

CAR T-CELL EXPERT [ACT]IVATION TIPS

[ACT]IVATION TIP: "Some patients have had stem cell transplants before. It's important to keep comparing and contrasting [CAR T-cell therapy] with that. T-cell collection is done only in one day in one sitting, outpatient. And then those T cells are sent for manufacturing. Then those T cells are multiplied in the lab, and are sent back to us a few weeks later from the collection as an [infusion] bag as the 'drug.' Now those T cells are able to go and kill the [disease], which was growing uncontrolled previously." - Dr. Sikander Ailawadhi

[ACT]IVATION TIP: "While we've had a lot of drugs available, I think the biggest impact of CAR T-cell therapy and bispecific antibodies has been that patients even after 4, 5, 6 prior lines of therapy are hitting a point of achieving remission. A complete response, MRD negative disease state, nothing detectable. That is phenomenal." - Dr. Sikander Ailawadhi

[ACT]IVATION TIP: "The number one way of mitigating any healthcare access issues or the fears about CAR T is to speak with a CAR T designated expert at a center that gives CAR T-cell therapy, and then only take a decision whether you want CAR T therapy for yourself or your loved one." - Dr. Sikander Ailawadhi

[ACT]IVATION TIP: "The initial bottlenecks with availability for CAR T are easing up quite a bit. With the CAR T manufacturers in the U.S., there is hardly any waitlist issue. And if patients are going to centers that are saying that there's too long of a wait list we can't get you to it, they should go to another center." - Dr. Sikander Ailawadhi

[ACT]IVATION TIP: "The number one way of mitigating any healthcare access issues or the fears about CAR T is to speak with a CAR T designated expert at a center that gives CAR T-cell therapy, and then only take a decision whether you want CAR T therapy for yourself or your loved one." - Dr. Sikander Ailawadhi

[ACT]IVATION TIP: "Clinical trial access is dismal when it comes to African Americans and Hispanic patients...There is data that based on studies it has been very clearly shown that a patient is more likely to consider favorably a clinical trial or a treatment if it is being offered by someone who looks and speaks like them. We have African-American, Hispanic, Asian clinical research coordinators in our teams, and we have noticed a clear difference in the patients' understanding, their ability to ask questions, and clear out their barriers if it is given to them in a culturally sensitive, culturally appropriate manner." - Dr. Sikander Ailawadhi

[ACT]IVATION TIP: "If a patient is not able to get to a treatment like CAR T, they need to understand, 'What is the reason? Why am I not being able to get into it? Is there a barrier for distance, resources, insurance, education, just caregiver support? Why is it that I'm not getting it?' There should be enough buzz around CAR T that everybody should say, 'Well, am I a candidate? If not, why not?' And once we find out what is the problem, that can be addressed." - Dr. Sikander Ailawadhi

CAR T-CELL THERAPY ELIGIBILITY, BARRIERS & RESOURCES

1. Candidate Eligibility

- Confirmed diagnosis that has either not responded or has relapsed after 4 prior lines of therapy.*
- Prior therapy must have included a proteasome inhibitor, an immunomodulatory drug, and an anti-CD 38 monoclonal antibody.*
- Patient organ health, and daily living abilities are good (ECOG ≤ 2)
- Patient must not have currently active infections

2. Barriers to Access

- Complex treatment logistics: cell extraction, modification, and reinfusion may be challenging in some geographic areas.
- High cost of treatment and slow insurance approval process
- Limited eligibility matching
- Lack of patient awareness and knowledge

*These eligibility criteria are under FDA review for earlier use in therapy.

- [International Myeloma Foundation](#)
- [Multiple Myeloma Resource Foundation](#)
- [Healthtree.org](#)
- [Patient Empowerment Network](#)
- [Cancer Support Community](#)
- [American Cancer Society](#)
- [Blood & Marrow Transplant InfoNet](#)
- [CLL Society](#)
- [The Leukemia and Lymphoma Society \(LLS\)](#)
- [National Comprehensive Cancer Network](#)
- [National Cancer Institute](#)
- [Society for Immunotherapy of Cancer](#)
- [Cancer Research Institute](#)
- [ASGCT](#)
- [Nature Reviews Clinical Oncology](#)

CAR T-CELL THERAPY CHECKLIST

[Sources: 1, 2, 3]

- 1. **Schedule a meeting with your doctor.** Discuss diagnosis and treatment options (including CAR T) with your oncologist.
- 2. **Understand CAR T-cell therapy.** Research CAR T through reputable sources to understand the technology, treatment process, potential side effects, and realistic outcomes.
- 3. **Establish your care team.** Find treatment centers experienced with CAR T, considering success rates and location.
- 4. **Research costs.** Understand insurance coverage and explore financial assistance options.
- 5. **Explore clinical trials.** Discuss your suitability with your doctor to weigh benefits and risks.
- 6. **Get a second opinion.** Consider seeking a second opinion from a CAR T-specialized oncologist (optional).
- 7. **Seek emotional support.** Talk openly with loved ones, consider talk therapy, and connect with relevant support groups.
- 8. **Maintain healthy lifestyle.** Discuss a plan with your care team that includes diet, exercise, and stress management.
- 9. **Stay informed.** Communicate regularly with your healthcare team, ask questions, and remain updated on advancements. [Sources: 1, 2]