

[ACT]IVATED | CAR T-Cell Therapy

Preparing for CAR T Checklist



This checklist reflects common steps for CAR T-cell therapy; timing and requirements may vary by individual health factors.

Before You're Referred

- ☐ Bring up CAR T early with your doctor, even if it may not be needed yet. This helps your care team plan ahead for referrals, approvals, and timing. You don't need to wait until relapse or disease progression to ask about CAR T.
- ☐ Confirm your eligibility factors.
 - These include current treatment response, high-risk features, prior therapies and if you have access to a CAR T center (or if travel would be involved)
- ☐ Ask if there are any CAR T clinical trials that might be a good fit for you, now or later in your treatment journey.

[Source](#)

Preparing for Insurance Approval & Apheresis

- ☐ Understand the approval window. Insurance authorization typically takes 1-2 weeks.
 - Your care team will also run an ID panel before collection.
- ☐ Ask whether you need holding therapy. This is used if your myeloma is causing symptoms (fractures, kidney issues, rapid growth) with the goal to keep you safe until cells can be collected.
- ☐ Confirm your apheresis plan (this is the process that collects your T cells from your bloodstream). Ask when it will happen, what medications may need adjusting, and how long the collection day will take.

[Source](#)

Getting Ready for the Manufacturing Period (4-6 Weeks)

- ☐ Clarify whether you'll need bridging therapy. This is used after collection to keep myeloma controlled while CAR T is being made. It helps to reduce toxicity and to improve long-term outcomes.
- ☐ Ask what happens if bridging doesn't work. Your team may switch therapies. CAR T cells can safely be stored for months, if needed.
- ☐ Track your symptoms and labs. Monitor for rising numbers, make note of any new pain or fractures, kidney changes or extramedullary disease (EMD). EMD occurs when myeloma cells form tumors outside the bone marrow in the soft tissues or organs of the body.

[Source](#)

Preparing for Lymphodepletion & Infusion

- ☐ Understand your lymphodepletion plan. Remember, this is a short, 3-day chemotherapy regimen (cyclophosphamide + fludarabine [Cytoxan + Fludara]) that prepares your immune system for CAR T. This is typically done as an outpatient procedure with minimal nausea/GI symptoms for most patients.
- ☐ Keep in mind why this step matters: it temporarily quiets your immune system and allows CAR T cells to expand and function.
- ☐ Plan to stay near the CAR T center for 2-3 weeks. Your team will monitor you for cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS).

Planning for the First 3-6 Months After CAR T

- ☐ Set up follow-up with your oncologist. This includes labs, transfusions, granulocyte colony-stimulating factor (G-CSF) injections if needed, infection management, and IVIG (often monthly for 3-6 months).
- ☐ Know which symptoms require urgent reporting. These are persistent diarrhea (possible colitis), new neurological symptoms, fevers or infections, and sudden weakness or weight loss.
- ☐ Ask for and make sure you understand your CAR T summary packet. This will cover any CRS/ICANS history, medications given, IVIG plan, and contact numbers for urgent issues.
- ☐ Discuss logistics early. A social worker through your hospital, CAR T companies or organizations like [Blood Cancer United](#) can help with housing near the CAR T center, transportation, caregiver support, and financial strain.

[Source](#)

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