydrate orally				
Definition: A disorder characteriz	, ed by lack of ability to open the mo	outh fully due to a decrease in the	range of motion of the muscles of	fmastication.			
Unequal limb length	Mild length discrepancy <2 cm	Moderate length discrepancy2 - δ cm; shoe lift indicated; limiting instrumental ADL	Severe length discrepancy >5 cm; limiting self care ADL; disabling; operative intervention indicated				
Definition: A disord er characteriz	ed by of a discrepancy between th	e lengths of the lower or upper ex	tremities.		ans M		
Musculoskeletal and connective tissue disorder - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		

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	Neoplasms benig	n, malignant and unsp	cified (incl cysts and poly	/ps)			
	Grade						
Adverse Event	1	2	3	4	5		
Leukemia secondaryto on cology chemotherapy			-	Present	Death		
Definition: A disord er characteri:	zed by leukernia arising as a result	of the mutagenic effect of chemo	otherap y agents .		96 37		
Myelodysplastic syndrome			-	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder characteria	zed by insufficiently he alth y hemata	apoietic cell production by the bo	ne marrow.	/	27 27		
Treatment related secondary malignancy			Non life-threatening secondary malignancy	Acute life-threatening secondary malignancy; blast crisis in leukemia	Death		
Definition: A disorder characteria	' zed by development of a malignand	' sy most probably as a result of tr	eatment for a previously existing m	alignancy.	E.		
Tumor pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	12	đ		
Definition: A disorder characteri:	zed by marked discomfort from a n	eoplasm that may be pressing or	n a nerve, blocking blood vessels, ir	Inflamed or fractured from metasta:	ais.		
Neoplasms benign , malignant and unspecified (incloysts and polyps) - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically signi ficant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		

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Nervous system disorders					
	Grade				
Adverse Event	1	2	3	4	
∾b ducens nerve disorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	÷	
Definition: A disord er character	ized by involvement of the abducen	s nerve (sixth cranial nerve).	T	1	1
Accessory nerve disorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		-
Definition: A disord er character	ized by involvement of the accesso	ry nerve (eleventh cranial nerve).	5. S.		20) 17
Acoustic nerve disorder NOS	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	ά.	
	ized by involvement of the acoustic	19	nie New management was same in the same in the same in the same same in the same same in the same same in the same in the same same in the same same in the same same same same same same same sam	10	T
Akathisia	Mild restlessness or increased motor activity	Moderate restlessness or increased motor activity; limiting instrumental ADL	Severe restlessness or increased motor activity; limiting self care ADL		ŀ
Definition: A disord er character	ized by an uncomfortable feeling of	inner restlessness and inability to	stay still; this is a side effect of so	me psychotropic drugs.	20) 27
Amnesia	Mild; transient memory loss	Moderate; short term memory loss; limiting in strumental ADL	Severe; long term memory loss; limiting self care ADL		ŀ
Definition: A disord er character	ized by systematic and extensive lo	ss of memory.			Ť.
Aphonia		20 10 10 10 10 10 10 10 10 10 10 10 10 10	Voicelessness; unable to speak		·
Definition: A disord er character	ized by the inability to speak. It may	result from injuries to the vocal or	ords or may be functional (psycho)	genic).	
Arachnoiditis	Mild symptoms	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention in dicated	Death
Constants.	ized by inflammation of the arachno	Statement in an and the second second	the second for the second s	10	T
Ataxia	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL; mechanical assistance indicated		ŀ
	ized by lack of coordination of muse			intary activities. I	T
Brachial plexopathy	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		
Definition : A disord er character	' ized by regional paresthesia of the l	' brachial plexus, marked discomfor	' t and muscle weakness, and limite	d movement in the arm or hand.	21
Central nervous system necrosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; conticosteroids indicated	Severe symptoms; medical intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er character	ized by a necrotic process occurring	in the brain and/or spinal cord.	5. 5. T		20) 20
Cerebrospinal fuid leakage	Post-oraniotomy: asymptomatic; Post-lumbar puncture: transient headache; postural care indicated	Post-oraniotomy: moderate symptoms; medical intervention indicated; Post-lumbar puncture: persistent moderate symptoms; blood patch indicated	Severe symptoms; medical intervention indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er character	ized by loss of cerebrospinal fluid in	to the surrounding tissues.	~~ v		÷
Cognitive disturbance	Mild cognitive disability; not interfering with work/school/life performance; specialized educational services/devices not indicated	Moderate cognitive disability; interfering with work/school/life performance but capable of independent living; specialized resources on part time basis indicated	Severe cognitive disability; significant impairment of work/school/life performance	2	
Definition: A disord er character	ized by a conspicuous change in co	gnitive function.	10 25 80 10 00 00 00 00 00 00 00 00 00 00 00 00	1	-
Concentration impairment	Mild inattention or decreased level of concentration	Moderate impairment in attention or decrea sed level of concentration; limiting instrumental ADL	Severe impairment in attention or decreased level of concentration ; limiting self care ADL	5	•

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5		Nervous system dis					
	Grade						
Adverse Event	1	2	3	4			
Depressed level of consciousness	Decreased level of alertness	Sedation; slow response to stimuli; limiting instrumental ADL	Difficult to arouse	Life-threatening consequences	Death		
Definition: A disord er charact	erized by a decrease in a bility to pero	eive and respond.			-		
Dizziness	Mild unste adiness or sensation of movement	Moderate unsteadiness or sensation of movement; limiting instrumental ADL	Severe unsteadiness or sensation of movement; limiting self care ADL				
Definition: A disord er charact	erized by a disturbing sensation of lig	hthead edness , un <i>s</i> teadine <i>s</i> s , gid d	iness, spinning or rocking.	1	55 		
Dysarthria	Mild sturred speech	Moderate impairment of articulation or slurred speech	Severe impairment of articulation or slurred speech	1	•		
Definition: A disorder charact	erized by slow and slurred speech res	ulting from an in ability to coordina I	te the muscles used in speech.		001		
Dysesthesia	Mild sensory alteration	Moderate sensory alteration ; limiting instrumental ADL	Severe sensory alteration ; limiting self care ADL	10 1	7		
6 - 2N	erized by distortion of sensory percep	1000 10 00 00 10 10		1	1		
Dysgeusia	Attered taste but no change in diet	Attered taste with change in diet (e.g., oral supplements); noxious or unpleasant taste; loss of taste					
Definition: A disord er charact	erized by abnormal sensual experience	ce with the taste of food stuffs; it ca	n be related to a decrease in the :	sense of smell.			
Dysphasia	Awaren ess of receptive or expressive characteristics; not impairing ability to communicate	Moderate receptive or expressive characteristics; impairing ability to communicate spontaneously	Severe receptive or expressive characteristics; impairing ability to read, write or communicate intelligibly	0			
Definition: A disord er charact	erized by impairment of verbal comm	unication skills, often resulting from	n brain damage .				
Edema cerebral	-	-		Life-threatening consequences; urgent intervention indicated	-		
	erized by swelling due to an excessive I		Service and a service of the service		ini Doceano		
En cephalop ath y	Mild symptoms	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		
123 <u>31226267</u> 32	erized by a pathologic process involvi	2.55720 - 522 - 522	8 (3 P.	100 0.			
Extrapyramidal disorder	Mild involuntary movements	Moderate involuntary movements; limiting instrumental ADL	Severe involuntary movements or torticollis; limiting self care ADL	Life-threatening consequences; urgent intervention in dicated	Death		
Definition: A disord er charact	erized by abnormal, repetitive , involur	itary muscle movements, frenzied	speech and extreme restlessnes:	5.			
Facial muscle weakness	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		+		
Definition: A disord er charact	erized by a reduction in the strength o	f the facial muscles.	27 216438 304				
Facial nerve disorder	Asymptomatic; dinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		*		
Definition: A disord er charact	erized by involvement of the facial ner	rve (seventh cranial nerve).	~ ~	,			
Glossopharyngeal nerve disorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention in dicated	Death		
Definition: A disord er charact	erized by involvement of the glossoph	aryngeal nerve (ninth oranial nerv	e).		~		
Heada ch e	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	•	i t		
Definition: A disorder charact	erized by a sensation of marked disco	m fort in various parts of the head	, not confined to the area of distrib	ution of any nerve.			
Hydrocephalus	Asymptomatic; dinical or diagnostic observations only; intervention not indicated	Moderate symptoms; intervention not indicated	Severe symptoms or neurological deficit; intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disorder charact	erized by an abnormal increase of cer	ebrospinal fluid in the ventricles o	fthebrain.				
Hypersomnia	Mild increased need for sleep	Moderate increased need for sleep	Severe increased need for sleep	R	-		

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5		Nervous system dis	orders					
	Grade							
Adverse Event	1	2	3	4	1			
Hypoglossal nerve disorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	8	-			
	rized by involvement of the hypoglos		La companya da man	7 - 4 .0 (1000) - 2000 - 2000 - 2000 - 2000				
Intracranial hemorrhage	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; medical intervention indicated	Ventriculostorny, ICP monitoring, intraventricular thrombolysis, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er character	rized by bleeding from the cranium.	ŝ	~					
ischemia cerebrovascular	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms	et					
Definition: A disord er character darriage.	rized by a decrease or absence of b	lood supply to the brain caused by	obstruction (thrombosis or embol	ism) of an artery resulting in neuro	logical			
Wth nerve disorder	Asymptomatic; clinical or diagnostic observations only, intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	8	ł			
1 N	rized by involvement of the trochlear	2.572	1	1				
Lethargy	Mild symptoms; reduced alertness and awareness	Moderate symptoms; limiting instrumental ADL			7			
Definition: A disord er character	rized by a decrease in consciousnes	s characterized by mental and ph	ysical inertness.	1	-			
Leukoencephalopathy	Asymptomatic; small focal T2/FLAIR hyperintensities; involving periventricular white matter or <1.8 of susceptible areas of cerebrum +4 mild increase in subarachnoid space (SAS) and/or mild ventriculomegaly	Moderate symptoms; focal T2/F LAIR hyperintensities, involving periventricular white matter extending into centrum semiovale or in volving 1/8 to 2/8 of susceptible areas of cerebrum +/- moderate increase in SAS and/or moderate ventriculomegaly	+/- moderate to severe increase	Life-threatening consequences; extensive T2/FLAIR hyperintensities, involving periventricular white matter involving most of susceptible areas of cerebrum +/- moderate to severe increase in SAS and/or moderate to severe ventriculornegaly	Death			
Definition: A disord er character	ized by diffuse reactive astrocytosis	, with multiple areas of necrotic for	, si without inflammation.	1.122.00	85 			
Memory impairment	Mild memory impairment	Moderate memory impairment; limiting instrumental ADL	Severe memory impairment; limiting self care ADL	2	-			
Definition: A disord er character	rized by a deterioration in memory fu	unction.		-	~			
Menin gismu s	Mild symptoms	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			
Definition : A disord er character	rized by neck stiffness, headache, a	nd photophobia resulting from irrit	ation of the cerebral meninges.		-			
Movements involuntary	Mild symptoms	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	2	-			
Definition: A disord er character	rized by uncontrolled and purposele:	ss movements.						
Myelitis	Asymptomatic; mild signs (e.g., Babinski's reflex or Lhermitte's sign)	Moderate weakness or sensory loss; limiting instrumental ADL	Severe weakness or sensory loss; limiting selfcare ADL	Life-threatening consequences; urgent intervention indicated	Death			
Definition : A disord er character	rized by inflammation involving the s	pinal cord. Symptoms include wea	akness, paresthesia, sensory loss,	marked discomfort and incontiner	ice.			
Neuralgia	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	-	-			
Definition: A disord er character	rized by intense painful sensation al	ong a nerve or group of nerves.	al. 21		1			
Vystagmus	-	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	2				
Definition: A disord er character	rized by involuntary movements of t	ne eyeballs.	100 generate and a	I				
Doulomotor nerve disorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	8	-			
Definition: A disord er character	rized by involvement of the oculomor	tor nerve (third granial nerve).	* 2	·	~			
Olfactory nerve disord er	5 1 00	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		-			

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	Nervous system disorders							
			Grade	1				
Adverse Event	1	2	3	4	5			
'aresthe <i>s</i> ia	Mild symptoms	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	<u> </u>				
Jefinition: A disorder characteriz ire experienced in the absence (ensory neuron's resulting in abnor	mail cutaneo us sensations of tingli	ng, numbness, pressure, cold, and	warmth			
^a eripheral motor neuropathy	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL; assistive device indicated	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er characteriz	ed by inflammation or degeneratio	n of the peripheral motor nerves.	100 b					
eripheral sensory neuropathy	Asymptomatic; loss of deep tendon reflexes or paresthesia	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			
lefinition: A disord er characteriz	ed by inflammation or degeneratio	n of the peripheral sensory nerve	S.					
hantom pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	12	Ť			
lefinition: A disord er characteriz	ed by marked discomfort related to	o a limb or an organ that is remov	ed from or is not physically part of	the body.				
resyncope	-	Present (e.g., near fainting)	•	8	-			
efinition: A disord er characteriz	ed by an episode oflightheadedne	ess and dizziness which may prec	ede an episo de of syncope.		20 20			
'yramidal tract syn drome	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			
	ed by dysfunction of the corticospi nd a decrease in fine motor coord	S (1998) AD 197	I cord. Symptoms include an incre	ease in the muscle tone in the lowe	erextrem			
Radiculitis	Mild symptoms	Moderate symptoms; limiting instrumental ADL; medical intervention indicated	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			
Definition : A disord er characteriz connecting nerve root .	, ed by inflammation involving a ner	ve root. Patients experience mar	, ked discomfort radiating along a ne	, erve path because of spinal pressu	re on the			
Recurrent laryngeal nerve palsy	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Moderate symptoms	Severe symptoms; medical intervention indicated (e.g., thyroplasty, vocal cord injection)	Life-threatening consequences; urgent intervention in dicated	Death			
Definition: A disord er characteriz	ed by paralysis of the recurrent lar	yngeal nerve.						
leversible posterior eukoencephalopathy syndrome	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; abnormal imaging studies; limiting instrumental ADL	Severe symptoms; very abnormal imaging studies; limiting selfcare ADL	Life-threattening consequences; urgent intervention in dicated	Death			
	경제 2017년 전 2017	같은 이야 하는 것은 것이 같은 것이 같은 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없 않는 것이 없는 것이 않는 것이 않는 것이 없는 것이 않는 것이 없는 것이 않이	그 이 집에 안 없는 것 같아요. 그는 것은 것 같아. 것 같아. 것 같아. 것 같아. 것	, findings of posterior leukoencephal s an acute or subacute reversible (
Seizure	Briefpartial seizure; no loss of consciousness	Brief generalized seizure	Multiple seizures despite medical intervention	Life-threatening; prolonged repetitive seizures	Death			
Jefinition: A disord er characteriz	ed by a sudden, in voluntary skelet	al muscular contraction s of cereb	ral or brain stem origin .	••••				
inus pain	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	•	Ŧ			
Definition : A disord er characteriz	ed by marked discomfort in the fac	e, between the eyes, or upperte	eth originating from the sinuses.					
omnolence	Mild but more than usual drowsiness or sleepiness	Moderate sedation; limiting instrumental ADL	Obtundation or stup or	Life-threatening consequences; urgent intervention indicated	Death			
Definition : A disord er characteriz	ed by characterized by excessive :	sleepiness and drow <i>s</i> iness.	Î.					
pasticity	Mild or slight increase in muscle tone	Moderate increase in muscle tone and increase in resistance through range of motion	Severe increase in muscle tone and increase in resistance through range of motion	Life-threatening; unable to move active or passive range of motion	Death			
)efinition : A disorder characteriz isturbances .	ed by increased involuntary muscl	e tone that affects the regions into	enfering with voluntary movement.	lt results in gait, movement, and sp	peech			
troke	Asymptomatic or mild neurologic deficit; radiographic findings only	Moderate neurologic deficit	Severe neurologic deficit	Life-threattening consequences; urgent intervention indicated	Death			
)efinition: A disord er characteriz	' ed by a sudden loss of sensory fur	nction due to an intracranial vascu	ular event.	- 	-			
	058	6	Fainting; orthostatic collapse	2				
Syncope	l ⁻ ed by spontaneous loss of conscio		Marcana Milliona and Marca II	1	5			

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	- M.	Nervous system dis	orders					
	Grade							
Adverse Event	1	2	3	4	5			
Transient ischernic attacks	Mild neurologic deficit with or with out imaging confirmation	Moderate neurologic deficit with or without imaging confirmation	-		-			
Definition: A disord er character	rized by a brief attack (less than 24 h	nours) of cerebral dysfunction of v	ascular origin, with no persistent r	neurological deficit.	98 30			
Tremor	Mild symptoms	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL					
Definition: A disord er character	rized by the uncontrolled shaking mo	vement of the whole body or indiv	vidual parts.	2 2	ð.			
Trigeminal nerve disorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		0 5			
Definition: A disord er character	rized by involvement of the trigemina	al nerve (fifth cranial nerve).		2 2				
Vagus nerve disorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disord er character	rized by involvement of the vagus ne	erve (tenth cranial nerve).						
Va sovagal reaction	8 5 6	-	Present	Life-threatening consequences; urgent intervention indicated	Death			
Definition: A disorder character increase in the stimulation of th	rized by a sudden drop of the blood (ne vagus nerve .	, pressure, bradycardia, and periph	eral vasodilation that may lead to	, loss of consciousness. It results fr	om an			
Nervous system disorders - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death			

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	Pregn	ancy, puerperium and p	erinatal conditions		
			Grade		
Adverse Event	1	2	3	4	5
Fetal death				-	Fetal loss at any gestational age
Definition: A disord er character	rized by death in utero; failure of the	product of conception to show ev	vidence of respiration, heartbeat, o	r definite movement of a voluntary	muscle a ter
expulsion from the uterus, with	out possibility of resuscitation.	31.		2	3
Fetal growth retardation	-	<10 % percentile of weight for gestational age	<5% percentile of weight for gestation al age	<1% percentile of weight for gestational age	;
Definition: A disord er character	rized by inhibition of fetal growth res	ulting in the inability of the fetus t	o achieve its potential weight.		
Premature delivery	Delivery of a live born infant at >34 to 37 weeks gestation	Delivery of a liveborn infant at >28 to 34 weeks gestation	Delivery of a liveborn infant at 24 to 28 weeks gestation	Delivery of a liveborn in fant at 24 weeks ofgestation orless	
Definition: A disord er character gestation.	rized by delivery of a viable infant be	, fore the normal end of gestation.	Typically, viability is achievable be	, etween the twentieth and thirty-set	venth week of
Unintended pregnancy	-	-	Unintended pregnancy	म् म	
Definition: A disord er character	, rized by an unexpected pregnancy a	t the time of conception .	1. 10 10 10 10 1		•
Pregnan cy, puerperium and perinatal conditions - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate, local or noninvasive intervention indicated; limiting instrumental ADL	Severe or medically signi foant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization i ndicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death

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	4	Psychiatric dison	ders		
			Grade		
Adverse Event	1	2	3	4	5
Agitation	Mild mood alteration	Moderate mood alteration	Severe agitation; hospitalization not indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er charact	terized by a state of restlessness asso	ciated with unpleasant feelings of	irritability and tension.	1	Î
Anorgasmia	Inability to achieve orgasm not adversely affecting relationship	h ability to achieve orgasm adversely a ffecting relationship	20 1	3	5
0. 3639	terized by an inability to achieve orgas	1000 m 10 10 10 10 10	2 12 N CARE N		9 10990140
Anxiety	Mild symptoms; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL; hospitalization not indicated	Life-threatening; hospitalization indicated	Death
Definition: A disord er charact stimulus.	erized by apprehension of danger and	d dread accompanied by restlessn	ess, tension , tachycardia , and dys	apnea unattached to a clearly ident	itiable
Confusion	Mild disorientation	Moderate disorientation; limiting instrumental ADL	Severe disorientation; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er charact	terized by a lack of clear and orderly t	hought and behavior.	2	1	2
Delayed orgasm	Delay in achie ving orgasm not adversely affecting relationship	Delay in achie ving orgasm adversely a ffecting relationship		5	а т 2
Definition: A disord er charact	terized by sexual dysfunction character	rized by a delay in climax.	1	1	
Delinium	Mild acute confusional state	Moderate and acute confusional state; limiting instrumental ADL	Severe and acute confusional state; limiting self care ADL; hospitalization indicated	Life-threatening consequences, threats of harm to self or others; hospitalization indicated	Death
Definition: A disorder charact reversible condition .	terized by the acute and sudden deve	opment of confusion , illusions , mo	vement changes, inattentiveness	, agitation, and hallucinations. Usu	ally, it is a
Delusion s	58	Moderate delusional symptoms	Severe delusion al symptoms; hospitalization not indicated	Life-threatening consequences, threats of harm to selfor others; hospitalization indicated	Death
Definition: A disord er charact	, terized by false personal beliefs held o	, ontrary to reality, despite contradi	, ctory evidence and common sens	e.	80 80
Depre ssion	Mild depressive symptoms	Moderate depressive symptoms; limiting instrumental ADL	Severe depressive symptoms; limiting selfcare ADL; hospitalization not indicated	Life-threatening consequences, threats of harm to self or others; hospitalization indicated	Death
Definition: A disord er charact	terized by melancholic feelings of grie	forunhappiness.	ny Trana ana ana an	1	-
Suphoria	Mild mood elevation	Moderate mood elevation	Severe mood elevation (e.g., hypomania)	5	đ N
Definition: A disord er charact	terized by an exaggerated feeling of u	ell-being which is disproportionate	to events and stimuli.		
Hallucinations	Mild hallucinations (e.g., perceptual distortions)	Moderate hallucinations	Severe hallucinations; hospitalization not indicated	Life-threatening consequences, threats of harm to self or others; hospitalization indicated	Death
Definition : A disord er charact	terized by a false sensory perception i	n the absence of an external stimu	ilus.		
nsomnia	Mild difficulty falling asleep , staying asleep or waking up early	Moderate difficulty falling asleep, staying asleep or waking up early	Severe difficulty in falling asleep, staying asleep or waking up early		-
Definition: A disord er charact	terized by difficulty in falling asleep an	d <i>i</i> or remaining asleep.			
ibido decreased	Decrease in sexual interest not adversely affecting relationship	Decrease in sexual interest adversely a ffecting relationship	-	-	-
Definition: A disord er charact	erized by a decrease in sexual desire	2			
jbido increased	Mild increase in sexual interest not adversely affecting relation ship	Moderate increase in sexual interest adversely affecting relationship	Severe increase in sexual interest leading to dangerous behavior	а С	
Definition : A disord er charact	erized by an increase in sexual desire	1	2		8
Mania	Mild manic symptoms (e.g., elevated mood, rapid thoughts, rapid speech, decreased need for sleep)	Moderate manic symptoms (e.g., relationship and work difficulties; poor hygiene)	Severe manic symptoms (e.g., hypomania; major sexual or financial indiscretions); hospitalization not indicated	Life-threatening consequences, threats of harm to self or others; hospitalization indicated	Death
Jefinition: A disorder charact	erized by excitement of psychotic pro	portions manifested by mental and	l physical hyperactivity, disorgania	ation of behavior and elevation of	mood.
Personality change	Mild personality change	Moderate personality change	Severe personality change; hospitalization not indicated	Life-threatening consequences, threats of harm to self or others; hospitalization indicated	Death

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		Psychiatric dison	ters					
	Grade							
Adverse Event	1	2	3	4	5			
Definition: A disord er characte	rized by a conspicuous change in a j	person's behavior and thinking.	90		20 X.			
Psychosis	Mild psychotic symptoms	Moderate psychotic symptoms (e.g., disorganized speech; impaired realitytesting)	Severe psychotic symptoms (e.g., paranoid; extreme disorganization); hospitalization not in dicated	Life-threatening consequences, threats of harm to self or others; hospitalization in dicated	Death			
Definition: A disord er characte turnor.	rized by personality change, impaire	d functioning, and loss of touch wi	th reality. It may be a manifestatio	, n of schizophrenia, bipolar disorde	er or brain			
Restlessness	Mild symptoms; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL	*1	-			
Definition: A disord er characte	rized by an inabilityto rest, relax or b	e still.)) 			
Suicidal ideation	Increased thoughts of death but no wish to kill on eself	Suicidal ideation with no specific plan or intent	Specific plan to commit suicide without serious intent to die which may not require hospitalization	Specific plan to commit suicide with serious intent to die which requires hospitalization	1997 -			
Definition: A disord er characte	rized by thoughts of taking one's own	nline.						
Suicide attempt			Suicide attempt or gesture without intent to die which may not require hospitalization	Suicide attempt with intent to die which requires hospitalization	Death			
Definition: A disord er characte	rized by self in ficted harm in an atte	mpt to end one's own life.						
Psychiatric disorders - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; disabling; limiting self care ADL	Life-threatening consequences; hospitalization or urgent intervention indicated	Death			

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		Renal and urinary dis	sorders					
	Grade							
Adverse Event	1	2	3	4	5			
Poute kidneyinjury Definition: A disorder charact	Creatinine level increase of >0.3 mg/dL; creatinine 1.5 - 2.0 x above baseline terized by the acute loss of renal functi	Creatinine 2 - 3x above baseline	mg,dL;hospitalization indicated	Life-threatening consequences; dialysis indicated nev), renal (kidney damage) and p	Death			
auses (ureteral or bladder o	45 S.S.R. 87 69	1. I.	50 N	10 G G 11G G				
Bladder perforation		Extraperitoneal perforation, indwelling catheter indicated	htraperitoneal perforation ; elective radiologic, endoscopic or operative intervention indicated	Life-threatening consequences; organ failure; urgent operative intervention in dicated	Death			
Bladder spasm	terized by a rupture in the bladder wall Intervention not indicated	Antispasmo dics indicated	Ho spitalization indicated		È			
		0	hospitalization indicated					
	terized by a sudden and involuntary co	14						
Chronic kidney disease	eGFR (estimated Glomerular Filtration Rate) or CrCl (creatinine clearance) < 60 ml/min /1.73 m2 or proteinuria 2+ present; urine protein /creatinine ≥0.5	eGFR or CrCl 59 - 30 ml/min/1.73 m2	eGFR or CrCl 29 - 15 ml/min/1.73 m2	e GFR or CrCl < 16 ml/min/1.73 m2; dialysis or renal transplant indicated	Death			
Definition: A disord er charact	terized by gradual and usually perman	ent loss of kidne y function resultin	g in renal failure.		-			
Cystitis noninfective	Microscopic hematuria; minimal increase in frequency, urgency, dysuria, or nocturia; new onset of incontinence	Moderate hematuria; moderate increase in frequency, urgency, dysuria, no cturia or incontinence; urinary catheter placement or bladder irrigation indicated; limiting instrumental ADL	Gross hematuria; transfusion, IV medications or hospitalization indicated; elective endoscopic, radiologic or operative intervention indicated	Life-threatening consequences; urgent radiologic or operative intervention indicated	Death			
Definition: A disord er charact	terized by inflammation of the bladder	which is not caused by an infectio	n ofthe urinarytract.					
Hematuria	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; urin any catheter or bladder i migation indicated; limiting instrumental ADL	Gross he maturia; transfusion, IV me dications or hospitalization indicated; elective endoscopic, radiologic or operative intervention indicated; limiting self care ADL	Life-threatening consequences; urgent radiologic or operative intervention indicated	Death			
Definition: A disord er charact	, terized by laboratory test results that in	, dicate blood in the urine.	10255530433433433433433 0		5) 00			
Hemoglobinuria	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	-		18				
Definition: A disord er charact	terized by laboratory test results that in	idicate the presence of free herno.	, globin in the urine.		s. 20			
Proteinuria	1+ proteinuria ; urinary protein <1 ມີ g/24 hrs	Adults: 2+ proteinuria; urinary protein 1.0	Adults: urinary protein >3.5 g/24 hrs; Pediatric urine P/C (Protein/Creatinine)>1.9					
Definition: A disord er charact	terized by laboratory test results that in	dicate the presence of excessive	protein in the urine . It is predomin	antly albumin, but also globulin .	-			
Renal calculi	Asymptomatic or mild symptoms; occasion al use of non prescription a nalge sics indicated	Symptomatic; oral antiemetics indicated; around the clock nonprescription analgesics or any oral narcotic analgesics indicated	Ho spitalization indicated; M intervention (e.g., analgesios, antiemetics); elective endoscopic or radiologic intervention indicated	Life-threatening consequences; urgent radiologic, endoscopic or operative intervention indicated	Death			
Definition: A disord er charact	terized by the formation of crystals in th	he pelvis of the kidne y.						
Renal colic	Mild pain not interfering with activity; nonprescription medication indicated	Moderate pain ; limiting instrumental ADL; prescription medication indicated	Hospitalization indicated; limiting selfcare ADL	8	-			
Definition: A disord er charact	terized by paroxysmal and severe fanl	k marked discomfort radiating to th	ne inguinal area . Often , the cause	is the passage of kidney stones.				
Renal he morthage	Mild symptoms; intervention not indicated	Analgesics and hematocrit monitoring indicated	Transfusion, radiation, or hospitalization in dicate d; elective radiologic, endoscopic or operative intervention indicated	Life-threatening consequences; urgent radiologic or operative intervention indicated	Death			

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		Renal and urinary di	sorders					
	Grade							
Adverse Event	1	2	3	4	5			
Definition: A disord er character	rized by bleeding from the kidney.	57 29	70 77 20 70		20 20			
Urinary fistula		Noninvasive intervention indicated; urinary or suprapubic catheter placement indicated	Limiting self care ADL; elective radiologic, endoscopic or operative intervention indicated; permanent urinary diversion indicated	Life-threatening consequences; urgent radiologic or operative intervention in dicated	Death			
1	rized by an abnormal communication	0	system and another organ or an at I	ornic site. T				
Urinary frequency	Present	Limiting instrumental ADL; medical management indicated	-	-	t			
Definition: A disord er character	ized by urination at short intervals.	-	1	1	r.			
Urinary incontinen œ	Occasional (e.g., with coughing, sneezing, etc.), pads not indicated	Spontaneous; pads indicated; limiting instrumental ADL	Intervention indicated (e.g., damp, collagen injections); operative intervention indicated; limiting self care ADL					
Definition: A disord er character	ized by inability to control the flow o	f urine from the bladder.						
Urinary retention	Urinary, suprapubic or intermittent catheter placement not indicated; able to void with some residual	Placement of urinary, suprapubic or intermittent catheter placement indicated; medication indicated	Bective operative or radiologic intervention indicated; substantial loss of affected kidney function or mass	Life-threatening consequences; organ failure; urgent operative intervention indicated	Death			
Definition: A disord er character	ized by accumulation of urine within	the bladder because of the inabil	ity to urinate.					
Urinarytract obstruction Definition: A disorder character	Asymptomatic; clinical or diagnostic observations only ized by blockage of the normal fow	Symptomatic but no hydronephrosis, sepsis or renal dysfunction; urethral dilation, urinary or suprapubic catheter indicated of contents of the urinary tract.	Symptomatic and altered organ function (e.g., hydronephrosis, or renal dysfunction); elective radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death			
Urinarytract pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	12	-			
Definition: A disord er character	, rized by a sensation of marked disco	, m fort in the uninary tract.	*		**			
Urinar y urgency	Pre sent	Limiting instrumental ADL; medical management indicated	11	10				
Definition: A disord er character	, rized by a sudden ∞rrpelling urge to	urinate.						
Urine discoloration	Pre sent	5	-3	*	-			
Definition: A disord er character	ized by a change in the color of the	urine.						
Renal and urinary disorders - Other , specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate, local or noninvasive intervention indicated; limiting instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization in dicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention in dicated	Death			

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	Rep	productive system and b	reast disorders					
	Grade							
Adverse Event	1	2	3	4	5			
Azoospermia	-8	-	Absence of sperm in ejaculate	-				
Definition: A disord er characte	erized by laboratory test results that in	ndicate complete absence of spen	matozoa in the semen .		2			
Əreast atrophy	Minimal asymmetry; minimal atroph y	Moderate asymmetry; moderate atrophy	Asymmetry >1.8 of breast volume; severe atrophy	5	•			
Definition: A disord er characte	erized by underdevelopment of the br	east.			_			
Breast pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	-2				
	erized by marked discomfort sensation				E.			
Dysmenorrhea	Mild symptoms; Intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		ŀ			
Definition: A disord er characte	rized by abnormally pain ful abdomin	al cramps during menses.			Ť.			
Dyspareunia	Mild discomfort or pain associated with vaginal penetration; discomfort relieved with use of vaginal lubricants or estrogen	Moderate discomfort or pain associated with vagin al penetration; discomfort or pain partially relieved with use of vaginal lubricants or estrogen	Severe discormfort or pain associated with vaginal penetration; discormfort or pain unrelie ved by vaginal lubricants or estrogen	8	5			
Definition: A disord er characte	erized by painful or difficult coitus.							
Eja culation disorder	Diminished ejaculation	Anejaculation or retrograde ejaculation		-3	-			
Definition: A disord er characte	erized by problems related to ejaculat	ion. This category includes prema	ture, delayed, retrograde and pair	nful ejaculation.				
Erectile dysfunction	Decrease in erectile function (frequency or rigidity of erections) but intervention not indicated (e.g., medication or use of mechanical device, penile pump)	Decrease in erectile function (frequency/figidity of erections), erectile intervention indicated, (e.g., medication or mechanical devices such as penile pump)	Decrease in erectile function (frequency/rigidity of erections) but erectile intervention not helpful (e.g., medication or mechanical devices such as penile pump); placement of a permanent penile prosthesis indicated (not previously present)		-			
Definition: A disord or obarrate	ا erized by the persistent or recurrent in	l I ability to a obieve, or to maintain a	NEW WEIGHT - CONTRACTOR - CONT	1				
Fallopian tube obstruction	Diagno stic ob servation s only; intervention not indicate d	Mild symptoms; elective intervention indicated	Severe symptoms; elective operative intervention indicated	ti				
Definition: A disord et characte	rized by blockage of the normal flow	AND		1	1			
Fallopian tub e stenosis	Asymptomatic clinical or diagnostic observations on ly; intervention not indicated	Symptomatic and intervention not indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated (e.g., organ resection)	Death			
Definition: A disord er characte	rized by a narrowing of the fallopiant	tube lumen .						
Female genital tract fistula	Asymptomatic clinical or diagnostic observations only; intervention not indicated	Symptomatic and intervention not indicated	Severe symptoms; elective operative intervention indicated	Life-threattening consequences; urgent intervention in dicated	Death			
Definition: A disord er characte	rized by an abnormal communication	n betwelen a female reproductive s	system organ and another organ o	r anatomic site .				
eminization acquired	Mild symptoms; Intervention not indicated	Moderate symptoms; medical intervention indicated	-	8	-			
Definition: A disord er characte	erized by the development of seconda	ary female sex characteristics in m	ales due to extrinsic factors.	n				
Genital edema	Mild swelling or obscuration of anatomic architecture on close inspection	Readily apparent obscuration of anatomic architecture; obliteration of skin folds; readily apparent de viation from normal anatomic contour	Lymphorthea ; gross de viation from normal anatomic contour; limiting selfcare ADL	2				
Definition: A disord er characte	erized by swelling due to an excessive	e accumulation of fluid in the genit	als.	v 	8			
Gynecomastia	Asymptomatic breast enlargement	Symptomatic (e.g., pain or psychosocial impact)	Severe symptoms; elective operative intervention indicated	5 -	•			
Definition: A disord er characte	erized by excessive development of th	 Complete Sources and a second sec second second sec						
Hernatosalpinx	Minimal bleeding identified on imaging study or laparoscopy, intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			

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8	Rep	productive system and bi					
	Grade						
Adverse Event	1	2	3	4	5		
	ized by the presence of blood in a fa	Contraction Contraction and			1		
Irregular menstruation	Intermittent men ses with skipped menses for no more than 1 to 3 months	Intermittent menses with skipped menses for more than 4 to 6 months	Persistent amenormea for more than 6 months		5		
Definition: A disord er character	ized by irregular cycle or duration of	fmenses.	20		001		
Lactation disorder	Mild changes in lactation, not significantly affecting production or expression of breast milk	Changes in lactation, significantly affecting breast production or expression of breast milk		8	5		
Definition : A disord en character Menomhagia	ized by disturbances of milk secretic Mild; iron supplements indicated	Same and the second	pregnancy that is observed in term Severe; transfusion indicated; surgical intervention indicated (e.g., hysterectormy)	ales and can be observed in male: Life-threatening consequences; urgent intervention indicated	s. Death		
Definition: A disord er characteri	ा ized by abnormally hea vy vaginal bl	10	[cian internation of a second s	1	5		
Nipple de formity	Asymptomatic; asymmetry with slight retraction and &r thickening of the nipple areolar complex	Symptomatic; asymmetry of nipple areolar complex with moderate retraction and/or thickening of the nipple areolar complex		2			
Definition: A disord er characteri	ized by a mal formation of the nipple			,			
Oligospermia	Sperm concentration >48 million/mL or motility >68%	Sperm concentration 13 - 48 million/mLormotility 32 - 68%	Sperm concentration <13 million/mL or motility <32%	8	ł		
Definition: A disord er characteri	ized by a decrease in the number of	f spermatozoa in the semen.					
Ovarian hemorrhage	Minimal bleeding identified on imaging study or lapros∞py; intervention not indicated	Moderate blee ding; medical intervention indicated	Severe bleeding;transfusion indicated;radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disord er characteri	ized by bleeding from the overy.		100 900 00900 U	2320 12	25 38		
Ovarian rupture	Asymptomatic clinical or diagnostic observations only; intervention not indicated	Symptomatic and intervention not in dicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteri	ized by tearing or disruption of the o	varian tissue.	Letter and the second second second second	,	r.		
Ovulation pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	8	it.		
Definition : A disord er characteri ovarian follicle.	ized by marked discomfort sensatio	n in one side of the abdomen betu	Jeen menstrual cycles, around the	time of the di <i>s</i> charge of the ovum	formth		
Pelvic 1oormuscle weakness	Asymptomatic; clinical or diagnostic observations on ly, intervention not indicated	Symptomatic, not interfering with bladder, bowel, or vaginal function; limiting in strumental ADL	Severe symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteri	ized by a reduction in the strength o	f the muscles of the pelvic floor.	81 93 (V		004 		
Pelvic pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	e.	ŀ		
Definition: A disord er characteri	ized by marked discomfort sensatio	n in the pelvis.	200 (c)=100 (c)=100	1			
Penile pain	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	8	Ť		
Definition : A disord er characteri	ized by marked discomfort sensation	n in the penis.	1	1	-		
Perineal pain	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	2	Ì		
Definition: A disord er characteri	ized by a sensation of marked disco	omfort in the area between the ger I	Commission (2		1		
Premature men opause	F		Present		ŀ		
Definition: A disord er characteri	ized by ovarian failure before the ag	je of 40. Symptoms include hot fla	shes, night sweats, mood swings I	and a decrease in sex drive .	210 00		
Prostatic hemorrhage	Minimal bleeding identified on imaging study; intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		

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2	Rej	productive system and b	reast disorders			
		Grade	Grade			
Adverse Event	1	2	3	4	5	
Definition: A disord er characte	erized by bleeding from the prostate :	glan d.	10. zł	1 1	201	
Prostatic obstruction	Diagnostic observations only; intervention not indicated	Mild symptoms; elective intervention indicated	Severe symptoms; elective operative intervention indicated	10	-	
Definition: A disord er characts stream, and incomplete empty	erized by compression of the urethra ying of the bladder).	secondaryto enlargement of the p	prostate gland. This results in void	ing difficulties (straining to void, slo	ow urine	
Prostatic pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	10	-	
Definition: A disord er characte	erized by a sensation of marked disc	om fort in the prostate gland.	14 2007/04/050 04:00	1		
Scrotal pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	5	3	
Definition: A disord er characte	erized by marked discomfort sensatio	on in the scrotal area.	1			
Spermatic cord hemorrhage	Minimal bleeding identified on imaging study; intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition: A disord er characte	erized by bleeding from the spermatic	o cord.		1		
Spermatic cord obstruction	Diagnostic observations only; intervention not indicated	Mild symptoms; elective intervention indicated	Severe symptoms; elective operative intervention indicated	1	÷	
Definition: A disord er characte	erized by blockage of the normal flow	of the contents of the spermatic of	ord.			
Testicular di sorder	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic but not interfering with urination or sexual activities; intervention not indicated; limiting instrumental ADL	Severe symptoms; interfering with urination or sexual function; limiting self care ADL; intervention indicated	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er characte	erized by involvement of the testis.	97 15	101 VI 102 22	9 1	201 201	
Testicular hemorrhage	Minimal bleeding identified on imaging study; intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; ra diologic or endoscopic intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition : A disord er characte	erized by bleeding from the testis.	18	8 6	£	(5) ->	
Testicularpain	Mild pain	Moderate pain ; limitin g instrumental ADL	Severe pain; limiting self care ADL	2	-	
Definition: A disorder characte	rized by a sensation of marked disc	om fort in the testis.	101 V	9 1	501	
Uterine fistula	Asymptomatic clinical or diagnostic observations only; intervention not indicated	Symptomatic and intervention not indicated	Severe symptoms; elective operative intervention indicated	Life-threattening consequences; urgent intervention indicated	Death	
Definition: A disord er characte	rized by an abnormal communicatio	n between the uterus and another	organ or anatomic site .	а 17	187 201	
Uterine hemorrhage	Minimal bleeding identified on imaging study; intervention not indicated	Moderate blee ding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death	
Definition: A disord er characte	erized by bleeding from the uterus.	ini Doma na series and a series of the series		1.	1	
Uterine obstruction	Diagno stic observations only; intervention not indicated	Mild symptoms; elective intervention indicated	Severe symptoms; elective operative intervention indicated	j	ŀ	
Definition: A disord er characte	erized by blockage of the uterine out	et.	10	1		
Uterine pain	Mild pain	Moderate pain; limiting instrumental ADL	Severe pain; limiting self care ADL	2	ľ	
Definition: A disord er characte	erized by a sensation of marked disc	om fort in the uterus.	1	1		
vaginal discharge	Mild vaginal discharge (greater than baseline for patient)	Moderate to he avy vaginal discharge; use of perineal pad or tampon indicated	-	5	ŀ	
	· · · · · · · · · · · · · · · · · · ·	moluced by the cendical glands is	discharged from the vagina natura	, ally, especially during the childbear	ring year	
Definition: A disord er characte	enzed by vaginal secretions. Mucus p	readers by are certical glanas is				

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	Rep	productive system and b	reast disorders				
		Grade					
Adverse Event	1	2	3	4	5		
Vaginal fistula	Asymptomatic clinical or diagnostic observations only; intervention not indicated	Symptomatic and intervention not indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteriz	ed by an abnormal communication	between the vagina and anothe	r organ or an atomic site.		991 		
Vaginal hemorrhage	Minimal bleeding identified on clinical exam or imaging study; intervention not indicated	Moderate bleeding; medical intervention indicated	Severe bleeding; transfusion indicated; radiologic or endoscopic intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		
Definition: A disord er characteriz	ed by bleeding form the vagina.						
Vaginal inflammation	Mild discomfort or pain, edema, or redness	Moderate discomfort or pain, edema, or redness; limiting instrumental ADL	Severe discomfort or pain, edema, or redness; limiting self care ADL; small areas of mucosal ulceration	Widespread areas of mucosal ulceration; life-threatening consequences; urgent intervention in dicated	Death		
Definition: A disord er characteriz	ed by inflammation involving the v	agina. Symptoms may include re	dne <i>s</i> s, ed ema, marked discomfort	and an increase in vaginal dischai	nge.		
Vaginal obstruction	Diagnostic observations only; intervention not indicated	Mild symptoms; elective intervention indicated	Severe symptoms; elective operative intervention indicated		i.		
Definition: A disord er characteriz	ed by blockage of vaginal canal. T	0	ж	1			
Vaginal pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	-	ŀ		
Definition: A disord er characteriz	ed by a sensation of marked disco	mfort in the vagina.	1		T		
Vaginal perforation	Asymptomatic clinical or diagnostic observations only; intervention not indicated	Symptomatic and intervention not indicated	Severe symptoms; elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteriz	ed by a rupture in the vaginal wall	80.			101		
Vaginal stricture	Asymptomatic; mild vaginal shortening or narrowing	Vaginal narrowing and/or shortening not interfering with physical examination	Vaginal narrowing and or shortening interfering with the use of tampons, sexual activity or physical examination		Death		
Definition: A disord er characteriz	ed by a narrowing of the vaginal c	anal.					
Vaginismus	Mild discomfort or pain associated with vaginal spasm/ tightening; no impact upon sexual function or physical examination	Moderate discomfort or pain associated with vaginal spasmytightening; disruption in sexual function and physical examination	Severe discomfort or pain associated with vaginal spasm/ tightening; unable to tolerate vaginal penetration or physical examination	•	•		
Definition: A disord er characteriz intercourse.	ed by involuntary spasms of the p	elvic foor muscles, resulting in pa	nthologic tightness of the vaginal w	all during penetration such as duri	ng sexual		
Reproductive system and breast disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization in dicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		

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	Respi	ratory, thoracic and medi	iastinal disorders		
			Grade		
Adverse Event	1	2	3	4	5
Adult respirator y distress syndrome			Present with radiologic findings; intubation not indicated	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death
Definition : A disord er characteriz surgery.	ed by progressive and life-threater	ning pulmonary distress in the abs	ence of an underlying pulmonary	condition, usually following major t	rauma or
Alergic rhinitis	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated	-	55 	
동생은 동생은 것이 있는 것을 통하였다. 가지, 이상은 가지 않았다.	ed by an inflammation of the nasal of the sinuses, eyes, middle ear, a	이 방법에서 이 방법에서 방법에 관계되었다. 김 사람이 많은 것이 같아. 소가 많은 것이 없다.	승규는 가 다양 다른 것을 알고 있다. 가지는 것을 물을 내려 주네 가지 않았다.		ay also
Apnea	-	-	Present; medical intervention indicated	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death
Definition: A disord er characteriz	ed by cessation of breathing.		ni Inne anna ann ann an Anna a		Constant Sector
Aspiration	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Atered eating habits; coughing or choking episodes after eating or swallowing; medical intervention indicated (e.g., suction or oxygen)	Dyspnea and pneumonia symptoms (e.g., aspiration pneumonia); ho spitalization indicated; unable to aliment orally	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death
Definition: A disorder characteriz	ed by inhalation of solids or liquids	sinto the lungs.			
Ateleotasis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic (e.g., dyspnea, cough); medical intervention indicated (e.g., chest physiotherapy, suctioning); bron cho scopic suctioning	Oxygen indicated; hospitalization or elective operative intervention indicated (e.g., stent, laser)	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death
	ed by the collapse of part or the er	No. 2010. See Section of the section			0 12000020
Bronchial fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; tube thoracostomy or medical management indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; endo scopic or operative intervention indicated (e.g., stent or primary closure)	Life-threatening consequences; urgent operative intervention with thoracoplasty, chronic open drainage or multiple thoracotomies indicated	Death
Definition: A disord er characteriz	ed by an abnormal communication	between the bronchus and a noth	er organ or anatomic site.		
Bronchial obstruction	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic (e.g., mild wheezing); endoscopic evaluation indicated; radiographic evidence of atelecta sis/lobar collapse; medical management indicated (e.g., steroids, bronchodilators)	Shortness of breath with stridor; endoscopic intervention indicated (e.g., laser, stent placement)	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death
	ed by blockage of a bronchus pas T	12. State 1			
Bronchial stricture	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic (e.g., rhonchi or wheezing) but without respiratory distress; medical intervention indicated (e.g., steroids, bronchodilators)	Shortness of breath with stridor; endoscopic intervention indicated (e.g., laser, stent placement)	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death
Definition: A disord er characteriz	ed by a narrowing of the bronchial	tube.	8. 0 2		2) 27
Bronchopleural fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; tube thoracostomy or medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; endoscopic or operative intervention indicated (e.g., stent or primary closure)	Life-threatening consequences; urgent operative intervention with thoracoplasty, chronic open drainage or multiple thoracotomies indicated	Death
5	ed by an abnormal communication	么	1		_
Bronchopulmon ary hemorrhage	Mild symptoms; intervention not indicated ed by bleeding from the bronchial	Moderate symptoms; medical intervention indicated	Transfusion, radiologic, endoscopic, or operative intervention indicated (e.g., hemostasis of bleeding site)	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death

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Respiratory, thoracic and mediastinal disorders						
Adverse Event	1	2	Grade 3	4	5	
Bronchospasm	Mild symptoms; intervention not indicated	2 Symptomatic; medical intervention indicated; limiting instrumental ADL	o Limiting self care ADL; oxygen saturation decreased	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death	
Definition : A disord er charac	I terized by a sudden contraction of the	I smooth muscles of the bronchial	uwall.	100505-55-5	I	
Chylothorax	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; thoracentesis or tube drainage indicated	Severe symptoms; elective operative intervention indicated	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death	
Definition: A disorder charac	terized by milky pleural effusion (abnor	mal collection of fluid) resulting fi	orn accumulation of lymph fluid in	the pleural cavity.		
Cough	Mild symptoms; nonprescription intervention indicated	Moderate symptoms, medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL		-	
Definition: A disord er charac ov a distinctive sound .	terized by sudden, often repetitive, spa	ismodic contraction of the thoraci	c cavity, resulting in violent release	e of air from the lungs and usually	accompa	
Dyspnea	Shortness of breath with moderate exertion	Shortness of breath with minimal exertion; limiting instrumental ADL	Shortness of breath at rest; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er charac	terized by an uncomfortable sensation	of difficulty breathing.	non in an ann ann an an an an an ann an an an		01 01	
Epistaxis	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated (e.g., nasal packing, cauterization; topical vasoconstrictors)	Transfusion, radiologic, endoscopic, or operative intervention indicated (e.g., hernostasis of bleeding site)	Life-threatening consequences; urgent intervention indicated	Death	
Definition: A disord er charac	terized by bleeding from the nose.	nd S	50 5 1		i i i i i i i i i i i i i i i i i i i	
Hiccups	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated; limiting instrumental ADL	Severe symptoms; interfering with sleep; limiting self care ADL	2	2	
Definition: A disord er charac	terized by repeated gulp sounds that re	e sult from an involuntary opening	and closing of the glottis. This is a	ttributed to a spasm of the diaphra	igm.	
Hoarsene <i>s</i> s	Mild or intermittent voice change ; fully und erstan dable ; self-nesolves	Moderate or persistent voice changes; may require occasional repetition but understandable on telephone; medical evaluation indicated	Severe voice changes including predominantly whispered speech		2	
Definition: A disorder charac	terized by harsh and raspy voice arisin	g from or spreading to the larynx		Transfer and the		
Hypoxia	•	Decreased oxygen saturation with exercise (e.g., pulse oximeter <88%); intermittent supplemental oxygen	Decreased oxygen saturation at rest (e.g., pulse oximeter <88% or PaO2 <=55 mm Hg)	Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death	
Definition: A disorder charac	terized by a decrease in the level of ox	Contract and Contract of Contract of Contract	10. zakona komunika kategori kategori zakona (h. 17. j. 17		01	
Lanyn geal edema	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated (e.g., dexamethasone, epinephrine, antihistamines)	Stridor; re spiratory distress; hospitalization in dicated	Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death	
Definition : A disord er charac	terized by swelling due to an excessive	e accumulation of fluid in the laryr	ж. Т			
Laryngeal fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; tube thoracostomy or medical management indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; endoscopic or operative intervention indicated (e.g., stent or primary closure)	Life-threatening consequences; urgent operative intervention indicated (e.g., thora coplasty, chronic open drainage or multiple thoracotomies)	Death	
2 (2). (2)	terized by an abnormal communication	2.6220 23 50	7.532 2332 233232	2000 N. 20 -	210 00	
.aryn geal hemorth age	Mild cough or trace hemoptysis; laryngo.scopic findings	Moderate symptoms; medical intervention indicated	Transfusion, radiologic, endoscopic, or operative intervention indicated (e.g., hernostasis of bleeding site)	Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death	
Definition : A disorder charac	terized by bleeding from the laryn x.	nen 1935 - Elizabet Handrid and en anterna a service.	non ser sester vi NC	- 1000- 1	I.	
Laryngeal inflammation	Mild sore throat; raspy voice	Moderate sore throat; analgesics indicated	Severe throat pain; endoscopic intervention indicated	C	Ť	

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÷	Keshi	ratory, thoracic and med					
	Grade						
Adverse Event	1	2	3	4	3		
.aryn geal mucositis	Endoscopic findings only; mild discomfort with normal intake	Moderate discomfort; altered oral intake	Severe pain ; severely altered eating/swallowing; medical intervention indicated	Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death		
And the Constant Sector of And Constants	zed by an inflammation in volving th	e mucous membrane of the laryn: T	K.				
Laryngeal obstruction	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic (e.g., noisy airway breathing), but causing no respiratory distress; medical management indicated (e.g., steroids); limiting instrumental ADL	Limiting self care ADL; stridor; endoscopic intervention indicated (e.g., stent, laser)	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteria	zed by blockage of the laryngeal air	rway.	9 6 4		20 2		
Laryngeal stenosis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic (e.g., noisy airway breathing), but causing no respiratory distress; medical management indicated (e.g., steroids)	Limiting self care ADL; stridor; endoscopic intervention indicated (e.g., stent, laser)	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteria	zed by a narrowing of the laryngeal	airway.	102 02 02	22222 72 7	212 22		
Lanyngophanyngeal dyseisthesia	Mild symptoms; no anxiety; intervention not indicated	Moderate symptoms; mild anxiety, but no dyspnea; short duration of observation and or anxiolytic indicated; limiting instrumental ADL	Severe symptoms; dyspnea and swallowing difficulty; limiting self care ADL	Life-threatening consequences	Death		
Definition: A disord er characteri:	zed by an uncomfortable persistent	sensation in the area of the laryn	gopharynx.	1			
Laryn gospasm		Transient e pisode ; intervention not in dicate d	Recurrent episodes; noninvasive intervention indicated (e.g., breathing technique, pressure point massage)	Persistent or severe episodes a ssociated with syncope; urgent intervention indicated (e.g., fiberoptic laryngoscopy, intubation, botox injection)	Death		
Definition: A disord er characteri:	, zed by paroxysmal spasmodic mus	ular contraction of the vocal cord	Summer was		e.		
Media stinal hemorrhage	Radiologic evidence on ly;	Moderate symptoms; medical intervention indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated (e.g., hernostasis of bleeding site)	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteri:	zed by bleeding from the mediastin	um.		f	91 01		
Nasal congestion	Mild symptoms; intervention not indicated	intervention indicated	Associated with bloody na sal discharge or epistaxis	2 -	2		
Uefinition: A disord er characten: Pharyngeal fistula	zed by obstruction of the nasal pas Asymptomatic; clinical or diagnostic observations only; intervention not indicated	sage due to mucosal edema. Symptomatic; tube thoracostomy or medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; endo scopic or operative intervention indicated (e.g., stent or primary closure)	Life-threatening consequences; urgent intervention indicated	Death		
Definition : A disord er characteri:	zed by an abnormal communication	between the pharynx and anothe	erorgan or anatomic site.				
Pharyngeal hemorrhage	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated	Transfusion, radiologic, endoscopic, or operative intervention indicated (e.g., hernostasis of bleeding site)	Life-threatening respiratory or hemodynamic compromise; intubation or ungent intervention indicated	Death		
Definition: A disord er characteri:	zed by bleeding from the pharynx.						
Pharyngeal mucositis	Endoscopic findings only; minimal symptoms with normal oral intake; mild pain but analgesics not indicated	Moderate pain and analgesics indicated; altered oral intake; limiting instrumental ADL	Severe pain; unable to adequately aliment or hydrate orally; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		
Definition: A disord er characteria	ed by an inflammation involving th	e mucous membrane of the phary	mx.	282/01 /01	212 02		
Pharyngeal necrosis	1-1		hability to aliment adequately by GI tract; tube feeding or TPN indicated; radiologic, endoscopic, or operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death		

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Respiratory, thoracic and mediastinal disorders								
	Grade							
Adverse Event	1	2	3	4	ं			
Definition: A disord er charact	erized by a necrotic process occurring	in the pharynx.	1) The second se		01 December 199			
Pharyngeal stenosis	Asymptomatic; olinical or diagnostic observations only; intervention not indicated	Symptomatic (e.g., noisy airway breathing), but causing no respiratory distress; medical management indicated (e.g., steroids); limiting instrumental ADL	Limiting self care ADL; stridor; endoscopic intervention indicated (e.g., stent, laser)	Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death			
Definition: A disorder charact	erized by a narrowing of the pharynge	al airway.	•	·	~			
Pharyngolar yngeal pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL	5	ŧ			
Definition: A disorder charact	erized by marked discomfort sensation	n in the pharyngolaryngeal region	ç					
Pleural effusion	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; intervention indicated (e.g., diuretics or limited therapeutic thoracentesis)	Symptomatic with respiratory distress and hypoxia; surgical intervention including chest tube or pleuro desis indicated	Life-threatening respiratory or hemodynamic compromise; intubation or ungent intervention indicated	Death			
Definition: A disorder charact	erized by an increase in a mounts of fl	uid within the pleural cavity. Symp	torns include shortness of breath,	cough and marked chest discomfo	ort.			
Pleural hemorrhage	Asymptomatic; mild hemorrhage confirmed by thoracentesis	Symptomatic or associated with pneumothorax; chest tube drainage indicated	>1000 ml of blood evacuated; persistent bleeding (150-200 ml/hr for 2 - 4 hr); persistent transfusion indicated; elective operative intervention indicated	Life-threatening respiratory or hemodynamic compromise; intubation or urgent intervention indicated	Death			
	erized by bleeding from the pleural ca				2			
Pleuritic pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL					
	erized by marked discomfort sensation	CONTRACTOR AND A CONTRACTOR	el es non contra de la		n An case			
Pneumonitis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; oxygen indicated	Life-threatening respiratory compromise; urgent intervention indicated (e.g., tracheotomy or intubation)	Death			
Definition: A disord er charact	erized by inflammation focally or diffus	sely affecting the lung parench ym:	a.		5			
Pneumothorax	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; intervention indicated (e.g., tube placement without sclerosis)	Sclerosis an d/or operative intervention indicated; hospitalization indicated	Life-threatening consequences; urgent intervention in dicated	Death			
Definition: A disorder charact	erized by abnormal presence of air in	the pleural cavity resulting in the o	collapse of the lung.	(94 20			
Po <i>s</i> tnasal drip	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated		-	1			
Definition: A disord er charact	erized by excessive mucous secretion	in the back of the nasal cavity or	throat, causing sore throat and/or	coughing.	01			
Productive cough	Occasional/minimal production of sputum with cough	Moderate sputum production; limiting instrumental ADL	Persistent or copious production of sputum; limiting self care ADL	10				
Definition: A disord er charact	erized by expectorated secretions upo	on coughing.	227 849 574	N 5 0 1 1 1				
Pulmonary e dema	Radiologic findings only; minimal dyspnea on exertion	Moderate dyspinea on exertion; medical intervention indicated; limiting instrumental ADL	Severe dyspnea or dyspnea at rest; oxygen indicated; limiting self care ADL	Life-threatening respiratory compromise; urgent intervention or intubation with ventilatory support indicated	Death			
Definition: A disord er charact	erized by accumulation of fluid in the l	ung tissues that causes a disturba	ance of the gas exchange that may	y lead to respiratory failure.	0			
Pulmonary fibrosis	Mild hypoxemia; radiologic pulmonary fibrosis < 25% of lung volume	Moderate hypoxemia; evidence of pulmonary hypertension; radiographic pulmonary fibrosis 25-50 %	Severe hypoxemia; evidence of right-sided heart failure; radiographic pulmonary fbrosis >50 - 75%	Life-threatening consequences (e.g., herrodynamic/pulmonary complications); intubation with ventilatory support indicated; radiographic pulmonary fbrosis >75% with severe honeycombing	Death			
Definition: A disord er charact	erized by the replacement of the lung	tissue by connective tissue , leadir 1	ng to progressive dyspinea, respira	tory failure or right heart failure.	Al-			
Pulmonary fistula	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic;tube thoracostomyormedical management indicated;limiting instrumental ADL	Limiting self care ADL; endoscopic stenting or operative intervention indicated	Life-threatening consequences; urgent operative intervention indicated	Death			

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Respiratory, thoracic and mediastinal disorders							
Adverse Event	Grade 1 2 3 4						
	rized by an abnormal communication	10		4	5		
Pulmonary hypertension	Minimal dyspnea; findings on physical exam or other evaluation	Moderate dyspinea, cough; requiring evaluation by cardiac catheterization and medical intervention	Severe symptoms, associated with hypoxemia, right heart failure; oxygen indicated	Life-threatening airway consequences; urgent intervention indicated (e.g., tracheotomy or intubation)	Death		
	rized by an increase in pressure with	in the pulmonary droulation due ti T	o lung or heart disorder.				
Respiratory failure	-		-	Life-threatening consequences; urgent intervention, intubation, or ventilatory support in dicated	Death		
Definition: A disord er character with an increase in arterial leve	rized by impaired gas exchange by ti No of orthog dioxido	he respiratory system resulting in I	hypoxemia and a decrease in oxy	genation of the tissues that may b	e associ		
Retinoic acid syndrome	Fluid retention; <3 kg of weight gain; intervention with fluid restriction and/or diuretics indicated	Moderate signs or symptoms; steroids indicated	Severe symptoms; hospitalization indicated	Life-threatening consequences; ventilatory support indicated	Death		
Definition: A disord er character retinoic acid.	rized by weight gain, dyspnea, pleum	al and pericardial effusions, leukoo	cytosis and /or renal failure origin a	lly described in patients treated wit	th all-trai		
e unore avia. Sinus disord er	Asymptomatic mucosal crusting; blood-tinged secretions	Symptomatic stenosis or edema/narrowing interfering with airflow; limiting instrumental ADL	Stenosis with significant nasal obstruction; limiting self care ADL	Necrosis of soft tissue or bone; urgent operative intervention indicated	Death		
Definition: A disord er character	rized by involvement of the paranasa	al sinuses.	··· · · · · · · · · · · · · · · · · ·	1			
Sleep apnea	Snoring and noctumal sleep arousal without apneic periods	Moderate apnea and oxygen desaturation; excessive daytime sleepiness; medical evaluation indicated; limiting instrumental ADL	Oxygen desaturation; associated with hypertension; medical intervention in dicated; limiting self care ADL	Cardiovascular or neurop sychiatric symptoms; urgent operative intervention indicated	Death		
2 7.9	rized by cessation of breathing for sh	2.5720 23 50	1		1		
Sneezing	Mild symptoms; intervention not indicated	Moderate symptoms; medical intervention indicated		-	1		
Definition: A disord er character	rized by the involuntary expulsion of	air from the nose .					
Sore throat	Mild pain	Moderate pain ; limitin g instrumental ADL	Severe pain; limiting self care ADL; limiting ability to swallow	2	-		
Definition: A disord er character	rized by of marked discomfort in the	throat	8) (*		5. 		
Stridor	1.15		Respiratory distress limiting self care ADL; medical intervention indicated	Life-threatening airway compromise; urgent intervention indicated (e.g., tracheotomyor intubation)	Death		
Definition : A disord er character	rized by a high pitched breathing sou	und due to laryngeal or upper airw	ay obstruction.				
Tracheal fistula	Asymptomatic; olinical or diagnostic observations only; intervention not indicated	Symptomatic; tube thoracostomy or medical intervention indicated; limiting instrumental ADL	Severe symptoms; limiting self care ADL; endoscopic or operative intervention indicated (e.g., stent or primary closure)	Life-threatening consequences; urgent operative intervention indicated (e.g., thora coplasty, chronic open drainage or multiple thora cotomies)	Death		
Definition: A disord er character	rized by an abnormal communication	between the trachea and anothe	r organ or anatomic site.		(a) Persolation		
Tracheal mucositis	Endoscopic findings only; minimal hemoptysis, pain, or respiratory symptoms	Moderate symptoms; medical intervention indicated; limiting instrumental ADL	Severe pain; hemorrhage or respiratory symptoms; limiting self care ADL	Life-threatening consequences; urgent intervention in dicated	Death		
Definition: A disord er character	rized by an inflammation involving th	e mucous membrane of the trache	23.	67 1)	8): (0)		
Tracheal stenosis	Asymptomatic; clinical or diagnostic observations on ly; intervention not indicated	Symptomatic (e.g., noisy airway breathing), but causing no respiratory distress; medical management indicated (e.g., steroids)	Stridor or respiratory distress limiting self care ADL; endoscopic intervention indicated (e.g., stent, laser)	Life-threatening airway compromise; urgent intervention in dicated (e.g., tracheotomy or intubation)	Death		

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	1 (Capit	ratory, thoracic and med			
			Grade		
Adverse Event	1	2	3	4	1
Voice alteration	Mild or intermittent change from normal voice	Moderate or persistent change from normal voice; still understandable	Severe voice changes including predominantly whispered speech; may require frequent repetition or face-to-face contact for un derstandability; may require assistive technology		•
Definition: A disord er characteri	zed by a change in the sound and &	or speed of the voice.	20 10 X. 10 20		
Wheezing	Detectable airwa y noise with minimal symptoms	Moderate symptoms; medical intervention indicated; limiting instrumental ADL	Severe respiratory symptoms limiting self care ADL; oxygen the rapy or hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disord er characteri	zed by a high-pitched, whistling sou	und during breathing . It results fro	m the narrowing or obstruction of t	he respiratory airways.	\$1
Respiratory, thoracic and mediastinal disorders - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin vasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death

	34	in and subcutaneous tis			
			Grade		1
Adverse Event	1	2	3	4	
Alopecia	for that individual that is not obvious from a distance but only on close inspection; a different hair style may be required to cover the hair loss but it does not require a wig or hair piece to	piece is necessary if the patient desires to completely camouflage the hair loss;	-	2	
Definition: A disorder characte	rized by a decrease in density of hair	100 Contract 100 100 100 100 100 100	l odividual at a given age and hody	l	
Bodyodor	Mild odor; physician intervention not indicated; self care	名	-	-	•
Definition: A disord er characte	rized by an abnormal body smell rea	ulting from the growth of bacteria (on the body.	1	
Bullous dermatitis	Asymptomatic; blisters covering <10% BSA	Blisters covering 10-30% BSA; painful blisters; limiting instrumental ADL	Blisters covering >30 % BSA; limiting selfcare ADL	Blisters covering >30%, BSA; associated with fluid or electrolyte abnormalities; ICU care or burn unit indicated	Death
Definition: A disord er characte	rized by inflammation of the skin cha	racterized by the presence of bull:	ae which are filled with fluid.	1	32
Dryskin		Covering 10-30 % BSA and associated with enythema or pruritus; limiting instrumental ADL	Covering >30% BSA and associated with pruritus; limiting selfcare ADL	8	1.7 X
Definition: A disord er characte	rized by flaky and dull skin; the pores	s are generally fine, the texture is :	a paperythin texture.		-
Erythema multiforme	Target lesions covering <10% BSA and not associated with skin tenderness	Target le sions covering 10-30% BSA and associated with skin tendem ess	Target lesions covering >30 % BSA and associated with oral or genital erosions	Target lesions covering >30% BSA; associated with fluid or electrolyte abnormalities; ICU care or burn unit indicated	Death
Definition: A disord er characte	rized by target lesions (a pink-red ring	g around a pale center).	n 10		
Brythroderma	3-3 -	Brythema covering >90 % BSA without associated symptoms; limiting instrumental ADL	Brythema covering >90% BSA with associated symptoms (e.g., pruritus or tendemess); limiting selfcare ADL	Erythema covering >90% BSA with associated fluid or electrolyte abnormalities; ICU care or burn unit indicated	Death
Definition: A disord er characte	rized by generalized inflammatory en	, ythe ma and exfoliation. The in fam	nmatory process involves > 90 % o	fthe body surface area.	
Fat atrophy		Covering 10-30 % BSA and associated with erythema or tendemess; limiting instrumental ADL	Covering >30% BSA; associated with erythema or tendemess; limiting selfcare ADL	-	
Definition: A disord er characte	rized by shrinking of adipose tissue.		2		32
Hirsutism	male distribution that the patient is able to carnouflage by periodic shaving, bleaching, or removal of hair	In women, increase in length, thickness or density of hair in a male distribution that requires daily shaving or consistent destructive means of hair removal to carnouflage; associated with psychosocial impact	20	5	
Definition : A disord er characte	rized by the presence of excess hair	growth in women in anatomic site	s where growth is considered to b	e a secondary male characteristic	and und
an drogen control (beard, mou:	stache, chest, abdomen)	an an 1997 (1997) (1997) (1997) (1997) 19			
Hyperhidrosis	Limited to one site (palms, soles, or axillae); self care interventions	In volving >1 site; patient seeks medical intervention; associated with psychosocial impact	Generalized involving sites otherthan palms, soles, or axillae; associated with electrolyte/hemodynamic imbalance	8	
	interventions	with psychosocial impact	electrolyte/hemodynamic		

Skin and subcutaneous tissue disorders						
	Grade					
A dverse Event	1 Increase in length, thickness or density of hair that the patient is either able to carnoutlage by periodic shaving or removal of hairs or is not concerned enough about the overgrowth to use any form of hair removal	2 In crease in length, thickness or density of hair at least on the usual exposed areas of the body [face (not limited to beard/moustache area) plus/min us arms] that requires frequent shaving or use of destructive means of hair	3	-4		
		removal to camouflage; associated with psychosocial impact.				
Definition: A disord er character	ized by hair density or length beyon	De anne an Electric anno anno ann	The second constraints and a second second	icular age or race. T	L.	
Hypohidrosis	<u>]</u>	Symptomatic; limiting instrumental ADL	horease in bodytemperature; limiting self care ADL	Heat stroke	Death	
Definition: A disord er characteri	ized by reduced sweating.			1	001	
Lip ohypertroph y	Asymptomatic and covering <10% BSA	Covering 10-30% BSA and associated tenderness; limiting instrumental ADL	Covering >30% BSA and associated tendemess and narcotics or NSAIDs indicated; lipohypertrophy; limiting self care ADL	2		
Definition : A disord er characteri	ized by hypertrophy of the subcutan	eous a dipose tissue at the site of	fmultiple subcutaneous injections of	, finsulin.		
Nail discoloration	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	•	(10) (*	
Definition: A disorder characteri	ized by a change in the color of the	nail plate.	7			
Nail loss	Asymptomatic separation of the nail bed from the nail plate or nail loss	Symptomatic separation of the nail bed from the nail plate or nail loss; limiting instrumental ADL	-1	2	-	
Definition: A disord er characteri	ized by loss of all or a portion of the	nail.	*		æ	
Nail ridging	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	*		•		
Definition: A disord er characteri	ized by vertical or horizontal ridges	on the nails.		-	~	
Painofskin	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain; limiting self care ADL	-	3ŧ	
Definition: A disord er characteri	ized by marked discomfort sensatio	n in the skin.	1			
Palmar-plantar erythrodysesthesia syndrome	Minimal skin changes or dermatitis (e.g., erythema, edema, or hyperkeratosis) without pain	Skin changes (e.g., peeling, blisters, bleeding, edema, or hyperkeratosis) with pain; limiting instrumental ADL	Severe skin changes (e.g., peeling, blisters, bleeding, edema, or hyperkeratosis) with pain; limiting selfcare ADL	-	-	
Definition: A disord er characteri	ized by redness, marked discomfort	가지 말 같은 것은 한 것이 같은 것은 것이 있는 con etc.		feet.	r.	
Periorbital edema	Soft or non-pitting	In durated or pitting edema ; topical intervention indicated	Edema associated with visual disturbance; increased intraocular pressure, glaucoma or retinal hemorrhage; optic neuritis; diuretics in dicated; operative intervention indicated	-	(1	
Definition : A disord er characteri	ा ized by swelling due to an excession	, e accumulation of fluid around the				
Photo sen sitivity	Painless erythema and erythema covering <10% BSA	Tender erythema covering 10- 30% BSA	Brytherna covering >30% BSA and erytherna with blistering; photosensitivity; oral corticosteroid therapy indicated; pain control indicated (e.g., narcotics or NSAIDs)	Life-threatening consequences; urgent intervention indicated	Death	
	' ized by an increase in sensitivity of	the skip to light	18 E	7	6	

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Skin and subcutaneous tissue disorders							
	Grade						
Adverse Event	1	2	3	4	5		
Jrunitus	Mild or localized; topical intervention indicated	hten se or widespread; intermittent; skin changes from scratching (e.g. edema, papulation, excoriations, lichenification, oozing & custs); oral intervention indicated; limiting instrumental ADL	htense or widespread; constant; limiting self care ADL or sleep; oral corticosteroid or immunosuppressive therapy indicated	8	2		
Definition: A disord er characte	rized by an intense itching sensation		å 6		\$. 		
⁹ urpura Definition: A disord er characte	Combined area of lesions covering <10% BSA rized by hemorrhagic areas of the sk	Combined area of lesions covering 10-30 % BSA; bleeding with trauma in and mucous membrane. Newei	Combined area of lesions covering >30% BSA; spontaneous bleeding rlesions appear reddish in color, (Dider lesions are usually a darker	- purple co		
ind eventually become a brou	unish-yellow color.	0:	1940	10 1	10102		
Rash acheiform	Papules and/orpustules covering <10% BSA, which may or may not be associated with symptoms of pruritus or tenderness	Papules and/orpustules covering 10-30 % BSA, which may or may not be associated with symptoms of pruritus or tendemess; associated with psychosocial impact; limiting instrumental ADL	Papules and <i>k</i> r pustules covering >30% BSA, which may or may not be associated with symptoms of pruritus or tendemess; limiting self care ADL; associated with local superinfection with oral antibiotics indicated	Papules and/or pustules covering any % BSA which may or may not be a ssociated with symptoms of pruritus or tendemess and are associated with extensive superinfection with M antibiotics indicated; life- threatening consequences	Death		
Jefinition: A disord er characte	rized by an eruption of papules and p	oustules, typically appearing in fac	e, scalp, upper chest and back.	1			
Rash maculo-papular	Macules/papules covering <10% BSA with or without symptoms (e.g., pruritus, burning, tightness)	Macules/papules covering 10- 30% BSAwith or without symptoms (e.g., pruritus, burning, tightness); limiting instrumental ADL	Macules/papules covering >30% BSA with or without associated symptoms; limiting selfcare ADL		-		
	rized by the presence of macules (fla e upper trunk, spreading centripetally	(A)	nown as morbillform rash, it is one	of the most common cutaneous a	dverse		
Scalp pain	Mild pain	Moderate pain ; limiting instrumental ADL	Severe pain ; limiting self care ADL				
Definition: A disord er characte	rized by marked discomfort sensation	, n in the skin covering the top and	the back of the head.		5. 		
Skin atrophy	Covering <10% BSA; associated with telangiectasias or changes in skin color	Covering 10-30 % BSA; associated with striae or adnexal structure loss	Covering >30 % BSA; associated with ulceration	2	2		
Definition: A disord er characte	rized by the degeneration and thinnin	ng of the epidermis and dermis.	6) 6 (r.	-		
Skin hyperpigmentation	Hyperpigmentation covering <10% BSA; no psychosocial impact	Hyperpigmentation covering >10 % BSA; associated psychosocial impact	20 	2	1		
Definition : A disord er characte	rized by darkening of the skin due to	excessive melanin deposition.	97 - 19 1		-		
Skin hypopigmentation	Hypopigmentation or depigmentation covering <10% BSA; no psychosocial impact	Hypopigmentation or depigmentation covering >10% BSA; associated psychosocial impact		-	1		
Definition : A disord er characte	rized by loss of skin pigment.				-		
Skin induration	Mild induration, able to move skin parallel to plane (sliding) and perpendicular to skin (pinching up)	Moderate induration, able to slide skin, unable to pinch skin; limiting instrumental ADL	Severe induration, unable to slide or pinch skin; limiting joint movement or orifice (e.g., mouth, anus); limiting self care ADL	Generalized; associated with signs or symptoms of impaired breathing or feeding	Death		
Definition : A disord er characte	rized by an area of hardness in the s	kin.	ал. П				
Skin ulceration	Combined area of ulcers <1 cm; non blanchable erythema of intact skin with associated warmth or edema	Combined area of ulcers 1 - 2 om; partial thickness skin loss involving skin or subcutaneous fat	Combined area of ulcers >2 cm; full-thickness skin loss involving damage to or necrosis of subcutaneous tissue that may	Any size ulcer with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or	Death		

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	Sk	in and subcutaneous tis	sue disorders		
			Grade		
Adverse Event	1	2	3	4	5
Stevens-Johnson syndrome			Skin sloughing covering <10% BSA with associated signs (e.g., erythema, purpura, epidermal detachment and mucous membrane detachment)	Skin sloughing covering 10 - 30% BSA with associated signs (e.g., enythema, purpura, epidermal detachment and mucous membrane detachment)	Death
Definition: A disord er characteri mucous membranes.	ized by less than 10% total body ski	in area separation of dermis. The	syndrome is thought to be a hyper	rsen sitivity complex affecting the s	kin and the
Telan giecta sia	Telangiectasias covering < 10 % BSA	Telangiectasias covering >10% BSA; associated with psychosocial impact	-		
Definition: A disord er characteri	zed by local dilatation of small vess	sels resulting in red discoloration o	of the skin or mucous membranes.		2
Toxic epidermal necrolysis				Skin sloughing covering >=30% BSA with associated symptoms (e.g., enythema, purpura, or epidermal detachment)	Death
Definition: A disord er characteri mucous membranes.	, zed by greater than 30 % total body	, skin area separation of dermis. T	, he syndrome is thought to be a hy	, persensitivity complex affecting th	, eskin and the
Urticaria	Unticarial lesions covering <10% BSA; topical intervention indicated	Unticarial lesions covering 10 - 30% BSA; oral intervention indicated	Unticarial lesions convering >30 % BSA; Mintervention indicated		;
Definition: A disorder characteri	zed by an itchy skin eruption chara	cterized by wheals with pale inter	iors and well-defined red margins.		
Skin and subcutaneoustissue disorders - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin vasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death

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		Social circumsta	nces		
			Grade		
Adverse Event	1	2	3	4	5
Menopause Definition : A disorder character	Menopause occurring at age 46 - 53 ized by the permanent cessation of	Menopause occurring at age 40 - 46	age 40 years of age	-	ŀ
Social circumstances - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic	Moderate; minimal, local or	Severe or medically signi foant but not immediately life- threatening; hospitalization or prolon gation of existing hospitalization indicated; disablina; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death

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		Surgical and medical p	Surgical and medical procedures			
	Grade					
Adverse Event	1	2	3	4	5	
Surgical and medical procedures - Other, specify	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or noninvasive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death	

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	90 10	Vascular disord	ers				
		Grade					
Adverse Event	1	2	3	4	5		
Capillary leak syndrome	-	Symptomatic; medical intervention indicated	Severe symptoms; intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
	rized by leakage of intra vascular flui ok syndromes, low-flow states, ischei	장애 그는 이번에 가지 않아 아이는 것이 같아요. 이 아이는 것이 같아요. 것이 같아요.		성장 가지 않은 것 것 같은			
Flushing	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; medical intervention indicated; limiting instrumental ADL	Symptomatic, associated with hypotension and/or tachycardia; limiting self care ADL		-		
Definition : A disord er characte	rized by episodic reddening of the fa	Construction and a construction of the constru	1	1	1		
Hematoma	Mild symptoms; intervention not indicated	Minimally invasive evacuation or aspiration indicated	Transfusion, radiologic, endoscopic, or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated	Death		
Definition : A disord er characte	rized by a localized collection of bloc	, od, u sually clotted , in an organ , sp:	ace, or tissue, due to a break in th	, e wall of a blood vessel.			
Hot flashes	Mild symptoms; intervention not indicated	Moderate symptoms; limiting instrumental ADL	Severe symptoms; limiting self care ADL		ŀ		
Definition: A disord er characte	rized by an uncomfortable and temp	orary sensation of intense bod y w:	armth , flushing , sometime s accom	panied by sweating upon cooling.			
Hypertension	Prehypertension (systolic BP 120 - 139 mm Hg or diastolic BP 80 - 89 mm Hg)	Stage 1 hypertension (systolic BP 140 - 159 mm Hg or diastolic BP 90 -99 mm Hg); medical intervention indicated; recurrent or persistent (>=24 hrs); symptomatic increase by >20 mm Hg (diastolic) or to >140,90 mm Hg if previously WNL; monotherap y indicated. Pediatric: recurrent or persistent (>=24 hrs) BP >ULN; monotherap y indicated.	Stage 2 hypertension (systolic BP >= 160 mm Hg or diastolic BP >= 100 mm Hg); medical intervention indicated; more than one drug or more intensive therapy than previously used indicated Pediatric: Same as adult	Life-threatening consequences (e.g. malignant hypertension, transient or permanent neurologic de foit, hypertensive orisis); urgent intervention indicated Pediatric: Same as adult	Death		
		monotherap y indicated	leana al	610 022 1V7	1		
5	rized by a pathological increase in bl	(2)	1		Durah		
Hypotension	Asymptomatic, intervention not indicated	Non-urgent medical intervention indicated	hospitalization indicated	Life-threatening and urgent intervention indicated	Death		
	rized by a blood pressure that is belo	Symptomatic; medical	Severe symptoms; radiologic,		Death		
Lymph leakage		intervention indicated	endoscopic or elective operative intervention indicated	Life-threatening consequences; urgent intervention indicated			
Definition : A disord er characte	rized by the loss of lymph fluid into th	ne surrounding tissue or body cavi	ity.		20 		
Lymphedema	Trace thickening or faint discoloration	Marked discoloration; leathery skin texture; papillary formation; limiting instrumental ADL	Severe symptoms; limiting self care ADL	ŝ	-		
Definition : A disord er characte	rized by excessive fluid collection in	tissues that causes swelling.	5 V		20 		
Lymphocele	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; medical intervention indicated	Severe symptoms; radiologic, endoscopic or elective operative intervention indicated	ŝ	Ì		
Definition : A disord er characte	rized by a cystic lesion containing lyr	nph.	n 12 11		-		
		Brief (<24 hrs) episode of ischemia managed non- surgically and without	Recurring or prolonged (>= 24 hrs) and/or in vasive intervention indicated	Life-threatening consequences; evidence of end organ damage; urgent operative intervention in dicated	Death		
Peripheral ischemia		permanent deficit	b 2	Indicated	1.		
Definition : A disord er characte	rized by impaired circulation to an ex	permanent deficit tremity.					
Definition: A disord er characte Phlebitis	-	permanent deficit tremity. Present		-	. .		
Definition : A disord er characte Phlebitis	nized by impaired circulation to an ex - - rized by inflammation of the wall of a	permanent deficit tremity. Present	•				

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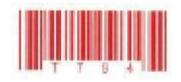
		Vascular disord	lers				
		Grade					
Adverse Event	1	2	3	4	5		
Superior vena cava syndrome	Asymptomatic; incidental finding of SVC thrombosis	Symptomatic; medical intervention indicated (e.g., anticoagulation, radiation or chemotherapy)	Severe symptoms; multi- modality intervention indicated (e.g., antico agulation, chemotherapy, radiation, stenting)	Life-threatening consequences; urgent multi-modality intervention in dicated (e.g., lysis, thrombectomy, surgery)	Death		
Definition: A disorder character cough , orthopnea and headach	ized by obstruction of the blood flow e.	in the superior vena cava. Sign	s and symptoms include swelling ar	nd cyanosis of the face, neck, and	upperarms		
Thrombo embolic e vent	Ven ous thrombosis (e.g., superficial thrombosis) ized by occlusion of a vessel by a th	Venous thrombosis (e.g., uncomplicated deep vein thrombosis), medical intervention indicated	cardiac mural (arterial) thrombus), medical intervention indicated	Life-threatening (e.g., pulmonary embolism, cerebrovascular event, arterial insu fficiency); hemodynamic or neurologic instability; urgent intervention in dicated	Death		
Vasoulitis	Asymptomatic, intervention not indicated	Moderate symptoms, medical intervention indicated	Severe symptoms, medical intervention indicated (e.g., steroids)	Life-threatening; evidence of peripheral or visceral ischemia; urgent intervention indicated	Death		
Definition: A disord er character	ized by inflammation in volving the u	all of a vessel.					
Msceral arterial ischemia		Brief (<24 hrs) episode of ischemia managed medically and without permanent deficit	Prolonged (>=24 hrs) or recurring symptoms and/or invasive intervention indicated	Life-threatening consequences; evidence of end organ damage; urgent operative intervention indicated	Death		
Definition: A disord er character	ized by a decrease in blood supply (due to narrowing or blockage of:	a visceral (mesenteric) artery.		16 22		
Va soular disorders - Other, specify	Asymptomatic or mild symptoms; dinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local or nonin va sive intervention indicated; limiting age- appropriate instrumental ADL	Severe or medically significant but not imme diately life- threatening; hospitalization or prolongation of existing hospitalization indicated; disabling; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death		

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APPENDIX 5. IDMC charter

1. Composition of Data Safety Monitoring Boards (DSMB)

In the present clinical trial study for Evaluation of Safety and Exploratory Efficacy of CARTISTEM[®], Data Safety Monitoring Boards (DSMB) consists of 3 members who are experts in the area of orthopedics, cell therapies or biostatistics. The members will be independent from the sponsor, IRB, regulatory agencies, principal investigator, co-principal or sub-principal investigator, site investigator, site sub-investigator, steering committee membership, advisory board membership, CEC membership, clinical care of the study subjects, or any other capacity related to the present clinical trial operations.

2. Frequency of DSMB meetings

DSMB meets periodically to review aggregate and individual subject data related to safety, data integrity and overall conduct of the trial. DSMB meetings will be organizational face-to-face and quarterly teleconferences. However, given the small sample size for the present clinical study, the DSMB meetings will be flexible and based on enrollment of patients.

According to the schedule, the DSMB meetings will be required 1) for protocol revision, 2) before the dosage B started and 3) to review a draft final report after 12 month follow-up period.

3. Information to be reviewed at each meeting

In order for the DSMB members to review all the information at each meeting, guidance for the conduct of safety and effectiveness analyses, protocol modification if applicable, and guidelines/stopping rules will be established prior to the DSMB's first evaluation of data. The DSMB will review data unblinded fashion.

The DSMB will also consider data from other studies or external sources during its deliberations, if available, as these results may have a profound impact on the status of the patients and design of the present study.

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