



## WBMT ACTIVITY SURVEY ON CELLULAR THERAPY

Report the number of **patients** receiving their 1st non HCT cellular therapies by indication and cell type.

Enter the name of the center reporting OR if at the country level, the name of the country and the number of centers that have reported data.

Year of data collection:

Name of country or center:

If country level, number of reporting centers:

| Number of patients with non HSCT Cellular therapies using manipulated or selected cells (excluding DLi) | CAR T cells |      | selected/expanded T cells or CIK |      | Regulatory T cells (TREGS) |      | Other genetically modified T cells |      | Natural Killer cells |      | Dendritic cells |      | MSC  |      | Expanded CD34+ cells |      | Genetically modified CD34+ |      | Other therapies (incl. boosts) |      | TOTAL |      |
|---------------------------------------------------------------------------------------------------------|-------------|------|----------------------------------|------|----------------------------|------|------------------------------------|------|----------------------|------|-----------------|------|------|------|----------------------|------|----------------------------|------|--------------------------------|------|-------|------|
|                                                                                                         | Allo        | Auto | Allo                             | Auto | Allo                       | Auto | Allo                               | Auto | Allo                 | Auto | Allo            | Auto | Allo | Auto | Allo                 | Auto | Allo                       | Auto | Allo                           | Auto | Allo  | Auto |
| GvHD                                                                                                    |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Graft enhancement/failure                                                                               |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Autoimmune disease                                                                                      |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Genetic disease                                                                                         |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Infection                                                                                               |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Malignancy - Acute lymphocytic leukemia                                                                 |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Malignancy - Lymphoma                                                                                   |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Malignancy - Myeloma                                                                                    |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Malignancy - Solid tumors                                                                               |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| Any other indication                                                                                    |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |
| TOTAL                                                                                                   |             |      |                                  |      |                            |      |                                    |      |                      |      |                 |      |      |      |                      |      |                            |      |                                |      |       |      |

Number of patients receiving Non-HCT Cellular Therapies in your country or centre.

### Guidelines

Report the annual number of **patients** receiving their 1st NON-HCT cellular therapies in your country or centre by indication and cell type for which the therapy is given.

Report both patients with or without transplants. Patients in clinical trials may also be reported.

Note: CD34+ selected transplants or for example CD3+/CD19+ deleted cell infusions are to be reported as transplants.

**CAR T cells:** T cells that are genetically modified by viral or non-viral vector to express chimeric antigen receptors or T cell receptors.

**Selected/expanded T cells or Cytokine Induced Killer cells (CIK):** non genetically modified T cells selected, expanded in vitro or cytokine activated. This includes all manipulated T cell infusions, with either positive or negative selection.

**Regulatory T cells (TREGS):** T cells that are processed after harvesting by selecting for the subset of regulatory T cells.

**Other genetically modified T cells:** other genetically modified T cells with suicide genes or other genes.

**Natural Killer cells (NK cells):** cells that are processed after harvesting by selecting for NK cells with or without expansion or genetic modification.

**Dendritic cells:** antigen presenting cells that are used for tumour cell vaccination and other purposes.

**Mesenchymal Stromal Cells (MSC):** Expanded CD34+ cells: stem cell products that are expanded in vitro prior to infusion to the patient.

**Genetically modified CD34+ cells:** genetically modified stem cells, typically used for congenital diseases.

**Other therapies:** allogeneic or autologous boosts and any other cellular therapies not listed above.