## Patrick J Hanley

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/2443586/publications.pdf Version: 2024-02-01



DATRICK | HANLEY

| #  | Article  | IF  | CITATIONS |
|----|--|-----|-----------|
| 1  | Tumor-associated antigen–specific T cells with nivolumab are safe and persist in vivo in<br>relapsed/refractory Hodgkin lymphoma. Blood Advances, 2022, 6, 473-485.  | 2.5 | 11        |
| 2  | Delivering externally manufactured cell and gene therapy products to patients: perspectives from the academic center experience. Cytotherapy, 2022, 24, 16-18.   | 0.3 | 1         |
| 3  | ISCT survey on hospital practices to support externally manufactured investigational cell-gene therapy products. Cytotherapy, 2022, 24, 27-31.   | 0.3 | 5         |
| 4  | Off-the-Shelf Third-Party Virus-Specific T Cell Therapy to Treat JC Polyomavirus Infection in<br>Hematopoietic Stem Cell Transplantation Recipients. Transplantation and Cellular Therapy, 2022, 28,<br>116.e1-116.e7.   | 0.6 | 11        |
| 5  | Editorial: Advances in Pediatric Hematopoietic Cell Therapies and Transplantation. Frontiers in Pediatrics, 2022, 10, 847288.  | 0.9 | Ο         |
| 6  | Scheduled administration of virus-specific T cells for viral prophylaxis after pediatric allogeneic stem cell transplant. Blood Advances, 2022, 6, 2897-2907.  | 2.5 | 13        |
| 7  | Outcome of donor-derived TAA-T cell therapy in patients with high-risk or relapsed acute leukemia post allogeneic BMT. Blood Advances, 2022, 6, 2520-2534.   | 2.5 | 19        |
| 8  | Availability of Donor Derived Patient Specific Virus-Specific T-Cells (VSTs) Is Not Associated with<br>Differences in Outcomes As Compared to Frontline Administration of Third Party Vsts for the<br>Management of Viral Infections after Pediatric Hematopoietic Stem Cell Transplant. Transplantation<br>and Cellular Therapy, 2022, 28, S374-S375. | 0.6 | 0         |
| 9  | Transcriptomic analysis reveals optimal cytokine combinations for SARS-CoV-2-specific TÂcell therapy products. Molecular Therapy - Methods and Clinical Development, 2022, 25, 439-447.  | 1.8 | 4         |
| 10 | Processing laboratory considerations for multi-center cellular therapy clinical trials: a report from the Consortium for Pediatric Cellular Immunotherapy. Cytotherapy, 2021, 23, 157-164.   | 0.3 | 3         |
| 11 | Identification of new cytokine combinations for antigen-specific T-cell therapy products via a high-throughput multi-parameter assay. Cytotherapy, 2021, 23, 65-76.  | 0.3 | 10        |
| 12 | Influence of administration of mesenchymal stromal cell on pediatric oxygenator performance and inflammatory response. JTCVS Open, 2021, 5, 99-107.  | 0.2 | 7         |
| 13 | Identification of novel HLA-restricted preferentially expressed antigen in melanoma peptides to facilitate off-the-shelf tumor-associated antigen-specific T-cell therapies. Cytotherapy, 2021, 23, 694-703.   | 0.3 | 7         |
| 14 | Virus-specific T cells for adenovirus infection after stem cell transplantation are highly effective and class II HLA restricted. Blood Advances, 2021, 5, 3309-3321.  | 2.5 | 26        |
| 15 | Flow-based analysis of cell division identifies highly active populations within plasma products during mixed lymphocyte cultures. Blood Transfusion, 2021, 19, 456-466.   | 0.3 | 1         |
| 16 | HIV-Specific T Cells Can Be Generated against Non-escaped T Cell Epitopes with a GMP-Compliant<br>Manufacturing Platform. Molecular Therapy - Methods and Clinical Development, 2020, 16, 11-20.   | 1.8 | 16        |
| 17 | The pipeline of antiviral T ell therapy: what's in the clinic and undergoing development. Transfusion, 2020, 60, 7-10.   | 0.8 | 7         |
| 18 | Generation of Norovirus-Specific T Cells From Human Donors With Extensive Cross-Reactivity to<br>Variant Sequences: Implications for Immunotherapy. Journal of Infectious Diseases, 2020, 221, 578-588.  | 1.9 | 15        |

| #  | Article   | IF  | CITATIONS |
|----|---|-----|-----------|
| 19 | EBVâ€directed viralâ€specific T″ymphocyte therapy for the treatment of EBVâ€driven lymphoma in two<br>patients with primary immunodeficiency and DNA repair defects. Pediatric Blood and Cancer, 2020, 67,<br>e28126.                 | 0.8 | 4         |
| 20 | Impact of Mesenchymal Stromal Cell Delivery Through Cardiopulmonary Bypass on Postnatal<br>Neurogenesis. Annals of Thoracic Surgery, 2020, 109, 1274-1281.  | 0.7 | 11        |
| 21 | Engineered Antigen-Specific T Cells Secreting Broadly Neutralizing Antibodies: Combining Innate and<br>Adaptive Immune Response against HIV. Molecular Therapy - Methods and Clinical Development, 2020,<br>19, 78-88.                | 1.8 | 10        |
| 22 | Emerging trends in COVID-19 treatment: learning from inflammatory conditions associated with cellular therapies. Cytotherapy, 2020, 22, 474-481.  | 0.3 | 29        |
| 23 | Allogeneic Viral Specific T Cells Are Safe and Can be Efficient in the Treatment of Infections in Solid<br>Organ Transplant Recipients. Biology of Blood and Marrow Transplantation, 2020, 26, S344-S345.                             | 2.0 | 0         |
| 24 | Complement inhibition does not impair the clinical antiviral capabilities of virus-specific T-cell therapy. Blood Advances, 2020, 4, 3252-3257.   | 2.5 | 5         |
| 25 | SARS-CoV-2–specific T cells are rapidly expanded for therapeutic use and target conserved regions of the membrane protein. Blood, 2020, 136, 2905-2917.   | 0.6 | 108       |
| 26 | Characterization of Viral Epitopes and the HLA Restriction That Govern Anti-Adenoviral Response to<br>Viral Specific T-Lymphocyte Therapy in a Pediatric Cohort. Biology of Blood and Marrow<br>Transplantation, 2020, 26, S318-S319. | 2.0 | 0         |
| 27 | Virus-Specific T Cell Therapies for HIV: Lessons Learned From Hematopoietic Stem Cell Transplantation.<br>Frontiers in Cellular and Infection Microbiology, 2020, 10, 298.  | 1.8 | 8         |
| 28 | Virus-Specific T Cells (VSTs) Therapy for Progressive Multifocal Leukoencephalopathy (PML)- a Novel<br>Therapy to Combat a Fatal Disease. Biology of Blood and Marrow Transplantation, 2020, 26, S339-S340.                           | 2.0 | 0         |
| 29 | Virus-specific T-cell therapy to treat BK polyomavirus infection in bone marrow and solid organ transplant recipients. Blood Advances, 2020, 4, 5745-5754.  | 2.5 | 19        |
| 30 | Immunotherapy of Relapsed and Refractory Solid Tumors With Ex Vivo Expanded Multi-Tumor<br>Associated Antigen Specific Cytotoxic T Lymphocytes: A Phase I Study. Journal of Clinical Oncology,<br>2019, 37, 2349-2359.                | 0.8 | 56        |
| 31 | Generation of Zika virus–specific T cells from seropositive and virus-naÃ⁻ve donors for potential use<br>as an autologous or "off-the-shelf―immunotherapeutic. Cytotherapy, 2019, 21, 840-855.  | 0.3 | 10        |
| 32 | Fresh versus Frozen: Effects of Cryopreservation on CAR T Cells. Molecular Therapy, 2019, 27, 1213-1214.  | 3.7 | 14        |
| 33 | Driving the CAR to the Bone Marrow Transplant Program. Current Hematologic Malignancy Reports, 2019, 14, 561-569.   | 1.2 | 10        |
| 34 | Medulloblastoma rendered susceptible to NK-cell attack by TGFÎ <sup>2</sup> neutralization. Journal of Translational Medicine, 2019, 17, 321.   | 1.8 | 32        |
| 35 | Generation of Zika Virus-Specific T-Cells for Adoptive Immunotherapy. Biology of Blood and Marrow<br>Transplantation, 2019, 25, S348-S349.  | 2.0 | 0         |
| 36 | T ell receptor sequencing demonstrates persistence of virusâ€specific T cells after antiviral<br>immunotherapy. British Journal of Haematology, 2019, 187, 206-218.   | 1.2 | 29        |

| #  | Article  | IF  | CITATIONS |
|----|--|-----|-----------|
| 37 | Advancing cellular therapies towards standard of care: a focus on testing of cellular therapy products. Cytotherapy, 2019, 21, 275-277.  | 0.3 | 1         |
| 38 | Beyond CAR T Cells: Other Cell-Based Immunotherapeutic Strategies Against Cancer. Frontiers in Oncology, 2019, 9, 196.   | 1.3 | 44        |
| 39 | Proposal for the International Society for Cell & Gene Therapy position statement on assays for the quality control and potency assessment of adoptive cellular immunotherapies. Cytotherapy, 2019, 21, 367-375. | 0.3 | 3         |
| 40 | Hexaviral Specific T-Cells Used for Prophylaxis and Treatment of Viral Infections in Patients Post Stem<br>Cell Transplant. Biology of Blood and Marrow Transplantation, 2019, 25, S337.                         | 2.0 | 1         |
| 41 | Critical testing and parameters for consideration when manufacturing and evaluating tumor–associated antigen-specific T cells. Cytotherapy, 2019, 21, 278-288.   | 0.3 | 9         |
| 42 | Mycobacteria-Specific T Cells May Be Expanded From Healthy Donors and Are Near Absent in Primary<br>Immunodeficiency Disorders. Frontiers in Immunology, 2019, 10, 621.  | 2.2 | 4         |
| 43 | Safety and feasibility of virus-specific T cells derived from umbilical cord blood in cord blood transplant recipients. Blood Advances, 2019, 3, 2057-2068.  | 2.5 | 27        |
| 44 | Manufacturing Mesenchymal Stromal Cell Banks. , 2019, , 63-84.   |     | 3         |
| 45 | HIV-Specific, ExÂVivo Expanded T Cell Therapy: Feasibility, Safety, and Efficacy in ART-Suppressed<br>HIV-Infected Individuals. Molecular Therapy, 2018, 26, 2496-2506.  | 3.7 | 32        |
| 46 | EBV/LMP-specific T cells maintain remissions of T- and B-cell EBV lymphomas after allogeneic bone marrow transplantation. Blood, 2018, 132, 2351-2361.   | 0.6 | 49        |
| 47 | Build a Bank: Off-the-Shelf Virus-Specific T Cells. Biology of Blood and Marrow Transplantation, 2018, 24, e9-e10.   | 2.0 | 6         |
| 48 | Antiviral T Cells for Adenovirus in the Pretransplant Period: A Bridge Therapy for Severe Combined<br>Immunodeficiency. Biology of Blood and Marrow Transplantation, 2018, 24, 1944-1946.                        | 2.0 | 6         |
| 49 | Building a Third-Party VST Bank From Scratch—the Cincinnati Experience. Biology of Blood and<br>Marrow Transplantation, 2018, 24, S90.   | 2.0 | 0         |
| 50 | Intravenous mesenchymal stromal cell therapy for inflammatory bowel disease: Lessons from the acute graft versus host disease experience. Cytotherapy, 2017, 19, 655-667.  | 0.3 | 10        |
| 51 | Mobilizing Immune Cells With Exercise for Cancer Immunotherapy. Exercise and Sport Sciences Reviews, 2017, 45, 163-172.  | 1.6 | 37        |
| 52 | Toward a Rapid Production of Multivirus-Specific T Cells Targeting BKV, Adenovirus, CMV, and EBV<br>from Umbilical Cord Blood. Molecular Therapy - Methods and Clinical Development, 2017, 5, 13-21.             | 1.8 | 38        |
| 53 | Infusion of Donor Lymphocytes Specifically Directed to Multiple Tumor Antigens for the Treatment of High Risk Patients after HCT. Biology of Blood and Marrow Transplantation, 2017, 23, S41.                    | 2.0 | 1         |
| 54 | The Cost Effectiveness of Manufacturing Antigen-Specific T Cells in an Academic GMP Facility. Biology of Blood and Marrow Transplantation, 2017, 23, S62.  | 2.0 | 0         |

| #  | Article   | IF  | CITATIONS |
|----|---|-----|-----------|
| 55 | Considerations in T Cell Therapy Product Development for B Cell Leukemia and Lymphoma<br>Immunotherapy. Current Hematologic Malignancy Reports, 2017, 12, 335-343.  | 1.2 | 9         |
| 56 | Mesenchymal stromal cell secretomes are modulated by suspension time, delivery vehicle, passage through catheter, and exposure to adjuvants. Cytotherapy, 2017, 19, 36-46.  | 0.3 | 11        |
| 57 | Immunotherapeutic approaches for the treatment of childhood, adolescent and young adult<br>nonâ€Hodgkin lymphoma. British Journal of Haematology, 2016, 173, 597-616.   | 1.2 | 16        |
| 58 | A single exercise bout enhances the manufacture of viral-specific T-cells from healthy donors:<br>implications for allogeneic adoptive transfer immunotherapy. Scientific Reports, 2016, 6, 25852.  | 1.6 | 22        |
| 59 | Isolation and Manufacture of Clinical-Grade Bone Marrow-Derived Human Mesenchymal Stromal<br>Cells. Methods in Molecular Biology, 2016, 1416, 301-312.  | 0.4 | 3         |
| 60 | A PHASE 1 Perspective: Multivirus-Specific T CELLS from BOTH Cord Blood and BONE Marrow Transplant Donors. Biology of Blood and Marrow Transplantation, 2016, 22, S140-S141.  | 2.0 | 0         |
| 61 | Human parainfluenza virus-3 can be targeted by rapidly ex vivo expanded T lymphocytes. Cytotherapy,<br>2016, 18, 1515-1524.   | 0.3 | 33        |
| 62 | Adoptive immunotherapy for primary immunodeficiency disorders with virus-specific T lymphocytes.<br>Journal of Allergy and Clinical Immunology, 2016, 137, 1498-1505.e1.  | 1.5 | 117       |
| 63 | A Single Bout Of Exercise Enhances The Ex Vivo Manufacture Of Viral-specific T-cells. Medicine and Science in Sports and Exercise, 2016, 48, 85.  | 0.2 | 0         |
| 64 | Reduced Intensity Allogeneic Stem Cell Transplantation Followed By Adoptive Cellular Immunotherapy<br>with Donor Derived LMP Specific-CTLs in Patients with EBV Positive Refractory or Recurrent Hodgkin<br>Lymphoma: AÂLymphoma Cell Therapy Consortium (LCTC) Trial. Biology of Blood and Marrow<br>Transplantation, 2015, 21, S196-S197. | 2.0 | 0         |
| 65 | Viral-Specific T Lymphocytes for Treatment of Viral Infections in Primary Immunodeficiency. Biology of<br>Blood and Marrow Transplantation, 2015, 21, S229-S230.  | 2.0 | 3         |
| 66 | Adoptive immunotherapy with the use of regulatory T cells and virus-specific T cells derived from cord blood. Cytotherapy, 2015, 17, 749-755.   | 0.3 | 18        |
| 67 | A single bout of dynamic exercise by healthy adults enhances the generation of monocyte-derived-dendritic cells. Cellular Immunology, 2015, 295, 52-59.   | 1.4 | 23        |
| 68 | CMV-specific T cells generated from naÃ <sup>-</sup> ve T cells recognize atypical epitopes and may be protective in vivo. Science Translational Medicine, 2015, 7, 285ra63.  | 5.8 | 93        |
| 69 | Quantitative activation suppression assay to evaluate human bone marrow–derived mesenchymal stromal cell potency. Cytotherapy, 2015, 17, 1675-1686.   | 0.3 | 31        |
| 70 | Graft Versus Leukemia Response Without Graft-versus-host Disease Elicited By Adoptively Transferred<br>Multivirus-specific T-cells. Molecular Therapy, 2015, 23, 179-183.   | 3.7 | 28        |
| 71 | A single bout of dynamic exercise enhances the expansion of MAGE-A4 and PRAME-specific cytotoxic<br>T-cells from healthy adults. Exercise Immunology Review, 2015, 21, 144-53.  | 0.4 | 27        |
| 72 | Therapeutic Mesenchymal Stromal Cells: Where We Are Headed. Methods in Molecular Biology, 2014, 1283, 1-11.   | 0.4 | 5         |

| #  | Article  | IF  | CITATIONS |
|----|--|-----|-----------|
| 73 | Controlling Cytomegalovirus: Helping the Immune System Take the Lead. Viruses, 2014, 6, 2242-2258.   | 1.5 | 66        |
| 74 | Using the Quantum Cell Expansion System for the Automated Expansion of Clinical-Grade Bone<br>Marrow-Derived Human Mesenchymal Stromal Cells. Methods in Molecular Biology, 2014, 1283, 53-63.                       | 0.4 | 16        |
| 75 | Low rate of infusional toxicity after expanded cord blood transplantation. Cytotherapy, 2014, 16, 1153-1157.   | 0.3 | 10        |
| 76 | Finessing the manufacture of mesenchymal stromal cells. Cytotherapy, 2014, 16, 711-712.  | 0.3 | 4         |
| 77 | Efficient manufacturing of therapeutic mesenchymal stromal cells with the use of the Quantum Cell<br>Expansion System. Cytotherapy, 2014, 16, 1048-1058.   | 0.3 | 128       |
| 78 | The time is now: moving toward virus-specific T cells after allogeneic hematopoietic stem cell transplantation as the standard of care. Cytotherapy, 2014, 16, 149-159.  | 0.3 | 66        |
| 79 | Extending the Option of CMV-Specific T Cells from the CMV-Seronegative Donor. Biology of Blood and<br>Marrow Transplantation, 2014, 20, S131.  | 2.0 | 0         |
| 80 | The effects of age and latent cytomegalovirus infection on the redeployment of CD8+ T cell subsets in response to acute exercise in humans. Brain, Behavior, and Immunity, 2014, 39, 142-151.                        | 2.0 | 53        |
| 81 | A Novel Standardized Quantitative Suppression Assay Reveals a Diversity of Human Immune-Regulatory<br>Cell Potency. Blood, 2014, 124, 316-316.   | 0.6 | Ο         |
| 82 | Graft Versus Leukemia Response without Graft Versus Host Disease Elicited By Adoptively Transferred<br>Multivirus-Specific T-Cells. Blood, 2014, 124, 2439-2439.   | 0.6 | 0         |
| 83 | Manufacturing mesenchymal stromal cells for phase I clinical trials. Cytotherapy, 2013, 15, 416-422.   | 0.3 | 49        |
| 84 | Generation of Polyclonal CMV-specific T Cells for the Adoptive Immunotherapy of Glioblastoma.<br>Journal of Immunotherapy, 2012, 35, 159-168.  | 1.2 | 59        |
| 85 | Expanding Cytotoxic T Lymphocytes from Umbilical Cord Blood that Target Cytomegalovirus,<br>Epstein-Barr Virus, and Adenovirus. Journal of Visualized Experiments, 2012, , e3627.                                    | 0.2 | 20        |
| 86 | Improving Immune Reconstitution After Cord Blood Transplantation Using Ex Vivo Expanded Virus-Specific T Cells: A Phase I Clinical Study. Blood, 2012, 120, 224-224.   | 0.6 | 2         |
| 87 | Clinical-Scale Expansion of Human Bone Marrow-Derived Mesenchymal Stromal Cells to Treat Patients<br>After Ischemic Stroke Blood, 2012, 120, 3021-3021.  | 0.6 | 0         |
| 88 | Expansion of T cells targeting multiple antigens of cytomegalovirus, Epstein–Barr virus and<br>adenovirus to provide broad antiviral specificity after stem cell transplantation. Cytotherapy, 2011, 13,<br>976-986. | 0.3 | 50        |
| 89 | Activation of Wnt Signaling Arrests Effector Differentiation in Human Peripheral and Cord<br>Blood-Derived T Lymphocytes. Journal of Immunology, 2011, 187, 5221-5232.   | 0.4 | 58        |
| 90 | Phase I Study to Improve Virus-Specific Immune Reconstitution After Cord Blood Transplantation<br>Using Cord Blood-Derived Virus-Specific Cytotoxic T Lymphocytes. Blood, 2011, 118, 155-155.                        | 0.6 | 4         |

| #  | Article  | IF  | CITATIONS |
|----|--|-----|-----------|
| 91 | Nail̂`ve T Cell-Derived CTL Recognize Atypical Epitopes of CMVpp65 with Higher Avidity Than<br>CMV-Seropositive Donor-Derived CTL – a Basis for Treatment of Post-Transplant Viral Infection by<br>Adoptive Transfer of T Cells From Virus-nail̂`ve Donors. Blood, 2011, 118, 3002-3002. | 0.6 | 0         |
| 92 | Improving clinical outcomes using adoptively transferred immune cells from umbilical cord blood.<br>Cytotherapy, 2010, 12, 713-720.  | 0.3 | 27        |
| 93 | Adverse events following infusion of T cells for adoptive immunotherapy: a 10-year experience.<br>Cytotherapy, 2010, 12, 743-749.  | 0.3 | 75        |
| 94 | Derivation of human T lymphocytes from cord blood and peripheral blood with antiviral and antileukemic specificity from a single culture as protection against infection and relapse after stem cell transplantation. Blood, 2010, 115, 2695-2703.                                       | 0.6 | 105       |
| 95 | Functionally active virus-specific T cells that target CMV, adenovirus, and EBV can be expanded from naive T-cell populations in cord blood and will target a range of viral epitopes. Blood, 2009, 114, 1958-1967.  | 0.6 | 235       |
| 96 | Cytotoxic T lymphocyte therapy with donor T cells prevents and treats adenovirus and Epstein-Barr virus infections after haploidentical and matched unrelated stem cell transplantation. Blood, 2009, 114, 4283-4292.  | 0.6 | 311       |