



CAR T-CELL THERAPY: LYMPHOMA SERIES

## EPISODE 1:

IT'S TIME TO UNDERSTAND CAR-T THERAPY  
FOR B-CELL LYMPHOMA: EARLIER INDICATIONS  
COMING TO A COMMUNITY NEAR YOU



Sergio Giral, MD



Sanjay Juneja, MD



Rayne Rouse, MD



Stephen Shuster, MD

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Med Table Talk™ addresses clinical challenges with interprofessional perspectives to foster meaningful change



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## Today's Discussion



- Overview of CAR-T therapy
- Benefits and risks versus those of other therapies
- Identifying patients who may be candidates for CAR-T
- Potentially practice-changing data from the recent hematology conference
  - **TRANSFORM, ZUMA-7, and BELINDA trials**

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**How Will You Respond When Your Patient Asks You About CAR-T Therapy?**

Medical Learning Institute (MLI) logo: MEDICAL LEARNING INSTITUTE INC.

LEUKEMIA & LYMPHOMA SOCIETY logo

The diagram features a central circular portrait of a male doctor with a beard, wearing a white lab coat and a patterned tie. Surrounding him are six stylized human icons in various shades of blue and grey. Each icon has a dark blue speech bubble pointing towards the doctor, containing a common patient question about CAR-T therapy:

- Top-left: "Am I eligible?"
- Top-right: "What are the risks?"
- Middle-right: "Do *YOU* recommend it?"
- Bottom-right: "Will I *have* to travel?"
- Bottom-left: "How does it compare to chemo?"
- Middle-left: "What's involved?"

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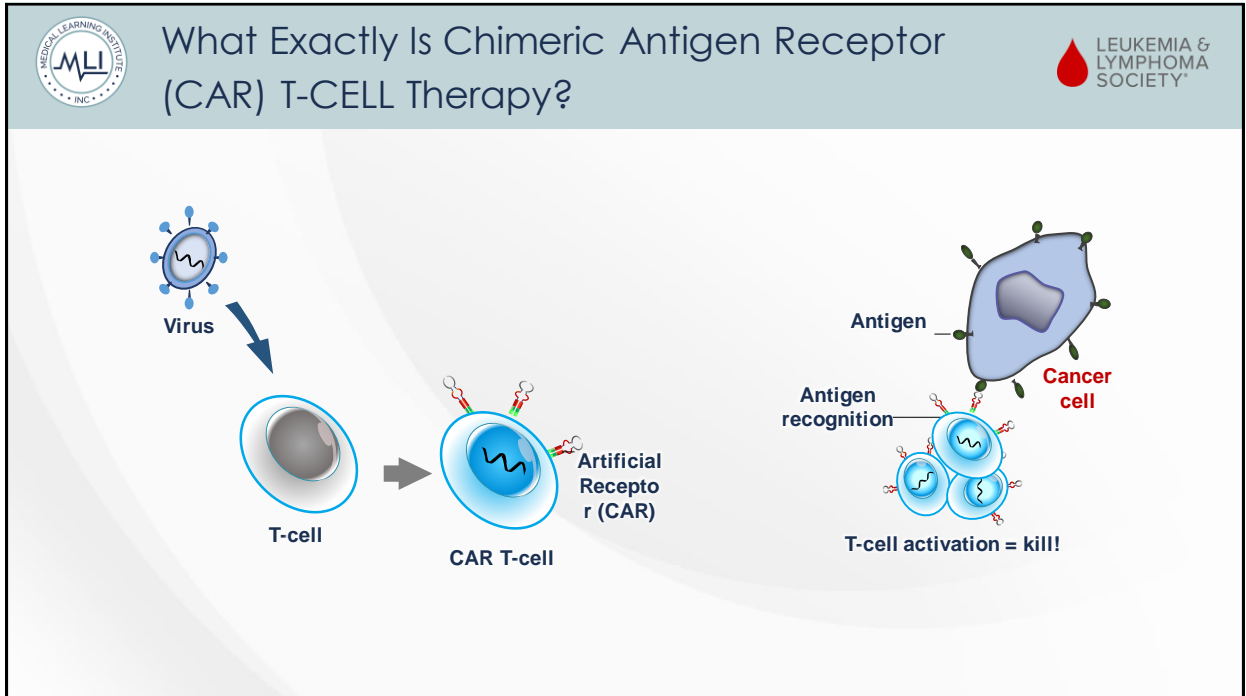
**What Exactly Is Chimeric Antigen Receptor (CAR) T-CELL Therapy?**

Medical Learning Institute (MLI) logo: MEDICAL LEARNING INSTITUTE INC.

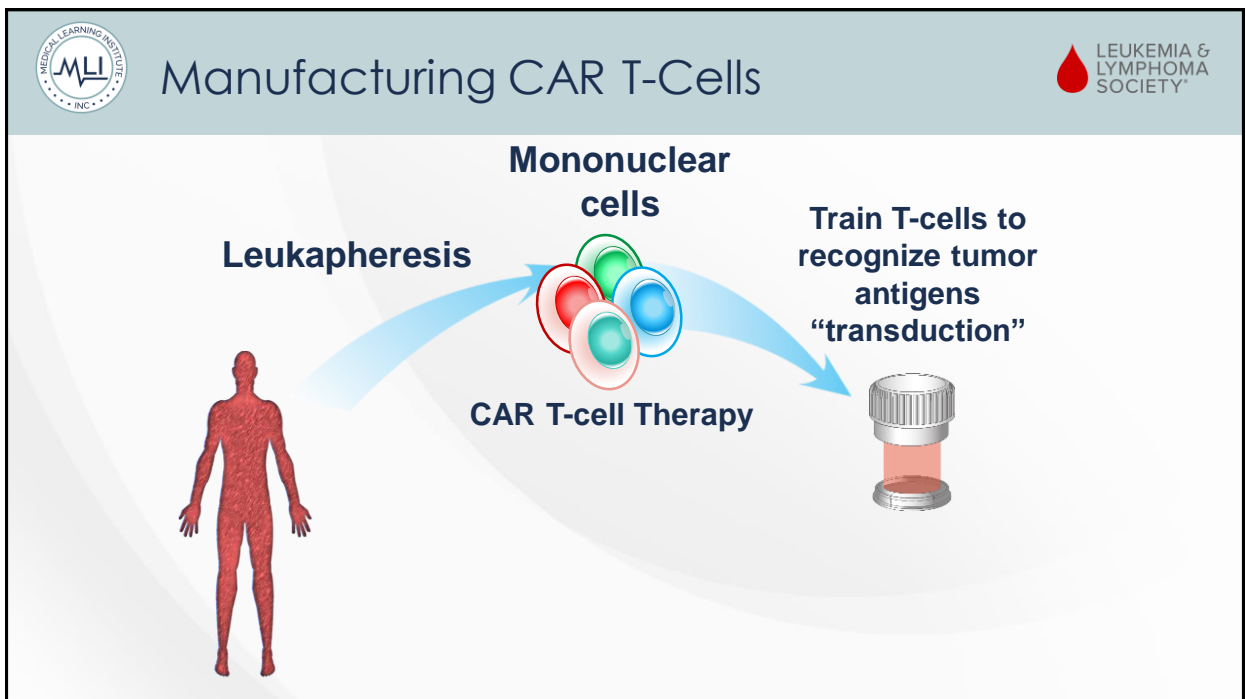
LEUKEMIA & LYMPHOMA SOCIETY logo

The diagram illustrates the two main components of CAR T-cell therapy. On the left, a blue, spherical "Virus" with spikes is shown with a black arrow pointing down to a "T-cell", which is depicted as a grey sphere with a blue outline. On the right, a "Cancer cell" is shown as an irregular, light blue shape with a darker blue nucleus. A green Y-shaped "Antigen" is attached to the surface of the cancer cell, with a line pointing to it from the label.

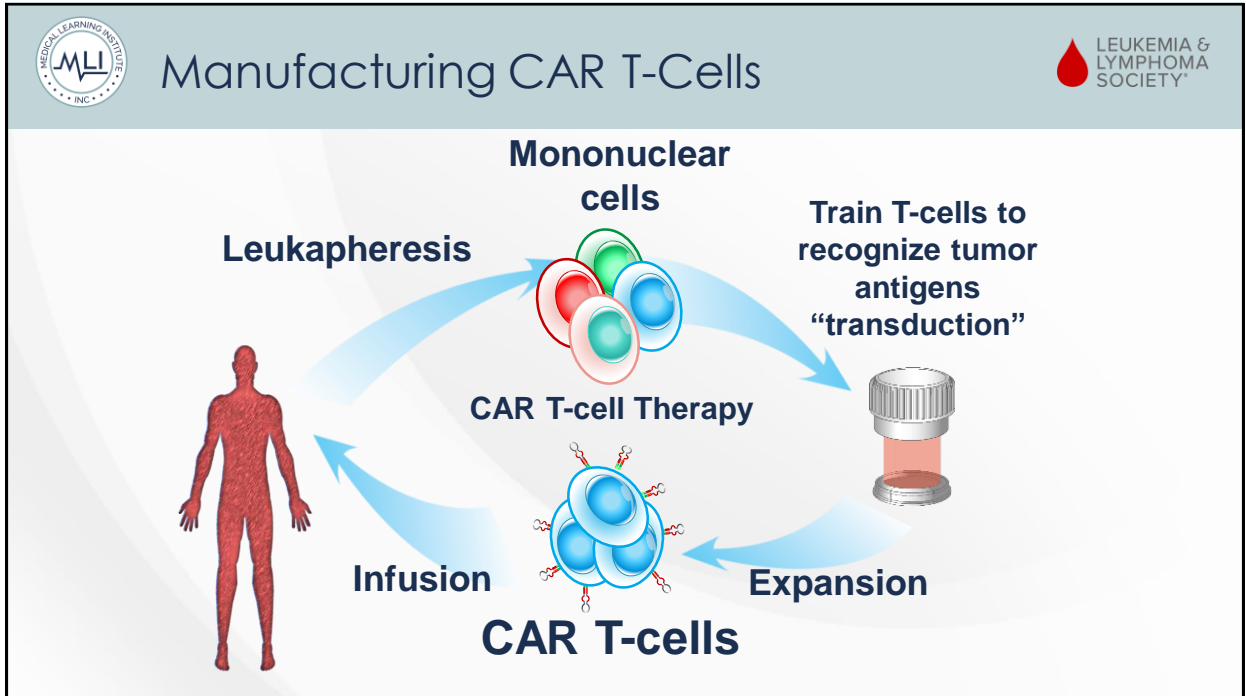
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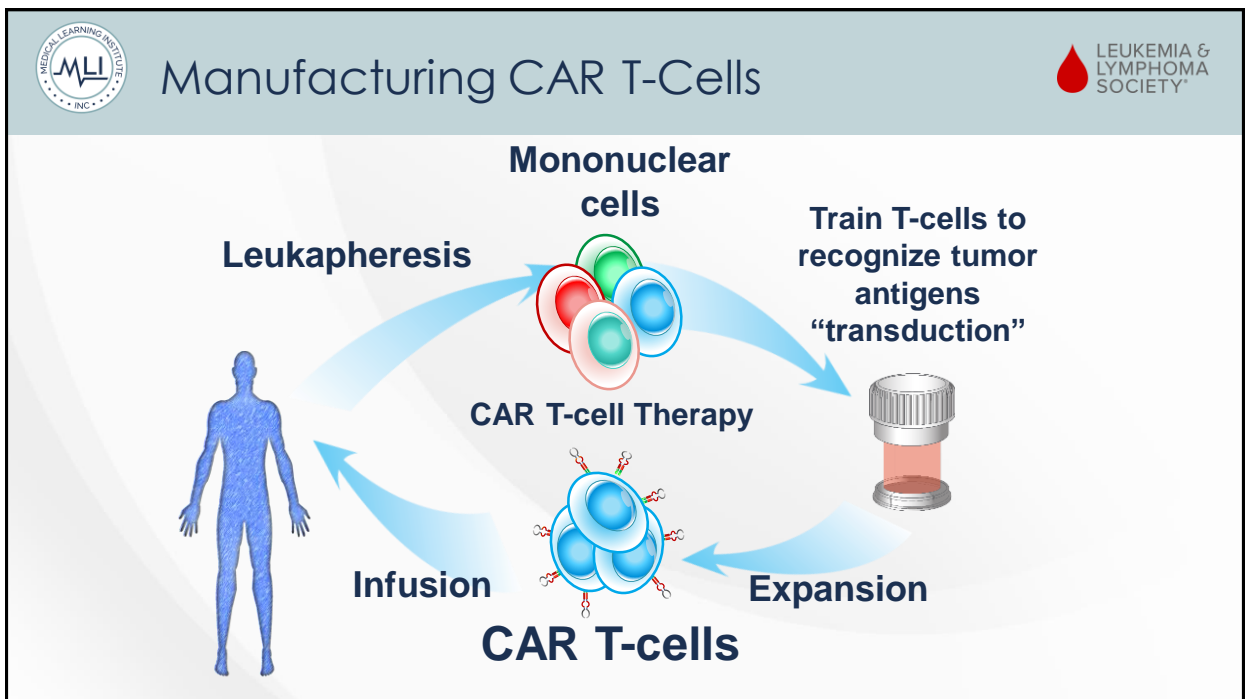
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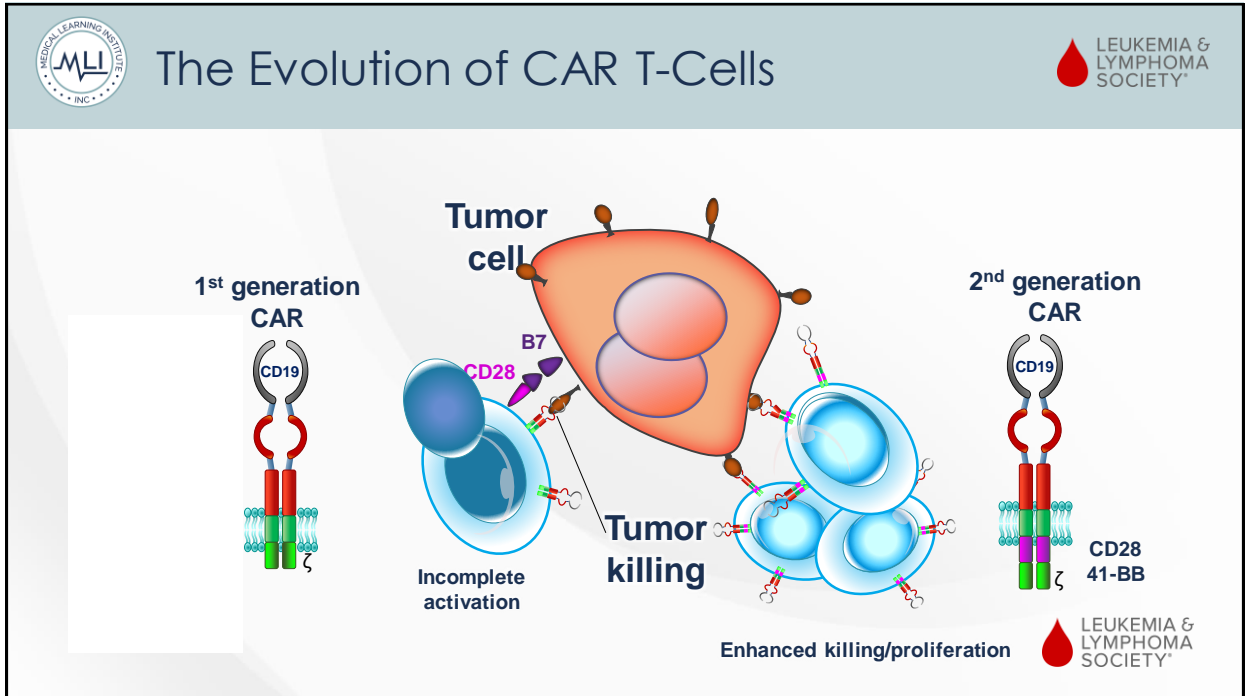
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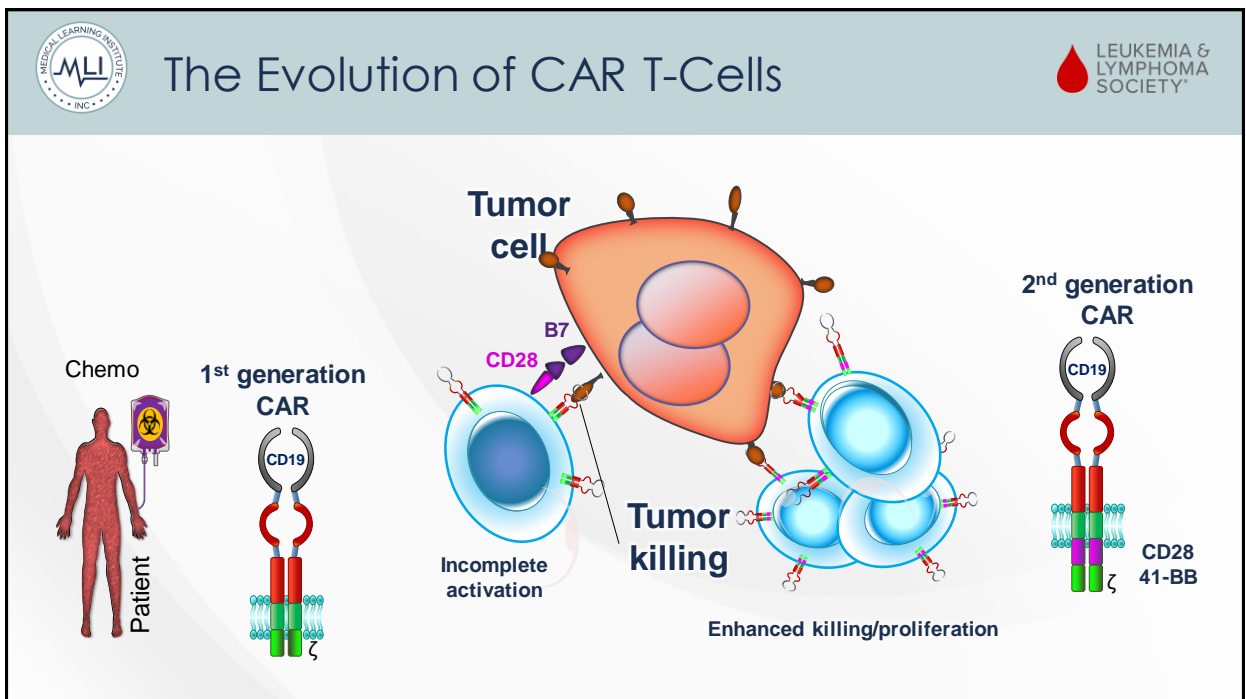
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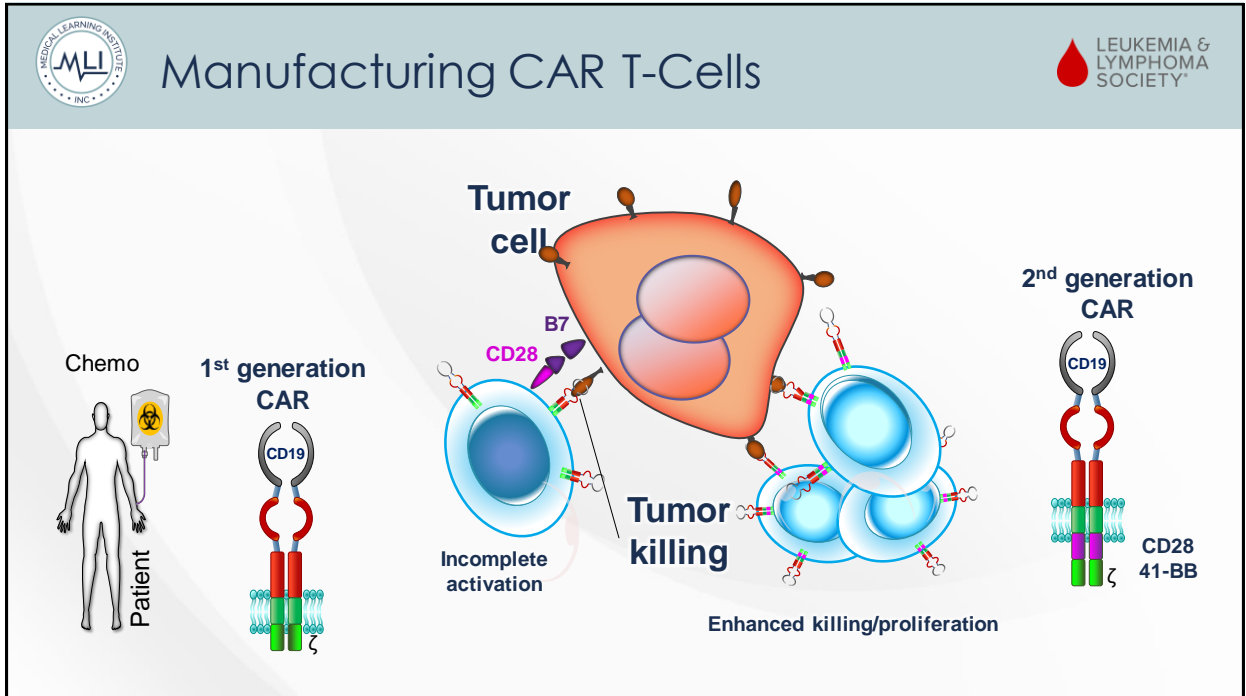
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The diagram illustrates the benefits of CAR-T compared to other therapies. It is divided into two main sections: the left side shows the benefits of CAR-T, while the right side shows the benefits of other therapies.

**Left Side:**

- Benefits of CAR-T:**
  - Personalized, targeted therapy designed to target a specific antigen (protein) on the cancer cell, thus usually does not cause some of the toxicities standard chemo does (eg, hair loss, mucositis, nausea)
  - Side effects are typically limited to the first few weeks after treatment
  - Less risk for long-term organ-related toxicity or secondary cancers
  - Improved quality of life versus prolonged courses of chemotherapy
  - Less stringent than an autologous or allogeneic transplant

**Right Side:**

- Benefits of Other Therapies:**
  - Standard chemotherapy (chemo) is shown as a less effective and more toxic option.
  - Autologous or allogeneic transplant is shown as a more stringent and potentially more toxic option.

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## Risks Compared With Those Of Other Therapies



Risks specific to CAR-T

- CRS and neurotoxicity are relatively unique to CAR-T
- Products are not “one-size-fits-all”: this applies to manufacture and treatment
- Newer therapy, so long-term data are limited

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### VIA STANDARD THERAPY



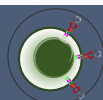
Diagnostic workup



Standard therapy:  
combination chemo +/-  
stem cell transplant



Investigational therapy or  
salvage therapy



### VIA CAR-T ROUTE



Screening/insurance  
approval






T-cell collection &  
manufacture



Treatment & aftercare

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 **Short- And Long-Term Effects Of Traditional Cancer Therapy** 



**Infectious complications**

**Acute organ injury**



**Late effects**


**Neurologic effects**

**Psychosocial & cognitive effects**

**Frequent hospitalizations**

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 **Safety First! Toxicity Related To CAR-T** 



**Immediate**  
**Rare**

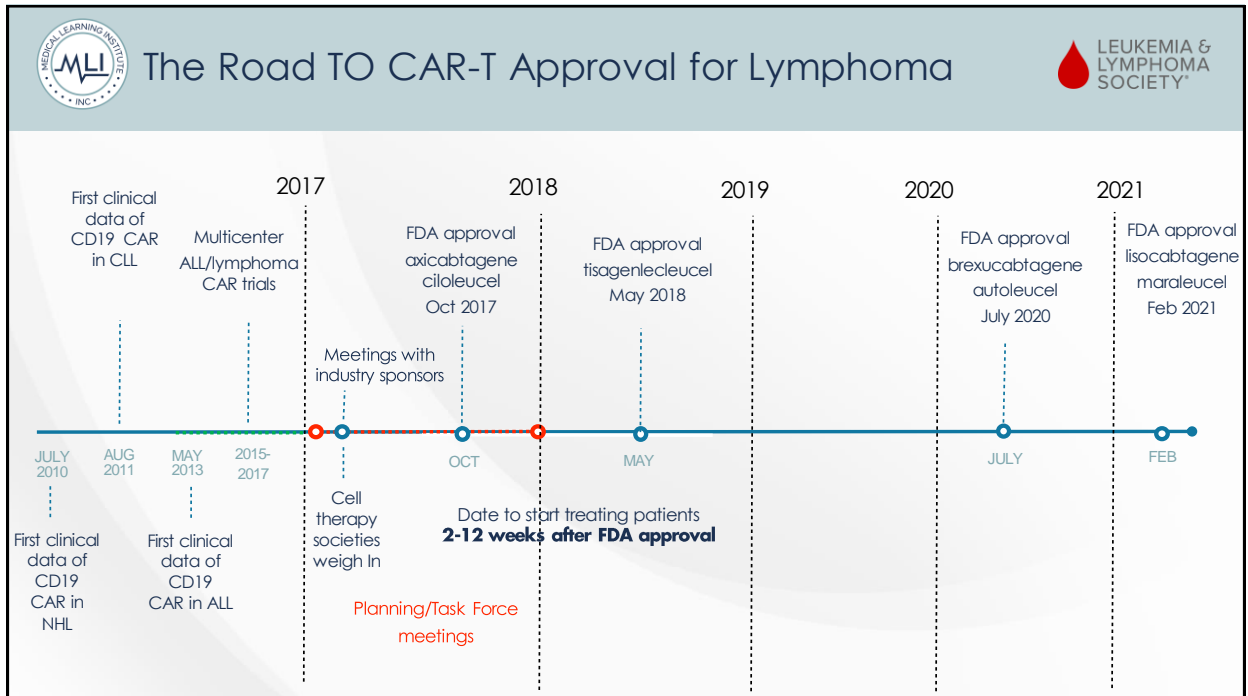
**Day 1 to 4 weeks**

- Cytokine release syndrome
- Neurotoxicity
- Cytopenias and infections
- Organ dysfunction

**First year**  
B-cell aplasia requiring IVIG

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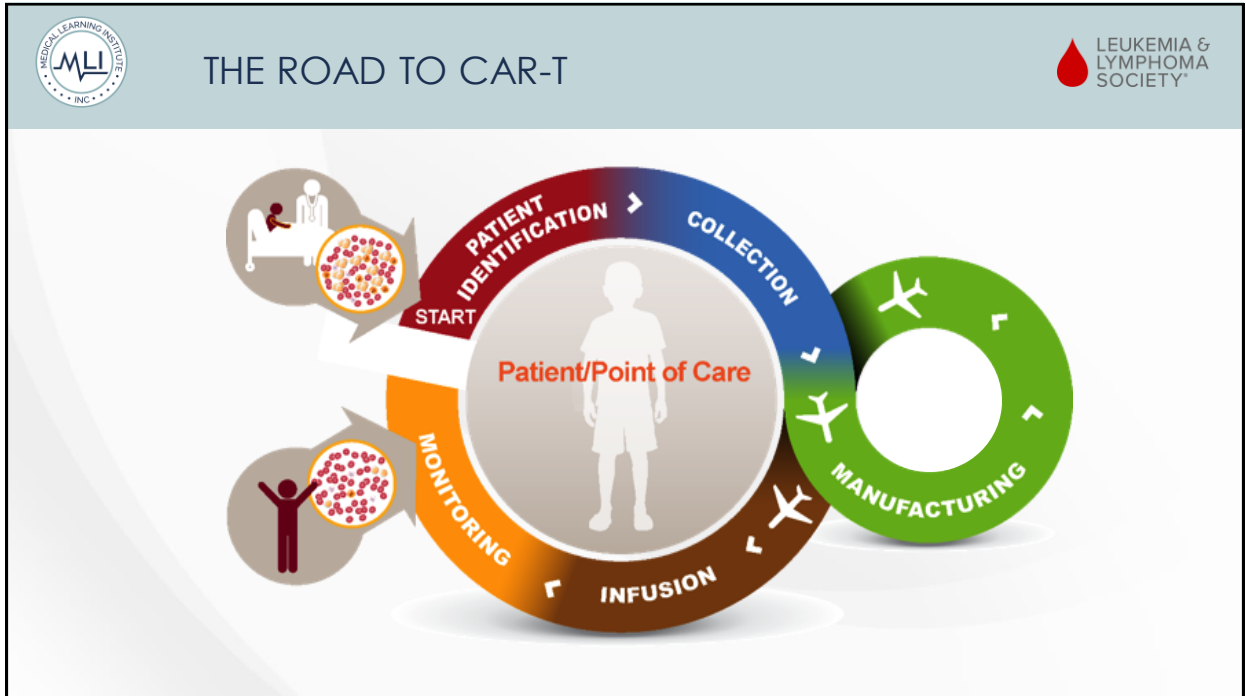


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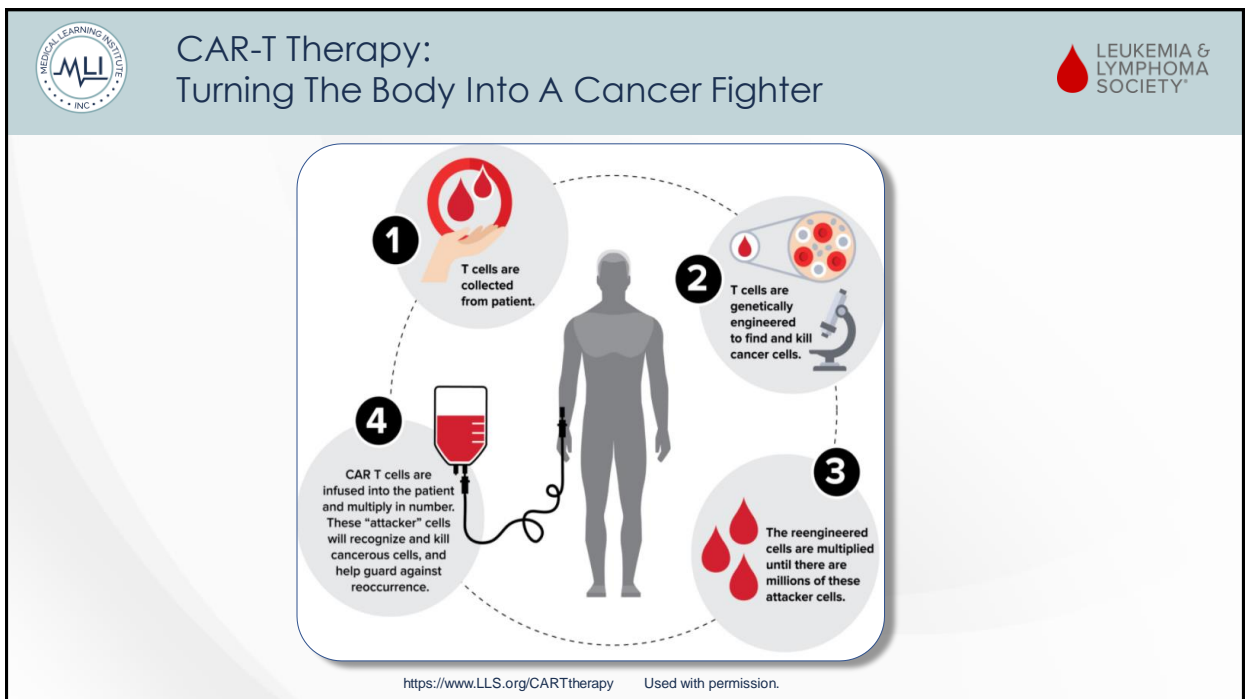
	Research	Commercial
<b>Patient expectation</b>	<ul style="list-style-type: none"> <li>Public accepts limited access</li> <li>Public expects strict eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li>Public expects broad access, but CAR T-cells limited to certain centers</li> <li>Public expects more flexible eligibility criteria, which is not exactly true for CAR T-cells</li> </ul>
<b>Patient volume</b>	<ul style="list-style-type: none"> <li>Limited because of manufacturing constraints; 1-2 patients/month</li> </ul>	<ul style="list-style-type: none"> <li>No limit to patients to be treated</li> <li>10-15 patients/month</li> <li>Manufacturers can make 4,000 products a year</li> </ul>
<b>Logistics</b>	<ul style="list-style-type: none"> <li>Less complex intake process</li> <li>Involve production center</li> <li>Only limited providers (protocol personnel)</li> </ul>	<ul style="list-style-type: none"> <li>Complex intake process</li> <li>Involve manufacturer, third-party payor, and Institution</li> <li>Only limited providers in specialized units</li> </ul>
<b>Reimbursement</b>	<ul style="list-style-type: none"> <li>Issues regarding investigational nature of product</li> <li>Product is free</li> </ul>	<ul style="list-style-type: none"> <li>Product very expensive: \$300-500K plus care delivery</li> <li>Issues with third-party payors</li> <li>Significant financial risk for institutions (particularly with government payors)</li> </ul>
<b>Reporting requirements</b>	<ul style="list-style-type: none"> <li>Protocol requirements and only to sponsor</li> </ul>	<ul style="list-style-type: none"> <li>Sponsor requirements and FDA through CIBMTR</li> <li>Similar to allogeneic HCT</li> </ul>

CIBMTR, Center for International Blood & Marrow Transplant Research: <https://www.cibmtr.org/Pages/index.aspx>



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 <b>CAR-T Products Approved For B-Cell Lymphoma</b> 		
Product *	Approval	Indication
Axicabtagene ciloleucel or axi-cel (Yescarta™)	October 2017	<b>R/R large B-cell lymphoma after 2+ lines of therapy, including DLBCL not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B cell lymphoma, and DLBCL arising from follicular lymphoma; also indicated for adults with R/R follicular lymphoma after 2+ lines of therapy</b>
Tisagenlecleucel or tisa-cel (Kymriah™)	May 2018	<b>R/R large B-cell lymphoma after 2+ lines of therapy including DLBCL not otherwise specified, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma</b>
Brexucabtagene autoleucel or brexu-cel (Tecartus™)	July 2020	<b>R/R mantle cell lymphoma</b>
Lisocabtagene maraleucel or liso-cel (Breyanzi™)	February 2021	<b>R/R large B-cell lymphoma after 2+ lines of therapy including DLBCL not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B</b>
Axi-cel and liso-cel likely to be approved for 2 <sup>nd</sup> line	Q3-Q4 2022	<b>Likely: primary refractory or relapsing within 12 months based on Phase III trials</b>

\*To comply with accreditation standards, we will use generic names throughout this educational activity. Brand names are provided in the table for the convenience of clinician-learners. R/R: relapsed/refractory; DLBCL, diffuse large B-cell lymphoma


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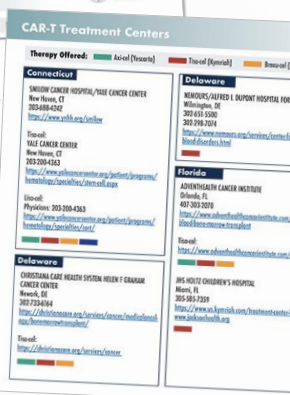
 <b>Upcoming Episodes</b> 	
 <p><b>CAR T-CELL THERAPY LYMPHOMA SERIES</b></p>	<b>EPISODE 2:</b> What you <b>MUST</b> know as more lymphoma patients are on the road to CAR-T
	<b>EPISODE 3:</b> Avoiding roadblocks in coordinating CAR-T therapy for B-cell lymphoma: Practical tips for community oncology clinicians
	<b>EPISODE 4:</b> Opening the CAR(T) door to get your patients to therapy

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## Directory Of CAR-T Centers By State



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## Special Guest





**STEPHEN J. SHUSTER, MD**

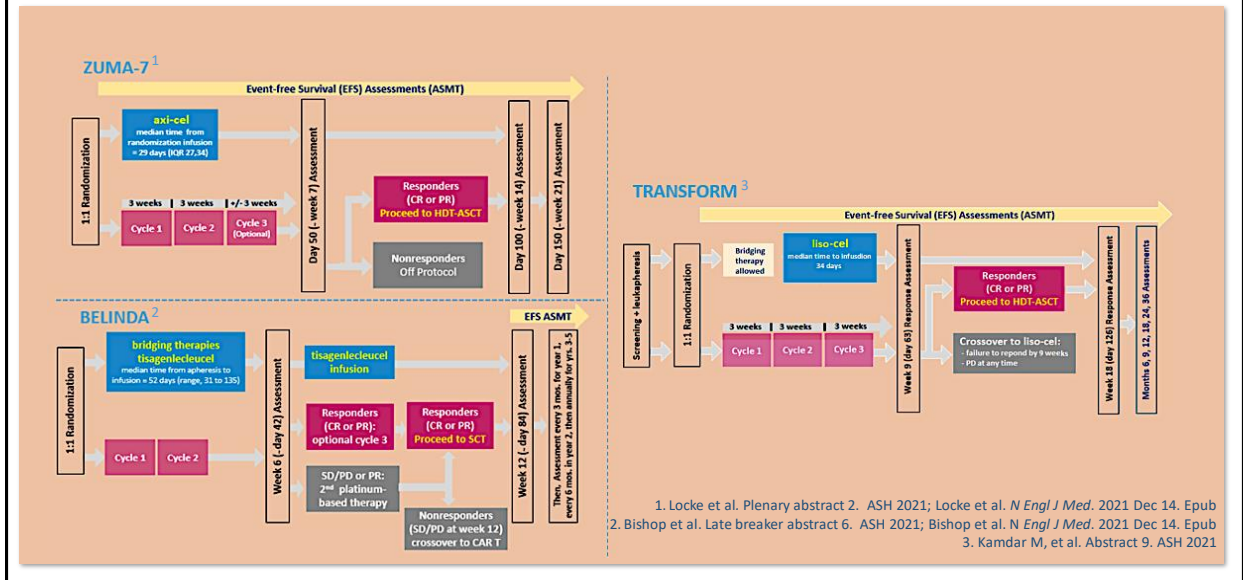
Robert and Margarita Louis-Dreyfus  
Professor of CLL and Lymphoma

Professor of Medicine  
University of Pennsylvania  
Director of the Lymphoma Program and  
Director of Lymphoma Translational Research  
at the Abramson Cancer Center

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## ...AND THEN THERE WERE 3: ZUMA-7, BELINDA, AND TRANSFORM RANDOMIZED TRIALS OF 3 CAR-T PRODUCTS VS STANDARD OF CARE



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## Take-home Messages



- CAR-T therapy is a personalized, targeted immunotherapy treatment that can be effective at inducing remission even in patients who have not responded to standard or salvage therapy
- The approved CAR-T therapies are equally efficacious
- Early identification and referral of patients who may be eligible for CAR-T therapy can help avoid some treatment obstacles

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## Take-home Messages



- CAR T-cells have a unique risk profile that differs from standard or salvage lymphoma therapy
- Ongoing research is evaluating earlier use of CAR-T (prior to relapse or refractory disease), reducing toxicity, and improving access to this personalized therapy
- Ongoing collaboration between referring community oncologists and specialized centers can improve patients' experience

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## The Leukemia & Lymphoma Society's Information Specialists and Clinical Trial Support Centers



### Information Specialists

Highly trained social workers, nurses, and health educators assist through treatment, financial, and social challenges

Phone: (800) 955- 4572  
 Website: [LLS.org/IRC](https://lls.org/IRC)  
 Live chat: [LLS.org/InformationSpecialists](https://lls.org/InformationSpecialists)  
 Email: [infocenter@lls.org](mailto:infocenter@lls.org)



### Clinical Trial Support Center

Work one on one with an LLS clinical trial nurse navigator who will personally assist throughout the entire clinical trial process; a nurse navigator will help identify potential clinical trials and overcome the barriers to enrollment (navigators can help clinicians and patients)

For information about this free service, call an Information Specialist to be referred to the CTSC at (800) 955 4572, visit: [www.LLS.org/CTSC](https://www.LLS.org/CTSC), or complete a referral form at: [www.LLS.org/CTSCreferral](https://www.LLS.org/CTSCreferral)

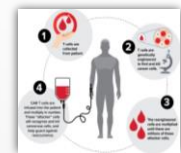
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## Resources For Community Clinicians



- Directory of CAR-T treatment centers  
(download from the activity website)
- Animations and key slides used during this episode  
(download from the activity website)
- Treating Blood Cancers: The LLS Podcast for Professionals  
*CAR T-cell Therapy in 2022: What You Need to Know*  
🔗 <https://treatingbloodcancers.org/e51/>
- LLS CAR T-Cell Therapy fact sheet for clinicians  
*Facts About Chimeric Antigen Receptor (CAR) T-Cell Therapy*  
🔗 <https://www.LLS.org/booklet/facts-about-chimeric-antigen-receptor-car-t-cell-therapy>
- LLS infographic  
*How CAR-T Works*  
🔗 <https://www.LLS.org/CARTtherapy>
- ASTCT slide deck  
🔗 <https://www.astct.org/practice/practice-resources/cart-slides>



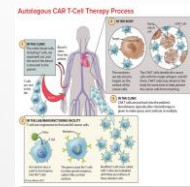
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## Patient Education Resources



- Chimeric Antigen Receptor (CAR) T-cell Therapy  
🔗 <https://www.LLS.org/CARTtherapy>
- Support for financial and other resources  
🔗 <https://www.LLS.org/support>
- CAR T-cell Therapy and Its Side Effects  
*CAR T-cell Therapy in 2022: What You Need to Know*  
🔗 <https://www.cancer.org/treatment/treatments-and-side-effects/treatment-types/immunotherapy/car-t-cell1.html>
- Chimeric Antigen Receptor T-Cell Therapy: How it Works  
🔗 <https://www.LLS.org/treatment/types-treatment/immunotherapy/chimeric-antigen-receptor-car-t-cell-therapy>
- LLS CAR T-Cell Therapy fact sheet for patients and caregivers  
*Facts About Chimeric Antigen Receptor (CAR) T-Cell Therapy*  
🔗 [https://www.LLS.org/sites/default/files/2021-11/FS27\\_CART\\_Facts\\_11.21update.pdf](https://www.LLS.org/sites/default/files/2021-11/FS27_CART_Facts_11.21update.pdf)



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