

Cancer Q&A: Understanding the Role and Reality of CAR (Chimeric Antigen Receptor) T-Cell Therapy for Non-Hodgkin Lymphoma

A Live Webinar for Patients, Developed in Partnership with CancerCare®

Wednesday, October 22, 2025

6:00 PM – 7:00 PM ET

Faculty

Jeremy S Abramson, MD, MMSc

Manali Kamdar, MD, MBBS

Moderator

Neil Love, MD

Faculty



Jeremy S Abramson, MD, MMSc
Director, Center for Lymphoma
Massachusetts General Hospital
Professor of Medicine
Harvard Medical School
Boston, Massachusetts



MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida



Manali Kamdar, MD, MBBS
Associate Professor
Clinical Director of Lymphoma Services
Morton and Sandra Saffer Endowed Chair in
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Division of Hematology, Hematologic Malignancies
University of Colorado Cancer Center
Aurora, Colorado

Survey Participants



Loretta J Nastoupil, MD

Oncologist
Southwest Oncology
CommonSpirit Mercy Hospital
Durango, Colorado



Jason Westin, MD, MS

Director, Lymphoma Clinical Research
Section Chief, Aggressive Lymphoma
Professor, Department of Lymphoma and Myeloma
The University of Texas MD Anderson Cancer Center
Houston, Texas



Tycler Phillips, MD, FASCO

Associate Professor, Division of Lymphoma
Department of Hematology and Hematopoietic Cell
Transplantation
City of Hope Comprehensive Cancer Center
Duarte, California

Commercial Support

This activity is supported by educational grants from Bristol Myers Squibb and Novartis.

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: Aadi Bioscience, AbbVie Inc, ADC Therapeutics, Agendia Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Arvinas, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeOne, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Clovis Oncology, Coherus BioSciences, Corcept Therapeutics Inc, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, Exact Sciences Corporation, Exelixis Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, GSK, Helsinn Therapeutics (US) Inc, Hologic Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Jazz Pharmaceuticals Inc, Johnson & Johnson, Karyopharm Therapeutics, Kite, A Gilead Company, Kura Oncology, Legend Biotech, Lilly, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Nuvalent, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Rigel Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Pharma America, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, and Tesaro, A GSK Company.

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Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Dr Abramson — Disclosures

Faculty

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Contracted Research	Bristol Myers Squibb, Celgene Corporation, Cellectis, Genentech, a member of the Roche Group, Merck, Mustang Bio, Regeneron Pharmaceuticals Inc, Seagen Inc, Takeda Pharmaceuticals USA Inc

Dr Kamdar — Disclosures

Faculty

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Contracted Research	Novartis
Data and Safety Monitoring Boards/Committees	Celgene Corporation, Genentech, a member of the Roche Group

Dr Nastoupil — Disclosures

Survey Participant

Advisory Committees	AbbVie Inc, AstraZeneca Pharmaceuticals LP, Bristol Myers Squibb, Daiichi Sankyo Inc, Genentech, a member of the Roche Group, Genmab US Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, Kite, A Gilead Company, Merck, Novartis, Regeneron Pharmaceuticals Inc, Takeda Pharmaceuticals USA Inc
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Data and Safety Monitoring Boards/Committees	Genentech, a member of the Roche Group

Dr Phillips — Disclosures

Survey Participant

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Contracted Research	AbbVie Inc, Genentech, a member of the Roche Group, Sobi
Nonrelevant Financial Relationships	Leukemia & Lymphoma Society (LLS) Scholar in Clinical Research

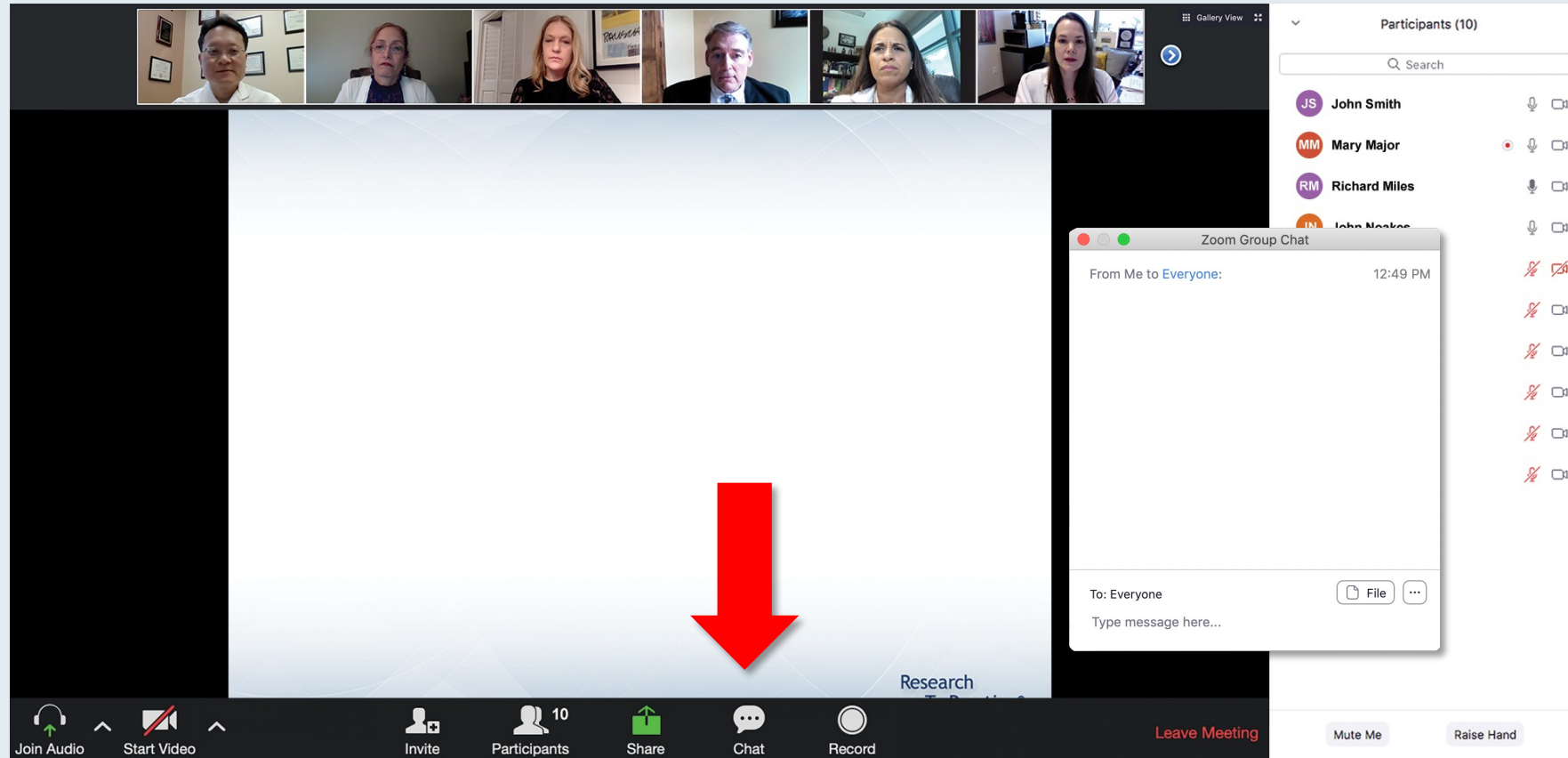
Dr Westin — Disclosures

Survey Participant

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Contracted Research	ADC Therapeutics, Allogene Therapeutics, AstraZeneca Pharmaceuticals LP, Bristol Myers Squibb, Genentech, a member of the Roche Group, Incyte Corporation, Janssen Biotech Inc, Kite, A Gilead Company, MorphoSys, Novartis, Nurix Therapeutics Inc, Regeneron Pharmaceuticals Inc

This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

We Encourage Patients to Submit Questions



Feel free to submit questions now before the program begins and throughout the program.

Familiarizing Yourself with the Zoom Interface

Expand chat submission box

The screenshot shows a Zoom meeting interface. At the top, there's a header bar with participant names: RTP Coordinat..., Kirsten Miller, RTP Mike Rivera, and Lisa Suarez. Below this is a slide titled "Meet The Professor Program Participating Faculty" featuring six faculty members with their photos and titles. To the right of the slide is a chat window. The chat window has a title bar "Chat" and a dropdown menu set to "Me to Panelists". It contains two messages from "Me to Panelists" dated 4:31 PM and 4:32 PM, both welcoming attendees and providing a link to a PDF. At the bottom of the chat window, there's a "To:" dropdown menu set to "Panelists and Attendees" and a text input field "Type message here...". A large red arrow points to the white line above the text input field, indicating where to drag to expand the box.

Meet The Professor Program Participating Faculty

Nancy L Bartlett, MD
Professor of Medicine
Koman Chair in Medical Oncology
Washington University School of Medicine
St Louis, Missouri

Jonathan W Friedberg, MD, MMSc
Samuel E Durand Professor of Medicine
Director, James P Wilmot Cancer Institute
University of Rochester
Rochester, New York

Carla Casulo, MD
Associate Professor of Medicine
Division of Hematology/Oncology
Director, Hematology/Oncology Fellowship Program
University of Rochester
Wilmot Cancer Institute
Rochester, New York

Brian T Hill, MD, PhD
Director, Lymphoid Malignancy Program
Cleveland Clinic Taussig Cancer Institute
Cleveland, Ohio

Christopher R Flowers, MD, MS
Chair, Professor
Department of Lymphoma/Myeloma
The University of Texas MD Anderson Cancer Center
Houston, Texas

Brad S Kahl, MD
Professor of Medicine
Washington University School of Medicine
Director, Lymphoma Program
Siteman Cancer Center
St Louis, Missouri

Chat

Me to Panelists 4:31 PM

Welcome and thank you for attending! To access the slides from today's session please use the link below.
http://images.researchtopractice.com/2021/Meetings/Slides/MTP_ToGo_CLL_2021_April1.pdf

Me to Panelists and Attendees 4:32 PM

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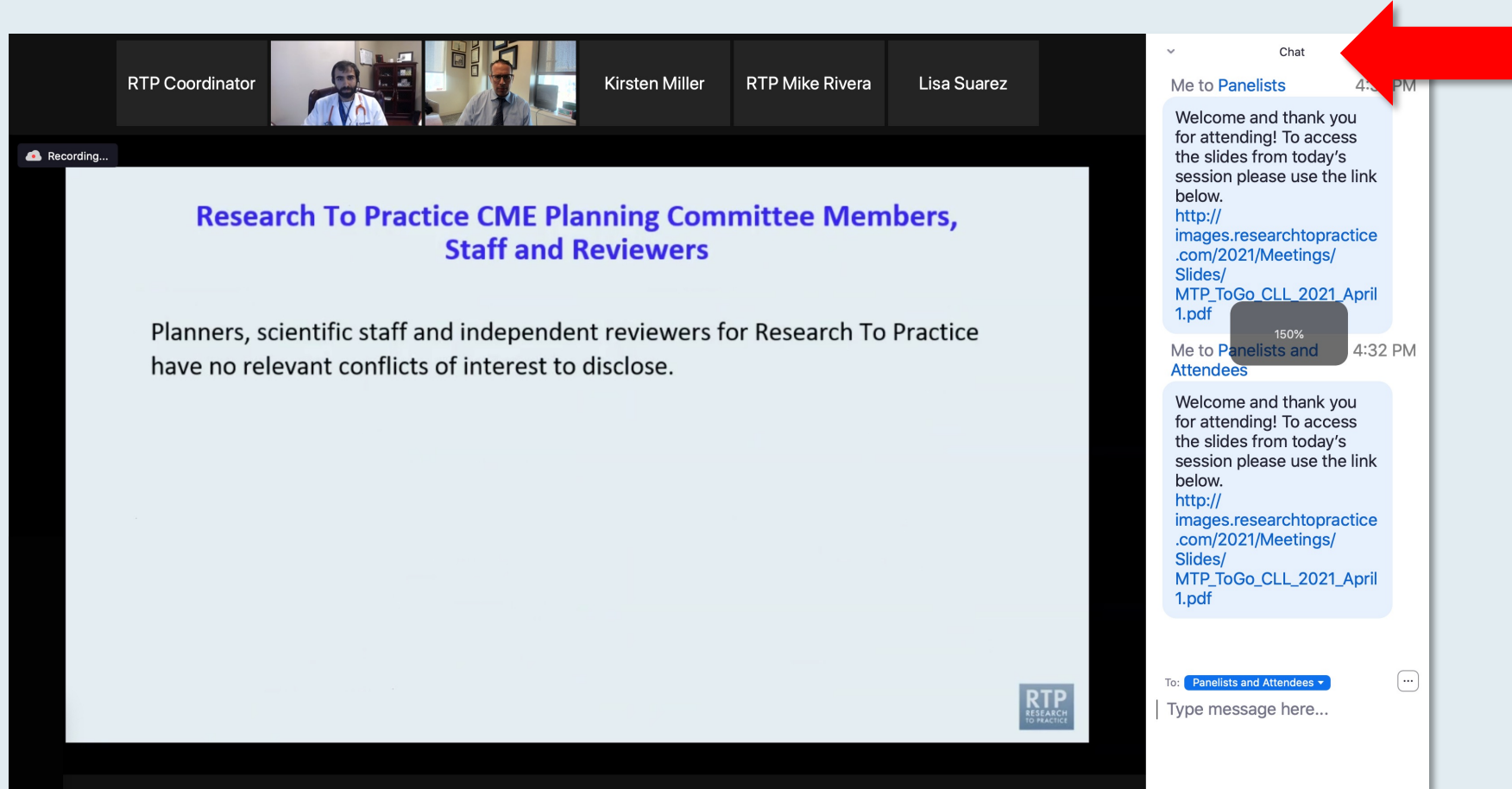
To: Panelists and Attendees

Type message here...

Drag the white line above the submission box up to create more space for your message.

Familiarizing Yourself with the Zoom Interface

Increase chat font size



**Press Command (for Mac) or Control (for PC) and the + symbol.
You may do this as many times as you need for readability.**

Patients in the Audience, Please Complete the Pre- and Postmeeting Surveys

The screenshot shows a Zoom meeting interface. At the top, there is a video gallery with seven participants. The main content area displays a presentation slide with the following text:

Meet The Professor
Optimizing the Selection and Sequencing of Therapy for Patients with Metastatic Gastrointestinal Cancer
Wednesday, August 25, 2022
5:00 PM – 6:00 PM EST
Faculty
Wells A Messersmith, MD
Moderator
Neil Love, MD

Below the slide, a "Quick Survey" pop-up is visible. It contains a list of radio button options for various treatment regimens, including combinations of Ceritinib, Pomalidomide, Elotuzumab, Daratumumab, and Isazomib with or without dexamethasone. A "Submit" button is at the bottom of the survey.

On the right side of the interface, a "Participants (10)" list is shown, listing names and their status (e.g., muted, video on/off). At the bottom, there is a toolbar with icons for Join Audio, Start Video, Invite, Participants, Share, Chat, Record, and a "Leave Meeting" button.

The screenshot shows a Zoom meeting interface. At the top, there is a video gallery with seven participants. The main content area displays a presentation slide with the following text:

Regulatory and reimbursement issues aside, which treatment would you recommend for a 65-year-old patient with metastatic clear cell renal cell carcinoma (ccRCC) who has been on a tyrosine kinase inhibitor (TKI) for 3 years and whose follow-up 3 years later is found to have asymptomatic disease (PS 0)?

Below the slide, a "Quick Poll" pop-up is visible. It contains a list of radio button options for various treatment regimens, including combinations of Nivolumab, Avelumab, Pembrolizumab, and Tyrosine kinase inhibitor (TKI) monotherapy. A "Submit" button is at the bottom of the poll.

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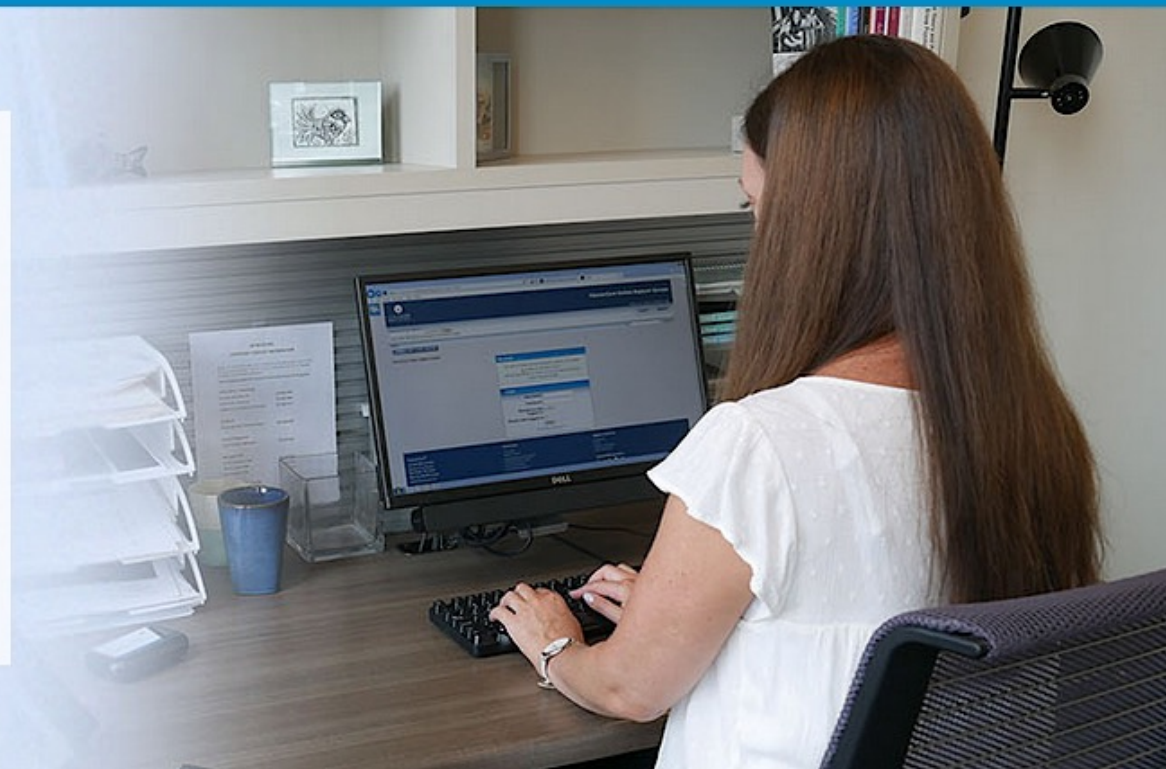
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Blood Cancers Patient Support Group

Online

Our blood cancers patient support group **provides a safe space to connect with others** coping with a blood cancer and is **led by an oncology social worker** who provides emotional and practical support.



Faculty



Jeremy S Abramson, MD, MMSc
Director, Center for Lymphoma
Massachusetts General Hospital
Professor of Medicine
Harvard Medical School
Boston, Massachusetts



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Research To Practice
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Jason Westin, MD, MS

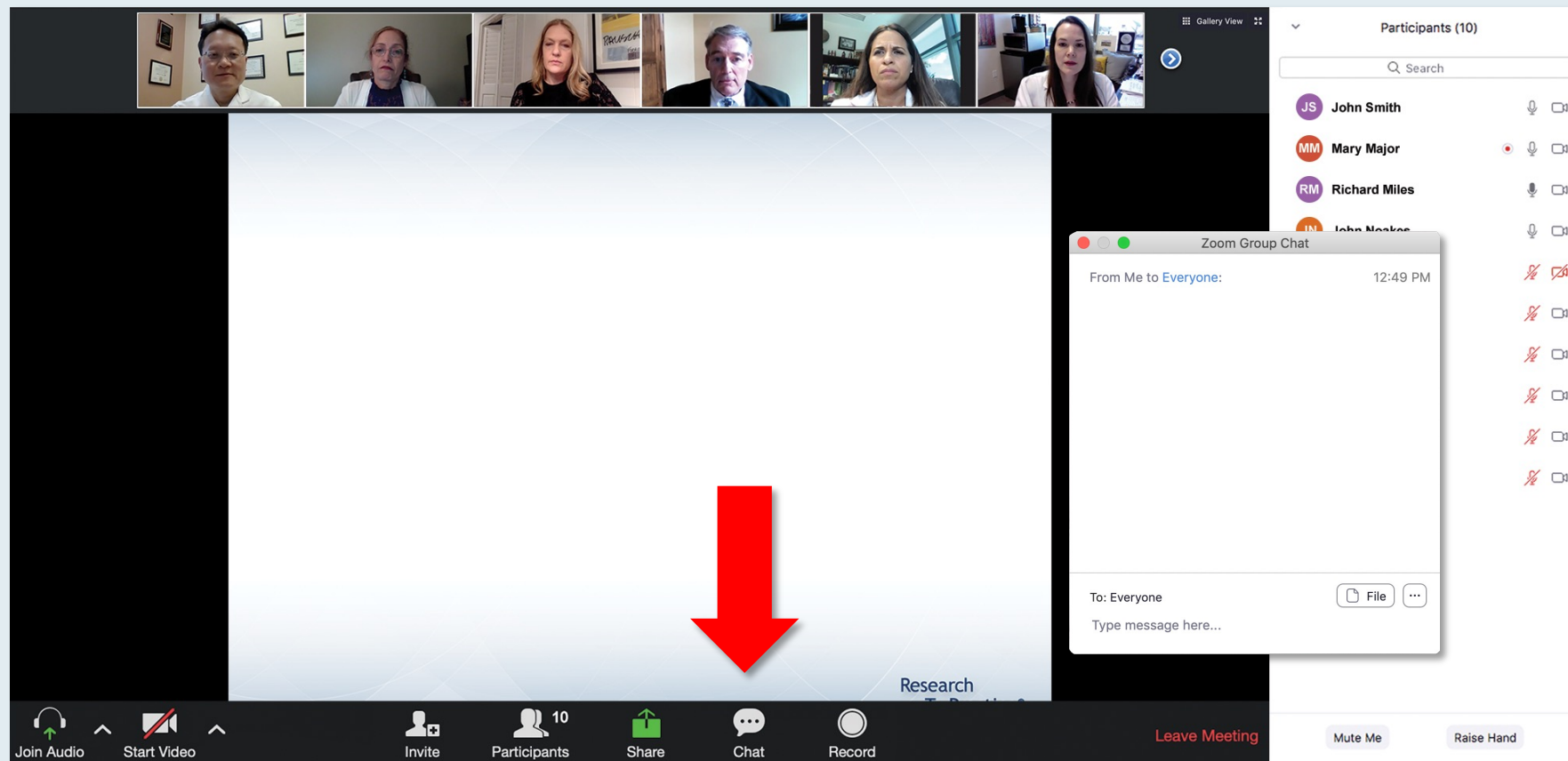
Director, Lymphoma Clinical Research
Section Chief, Aggressive Lymphoma
Professor, Department of Lymphoma and Myeloma
The University of Texas MD Anderson Cancer Center
Houston, Texas



Tycler Phillips, MD, FASCO

Associate Professor, Division of Lymphoma
Department of Hematology and Hematopoietic Cell
Transplantation
City of Hope Comprehensive Cancer Center
Duarte, California

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Faculty

Jeremy S Abramson, MD, MMSc

Manali Kamdar, MD, MBBS

Moderator

Neil Love, MD

Dr Abramson — Disclosures

Faculty

Consulting Agreements	AbbVie Inc, ADC Therapeutics, AstraZeneca Pharmaceuticals LP, BeOne, Bristol Myers Squibb, Celgene Corporation, Foresight Diagnostics, Genentech, a member of the Roche Group, Gilead Sciences Inc, Interius BioTherapeutics, Miltenyi Biotec, Novartis, Roche Laboratories Inc, Seagen Inc
Contracted Research	Bristol Myers Squibb, Celgene Corporation, Cellectis, Genentech, a member of the Roche Group, Merck, Mustang Bio, Regeneron Pharmaceuticals Inc, Seagen Inc, Takeda Pharmaceuticals USA Inc

Dr Kamdar — Disclosures

Faculty

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Contracted Research	Novartis
Data and Safety Monitoring Boards/Committees	Celgene Corporation, Genentech, a member of the Roche Group

Dr Nastoupil — Disclosures

Survey Participant

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Data and Safety Monitoring Boards/Committees	Genentech, a member of the Roche Group

Dr Phillips — Disclosures

Survey Participant

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Nonrelevant Financial Relationships	Leukemia & Lymphoma Society (LLS) Scholar in Clinical Research

Dr Westin — Disclosures

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Cancer Q&A: Understanding the Role and Reality of CAR (Chimeric Antigen Receptor) T-Cell Therapy for Non-Hodgkin Lymphoma

A CME/MOC-Accredited Webinar Developed in Partnership with CancerCare®

**Wednesday, November 12, 2025
5:00 PM – 6:00 PM ET**

Faculty

**Jeremy S Abramson, MD, MMSc
Loretta J Nastoupil, MD**

Moderator

Neil Love, MD



Cancer Q&A

CAR T-Cell Therapy for Non-Hodgkin Lymphoma

Introduction: About This Program

Module 1: Overview of CAR T-Cell Therapy

Module 2: Potential Treatment Benefits of CAR T-Cell Therapy

Module 3: CRS (Cytokine Release Syndrome) and ICANS (Immune Effector Cell-Associated Neurotoxicity Syndrome)

Module 4: Finding Information About CAR T; Clinical Trials

Module 5: Financial Issues; Risk of Infection

Module 6: Coping with Anxiety; Healing and Moving On

Cancer Q&A

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Module 6: Coping with Anxiety; Healing and Moving On

Cancer Q&A: Addressing Common Questions Posed by Patients with Relapsed/Refractory Multiple Myeloma

A Live Webinar for Patients, Developed in Partnership with CancerCare®

Wednesday, July 23, 2025

6:00 PM – 7:00 PM ET

Faculty

Natalie S Callander, MD

Sagar Lonial, MD, FACP

Moderator

Neil Love, MD

Cancer Q&A: Addressing Common Questions Posed by Patients with Relapsed/Refractory Multiple Myeloma

A CME/MOC-Accredited Webinar Developed in Partnership with CancerCare®

Thursday, August 7, 2025

5:00 PM – 6:00 PM ET

Faculty

Natalie S Callander, MD

Sagar Lonial, MD, FACP

Moderator

Neil Love, MD

RTP Playlist with Neil Love, MD



Webinar for patients and families
on relapsed multiple myeloma with
Drs Natalie Callander and Sagar Lonial.



Relapsed Multiple
Myeloma: Where We Were,
Where We Are (4 min)



Common Questions from
the Beginning (5 min)

Choosing Treatment
Options (4 min)



Clinical Research Trials
(6 min)

Neuropathy (5 min)



Chimeric Antigen Receptor
(CAR) T-Cell Therapy
(6 min)

Bispecific Antibodies
(8 min)



Antibody-Drug
Conjugates: Belantamab
Mafadotin (8 min)



Interacting with the
Oncology Team (5 min)



Other Questions (4 min)

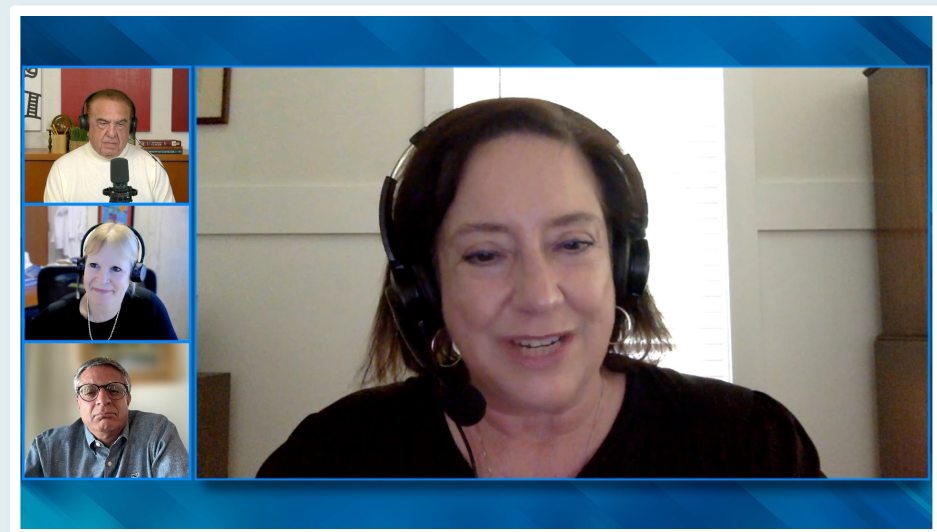
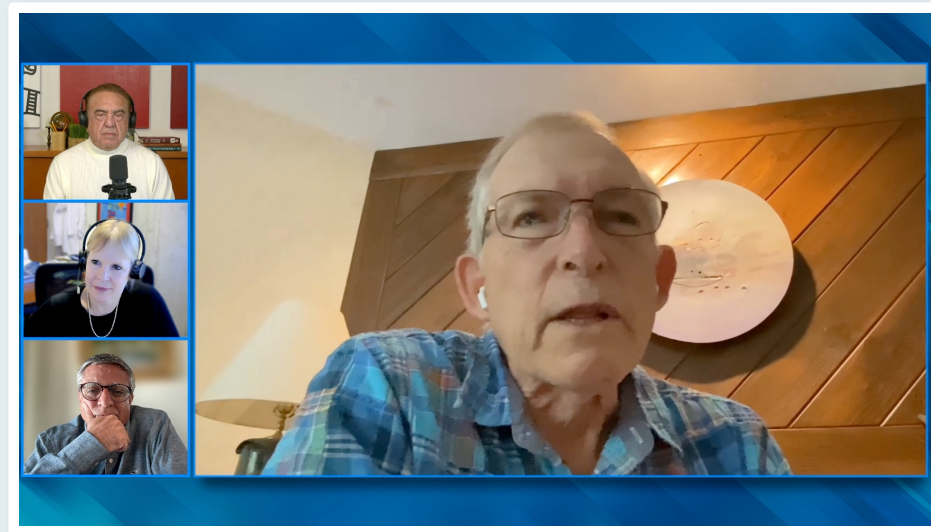
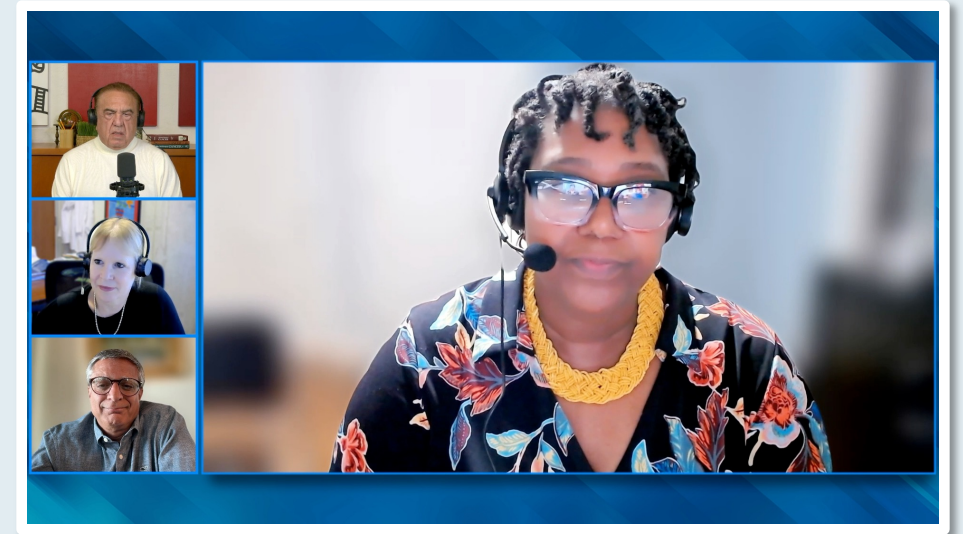
Recording of Entire
Webinar (62 min)

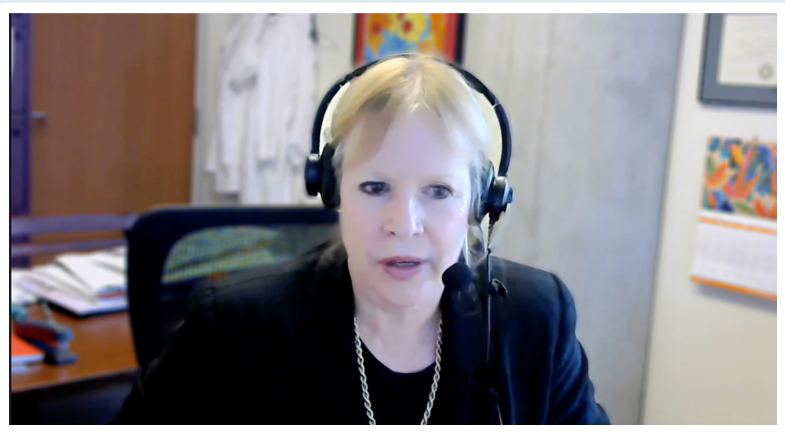
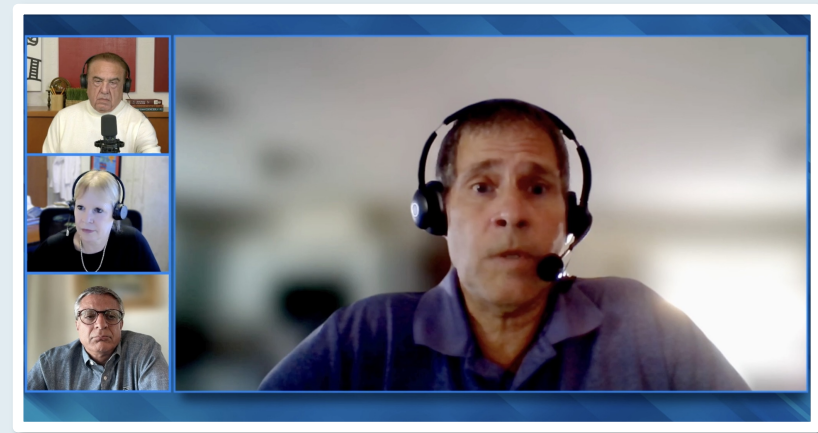
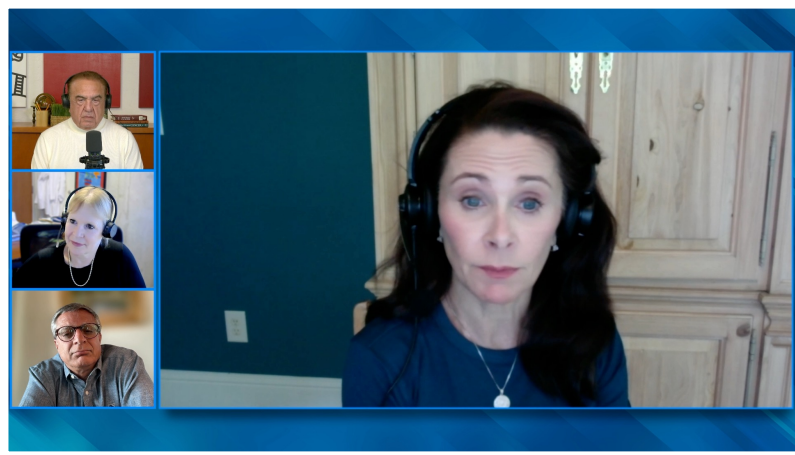


Feedback (Please!)

DrNeilLove@ResearchToPractice.com

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Cancer Q&A

CAR T-Cell Therapy for Non-Hodgkin Lymphoma

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Overview of CAR T-cell therapy



Overview of CAR T-Cell Treatment



Dr Abramson

CAR T cells harness the power of your own immune system to fight the lymphoma. Both CAR T-cell products have identical efficacy. One is less toxic but takes about a week longer to manufacture.



Dr Kamdar

Cytopenias, secondary malignancy risk and infection risk are similar across constructs. Manufacturing time is different across different products.



Dr Nastoupil

Liso-cel is generally associated with lower rates of CRS and neurotoxicity. The one limitation is the median manufacturing time is about 24 days.



Dr Phillips

All CAR products are derived from the patients own T cells. They are modified to better recognize and kill cancer cells. Axi-cel/brexu-cel has a Ferrari engine; Liso-cel and tis-cel have a Corvette engine.



Dr Westin

The approved products are very similar – we take T cells and turn them in to lymphoma-fighting weapons, which are more effective to get and stay in remission than other treatments. The main differences are logistics and side effects.

CRS = cytokine release syndrome

Cancer Q&A

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Potential treatment benefits of CAR T-cell therapy



Selecting a CAR T-Cell Product



Dr Abramson

We consider multiple factors, including efficacy, safety, manufacturing time and ability to administer in the outpatient setting.



Dr Kamdar

I consider disease subtype, efficacy data, tumour burden, patient symptoms, time it will take to manufacture, patient age, comorbidities, performance status, caregiver support.



Dr Nastoupil

Key factors are type of lymphoma, line of therapy, response to prior treatment, comorbid conditions, disease burden and tempo.



Dr Phillips

Liso-cel is appropriate alternative to axi-cel for DLBCL. For a patient w/ high burden or aggressive disease the choice might be axi-cel. For FL, the preference is liso-cel. For MCL the preference is brexu-cel.



Dr Westin

I weigh the pros and cons of each product: If the disease is progressing quickly, I choose speed and reliability of manufacturing. If the patient is frail, I choose safety of the toxicity profile.

Selecting a CAR T-Cell Product

Manali Kamdar, MD, MBBS

When I choose a CAR-T product, I consider:

- Disease subtype and efficacy data for that construct in that histology
- Tumor burden, patient symptoms, time it will take to manufacture one construct versus the other
- Patient profile: age, comorbidities, performance status, caregiver support
- Logistics: inpatient versus outpatient feasibility, manufacturing time and caregiver support

The goal is to tailor the product to both disease biology and patient resilience.

Bridging Therapy



Dr Abramson

Bridging therapy is treatment used to control the disease and symptoms while the CAR T cells are being manufactured. We have both systemic options and radiation therapy.



Dr Kamdar

Bridging therapy is anything we do to stabilize disease while CAR T cells are being manufactured. The goal is to keep the disease under control.



Dr Nastoupil

Patients are likely to have better outcomes regarding both safety and efficacy if they proceed with CAR T with disease regressing as opposed to progressing.



Dr Phillips

Bridging therapy is needed to slow the progression of cancer long enough to allow for collection, manufacture and return of the CAR product; especially helpful for rapidly progressive disease.



Dr Westin

Bridging therapy is not always required, especially if the amount of lymphoma is low and speed of disease growth is slow.

Key Time Points in the CAR T Journey



Dr Abramson

CAR T-cells are a multi-step process, but the actual treatment is given as a single infusion, not multiple cycles like many other therapies.



Dr Kamdar

I map out the process clearly. I reassure them that if the first 2 weeks go smoothly, they can often transition home or local lodging, continuing close follow-up.



Dr Nastoupil

Patients are monitored at the treating center until they are deemed safe to return home. Patients are followed closely for the first 90 days.



Dr Phillips

The first step is insurance approval. This can vary from patient to patient. Next step after approval is obtaining an apheresis slot, for which thereafter we will collect cells.



Dr Westin

The key time points are the decision, the approval, the collection, the manufacturing, the delivery, and the follow-up. For follow-up, patients have testing like PET/CT scans and blood work, and to work with their local oncologist on recovering from any leftover side effects.

Key Time Points in the CAR T Journey

Manali Kamdar, MD, MBBS

I map out the process clearly:

1. Initial consult and eligibility review
2. Apheresis (cell collection)
3. Bridging therapy (if needed)
4. Manufacturing period (usually 3-5 weeks)
5. Lymphodepleting chemotherapy
6. Cell infusion (day 0)
7. Monitoring phase (days 0-14) for CRS or ICANS
8. Response assessment at day 30 or 90, depending on institutional programmatic approach
9. Follow-up phase: infection prophylaxis, labs and clinic visits for at least 6 months

I reassure them that if the first 2 weeks go smoothly, they can often transition home or to local lodging, continuing close follow-up.

Follicular Lymphoma



Dr Abramson

Responses to CAR T last about 5 years on average, but far longer responses are possible. Some patients will never relapse after this treatment.



Dr Kamdar

My preferred CAR T is lisocabtagene maraleucel (liso-cel), which offers an attractive balance of efficacy and tolerability. Remission can be long-lasting — and possibly curative.



Dr Nastoupil

I recommend liso-cel primarily because it is associated with a manageable safety profile.



Dr Phillips

My preference is liso-cel; the hope is that w/ time we might identify a subset of patients that could potentially achieve a cure or a “functional” cure.



Dr Westin

Axi-cel. We choose this treatment because more than half of patients are alive and did not require additional lymphoma therapy with more than 5 years of follow up – hopefully some of those patients are cured.

Diffuse Large B-Cell Lymphoma



Dr Abramson

The majority of patients will respond; about half will go into complete remission. Close to 40% will be cured.



Dr Kamdar

I generally prefer liso-cel for DLBCL. The 5-year follow-up data across all constructs suggest a roughly 40% chance of long-term remission or cure, but liso-cel has a more favorable safety profile.



Dr Nastoupil

I generally favor liso-cel for older or frailer patients given the favorable toxicity profile. For young, fit patients, I prefer axi-cel with the favorable manufacturing time.



Dr Phillips

Preference would be based on age/fitness; for younger/fit patients axi-cel and for older patients liso-cel. This would be administered w/ the intent to cure. Patients in remission at day 90 have a great chance of long-term cure.



Dr Westin

Axi-cel. For your relapsed DLBCL, we have one chance to provide a curative intent therapy and thus reliability of manufacturing is key. Axi-cel cures about 40% of patients with this otherwise fatal disease.

Mantle Cell Lymphoma



Dr Abramson

The vast majority of patients in this situation will respond, and most will go into complete remission. Remissions last 1-2 years on average, but remission may last much longer. Pirtobrutinib may be used as bridging therapy.



Dr Kamdar

For younger, fit patients, brexucabtagene autoleucel (brexu-cel) remains my preferred choice. For older or frail patients, I favor liso-cel due to its lower toxicity and outpatient feasibility.



Dr Nastoupil

I would prefer liso-cel for multiply-relapsed MCL. I would favor brexu-cel for a young, fit patient with high-risk disease in first relapse.



Dr Phillips

Preference is brexu-cel. Treatment is not curative and the disease will relapse. For those unable to receive brexu-cel we use liso-cel.



Dr Westin

Liso-cel. For your relapsed MCL, we want to balance concerns for effective treatment and risk of side effects. The other options are impressive, but have a higher risk of severe side effects.

Cancer Q&A

CAR T-Cell Therapy for Non-Hodgkin Lymphoma

Introduction: About This Program

Module 1: Overview of CAR T-Cell Therapy

Module 2: Potential Treatment Benefits of CAR T-Cell Therapy

Module 3: CRS (Cytokine Release Syndrome) and ICANS (Immune Effector Cell-Associated Neurotoxicity Syndrome)

Module 4: Finding Information About CAR T; Clinical Trials

Module 5: Financial Issues; Risk of Infection

Module 6: Coping with Anxiety; Healing and Moving On

CRS (cytokine release syndrome) and ICANS (immune effector cell-associated neurotoxicity syndrome)



CRS



Dr Abramson

The most common symptom is fever, but it can uncommonly get worse. We give an antidote called tocilizumab with or without steroids which rapidly improves the CRS and usually prevents it from becoming severe.



Dr Kamdar

I describe CRS as the “immune storm” that tells us the CARs are expanding — fever, chills, low blood pressure, shortness of breath — ranging from mild to severe.



Dr Nastoupil

The spectrum of CRS is dependent on the product regarding the likelihood of experiencing it at all and how serious it might be. Nearly all patients will have fever. Generally, the course of CRS is relatively short.



Dr Phillips

CRS is manifested by fever but this is generally preceded by tachycardia. Some patients require ICU.



Dr Westin

I describe CRS as similar to having an infection like the flu — sometimes you can have fever and body aches and that’s it, other times you can see low blood pressure and a trip to the ICU.

ICANS



Dr Abramson

The most common symptoms are confusion, sleepiness or word-finding difficulties.



Dr Kamdar

ICANS often follows or overlaps with CRS, most commonly within 8-14 days post infusion. Early recognition is key, and we maintain daily neurologic checks during the acute phase.



Dr Nastoupil

ICANS is variable and unpredictable. It generally will occur after a patient has experienced CRS. It can be rapid in onset and resolution.



Dr Phillips

Initial management is w/ steroids and depends on severity and duration of symptoms. For most patients this is reversible.



Dr Westin

ICANS is brain dysfunction, which is nearly always reversible. There are no effective preventative strategies, and treatments can prevent ICANS from worsening.

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Finding information about CAR T; clinical trials



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Financial issues; risk of infection



Financial Issues



Dr Abramson

Insurance covers the CAR T cells and associated care. Costs may be associated with needing to stay near our center for 2-4 weeks, but support and reimbursement programs are available.



Dr Kamdar

I emphasize the importance of caregiver support, possible work or income disruption, and the option of FMLA for caregivers. Financial counselors and social workers assist.



Dr Nastoupil

Insurance coverage may impact which centers are available and this can result in long travel. Patients have several visits to the treating center and are generally not able to work and this too can be a financial stressor.



Dr Phillips

Work can be an important issue. Also, there is need for a caregiver, which requires another person to be off work for an extended period, which for some is not financially feasible.



Dr Westin

As anything complicated, CAR T treatment can have financial challenges, like needing to be away from home for monitoring and needing to have a caregiver(s) to take off work.

Potential Long-Term Complications



Dr Abramson

Prophylactic antibiotics are used until healthy lymphocytes have recovered. We also monitor antibody levels, and may use IVIG. We will also consider vaccines to help prevent infections.



Dr Kamdar

The primary concern is immunosuppression and infection risk due to prolonged B-cell aplasia and hypogammaglobulinemia. I keep patients on antiviral and PJP prophylaxis for at least 6 months.



Dr Nastoupil

B-cell depletion can increase the risk of infection, particularly viral infections. Monitoring IgG levels and IVIG replacement is also a consideration to reduce the risk of infection.



Dr Phillips

We continue anti-infection prophylaxis until blood count recovery.



Dr Westin

CAR T cells kill B cells, both good and bad ones, and not having good B cells for months afterwards can open you up to unusual infections.

IVIG = intravenous immunoglobulin; PJP = Pneumocystis jirovecii pneumonia

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Coping with anxiety; healing and moving on





Thank you for joining us!

Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us. The survey will remain open for 5 minutes after the meeting ends.