CAR T-CELL THERAPY CARE PARTNERS: UNDERSTANDING YOUR ROLE IN PATIENT CARE AND RECOVERY

Patient Empowerment Network

Program Resource Guide

What Is the CAR T-Cell Therapy Process?

- 1. Referral to a CAR T-cell physician at a tertiary care institution.
- 2. Assessment to determine which is the best type of CAR T-cell therapy for the individual patient, including clinical trial eligibility.
- 3. Financial and insurance approval.
- 4. Institutional approval process, which evaluates patient performance status and disease pace.

FDA-Approved CAR T-Cell Therapies for Myeloma	CAR T-Cell Therapy Dietary Recommendation
 Ciltacabtagene autoleucel (Carvykti) also referred to as cilta-cel. Idecabtagene Vicleucel (Abecma) also referred to as ide-cel. These two CAR T-cell therapies are FDA-approved for people with relapsed or refractory multiple myeloma who have already received four or more lines of therapy. 	 Maintain a well-balanced, neutropenic diet. Avoid raw, undercooked and/or unpasteurized meats, fish, and foods. Wash fruits and vegetables. Thick-skinned fruits are preferred. Avoid deli meat.

Glossary Terms

Apheresis: A process in which blood is removed from the body and is used to collect the patient's T cells to start the CAR T-cell therapy process.

CAR (Chimeric Antigen Receptor) T-Cell Therapy: Treatment in which the T cells (a type of immune system cell) of a patient are laboratory-altered to attack cancer cells in the body.

Cytokine Release Syndrome (CRS): Occurs when the immune system responds to infection or immunotherapy drugs more aggressively than it should. Symptoms include fever, nausea, fatigue, and body aches.

Hemophagocytic Lymphohistiocytosis Syndrome: A condition wherein certain white blood cells build up, leading to organ toxicity.

Immunotherapy: Type of therapy that harnesses one's own immune system to help the body fight cancer, infection, and other diseases.

MRD (minimal residual disease): Measurement of the number of myeloma cells found in the bone marrow of patients in remission after a clinical response to treatment. MRD is relevant as the residual myeloma cells may indicate progression or relapse.

Neurotoxicity: The tendency of some treatments to cause damage to the nervous system. These neurologic adverse events may cause confusion, delirium, difficulty with communication, headache, impaired motor skills, seizure, or tremors.

Educational Resources

CancerGRACE: cancerGRACE: cancergrace.org

Cure: curetoday.com

The Leukemia & Lymphoma Society (LLS): LLS.org

MyHealthTeam: myhealthteam.com

This program is brought to you by the Patient Empowerment Network. It is sponsored by Gilead, Janssen Oncology, and Legend Biotech.



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