**Table 1. Mesenchymal stem/stromal cell (MSC) transplantation clinical studies.** Summarisation of clinical studies and ongoing clinical trials assessing the therapeutic benefit of MSC transplantation in patients with COVID-19, including studies assessing the therapeutic potential of MSCs in patients with acute respiratory distress syndrome (ARDS), without COVID-19.

Citation	N	Subjects	MSC source & dose	MSC timing	Recipient site	Results
Leng et al., 2020	MSC transplant: n = 7; CON: n = 3	COVID-19 pneumonia	Clinical grade ACE2 <sup>-</sup> MSCs at 1 x 10 <sup>6</sup> cells/kg	The time when symptoms and/or signs were still getting worse, even as the expectant treatments were being conducted	Systemic	- ↑ IL-10 vs. CON - ↓ TNF-α vs. CON - ↔ IP-10 - Trend for ↑ VEGF vs. CON - Inflammation, AAT, MYO and CK reduced in critically severe patient with a reduction in ground-glass opacity and pneumonia infiltration
Liang et al., 2020	Case study	Critical COVID-19	Allogenic hUCMSCs at 5 x 10 <sup>7</sup> cells 3 times	Admitted 2 days after symptoms onset and MSCs were transplanted on the 9 <sup>th</sup> , 12 <sup>th</sup> & 15 <sup>th</sup> days after admission. In combination with antibiotics and thymosin α1	Systemic	No side effects were observed.  After 2 <sup>nd</sup> administration:  - ↓ Bilirubin, WBC and neutrophil count, CRP & ALT/AST  - ↑ lymphocyte count  - ↑ CD3+, CD4+ & CD8+ T cells  - Trachea cannula removed  After 3 <sup>rd</sup> administration:  - Pneumonia relieved  - Removed from ICU 2 days following  - Negative throat swab
Zhang et al., 2020	Case study	COVID-19 pneumonia - History of diabetes	Wharton's jelly- derived hUCMSCs at 1 x 10 <sup>6</sup> cells/kg	Admitted 5 days after symptoms onset and MSCs were transplanted on the 17 <sup>th</sup> day of admission	Systemic	Post-transplant: - COVID-19 symptoms disappeared 2 to 7 days - ↓ Ground glass opacity and pneumonia infiltration day 6

						- $\uparrow$ CD3+, CD4+ & CD8+ T cells - $\downarrow$ CRP, IL-6 & TNF- $\alpha$
Chen et al., 2020	MSC transplant: n = 17; CON: n = 44	H7N9-induced ARDS	Allogenic menstrual-blood- derived MSCs at 1 x 10 <sup>6</sup> cells/kg	3 patients treated with 3 infusion at the early stage of infection; 6 patients were treated with 3 infusions at the late stage of infection; 8 patients accepted 4 infusions of at late stage of infection	Systemic	At admission: - No differences, except ↓ PCT vs. CON At discharge: - ↑ mortality rate of CON - ↓ PCT, ALT, sCr, CK, PT & D-dimer vs. CON At follow-up (5yr; n = 4): - ↑ Hb - ↓ PT
Sengupta et al., 2020	N = 23	COVID-19: cohort a (mild COVID-19): n = 1; cohort b (hypoxaemia & COVID-19): n = 20; cohort c (intubated COVID-19): n = 3	Bone-marrow derived MSCs exosome agent – ExoFlow – 15 mL	Not specified	Systemic	- 71% patients recovered and/or were discharged after 5.6 days post-infusion - 13% remained critically ill - 16% died - 80% improved PaO2/FiO2 ratio within 3 days - ↓ CRP, ferritin & D-dimer on day 5 -↑ CD3+, CD4+ & CD8+ T cells on day 5

Note: CON = control; ACE2 = Angiotensin converting enzyme 2; IL-10 = Interleukin-10; TNF-α = Tumor necrosis factor α; IP-10 = Interferon gamma-induced protein 10; VEGF = Vascular endothelial growth factor; AST = Aspartate amino transferase; MYO = Myoglobin; CK = Creatine kinase; hUCMSC – human umbilical cord mesenchymal stem cells; WBC = white blood cell; CRP = C-reactive protein; ALT = Alanine aminotransferase; ICU = intensive care unit; ARDS = Acute respiratory distress syndrome; PCT = Procalcitonin; sCr = serum creatinine; PT = Prothrombin time