THAT WHICH IS CLAIMED

1. Use of donor-derived allogenic γδ-T cells in the preparation of a medicament for the treatment of cancer in a subject, wherein:

(a) at least one lymphodepletion treatment has been administered to the subject; and,

(b) at least one dose of donor-derived allogeneic γδ-T cells is to be subsequently administered to the subject, wherein the γδ-T cells have been expanded ex vivo by culturing the γδ-T cells with at least one γδ-T cell expansion compound prior to administration of the γδ-T cells to the subject;

wherein the treatment results in an antitumor response in the subject.

2. The use of claim 1, wherein the lymphodepletion treatment comprises the administration of one or more chemotherapeutic agents.

3. The use of claim 2, wherein the one or more chemotherapeutic agents comprise cyclophosphamide, fludarabine or melphalan.

4. The use of claim 1, wherein the lymphodepletion treatment comprises low dose total body irradiation.

5. Use of donor-derived allogeneic γδ-T cells in the preparation of a medicament for the treatment of cancer in a subject, wherein:

(a) a Hematopoietic Stem Cell (HSC) transplant has been administered to the subject; and

(b) at least one dose of donor-derived allogeneic γδ-T cells is to be subsequently administered to the subject, wherein the γδ-T cells have been expanded ex vivo by culturing the γδ-T cells with at least one γδ-T cell expansion compound prior to administration of the γδ-T cells to the subject;

wherein the treatment results in an antitumor response in the subject.

6. The use of any one of claims 1-5, wherein one or more of etoposide, cisplatin, doxorubicin, 5-Fluorouracil, vincristine, bortezomib, oxaliplatin or ibrutinib is to be further administered to the subject.

7. The use of any one of claims 1-6, wherein at least one dose of a therapeutically effective amount of at least one monoclonal antibody therapy is to be further administered to the subject.

8. The use of claim 7, wherein the monoclonal antibody recognizes a tumor antigen.

9. The use of any one of claims 1-8, wherein an amino-bisphosphonate is to be administered to the subject prior to the administration of the donor-derived allogeneic γδ-T cells.

10. The use of claim 9, wherein the amino-bisphosphonate is zoledronic acid.

11. The use of any one of claims 1-10, wherein one or more additional cellular therapies is to be administered.

12. The use of claim 11, wherein the one or more additional cellular therapies are from the same allogeneic donor as the γδ-T cells.

13. The use of any one of claims 1-12, wherein the γδ-T cell expansion compound comprises a synthetic phosphoantigen.

14. The use of claim 13, wherein the synthetic phosphoantigen is C-HDMAPP.

15. The use of any one of claims 1-14, wherein the γδ-T cells are cultured with interleukin-2.

16. The use of any one of claims 1-15, wherein the γδ-T cells are cultured with one or more checkpoint inhibitors prior to administration of the γδ-T cells to the subject.

17. The use of claim 16, wherein the one or more checkpoint inhibitors comprises an anti-PD-1 antibody, an anti- PDL1 antibody, an anti-TIM-3 antibody, an anti-LAG3 antibody, and anti-galaectin-9 antibody, an anti-IDO antibody and/or an anti-VISTA antibody.

18. The use of any one of claims 1-17, wherein the γδ-T cells are cultured with one or more of IL-15, an anti-CD277 antibody, an anti-TGF-beta antibody, a prostaglandin $E_2$ inhibitor, adenosine, osteopontin, vitamin C and/or a hypomethylating agent prior to administration of the γδ-T cells to the subject.

19. The use of any one of claims 1-18, wherein the subject and the donor of the γδ-T cells have a full human leukocyte antigen (HLA) mismatch.

20. The use of any one of claims 1-19, wherein steps (a) and (b) are repeated one or more times, wherein the donor-derived allogeneic γδ-T cells for each subsequent administration are from a different donor having a full HLA mismatch as compared to the subject and the previous donor(s).