

## Instructions for reporting data to the 2019 and 2020 survey of cellular therapy and regenerative medicine in Europe and neighboring Eurasian countries

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)
- CAR-T cell therapy

Each year of treatment requires a separate survey sheet, which are to be filled out as described below. For this example we use 2020.

Opening the survey you will see the layout below. **Excel may ask you to “Enable content”. Please do so.**

**CELLULAR THERAPY AND REGENERATIVE MEDICINE SURVEY 2020**

Please use the buttons below to enter information and values

termis. International Society for Cell & Gene Therapy (ISCT) EBMT European Blood to Blood Cell Transplantation Society IFATS International Federation for Adipose Therapeutics and Science ICRS International Cartilage Repair Society

Enter team member 1  
Enter team member 2  
Enter team member 3  
Enter team member 4  
Please click if no patients were treated  
Please click to enter therapy information

Group information

Name	Affiliation	Email	EBMT CIC Numb.
Team member 1:			
Team member 2:			
Team member 3:			
Team member 4:			

When all your data and information is entered, please save this file and send it to [MaxHPG@outlook.com](mailto:MaxHPG@outlook.com)  
Thank you for your contribution!

Number of Patients treated	Indication	Subindication	"Other" Subindication	Part A: Cell Origin				Part B: Processing			Part C: Delivery	Part D: Clinical procedure
				Cell type	Cell source	"Other" or "in Combination"	Culture	Modification	Sorting	Production	Processing sight	Out-source facility

1) Enter each team member and indicate their affiliation by clicking the blue buttons on the left. These details will be reported in the appendix of the published report.

**CELLULAR THERAPY AND REGENERATIVE MEDICIN**

Please use the buttons below to enter information and values

termis. International Society for Cell & Gene Therapy (ISCT) EBMT European Blood to Blood Cell Transplantation Society IFATS International Federation for Adipose Therapeutics and Science ICRS International Cartilage Repair Society

Enter team member 1  
Enter team member 2  
Enter team member 3  
Enter team member 4  
Please click if no patients were treated  
Please click to enter therapy information

Group information

Name
Team member 1:
Team member 2:
Team member 3:
Team member 4:

When

Team Member 1

termis. International Society for Cell & Gene Therapy (ISCT) EBMT European Blood to Blood Cell Transplantation Society IFATS International Federation for Adipose Therapeutics and Science ICRS International Cartilage Repair Society

**Team Information**

Team member 1

Enter name of team member: Example Person

Enter affiliation: Hospital of a great city

Email: example-p@HoaGC.com

If applicable, please enter EBMT CIC No:

Enter Cancel

Number of Patients treated	Indication	Subindication	"Other" Sub

2a) If you did not perform such therapies in 2020, but have in the past or plan to in the future, please click the red button on the left hand side of the Survey. Please include a contact person with respective contact details and affiliation as Team member 1. Please send the survey to [MaxHPG@outlook.com](mailto:MaxHPG@outlook.com)

**CELLULAR THERAPY AND REGENERATIVE MEDICIN**

Please use the buttons below to enter information and values

termis. International Society for Cell & Gene Therapy (ISCT) EBMT European Blood to Blood Cell Transplantation Society IFATS International Federation for Adipose Therapeutics and Science ICRS International Cartilage Repair Society

Enter team member 1  
Enter team member 2  
Enter team member 3  
Enter team member 4  
Please click if no patients were treated  
Please click to enter therapy information

Group information

Name
Team member 1:
Team member 2:
Team member 3:
Team member 4:

No Treatment

termis. International Society for Cell & Gene Therapy (ISCT) EBMT European Blood to Blood Cell Transplantation Society IFATS International Federation for Adipose Therapeutics and Science ICRS International Cartilage Repair Society

**No Treatment**

No patients were treated in 2020, next treatment are planned for : 2022

Enter Cancel

Number of Patients treated	Indication	Subindication	"Other" Sub

2b) If you **treated Patients in 2020** please click the **green button** on the left.

**CELLULAR THERAPY AND REGENERATIVE MEDICIN**

Please use the buttons below to enter information and values

Enter team member 1  
Enter team member 2  
Enter team member 3  
Enter team member 4

Please click if no patients were treated

Please click to enter therapy information

Group information

Name
Team member 1:
Team member 2:
Team member 3:
Team member 4:

When

Number of Patients treated

3) Please report the **total number of patients** receiving cell or engineered tissue therapies in and **NOT** the number of procedures.

4) Please select one of the provided choices in each panel.

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

Example below where each patient was treated with a combination of both autologous and allogenic cells

5) After filling out the form for one Therapy type. Press the submission button on the bottom left.

**CELLULAR THERAPY AND REGENERATIVE MEDICINE SURVEY 2020**

Please mark EVERY box and fill out ALL the fields.

Cancel

**Patient**  
Please enter the number of patients that were treated:  
5

**Indication**  
Choose indication  
Musculoskeletal/Rheumatologica  
Choose subindication  
Cartilage repair (orthopaedics)  
If you have selected "other", please specify:

**Mode of delivery**  
I.V. or I.A. Intraorgan: Suspension  
Intraorgan: Gel Intraorgan: Membrane/Scaffold

**Clinical procedure**  
Clinical trial Case study Routine

**Origin of Cells**  
**Cell source**  
Autologous cells Allogenic cells both allogenic and autologous cells in same patient/s  
**Cell type**  
Choose cell type: Chondrocytes HC = Hematopoietic cells MSC = Mesenchymal stromal/stem cells  
If you previously marked "both allogenic and autologous cells in same patient", please report the autologous cell type in this field  
If you selected "other" as cell type, please specify which cell type was used  
If you selected "both allogenic and autologous cells ..." as cell source, please specify the allogenic cell type  
allogenic MSC from peripheral blood, non expanded, sorted, manual, untransduced, in house

**Processing**  
**Culture**  
nonexpanded expanded expanded includes any in-vitro manipulation  
**Sorting**  
unsorted sorted sorted refers to MACS- or FACS-based separation  
**Production**  
manual automated  
automated: 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.

**Modification**  
untransduced transduced transduced refers to after genetic modification  
**Sight of Processing**  
In house Out-source  
In House: cells or construct processed in the own facility  
Out-Source: cells given to external facility/company for processing  
Please specify the contracted facility:

Press here to submit to list

6) If further therapies were performed please repeat steps 2b-5).

If one therapy has varying parameters please enter the data separately for each variation.

Example: 30 patients treated for heart failure with muscle cells. 20 Patients with autologous cells, 10 with allogenic. Perform steps 2b-5 for both conditions, which will appear in the table as seen below.

**CELLULAR THERAPY AND REGENERATIVE MEDICINE SURVEY 2020**

Please use the buttons below to enter information and values

Enter team member 1  
Enter team member 2  
Enter team member 3  
Enter team member 4

Please click if no patients were treated

Please click to enter therapy information

Group information

Name
Team member 1: Dr. Example Person
Team member 2:
Team member 3:
Team member 4:

Affiliation  
Hospital of a great city

When all your data and information is entered, please save this file and send it to [MaxHPG@outlook.com](mailto:MaxHPG@outlook.com)  
Thank you for your contribution!

Number of Patients treated	Indication	Subindication	"Other" Subindication	Cell type	Cell source	Part A: Cell Origin	"Other" or "in Combination"
20	Cardiovascular	Heart failure		Muscle cells	Autologous		
10	Cardiovascular	Heart failure		Muscle cells	Allogenic		

7) Save the file and send the completed activity survey to Max Gay [MaxHPG@outlook.com](mailto:MaxHPG@outlook.com)

If you need help with submitting your data please contact Max Gay directly.