

Clinical Flowchart for Cancer Immunotherapy

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Flowchart

The flow chart describes the process of the Cancer Immunotherapy (CAR-T, DC, CIK, DC-CIK) to patients, from the initial selection of patients, through production of the cells for the immunotherapy, to post-treatment monitoring and efficacy assessment.

#	Step	Responsibility
1	Identify suitable patients for Cancer Immunotherapy	Self-referral, Agent, or a
	(CPI, CAR-T, ALLO-T, TCR-T, TAA-T, DC, CIK, DC-CIK)	medical doctor
2	Potential patients receive information regarding the treatment	Direct communion, Agent, or a medical doctor
3	Refer patient to Oncologist for baseline assessment	Agent, Vamos, or a medical doctor
4	Medical screening by in-house physician	Partner Hospital
5	Assess patient's baseline clinical status to determine eligibility (see Protocol for details)	Partner Oncologist
6	Conduct specific lab tests to determine eligibility (see Protocol for details)	Partner Oncologist
7	MAKE A DECISION, sign the sales contract	Partner Oncologist / Hospital
8	Obtain patient's consent & if applicable, institutional	Partner Oncologist /
	ethics approval for compassionate use	Hospital
9	Schedule an Apheresis (if applicable)	Partner Hospital
10	Conduct Apheresis (if applicable)	Partner Hospital
11	Local laboratory conducts PBMC isolation, cryo- preservation & ship to the manufacturer (Vamos)	Manufacturer's coordinator & Apheresis Unit
12	Pre-treatment	Partner Oncologist /
		Hospital
13	Immunotherapy (infusion)	Partner Oncologist /
		Hospital
14	Post-injection combination treatment (if applicable)	Partner Oncologist /
		Hospital
15	Post-treatment - patient monitoring, managing	Partner Oncologist /
	possible adverse effects (if any) (see the Protocol for details)	Hospital
16	End of treatment – Imaging (CT/MRI/ PET-CT) or Richard (month 7 and 6 after the first dose) for Efficiency	Partner Oncologist /
	Biopsy (month 3 and 6 after the first dose) for Efficacy assessment	Hospital