

# Clinical PEARLS for the Optimization of Care Coordination with CAR T-cell Therapy

## Early referral is the best referral

- Allows enough time to appropriately plan for CAR T-cell therapy, including insurance processes, insurance authorization, and washout periods, if necessary.
- Less likely for patients to be lost due to disease progression or death.

**Consider clinical trial enrollment** particularly among newly/recently diagnosed patients with high-risk features.

**Leverage existing infrastructure** to facilitate patient screening, clinical trial enrollment, patient education, and insurance authorization.

**Establish relationships between CAR-T centers and community practice** to streamline care and processes.

## Continuation of Care After CAR-T

- Community oncologists must be aware of timing and well-equipped to manage late toxicities that may arise with CAR T-cell therapy (see additional resources from activity).
- Include contact information for providers at CAR-T center in patient's chart should there be a need to address questions or concerns.
- Consider adding banner to patient's EPIC chart identifying them as a CAR T-cell recipient in case of an ED visit.
- Ensure important information is communicated between local community facility and CAR-T center (CTC) including:
  - Summary on interventions, evaluations, and assessments that occurred at the CTC
  - Response monitoring required for patient's care when continued in the community setting
  - Contact information for key contacts in the CTC team and the local community clinical care team
  - Follow-up schedule and assessments that should occur with the community oncologist

### Click For More Information::

[International Myeloma Foundation. Transition of Care Across the CAR T-Cell Therapy Continuum: Implications and Best Practices for the Clinical Team.](#)

[Bringing CAR T-Cell Therapies to Community Oncology. Association of Community Cancer Centers.](#)