

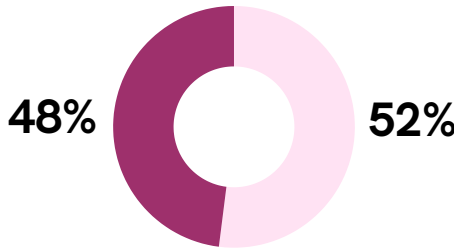
Cord blood continues to be a valuable resource for ViaCord families.

More than 625 families have used their cord blood stored with ViaCord

The clinical use of cord blood depends on multiple factors, including the patient's age, medical condition, and the availability of an adequately compatible stem cell donor, when applicable. Final determination of use is made by the treating physician.

Stem Cell Transplant

- Hemoglobinopathy 49%
- Oncology 24%
- Bone Marrow Failure 18%
- Immunodeficiency 7%
- Metabolic Disorder 2%

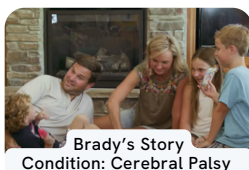
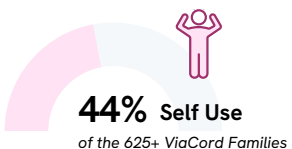
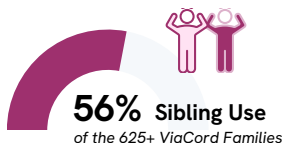


Regenerative Medicine

- Brain Injury/Dysfunction 97.5%
- Auto Immune 1.8%
- Other 0.7%

See How ViaCord Families are Using Cord Blood

Cord blood has been used by either the child it was collected from or a sibling. Scan the QR code to watch some families share their experience using cord blood.



Age Range of Units Released



7 DAYS

Stem Cell Transplant
Sibling (Allogeneic)
Cancer: Acute Myeloid Leukemia

19 YEARS

Infusion
Sibling (Allogeneic)
Brain Injury: Cerebral Palsy

Studies published in *Stem Cell Translational Medicine* found that long-term cryopreservation of cord blood stem cells (up to 29 years) does not affect their ability to function effectively, supporting the value of cord blood banking.^{1,2}

Questions? Call ViaCord at 866-258-5173 or visit viacord.com to learn more.



See reverse side for list of conditions that can use cord blood.

Proven Cord Blood Uses Stem Cell Transplants

Cord blood has been a reliable, effective, and life-saving source of stem cells in transplants for more than 30 years.

Today, cord blood stem cells can be used in transplants for nearly 80 conditions. Most conditions are inherited genetic diseases, so a child usually needs stem cells from a sibling or another donor (*allogenic stem cell use*). In some cases, a child's own cord blood stem cells can be used (*autologous stem cell use*). Doctors usually start by looking for a genetically matched family member as the source of stem cells for transplant. Final determination of stem cell use is made by the treating physician.

* Next to a condition indicates the child's own cord blood as the preferred source of stem cells if a transplant is needed (*autologous stem cell use*)

Blood Disorders

E-β+ thalassemia
E-βo thalassemia
HbSC disease
Sickle βo Thalassemia
Sickle-cell anemia (hemoglobin SS)
α-thalassemia major (hydrops fetalis)
β-thalassemia intermedia
β-thalassemia major (Cooley's anemia)

Cancers

Acute lymphoblastic leukemia (ALL)
Acute myeloid leukemia (AML)
Biphenotypic Leukemia
* Burkitt's lymphoma
Chronic myeloid leukemia (CML)
Chronic myelomonocytic leukemia (CMML)
* Hodgkin's lymphoma
Juvenile myelomonocytic leukemia (JMML)
Lymphomatoid granulomatosis
Mixed Lineage Leukemia
Myelodysplastic syndrome (MDS)
Myelofibrosis
* Neuroblastoma
* Non-Burkitt's lymphoma
* Non-Hodgkin's lymphoma
* Pediatric Primary CNS Lymphomas
* Wilm's Tumor

Bone Marrow Failure Syndromes

Amegakaryocytic thrombocytopenia
Autoimmune neutropenia (severe)
Congenital dyserythropoietic anemia
Congenital sideroblastic anemia
Diamond-Blackfan anemia
Dyskeratosis congenita
Evan's syndrome
Fanconi anemia
Glanzmann's disease
Kostmann's syndrome (severe congenital neutropenia)
Severe aplastic anemia
Shwachman syndrome
Thrombocytopenia with absent radius (TAR syndrome)

Other Conditions

Epidermolysis bullosa
Hemophagocytic lymphohistiocytosis
Juvenile dermatomyositis
Langerhans cell histiocytosis
Osteopetrosis
Severe Refractory Juvenile Rheumatoid Arthritis

Immunodeficiencies

Activated PI3K Delta Syndrome (APDS)
Adenosine deaminase deficiency
ALPS
Ataxia telangiectasia
CD25 deficiency
Chronic granulomatous disease
Complete IFN-γ Receptor 2 Deficiency
DADA2 (ADA2 Deficiency)
DiGeorge syndrome
Hyper IgM Syndrome
IPEX syndrome
IKK gamma deficiency
Immune dysregulation polyendocrineopathy
Leukocyte adhesion deficiency
LRBA deficiency
Myelokathexis X-linked immunodeficiency
Omenn's syndrome
Reticular dysplasia
Severe combined immunodeficiency (SCID)
STAT 1/STAT3 Gain-of-Function
Thymic dysplasia
Wiskott-Aldrich syndrome
X-linked agammaglobulinemia
X-linked lymphoproliferative disease
X-linked Mucopolidosis, Type II

Metabolic Disorders

Adrenoleukodystrophy
Gaucher's disease (infantile)
Alpha mannosidosis
Beta-mannosidase deficiency (LSD)
Fucosidosis
Gaucher's disease (infantile)
Gunther disease (congenital erythropoietic porphyria)
Hermansky-Pudlak syndrome
Hunter syndrome
Hurler syndrome
Krabbe disease (globoid cell leukodystrophy)
Lesch-Nyhan disease
Maroteaux-Lamy syndrome
Metachromatic leukodystrophy
Mucopolidosis Type II, III
Niemann Pick Syndrome, type A and B
Pyruvate Kinase Deficiency
Sandhoff Syndrome
Sanfilippo syndrome
Sly syndrome
Tay-Sachs Disease
Wolman Syndrome

Clinical Trials & Research Regenerative Medicine

Regenerative medicine uses living cells to help support the body's natural healing processes.

While genetic matching is an important factor in stem cell transplants, the need for strict matching in regenerative medicine may be reduced, because the cells are often intended to play a supportive role — such as releasing signals that promote healing — rather than permanently engrafting in the body.¹

Hundreds of ViaCord families have had the opportunity to participate in regenerative medicine clinical trials, where a child received an infusion of their own cord blood (autologous use) or cord blood from a sibling (allogeneic use). The specific use of stem cells is determined by each clinical trial protocol.

While the regenerative medicine field is exciting and continues to advance, cord blood is still in research phase and are not yet standard medical treatments.



Examples of therapeutic areas explored:

Brain Injuries
Cerebral Palsy
Cardiac
Hearing Loss

visit www.clinicaltrials.gov for details