Phase I/IIa clinical trial with dose escalation to evaluate safety and efficacy of the infusion of CART84 in relapsed/refractory (R/R) acute myeloid leukemia (AML) and acute lymphoblastic T leukemia patients (T-ALL).

Estado	Tipo de Participantes	Rangos de Edad
Reclutando	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase I , Fase II	39
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	seguridad, eficacia	Terapia génica

Información

Identificador
2024-519966-31-00 (CTIS)

Cod. Protocolo
GYA-CART84-AL-001

Área terapéutica
·Enfermedades [C] - Cáncer [C04]
·Enfermedades [C] - Hematología [C15]

Enfermedad investigada
Relapsed/refractory Acute Lymphoblastic T Leukemia (T-ALL)
Relapsed/Refractory Acute Myeloid Leukemia

Título Científico
Phase I/IIa clinical trial with dose escalation to evaluate safety and efficacy of the infusion of CART84 in

relapsed/refractory (R/R) acute myeloid leukemia (AML) and acute lymphoblastic T leukemia patients (T-ALL).

Justificación

No aportado

Objetivo Principal

Phase I: To evaluate the safety and tolerability of CART84 and determine the candidate dose for phase 2. Phase IIa: To evaluate the clinical efficacy of CART84 at the RP2D measured as the overall response rate (ORR) defined as proportion of patients achieving complete remission (CR) or complete remission with incomplete hematologic recovery (CRi) or morphological leukemia-free state (MLFS).

Variables de Evaluación Primaria

Phase I: Frequency and severity of AEs and SAEs occurring after CART84 infusion using the CTCAE V 5.0 and ASTCT grading for CRS/ICANS. The following AEs will be considered AESI: Infusion reactions, tumor lysis syndrome (TLS), CRS, ICANS,, immune effector cell associated hemophagocytic lymphohistiocytosis-like syndrome (IEC-HS), prolonged cytopenia grade >3 (beyond 6 months), hepatitis B reactivation, infections meeting SAE criteria, and second neoplasms. Phase IIa: Proportion of patients achieving ORR at day 30 after first infusion of CART84 as assessed by European Leukemia Net (ELN) 2022 guidelines.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Phase I: To evaluate the clinical efficacy of CART84.
Phase I: To evaluate the feasibility of successfully bridging patients to allogeneic hematopoietic stem cell transplantation (allo-HSCT) after infusion of CART84.
Phase I: To evaluate the expansion and persistence of CART84.
Phase I: To evaluate the feasibility of manufacturing and administering CART84.
Phase IIa: To evaluate the clinical efficacy of CART84.
Phase IIa: To assess the safety and tolerability of CART84.
Phase IIa: To evaluate the expansion and persistence of CART84.
Phase IIa: To evaluate incidence and duration of neutropenia and thrombocytopenia after CART84 infusion.
Phase IIa: To evaluate the feasibility of successfully bridging patients to allo-HSCT after infusion with CART84.
Phase IIa: To evaluate the feasibility of manufacturing and administering CART84.

Variables de Evaluación Secundaria

Phase I: Proportion of patients achieving ORR at day 30 after first infusion of CART84 as assessed by European

Leukemia Net (ELN) 2022 guidelines Phase I: Proportion of patients achieving late ORR, defined as a response occurring after day 30 and up to day 90, provided that no other therapy has been administered (additional CART84 cell infusions beyond day 30 are allowed in specific situations, as per protocol). Phase I: Proportion of patients achieving measurable residual disease (MRD)-negative remission in bone marrow (BM) by polymerase chain reaction (PCR) and/or flow cytometry at day 30 Phase I: Proportion of CART84-infused patients undergoing allo-HSCT (and achieving hematopoietic donor engraftment). Phase I: Proportion of patients with detectable CART84 cells by PCR in peripheral blood and/or bone marrow (BM) at day 30 and day 90 following CART84 infusion, comparing those who proceed to allo-HSCT versus those who do not at the last follow-up. Phase I: Proportion of enrolled patients for whom a CART84 product can be manufactured and administered as per protocol. Phase IIa: Proportion of patients achieving late ORR, defined as occurring after day 30 and until day 90, given that no additional therapy outside the protocol has been received Phase IIa: Proportion of patients achieving MRD-negative remission, CR, duration of response (DoR) according to allo-HSCT (at day 30, 6, 12 and 24 months following CART84 infusion), relapse-free survival (RFS), event-free survival (EFS), overall survival (OS). Phase IIa: Incidence of CD84-negative relapse. Phase IIa: Frequency and severity of AEs and SAEs. The following AEs will be considered of special interest (AESI): Infusion reactions, tumor lysis syndrome (TLS), CRS, ICANS,, immune effector cell-associated hemophagocytic lymphohistiocytosis-like syndrome (IEC-HS), prolonged cytopenia grade >3 (beyond 6 months), hepatitis B reactivation, infections meeting SAE criteria, and second neoplasms Phase IIa: Detection of CART cells measured by PCR in the peripheral blood and BM following CART84 infusion. Phase IIa: Hematologic recovery, based on serial peripheral blood counts after CART84 infusion. Phase IIa: Percentage of CART84-infused patients undergoing allo-HSCT (and achieving hematopoietic donor engraftment). Phase IIa: Description of allo-HSCT procedures (donor type, conditioning, stem-cell source, GvHD prophylaxis) and related complications: graft failure, incidence and grading of acute and chronic GvHD, infection, other organ-related toxicities such as SOS, cardiotoxicity, or non-relapse mortality (NRM) with all associated causes. Phase IIa: Proportion of enrolled patients for whom a CART84 product can be manufactured and administered as per protocol.

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Age 18 years or older at the time of signing the informed consent. Male participants must agree to use 2 acceptable methods of contraception (one by the patient usually a barrier method), and one highly effective method by the patients partner during the treatment period and for at least 12 months after the last dose of study treatment. Adequate renal, hepatic, pulmonary, and cardiac function defined as: a. Serum alanine aminotransferase (ALT)/aspartate aminotransferase (AST) 2.5 x ULN (upper limit of normal). b. Creatinine clearance (as estimated by the Cockcroft Gault formula) 50 mL/min. c. Total bilirubin 2 x ULN, except in patients with Gilberts syndrome, who must have normal direct bilirubin. d. Left ventricular ejection fraction (LVEF) 45% (or institutions lower limit of normal) confirmed by ECHO or MUGA. e. Baseline oxygen saturation >92% on room air. Willing and able to give written, informed consent to the current study. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1. Diagnosed with AML or T-ALL with 5% blasts in BM and/or PB at screening, without any approved therapeutic alternative and one of the following: a. Primary refractory disease (not achieving CR/CRi after more than two cycles of induction chemotherapy). b. Second relapse or beyond. c. Refractory relapse after at least 1 line of salvage therapy. d. Relapsed or refractory disease after allogeneic transplant provided the CART84 infusion occurs at least 3 months after the stem cell transplant. Documentation of homogeneous CD84 expression on leukemic blasts in the BM and in peripheral blood, or other tissues if blasts are present, as assessed by flow cytometry at screening. For T-ALL patients: diagnosed with T-ALL exhibiting a double-negative (CD4- CD8-) immunophenotype, or patients with CD4+ and/or CD8+ T-ALL with no detectable blasts in peripheral blood. Availability of an appropriate HSCT donor, either related (haploidentical HLA matching or HLA identical sibling donor) or unrelated, if available within the required timeframe (days 30-90 post-CART84 infusion). If an unrelated donor is selected, it is highly recommended to have an haploidentical HLA matched donor identified and evaluated as a backup. For females of childbearing

potential (defined as <24 months after last menstruation or not surgically sterile), a negative serum or urine pregnancy test must be documented at screening, prior to pre-conditioning and confirmed before receiving the first dose of study treatment. For females who are not postmenopausal (<24 months of amenorrhea) or who are not surgically sterile (absence of ovaries and/or uterus), commitment to the use of 2 methods of contraception, comprising of one highly effective method of contraception together with a barrier method, during the treatment period and for at least 12 months after the last dose of study treatment.

Criterios de Exclusión

Isolated extramedullary (EM) disease. History of other malignant neoplasms unless disease-free for at least 12 months (carcinoma in situ, non-melanoma skin cancer, breast or prostate cancer on hormonal therapy allowed). Known history of concomitant genetic syndromes such as Fanconi anemia, Schwachman-Diamond syndrome, Kostmann syndrome, or any other known BM failure syndrome. Patients who have received a prior stem cell transplant less than 3 months prior to CART84 infusion. Active significant (overall Grade II, Seattle criteria) acute graft-versus-host disease (GvHD) or moderate/severe chronic GvHD (NIH consensus criteria) requiring systemic steroids or other immunosuppressants within 4 weeks of consent. The following medications are excluded: a. Steroids: Therapeutic doses of corticosteroids (greater than 10 mg daily of prednisone or its equivalent) within 7 days of leukapheresis or 72 hours prior to CART84 administration. However, physiological replacement, topical, and inhaled steroids are permitted. b. Immunosuppression: Immunosuppressive medication must be stopped 2 weeks prior to leukapheresis and CART84 infusion. c. Allogeneic cellular therapy: Any donor lymphocyte infusions must be completed >2 weeks prior to leukapheresis and not repeated thereafter. d. Graft-versus-host disease therapies: Any drug used for the treatment of GvHD must be stopped >2 weeks prior to leukapheresis and not repeated thereafter. e. Treatment with any T cell-lytic or toxic antibody (e.g. alemtuzumab) within 6 months prior to leukapheresis. f. Intrathecal therapy within 2 week If the patient participated in another experimental clinical trial within 1 month prior to CART84 infusion Inability to tolerate leukapheresis. Patients who, in the opinion of the Investigator, may not be able to understand or comply with the safety monitoring requirements of the study or unlikely to complete all protocolrequired study visits or procedures, including follow-up visits. Females who are pregnant or lactating For T-ALL patients: Patients with T-ALL exhibiting CD4+ and/or CD8+ immunophenotypes with detectable blasts in peripheral blood History or presence of clinically relevant CNS pathology, such as epilepsy, paresis, aphasia, stroke within 3 months prior to enrollment, severe brain injuries, dementia, Parkinsons disease, cerebellar disease, organic brain syndrome, uncontrolled mental illness, or psychosis Clinically significant, uncontrolled heart disease (New York Heart Association Class III or IV heart failure, uncontrolled angina, severe uncontrolled ventricular arrhythmias, sick-sinus syndrome, or electrocardiographic evidence of acute ischemia or Grade 3 conduction system abnormalities, unless the patient has a pacemaker) or a recent (within 12 months) cardiac event. Patients with active, life-threatening bleeding Presence of uncontrolled fungal, bacterial, viral, or other infection requiring systemic antimicrobials for management. Positive serological testing for human immunodeficiency virus antibody, hepatitis B surface antigen, hepatitis B core antibody (anti-HBc), and hepatitis C virus antibody. Patients who are positive for anti-HBc or hepatitis C antibody may be included if they have a negative PCR test within 6 weeks prior to initial IMP administration History of autoimmune disease (e.g., Crohns disease, rheumatoid arthritis, systemic lupus) resulting in organ injury or requiring systemic immunosuppression/systemic disease modifying agents within the last 24 months, or any autoimmune disease with CNS involvement.

Calendario

(Última actualización: 11/03/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
12/08/2025	08/09/2025	04/02/2026	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
No aportado	No aportado	No aportado	No aportado	No aportado

Promotor

Gyala Therapeutics S.L. Spain

Paseo De Gracia 54 2d

Contact Person

Medical & Scientific Department

+34684765219

info@gyalatx.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm Hospital Clinic de Barcelona

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932275766

Centros

Activo (10/03/2026)

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology

Activo (08/09/2025)

Hospital Universitario Y Politecnico La Fe

Valencia

VALENCIA

Hematology

Medicamentos

GYA01
DISPERSION
INTRAVASCULAR USE

-

Principios Activos: N/A

Experimental

Sin resultados

Phase I/IIa clinical trial with dose escalation to evaluate safety and efficacy of the infusion of CART84 in relapsed/refractory (R/R) acute myeloid leukemia (AML) and acute lymphoblastic T leukemia patients (T-ALL).

State	**Type of participants**	**Age Ranges**
Recruiting	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase I , Phase II	39
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	safety, effectiveness	Gene therapy

Information

Identifier
2024-519966-31-00 (CTIS)

Protocol Code
GYA-CART84-AL-001

Therapeutic area
·Diseases [C] - Cancer [C04]
·Diseases [C] - Hemic and Lymphatic Diseases [C15]

Investigated Disease
Relapsed/refractory Acute Lymphoblastic T Leukemia (T-ALL)
Relapsed/Refractory Acute Myeloid Leukemia

Scientific Title
Phase I/IIa clinical trial with dose escalation to evaluate safety and efficacy of the infusion of CART84 in

relapsed/refractory (R/R) acute myeloid leukemia (AML) and acute lymphoblastic T leukemia patients (T-ALL).

Rationale

Not provided

Main Objective

Phase I: To evaluate the safety and tolerability of CART84 and determine the candidate dose for phase 2. Phase IIa: To evaluate the clinical efficacy of CART84 at the RP2D measured as the overall response rate (ORR) defined as proportion of patients achieving complete remission (CR) or complete remission with incomplete hematologic recovery (CRi) or morphological leukemia-free state (MLFS).

Primary Endpoints

Phase I: Frequency and severity of AEs and SAEs occurring after CART84 infusion using the CTCAE V 5.0 and ASTCT grading for CRS/ICANS. The following AEs will be considered AESI: Infusion reactions, tumor lysis syndrome (TLS), CRS, ICANS,, immune effector cell associated hemophagocytic lymphohistiocytosis-like syndrome (IEC-HS), prolonged cytopenia grade >3 (beyond 6 months), hepatitis B reactivation, infections meeting SAE criteria, and second neoplasms. Phase IIa: Proportion of patients achieving ORR at day 30 after first infusion of CART84 as assessed by European Leukemia Net (ELN) 2022 guidelines.

Temporary moments of secondary assessment

Not provided

Secondary Objective

Phase I: To evaluate the clinical efficacy of CART84.
Phase I: To evaluate the feasibility of successfully bridging patients to allogeneic hematopoietic stem cell transplantation (allo-HSCT) after infusion of CART84.
Phase I: To evaluate the expansion and persistence of CART84.
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Phase IIa: To evaluate incidence and duration of neutropenia and thrombocytopenia after CART84 infusion.
Phase IIa: To evaluate the feasibility of successfully bridging patients to allo-HSCT after infusion with CART84.
Phase IIa: To evaluate the feasibility of manufacturing and administering CART84.

Secondary Endpoints

Phase I: Proportion of patients achieving ORR at day 30 after first infusion of CART84 as assessed by European

Leukemia Net (ELN) 2022 guidelines Phase I: Proportion of patients achieving late ORR, defined as a response occurring after day 30 and up to day 90, provided that no other therapy has been administered (additional CART84 cell infusions beyond day 30 are allowed in specific situations, as per protocol). Phase I: Proportion of patients achieving measurable residual disease (MRD)-negative remission in bone marrow (BM) by polymerase chain reaction (PCR) and/or flow cytometry at day 30 Phase I: Proportion of CART84-infused patients undergoing allo-HSCT (and achieving hematopoietic donor engraftment). Phase I: Proportion of patients with detectable CART84 cells by PCR in peripheral blood and/or bone marrow (BM) at day 30 and day 90 following CART84 infusion, comparing those who proceed to allo-HSCT versus those who do not at the last follow-up. Phase I: Proportion of enrolled patients for whom a CART84 product can be manufactured and administered as per protocol. Phase IIa: Proportion of patients achieving late ORR, defined as occurring after day 30 and until day 90, given that no additional therapy outside the protocol has been received Phase IIa: Proportion of patients achieving MRD-negative remission, CR, duration of response (DoR) according to allo-HSCT (at day 30, 6, 12 and 24 months following CART84 infusion), relapse-free survival (RFS), event-free survival (EFS), overall survival (OS). Phase IIa: Incidence of CD84-negative relapse. Phase IIa: Frequency and severity of AEs and SAEs. The following AEs will be considered of special interest (AESI): Infusion reactions, tumor lysis syndrome (TLS), CRS, ICANS,, immune effector cell-associated hemophagocytic lymphohistiocytosis-like syndrome (IEC-HS), prolonged cytopenia grade >3 (beyond 6 months), hepatitis B reactivation, infections meeting SAE criteria, and second neoplasms Phase IIa: Detection of CART cells measured by PCR in the peripheral blood and BM following CART84 infusion. Phase IIa: Hematologic recovery, based on serial peripheral blood counts after CART84 infusion. Phase IIa: Percentage of CART84-infused patients undergoing allo-HSCT (and achieving hematopoietic donor engraftment). Phase IIa: Description of allo-HSCT procedures (donor type, conditioning, stem-cell source, GvHD prophylaxis) and related complications: graft failure, incidence and grading of acute and chronic GvHD, infection, other organ-related toxicities such as SOS, cardiotoxicity, or non-relapse mortality (NRM) with all associated causes. Phase IIa: Proportion of enrolled patients for whom a CART84 product can be manufactured and administered as per protocol.

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Age 18 years or older at the time of signing the informed consent. Male participants must agree to use 2 acceptable methods of contraception (one by the patient usually a barrier method), and one highly effective method by the patients partner during the treatment period and for at least 12 months after the last dose of study treatment. Adequate renal, hepatic, pulmonary, and cardiac function defined as: a. Serum alanine aminotransferase (ALT)/aspartate aminotransferase (AST) 2.5 x ULN (upper limit of normal). b. Creatinine clearance (as estimated by the Cockcroft Gault formula) 50 mL/min. c. Total bilirubin 2 x ULN, except in patients with Gilberts syndrome, who must have normal direct bilirubin. d. Left ventricular ejection fraction (LVEF) 45% (or institutions lower limit of normal) confirmed by ECHO or MUGA. e. Baseline oxygen saturation >92% on room air. Willing and able to give written, informed consent to the current study. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1. Diagnosed with AML or T-ALL with 5% blasts in BM and/or PB at screening, without any approved therapeutic alternative and one of the following: a. Primary refractory disease (not achieving CR/CRi after more than two cycles of induction chemotherapy). b. Second relapse or beyond. c. Refractory relapse after at least 1 line of salvage therapy. d. Relapsed or refractory disease after allogeneic transplant provided the CART84 infusion occurs at least 3 months after the stem cell transplant. Documentation of homogeneous CD84 expression on leukemic blasts in the BM and in peripheral blood, or other tissues if blasts are present, as assessed by flow cytometry at screening. For T-ALL patients: diagnosed with T-ALL exhibiting a double-negative (CD4- CD8-) immunophenotype, or patients with CD4+ and/or CD8+ T-ALL with no detectable blasts in peripheral blood. Availability of an appropriate HSCT donor, either related (haploidentical HLA matching or HLA identical sibling donor) or unrelated, if available within the required timeframe (days 30-90 post-CART84 infusion). If an unrelated donor is selected, it is highly recommended to have an haploidentical HLA matched donor identified and evaluated as a backup. For females of childbearing

potential (defined as <24 months after last menstruation or not surgically sterile), a negative serum or urine pregnancy test must be documented at screening, prior to pre-conditioning and confirmed before receiving the first dose of study treatment. For females who are not postmenopausal (<24 months of amenorrhea) or who are not surgically sterile (absence of ovaries and/or uterus), commitment to the use of 2 methods of contraception, comprising of one highly effective method of contraception together with a barrier method, during the treatment period and for at least 12 months after the last dose of study treatment.

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Isolated extramedullary (EM) disease. History of other malignant neoplasms unless disease-free for at least 12 months (carcinoma in situ, non-melanoma skin cancer, breast or prostate cancer on hormonal therapy allowed). Known history of concomitant genetic syndromes such as Fanconi anemia, Schwachman-Diamond syndrome, Kostmann syndrome, or any other known BM failure syndrome. Patients who have received a prior stem cell transplant less than 3 months prior to CART84 infusion. Active significant (overall Grade II, Seattle criteria) acute graft-versus-host disease (GvHD) or moderate/severe chronic GvHD (NIH consensus criteria) requiring systemic steroids or other immunosuppressants within 4 weeks of consent. The following medications are excluded: a. Steroids: Therapeutic doses of corticosteroids (greater than 10 mg daily of prednisone or its equivalent) within 7 days of leukapheresis or 72 hours prior to CART84 administration. However, physiological replacement, topical, and inhaled steroids are permitted. b. Immunosuppression: Immunosuppressive medication must be stopped 2 weeks prior to leukapheresis and CART84 infusion. c. Allogeneic cellular therapy: Any donor lymphocyte infusions must be completed >2 weeks prior to leukapheresis and not repeated thereafter. d. Graft-versus-host disease therapies: Any drug used for the treatment of GvHD must be stopped >2 weeks prior to leukapheresis and not repeated thereafter. e. Treatment with any T cell-lytic or toxic antibody (e.g. alemtuzumab) within 6 months prior to leukapheresis. f. Intrathecal therapy within 2 week If the patient participated in another experimental clinical trial within 1 month prior to CART84 infusion Inability to tolerate leukapheresis. Patients who, in the opinion of the Investigator, may not be able to understand or comply with the safety monitoring requirements of the study or unlikely to complete all protocolrequired study visits or procedures, including follow-up visits. Females who are pregnant or lactating For T-ALL patients: Patients with T-ALL exhibiting CD4+ and/or CD8+ immunophenotypes with detectable blasts in peripheral blood History or presence of clinically relevant CNS pathology, such as epilepsy, paresis, aphasia, stroke within 3 months prior to enrollment, severe brain injuries, dementia, Parkinsons disease, cerebellar disease, organic brain syndrome, uncontrolled mental illness, or psychosis Clinically significant, uncontrolled heart disease (New York Heart Association Class III or IV heart failure, uncontrolled angina, severe uncontrolled ventricular arrhythmias, sick-sinus syndrome, or electrocardiographic evidence of acute ischemia or Grade 3 conduction system abnormalities, unless the patient has a pacemaker) or a recent (within 12 months) cardiac event. Patients with active, life-threatening bleeding Presence of uncontrolled fungal, bacterial, viral, or other infection requiring systemic antimicrobials for management. Positive serological testing for human immunodeficiency virus antibody, hepatitis B surface antigen, hepatitis B core antibody (anti-HBc), and hepatitis C virus antibody. Patients who are positive for anti-HBc or hepatitis C antibody may be included if they have a negative PCR test within 6 weeks prior to initial IMP administration History of autoimmune disease (e.g., Crohns disease, rheumatoid arthritis, systemic lupus) resulting in organ injury or requiring systemic immunosuppression/systemic disease modifying agents within the last 24 months, or any autoimmune disease with CNS involvement.

Calendar

(Last Update: 11/03/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
12/08/2025	08/09/2025	04/02/2026	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
Not aported	Not aported	Not aported	Not aported	Not aported

Sponsor

Gyala Therapeutics S.L. Spain

Paseo De Gracia 54 2d

Contact Person

Medical & Scientific Department

+34684765219

info@gyalatx.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Hospital Clinic de Barcelona

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932275766

Sites

Active (10/03/2026)

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology

Active (08/09/2025)

Hospital Universitario Y Politecnico La Fe

Valencia

VALENCIA

Hematology

Medication

GYA01
DISPERSION
INTRAVASCULAR USE

-

Active Principles: N/A

Experimental

No results