



# Patient Considerations for CAR T Cell Therapy


# Journey Through the CAR T Cell Therapy Process



Icon indicates areas of collaboration between the non-CAR T and CAR T treatment teams




## Patient identification<sup>1,2</sup>

- Appropriate patients are identified for treatment at qualified treatment sites or referring sites
-  Early collaboration may facilitate timely referral and eligibility evaluation
- Once a patient is confirmed as eligible, leukapheresis is scheduled



## Apheresis<sup>1-4</sup>


- Before apheresis, patients undergo a washout of prior medications that may affect T cell health to ensure optimal collection
-  Physicians, APPs, and nurse coordinators all play a role in ensuring a proper washout occurs before apheresis
- Patients then undergo apheresis, which involves collection of white blood cells
- The collected apheresis product is then sent to the manufacturer



## Manufacturing



## Bridging<sup>1,3</sup>

- Bridging therapy may be given to maintain disease control during CAR T cell manufacturing
-  Appropriate bridging therapy should be discussed and coordinated between the referring physicians and those treating with CAR T cell therapy




## LDC and Infusion<sup>1-3</sup>

- LDC is administered prior to CAR T cell infusion to deplete endogenous T cells and create an environment for CAR T cell expansion
- Infusion will then occur at the qualified treatment center



## Monitoring and long-term follow-up<sup>1,2,5</sup>

- After infusion, patients are closely monitored for at least 2 weeks at the CAR T cell therapy treatment site, and side effects are promptly managed
- After at least 2 weeks, patients may be discharged back to the referring physician's care
-  Communication continues between the CAR T cell therapy treatment center and the primary hematologist/oncologist as patients are monitored long-term

APP, advanced practice provider; CAR, chimeric antigen receptor; LDC, lymphodepleting chemotherapy.

**References:** 1. Beaupierre A, et al. *J Adv Pract Oncol*. 2019;10(Suppl 3):29-40. 2. Beaupierre A, et al. *Clin J Oncol Nurs*. 2019;23:27-34. 3. McGuirk J, et al. *Cytotherapy*. 2017;19(9):1015-1024. 4. Qayed M, et al. *Cytotherapy*. 2022;S1465-3249(22)00641-7. 5. US Food and Drug Administration. Accessed June 27, 2025. <https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-eliminates-risk-evaluation-and-mitigation-strategies-rems-autologous-chimeric-antigen-receptor>

# CAR T Academy: Patient Considerations for CAR T Cell Therapy

01: PATIENT EVALUATION

02: SELECT CONSIDERATIONS AROUND CAR T CELL INFUSION

03: PATIENT CHARACTERISTICS AND OUTCOMES

04: BRIDGING THERAPY AND PRIOR TREATMENT EFFECTS ON  
PATIENT OUTCOMES

# Coordination Between Primary Hematologist and CAR T Cell Treatment Team

## Primary Hematologist



Refers the patient for CAR T cell therapy

- Patient assessment begins with the primary hematologist<sup>1</sup>
  - It is important that primary physicians be knowledgeable of the eligibility criteria for CAR T cell therapy<sup>2</sup>
- Medical records, including pathology reports, historical imaging, laboratory values, treatment history, and other salient information should be provided by the referring provider for consideration by the CAR T cell treatment team<sup>3</sup>

## CAR T Cell Treatment Team



The clinical staff at a qualified treatment facility

- Referred patients meet with members of the CAR T treatment team to determine if CAR T cell therapy is right for them<sup>3</sup>
- Efficient pre-screening of patients can expedite the next step in therapy for the patient, whether that be undergoing apheresis for CAR T cell therapy or receiving another therapeutic option<sup>3</sup>

References: 1. Beupierre A, et al. *J Adv Pract Oncol*. 2019;10(Suppl 3):29-40. 2. Beupierre A, et al. *Clin J Oncol Nurs*. 2019;23:27-34. 3. McGuirk J, et al. *Cytotherapy*. 2017;19(9):1015-1024.

# Patient Workup at the CAR T Cell Treatment Center

After referral to a CAR T cell treatment center, patient workup may include:

- Review of medical and treatment history<sup>1,2</sup>
  - May require confirmatory biopsy of disease if not recently completed or reviewed<sup>2</sup>
- Assessment of organ function, comorbidities, and performance status<sup>1</sup>
- Laboratory studies<sup>2</sup>
  - CRP, ferritin, LDH, CBC with differential, comprehensive metabolic panel<sup>2</sup>
  - Screening for infections including hepatitis B, hepatitis C, and HIV<sup>3</sup>



Referring centers are often responsible for providing current patient records including diagnostic scans and pathology reports, along with a complete patient history and physical<sup>2</sup>

CBC, complete blood count; CRP, C-reactive protein; HIV, human immunodeficiency virus; LDH, lactate dehydrogenase.

References: 1. McDermott K, Spendley L. *J Adv Pract Oncol*. 2019;10(Suppl 3):11-20. 2. Beupierre A, et al. *Clin J Oncol Nurs*. 2019;23:27-34. 3. Yakoub-Agha I, et al. *Haematologica*. 2020;105(2):297-316.

# Considerations for CAR T Cell Therapy

## General considerations for CAR T cell therapy:

- ✓ Have a disease as defined in commercial indication or in clinical trial<sup>1</sup>
- ✓ Adequate marrow and organ function, as well as patient fitness and performance status<sup>2,3</sup>
- ✓ Do not administer to patients with active infections or inflammatory disorders<sup>3,4,a</sup>
- ✓ Prior chemotherapy exposure may adversely affect quality of circulating T cells<sup>2</sup>
- ✓ Allogeneic stem cell transplant before CAR T cell therapy may increase the risk of graft-versus-host disease (GVHD)<sup>5</sup>

**These considerations are typically part of the general workup conducted and do not necessarily disqualify patients from CAR T cell therapy**

## Additional considerations:

- ✓ Socioeconomic factors<sup>1</sup>
- ✓ Caregiver support<sup>6</sup>
- ✓ Social work evaluation<sup>7</sup>
- ✓ Stay in close proximity of treating institution for at least 2 weeks after CAR T cell infusion<sup>8</sup>

**Centers and manufacturers may have resources to assist eligible patients**



**Precise criteria for eligibility vary by malignancy, treatment regimen or protocol, and CAR T cell product<sup>3</sup>**

<sup>a</sup> Including hepatitis B, hepatitis C, HIV, and CMV.

CMV, cytomegalovirus; HIV, human immunodeficiency virus.

**References:** 1. Taylor L, et al. *Clin J Oncol Nurs*. 2019;23:20-26. 2. Yakoub-Agha I, et al. *Haematologica*. 2020;105(2):297-316. 3. Leukemia & Lymphoma Society. Facts about chimeric antigen receptor (CAR) T-cell therapy. 2022. 4. Hill JA, Seo SK. *Blood* 2020;136(8):925-935. 5. Wall DA, Krueger J. *Curr Oncol*. 2020;27(suppl 2):S115-S123. 6. Beaupierre A, et al. *J Adv Pract Oncol*. 2019;10(Suppl 3):29-40. 7. Perica K, et al. *Biol Blood Marrow Transplant*. 2018;24(6):1135-1141. 8. US Food and Drug Administration. Accessed June 27, 2025. <https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-eliminates-risk-evaluation-and-mitigation-strategies-rems-autologous-chimeric-antigen-receptor>

# Considerations For CAR T Cell Therapy May Differ From Criteria For Stem Cell Transplants<sup>1</sup>

General considerations for candidates for stem cell transplant:

- ✓ Age<sup>2</sup>
- ✓ Adequate patient fitness, performance status, and organ function<sup>2</sup>
- ✓ Tolerant of high doses of chemotherapy<sup>3,4</sup>
- ✓ Chemosensitivity (precise recommendations may vary by institution)<sup>4,5</sup>

It is important to recognize that eligibility for CAR T cell therapy may differ from criteria for stem cell transplants<sup>1</sup>

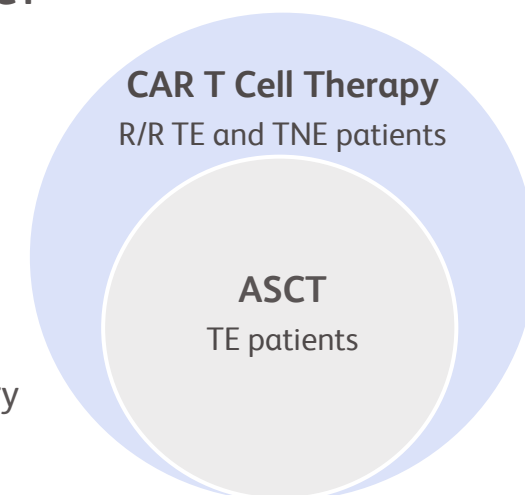
Real-world data has estimated that only approximately **25%** of eligible patients have received CAR T cell therapy<sup>6</sup>

Additional considerations:

- ✓ Socioeconomic factors<sup>2</sup>
- ✓ Caregiver support<sup>2</sup>
- ✓ Social work evaluation<sup>2</sup>

CAR T cell therapy is appropriate for a broader patient pool than ASCT<sup>7,8</sup>

- ✓ Poor performance status
- ✓ No upper age limit (≥18 years)
- ✓ Regardless of SCT eligibility (comorbidities)
- ✓ Chemosensitive or chemorefractory



ASCT, autologous stem cell transplant; R/R, relapsed/refractory; SCT, stem cell transplant; TE, transplant eligible; TNE, transplant non-eligible.

**References:** 1. Li C, et al. *JCI Insight*. 2019;4(16):e130195. 2. Tay J, et al. *Bone Marrow Transplant*. 2019;54:368-382. 3. Gisselbrecht C, Van Den Neste E. *Br J Haematol*. 2018;182(5):633-643. 4. Memorial Sloan Kettering Cancer Center. Autologous Stem Cell Transplant: A Guide for Patients & Caregivers. Accessed August 12, 2021. <https://www.mskcc.org/pdf/cancer-care/patient-education/autologous-stem-cell-transplant-guide-patients-caregivers>. 5. Gisselbrecht C, et al. *J Clin Oncol*. 2010;28(27):4184-4190. 6. Perales MA et al. *Transplant Cell Ther*. 2025;31(2):S391. 7. Sehgal A et al. *Lancet Oncol*. 2022;23:1066–1077. 8. Vic S et al. *Eur J Cancer*. 2022;175:246-253.

# CAR T Academy: Patient Considerations for CAR T Cell Therapy

01: PATIENT EVALUATION

02: SELECT CONSIDERATIONS AROUND CAR T CELL INFUSION

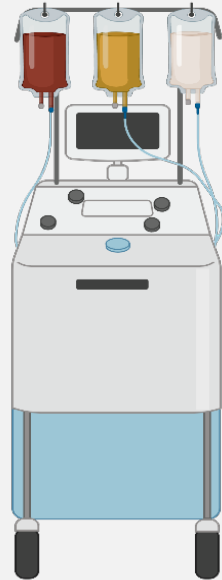
03: PATIENT CHARACTERISTICS AND OUTCOMES

04: BRIDGING THERAPY AND PRIOR TREATMENT EFFECTS ON  
PATIENT OUTCOMES



# Washout Periods Prior to Apheresis

The washout period prior to apheresis is critical to ensure a sufficient number of cells can be collected for CAR T cell manufacturing<sup>1</sup>



- Pre-apheresis washout periods may vary based on agent:
  - Chemotherapy (typically 2 weeks)<sup>2</sup>
  - Immunomodulatory drugs (typically 2 weeks)<sup>2</sup>
  - Immunosuppressants (typically earliest possible stop time)<sup>2</sup>
  - Steroids (typically greater than 72 hours)<sup>2</sup>
  - Radiation is lymphodepleting and should be delivered after apheresis. Radiation therapy is not recommended prior to apheresis<sup>3,4</sup>
  - **Alkylating agents may require washout periods up to 6-9 months due to potential detrimental effects on apheresed PBMCs<sup>5</sup>**
- Apheresis for CAR T cell therapy is discouraged within three months of allogeneic stem cell transplantation because of risk for GVHD<sup>2</sup>

GVHD, graft-versus-host disease; PBMC, peripheral blood mononuclear cell.

**References:** 1. Wall DA, Krueger J. *Curr Oncol.* 2020;27(suppl 2):S115-S123. 2. Beaupierre A, et al. *Clin J Oncol Nurs.* 2019;23(2):27-34. 3. Dreyfuss AD, et al. *Pract Radiat Oncol.* 2020;10(3):e155-e158. 4. Fang PQ, et al. *Front Oncol.* 2021;11:648655. 5. Rytlewski J, et al. Abstract 1405. Abstract presented at: American Society of Hematology Annual Meeting 2020. December 5, 2020.

# Select Considerations Prior to CAR T Cell Infusion

- Premedication with acetaminophen derivatives and antihistamines to reduce the risk of infusion site reactions from CAR T cell therapy<sup>1</sup>
- Prophylactic systemic corticosteroids may interfere with activity of CAR T cell therapy and should be avoided<sup>2,3</sup>
- Access via peripheral or central line for infusion of CAR T cell product, as indicated by each product's prescribing information<sup>4</sup>
- Washout period between prior therapy (including bridging therapy) and CAR T cell infusion to avoid interference with CAR T cell activity<sup>3</sup>
- CAR T cell therapy should not be administered to patients with active uncontrolled infections or inflammatory disorders<sup>5-11</sup>



**References:** 1. McDermott K, Spendley L. *J Adv Pract Oncol*. 2019;10(Suppl 3):11-20. 2. Yáñez L, et al. *Hemasphere*. 2019;3(2):e186. 3. Wall DA, Krueger J. *Curr Oncol*. 2020;27(suppl 2):S115-S123. 4. Memorial Sloan Kettering Cancer Center. CAR T Cell Therapy: A Guide for Adult Patients & Caregivers. Accessed July 23, 2025. <https://www.mskcc.org/pdf/cancer-care/patient-education/car-cell-therapy-guide-adult-patients-caregivers>. 5. National Institutes of Health. DailyMed. Accessed August 5, 2021. Available at <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=594bb413-af3b-4b97-afb3-bfe2b174f2ed>. 6. National Institutes of Health. Accessed August 5, 2021. DailyMed. Available at <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b90c1fe7-f5cc-464e-958a-af36e9c26d7c>. 7. National Institutes of Health. DailyMed. Accessed August 10, 2021. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=aad3ba54-dfd3-4cb3-9e2b-c5ef89559189>. 8. National Institutes of Health. DailyMed. Accessed August 10, 2021. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=9b70606e-b99c-4272-a0f1-b5523cce0c59>. 9. National Institutes of Health. DailyMed. Accessed July 7, 2025. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=7d040b91-3fb8-41db-ba7f-60a36f06e2c2>. 10. National Institutes of Health. DailyMed. Accessed July 7, 2025. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a16108c2-7ca7-45af-965e-54bda4713022>. 11. National Institutes of Health. DailyMed. Accessed July 7, 2025. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=4fef6986-b988-45e4-8c20-b14f0ef1f538&audience=consumer>

# CAR T Academy: Patient Considerations for CAR T Cell Therapy

01: PATIENT EVALUATION

02: SELECT CONSIDERATIONS AROUND CAR T CELL INFUSION

03: PATIENT CHARACTERISTICS AND OUTCOMES

04: BRIDGING THERAPY AND PRIOR TREATMENT EFFECTS ON  
PATIENT OUTCOMES

# Factors That May be Associated with Poor Outcomes<sup>a</sup>

- Several baseline factors have been found to be independently associated with risk of relapse after CAR T cell therapy including:
    - Elevated LDH and CRP
    - Low albumin
    - High ferritin
    - Tumor burden<sup>b</sup>
    - Total metabolic tumor volume (TMTV)<sup>c</sup>
- 
- Elevated LDH and CRP, low lymphocyte count, low albumin, and high ferritin have been associated with poor survival following CAR T cell therapy



<sup>a</sup>Characteristics at time of treatment; <sup>b</sup>Measured via CT scan; <sup>c</sup>TMTV computed with 41% maximum standardized uptake value threshold method.

CRP, C-reactive protein; LDH, lactate dehydrogenase; TMTV, total metabolic tumor volume.

Reference: Vercellino L, et al. *Blood Adv.* 2020;4(22):5607-5615.

# Factors That May be Associated with CAR T Cell Toxicity<sup>a</sup>

Factors that may impact toxicity following CAR T cell therapy may include patient-specific characteristics and/or treatment-related factors<sup>1</sup>

## Factors associated with increased risk for CRS and for neurotoxicity:<sup>1,2</sup>

- Higher CAR T cell doses and lymphodepletion regimens containing fludarabine
- Higher peak in vivo proliferation of CAR T cells
- Higher disease burden
- Baseline thrombocytopenia
- Baseline elevated markers of endothelial activation, including angiopoietin-2 and von Willebrand factor
- Poor ECOG status (PS 2)



### Factors associated with **CRS**:

- CAR T cells without selection of CD8+ central memory T cells<sup>3</sup>
- Elevated baseline serum ferritin and CRP<sup>3</sup>

### Factors associated with **neurotoxicity**:

- Elevated CRP after infusion<sup>1</sup>
- Select serum cytokines and proteins, including: IL-2, sIL-2Rα, IL-6, IL-8, IL-10, IL-15, INF-γ, TNF-α, granzyme B, soluble GM-CSF, and MCP-1<sup>1</sup>

*Refer to the [CRS and Neurotoxicity module](#) for more information*

ECOG, Eastern Cooperative Oncology Group; GM-CSF, granulocyte-macrophage colony-stimulating factor; IFN-γ, interferon gamma; IL, interleukin; MCP-1, monocyte chemoattractant protein-1; PS, performance status; TNF-α, tumor necrosis factor alpha.

<sup>a</sup>The factors listed here are based on multiple different clinical studies, however research on factors that influence CAR T cell toxicity are ongoing and may vary by disease, specific product, or other factors.

**References:** 1. Brudno JN, Kochenderfer JN. *Blood Rev.* 2019;34:45-55. 2. Siddiqi T, et al. *Blood.* 2017;130 (suppl\_1):193. 3. Murthy H, et al. *Immunotargets Ther.* 2019:8.

# CAR T Academy: Patient Considerations for CAR T Cell Therapy

01: PATIENT EVALUATION

02: SELECT CONSIDERATIONS AROUND CAR T CELL INFUSION

03: PATIENT CHARACTERISTICS AND OUTCOMES

04: BRIDGING THERAPY AND PRIOR TREATMENT EFFECTS ON  
PATIENT OUTCOMES

# Bridging Therapy and Prior Treatment Effects on CAR T Cell Therapy

Various therapies may potentially impact safety and efficacy of CAR T cell therapy

- Prophylactic use of corticosteroids may interfere with activity of CAR T cells<sup>1</sup>
- Immunotherapeutic drugs with a longer half-life may interfere with expansion or persistence of infused CAR T cells<sup>2</sup>
  - Eg, alemtuzumab, daratumumab, check point inhibitors, and brentuximab vedotin<sup>2</sup>
- Bridging chemotherapy may contribute to development of cytopenias<sup>3</sup>



GVHD, graft-versus-host disease.

References: 1. Yáñez L, et al. *Hemasphere*. 2019;3(2):e186. 2. Yakoub-Agha I, et al. *Haematologica*. 2020;105(2):297-316. 3. Brudno JN, Kochenderfer JN. *Blood Rev*. 2019;34:45-55.

# Summary



Evaluation of patients for CAR T cell therapy requires communication and coordination between the primary hematologist and the clinical care team at the CAR T cell therapy treatment site<sup>1,2</sup>



Considerations for CAR T cell therapy include medical history and physical characteristics, as well as socioeconomic factors and caregiver support<sup>1, 3-5</sup>



Prior to apheresis, washout periods may be needed to ensure a sufficient number of cells can be collected for CAR T cell manufacturing<sup>6</sup>



Several factors have been found to be associated with risk of relapse and/or poor survival following CAR T cell therapy<sup>7</sup>



Select patient-specific characteristics and/or treatment-related factors have been associated with increased risk of toxicity following CAR T cell therapy<sup>8-9</sup>



Certain bridging therapies and prior treatments may affect the safety and/or efficacy of CAR T cell therapy<sup>4,8,10</sup>

**References:** 1. Beaupierre A, et al. *J Adv Pract Oncol*. 2019;10(Suppl 3):29-40. 2. Beaupierre A, et al. *Clin J Oncol Nurs*. 2019;23:27-34. 3. McGuirk J, et al. *Cytotherapy*. 2017;19(9):1015-1024. 3. Taylor L, et al. *Clin J Oncol Nurs*. 2019;23:20-26. 4. Yakoub-Agha I, et al. *Haematologica*. 2020;105(2):297-316. 5. Leukemia & Lymphoma Society. Facts about chimeric antigen receptor (CAR) T-cell therapy. 2020. 6. Wall DA, Krueger J. *Curr Oncol*. 2020;27(suppl 2):S115-S123. 7. Vercellino L, et al. *Blood Adv*. 2020;4(22):5607-5615. 8. Brudno JN, Kochenderfer JN. *Blood Rev*. 2019;34:45-55. 9. Siddiqi T, et al. *Blood*. 2017;130 (suppl\_1):193. 10. Yáñez L, et al. *Hemasphere*. 2019;3(2):e186.



# Thank you for completing this module of CAR T Academy

We hope you found it informative and educational



Follow this link to download a printable acknowledgment of completion:

- [LINK TO BE ADDED](#)
- NOTE: Completion of CAR T Academy modules does not qualify as CME or any other type of accreditation

For more information and access to other CAR T Academy modules,  
please visit: <https://www.car-t-academy.com/>