

Guidelines for reporting data to the 2016 survey of cellular therapy and regenerative medicine in Europe and neighboring Eurasian countries

Please report the **total number of patients** receiving cell or engineered tissue therapies in 2016 and **NOT the number of procedures** according to the rules below. Please complete one form per team.

If you did not perform such therapies in 2016, but have in the past or plan to in the future, please mark this at the bottom of the survey and include a contact person with their contact details and affiliation.

The definition of novel cell therapies or engineered tissues is any clinical treatment based on living cells excluding:

- DLIs – Donor Lymphocyte Infusions
- Non-manipulated hematopoietic cells for hematological reconstitution (these treatments should be reported using the companion EBMT activity survey)

Totals: In order to use your data, please complete each of the sections A, B, C and D. The total number of patients recorded in each section should be the same, i.e.: total numbers in Part A (sum of all cell types and source) should equal the total numbers in Part B1, B2, B3, B4, B5 and part C, as well as the total numbers in Part D1, D2, D3.

Part A: Cell type and source

Report the total number of patients according to disease indication, donor type, cell type and cell source. **BM** = bone marrow; **CB** = cord blood; **PB** = peripheral blood; **Plac** = placenta, **Fat** = adipose tissue.

If you used more than one cell type please provide an explanatory comment in the designated field at the bottom of the page.

Part B: Processing

Report the total number of patients according to disease indication and processing protocol. Each patient should be entered in parts B1, B2, B3, B4, and B5.

- **Expanded** = including any *in-vitro* manipulation
 - **Transduced** = after genetic modification
 - **Sorted** = after MACS- or FACS-based separation
 - **Automated** = when at least one step of cell isolation or culture is performed with an automated device, i.e. a specifically designed instrument beyond a centrifuge or sorter.
 - **In House** = if the cells or construct were processed in the own facility
 - **Out Sourced** = if cells were given to an external facility or company for processing
- Please specify the contracted facility at the bottom of the page.**

Part C: Delivery mode

Report the total number of patients according to disease indication and the delivery mode.

- **I.V. / I.A.** = intravenous or intra-arterial cell delivery
- **Intra-organ injections, suspension** = cell delivery in a fluid material
- **Gel** = cell delivery in a gel
- **Membrane/Scaffold** = cell delivery after loading on a solid carrier

Part D: Clinical Procedure

Please enter the total number of patients according to indication who were treated as

- part of a **clinical trial**
- a **case study**
- part of **routine therapy**

Add any additional or clarifying information in the comments field (e.g., which indication, cell type or source was used if classified under 'Other')

Indicate your **affiliation** by entering your EBMT CIC number or ticking one of the boxes (ICRS, IFATS, ISCT, TERMIS) and enter your **name and team plus address** in the panel on page 2 of the survey sheet. These details will be reported in the appendix to the survey analysis.

If you need help with submitting your data please contact Max Gay directly.
Please send the completed activity survey either by post or email.

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