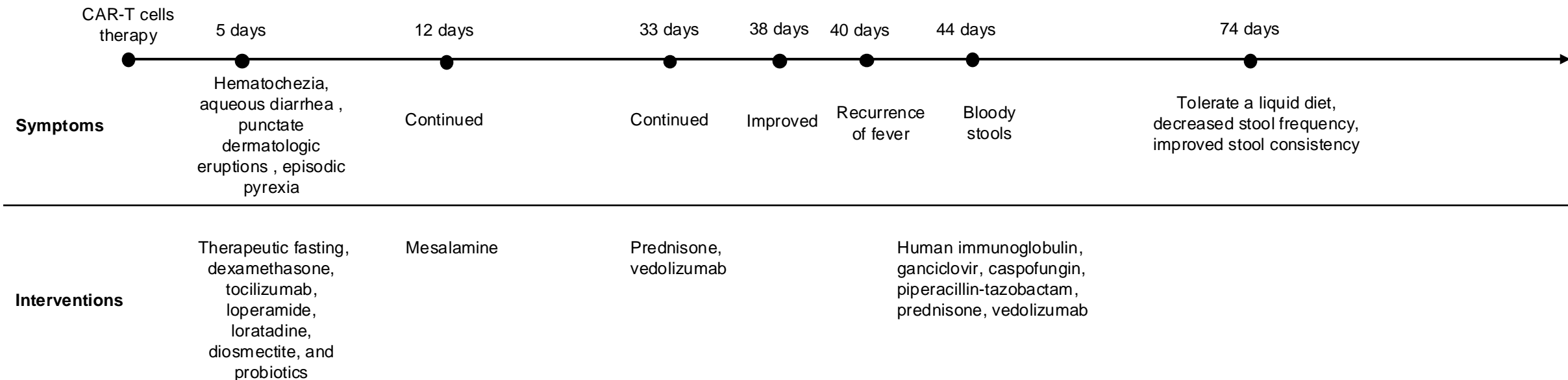
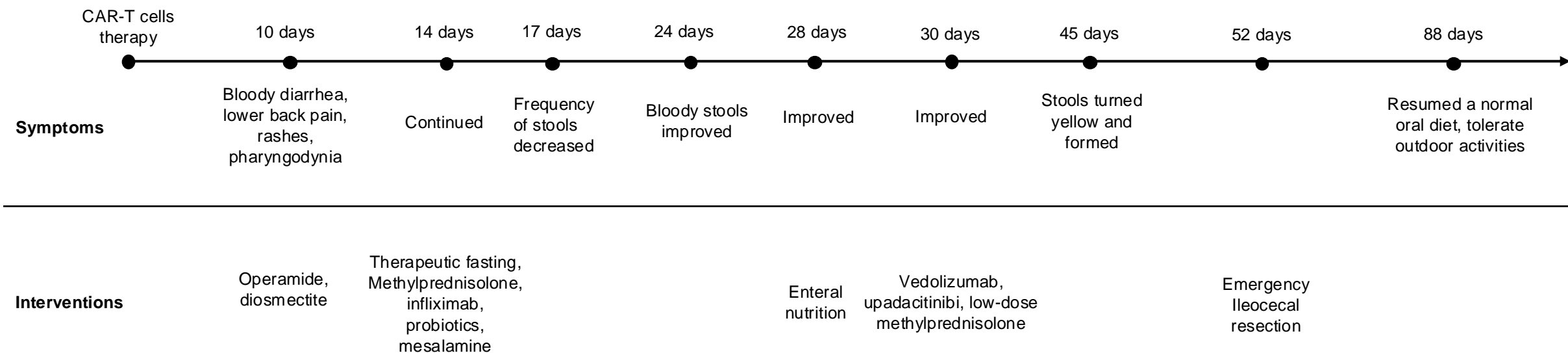


# Timeline of Symptoms and Interventions in Relation to CAR-T cells infusion

## Case 1



## Case 2






| Topic                               | Item | Checklist item description   | Reported on Line  |
|-------------------------------------|------|--|---|
| <b>Title</b>                        | 1    | The diagnosis or intervention of primary focus followed by the words “case report” . . . . .                     | <input checked="" type="checkbox"/>                                 |
| <b>Key Words</b>                    | 2    | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" . . .     | <input checked="" type="checkbox"/>                                 |
| <b>Abstract<br/>(no references)</b> | 3a   | Introduction: What is unique about this case and what does it add to the scientific literature? . . . . .        | <input checked="" type="checkbox"/>                                 |
|                                     | 3b   | Main symptoms and/or important clinical findings . . . . .   | <input checked="" type="checkbox"/>                                 |
|                                     | 3c   | The main diagnoses, therapeutic interventions, and outcomes . . . . .  | <input checked="" type="checkbox"/>                                 |
|                                     | 3d   | Conclusion—What is the main “take-away” lesson(s) from this case? . . . . .                                      | <input checked="" type="checkbox"/>                                 |
| <b>Introduction</b>                 | 4    | One or two paragraphs summarizing why this case is unique ( <b>may include references</b> ) . . . . .            | <input checked="" type="checkbox"/>                                 |
| <b>Patient Information</b>          | 5a   | De-identified patient specific information. . . . .  | <input checked="" type="checkbox"/>                                 |
|                                     | 5b   | Primary concerns and symptoms of the patient. . . . .  | <input checked="" type="checkbox"/>                                 |
|                                     | 5c   | Medical, family, and psycho-social history including relevant genetic information . . . . .                      | <input checked="" type="checkbox"/>                                 |
|                                     | 5d   | Relevant past interventions with outcomes . . . . .  | <input checked="" type="checkbox"/>                                 |
| <b>Clinical Findings</b>            | 6    | Describe significant physical examination (PE) and important clinical findings. . . . .                          | <input checked="" type="checkbox"/>                                 |
| <b>Timeline</b>                     | 7    | Historical and current information from this episode of care organized as a timeline . . . . .                   | <input checked="" type="checkbox"/>                                 |
| <b>Diagnostic<br/>Assessment</b>    | 8a   | Diagnostic testing (such as PE, laboratory testing, imaging, surveys). . . . .                                   | <input checked="" type="checkbox"/>                                 |
|                                     | 8b   | Diagnostic challenges (such as access to testing, financial, or cultural) . . . . .                              | <input checked="" type="checkbox"/>                                 |
|                                     | 8c   | Diagnosis (including other diagnoses considered) . . . . .   | <input checked="" type="checkbox"/>                                 |
|                                     | 8d   | Prognosis (such as staging in oncology) where applicable . . . . .   | <input checked="" type="checkbox"/>                                 |
| <b>Therapeutic<br/>Intervention</b> | 9a   | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) . . . . .             | <input checked="" type="checkbox"/>                                 |
|                                     | 9b   | Administration of therapeutic intervention (such as dosage, strength, duration) . . . . .                        | <input checked="" type="checkbox"/>                                 |
|                                     | 9c   | Changes in therapeutic intervention (with rationale) . . . . .   | <input checked="" type="checkbox"/>                                 |
| <b>Follow-up and<br/>Outcomes</b>   | 10a  | Clinician and patient-assessed outcomes (if available) . . . . .   | <input checked="" type="checkbox"/>                                 |
|                                     | 10b  | Important follow-up diagnostic and other test results . . . . .  | <input checked="" type="checkbox"/>                                 |
|                                     | 10c  | Intervention adherence and tolerability (How was this assessed?) . . . . .                                       | <input checked="" type="checkbox"/>                                 |
|                                     | 10d  | Adverse and unanticipated events . . . . .   | <input checked="" type="checkbox"/>                                 |
| <b>Discussion</b>                   | 11a  | A scientific discussion of the strengths AND limitations associated with this case report . . . . .              | <input checked="" type="checkbox"/>                                 |
|                                     | 11b  | Discussion of the relevant medical literature <b>with references</b> . . . . .                                   | <input checked="" type="checkbox"/>                                 |
|                                     | 11c  | The scientific rationale for any conclusions (including assessment of possible causes) . . . . .                 | <input checked="" type="checkbox"/>                                 |
|                                     | 11d  | The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion . . . . . | <input checked="" type="checkbox"/>                                 |
| <b>Patient Perspective</b>          | 12   | The patient should share their perspective in one to two paragraphs on the treatment(s) they received . . . . .  | <input checked="" type="checkbox"/>                                 |
| <b>Informed Consent</b>             | 13   | Did the patient give informed consent? Please provide if requested . . . . .                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

浙江大学医学院附属第一医院 IIT 伦理审查委员会伦理审查批件

Approval Letter of Clinical Research Ethics Committee of the First Affiliated Hospital,  
Zhejiang University School of Medicine

受理号: IIT20240194A

批件号Reference Number: 浙大一院伦审2024研第0133号-快

|  |  |  |                          |
|--|--|--|--------------------------|
| 项目名称<br>Study Title  | 两例靶向 CEA 的 CAR-T 治疗后的严重肠炎<br>Two cases of severe colitis after CEA-directed CAR T therapy  |  |                          |
| 组长单位 Lead Site   | 浙江大学附属第一医院<br>The First Affiliated Hospital,<br>Zhejiang University School of<br>Medicine  | 科室 Department  | 消化内科<br>Gastroenterology |
| 主要研究者 PI   | 沈哲<br>Zhe Shen   | 协调研究者 SubI   | 俞陌桑<br>Mosang Yu         |
| 审查文件<br>Documents Review   | <input checked="" type="checkbox"/> 临床研究伦理审查申请表<br><input checked="" type="checkbox"/> 临床研究方案 (版本号 <u>1.0</u> , 版本日期 <u>2024.02.03</u> )<br><input checked="" type="checkbox"/> 免除知情同意书申请表 |  |                          |
| 审查意见 Evaluation Comments:<br><input checked="" type="checkbox"/> 批准 Approval <input type="checkbox"/> 修改后批准 Conditional Approval <input type="checkbox"/> 修改后再审 Re-submission<br><input type="checkbox"/> 暂停或者终止研究 Suspended or Termination <input type="checkbox"/> 不批准 Disapproval |  |  |                          |
| IIT 伦理审查委员会<br>主任或副主任签名 Signature of Chairman:   |  |   |                          |
|  |  | 日期 Date: 2024年02月05日<br>浙江大学医学院附属第一医院 IIT 伦理审查委员会 (盖章)<br>Clinical Research Ethics Committee of the First Affiliated Hospital,<br>Zhejiang University School of Medicine |                          |

备注:1. 研究者应遵循伦理委员会批准的方案执行, 实施过程应符合赫尔辛基宣言的原则。

2. 在试验实施过程中, 对研究方案和知情同意等相关文件所作的任何修改, 均需得到伦理委员会审查同意后方可实施。

3. 发生严重不良事件及可能影响风险受益比的任何事件和新信息须及时报告本院伦理委员会。

4. 接受伦理委员会持续审查的项目, 请在到期前1个月(无论试验开始与否)提出再次审查的申请。

5. 如有不依从/违背方案或暂停/提前终止的试验项目, 应及时以书面文件报告本院伦理委员会; 临床试验结束后, 须及时向伦理委员会提交结题报告。

6. 本研究应自批准之日起一年内实施, 如试验逾期未实施自行废止。