**CLAIMS**

1. Use of a composition comprising mesenchymal lineage precursor or stem cells (MLPSCs) for the preparation of a medicament for treating Graft versus Host Disease (GvHD) in a human subject that has failed two lines of therapy, in which the MLPSCs are to be administered to the subject as a third line of therapy.

2. Use according to Claim 1, in which the subject is refractory to steroids and a second line of therapy.

3. Use according to Claim 2, in which the second line of therapy is ruxolitinib.

4. Use according to Claim 2, in which the second line of therapy is a biologic.

5. Use according to Claim 4, in which the biologic is alemtuzumab, basiliximab or tocilizumab.

6. Use according to any preceding claim, in which the MLPSCs in the composition inhibit IL2-Rα expression by ≥ 60%, in which inhibition of IL2-Rα expression is determined by: obtaining a population of cells comprising culture expanded, cryopreserved and thawed MLPSCs; co-culturing the MLPSCs in a culture medium with a population of cells comprising T cells; and determining the level of inhibition of IL2-Rα expression.

7. Use according to any preceding claim, in which the subject is a paediatric subject, preferably in which the subject is ≥12 years of age.

8. Use according to any preceding claim, in which the subject has acute Graft versus Host Disease (aGvHD) or chronic GvHD.

9. Use according to any preceding claim, in which the subject is classified as one or more of the following:

Grade B, C, or D according to the IBMTR severity scale;

Grade II GvHD according to the Glucksberg severity scale;

Grade III/IV GvHD according to the Glucksberg severity scale;

Minnesota high risk GvHD; and/or

in which the subject has multi-organ involvement.

10. Use according to any preceding claim, in which the subject has inflammatory bowel disease (IBD), preferably in which the IBD is Crohn's disease or ulcerative colitis, optionally in which the Crohn's disease presents in the rectum and/or colon of the subject.

11. Use according to Claim 10, in which the subject's IBD is refractory to one or more of adalimumab, certolizumab pegol, vedolizumab or Ustekinumab.

12. Use according to any preceding claim,

(i) in which treatment reduces the risk of mortality in the subject, optionally in which mortality is 6-month non-relapse mortality (NRM); or

(ii) in which treatment increases the probability of the subject surviving for at least 28 days after initiation of treatment, treatment increases the probability of the subject surviving for at least 100 days after initiation of treatment, preferably at least 180 days, preferably in which the probability of the subject surviving is greater than 40%, greater than 50%, or greater than 60% after initiation of treatment; and in which the subject's probability of survival is increased relative to a subject who does not receive MLPSCs.

13. Use according to any preceding claim, in which the MLPSCs are culture expanded from a population of MLPSCs that are STRO-1+, preferably in which the population of MLPSCs that are STRO-1+ comprises about 0.1% to 75% STRO-1+ cells.

14. Use according to any preceding claim, in which the MLPSCs are mesenchymal stem cells (MSCs).

15. Use according to any preceding claim, in which

the composition is to be administered intravenously;

$2 \times 10^6$ cells/kg; or between $1 \times 10^7$ and $2 \times 10^8$ cells are to be administered; and/or

the subject receives at least two doses, preferably in which the first two doses are to be administered twice weekly for four weeks.