

THRIVE | ADVICE FOR MANAGING POTENTIAL CAR T-CELL THERAPY SIDE EFFECTS

Program Resource Guide



About CAR T-Cell Therapy

CAR (Chimeric Antigen Receptor) T-cell therapy is a 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.

FDA-Approved Myeloma CAR T-Cell Therapies

Ciltacabtagene autoleucel (Carvykti): Also referred to as Cilta-cel, FDA-approved CAR T-cell therapy for adults with relapsed or refractory multiple myeloma who have already received four or more lines of therapy.

Idecabtagene vicleucel (Abecma): Also referred to as Ide-cel, FDA-approved CAR T-cell therapy for people with relapsed or refractory multiple myeloma who have already received four or more lines of therapy.

Questions to Ask About CAR T-Cell Therapy

- Am I a candidate?
- What are the risks and benefits?
- Are there alternatives?
- Is the timing right for me?
- What side effects may I expect?
- What is the cost?
- Is there a CAR T therapy center near me for continued care and monitoring?

The CAR T-Cell Therapy Process

1. Referral to a CAR T center.
2. Testing to ensure overall health.
3. Logistics: financial coordination, transportation, etc.
4. T-cell collection.
5. T cells sent for manufacturing.
6. Bridging therapy to maintain myeloma.
7. CAR T-cell infusion.
8. Recovery/monitoring in hospital.

Common CAR T-Cell Therapy Side Effects

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.

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.

Weakened immune system and low blood cell counts: May increase the possibility of infections, fatigue, and bruising, or bleeding

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Glossary

CARTITUDE-4 Study: Evaluating the efficacy and safety of ciltacabtagene autoleucel (Cilta-cel) versus standard of care in patients with progressive multiple myeloma (MM) after one to three prior lines of therapy.

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.

ICE (Immune Effector Cell-Associated Encephalopathy) Score: Test to measure alterations in speech, orientation, handwriting, attention, and receptive aphasia.

Immunoglobulin (IgG): A protein that is made by B cells and plasma cells (types of white blood cells) and helps the body fight infection. Some immunoglobulins may be found in higher than normal amounts in patients with certain conditions or certain types of cancer, including multiple myeloma.

Monoclonal antibodies (mAb): Proteins made in a laboratory, meant to stimulate your immune system to fight a particular disease or infection.

Proteasome inhibitor: Target cancer cells by blocking the breakdown of proteins by the proteasome. Without functioning proteasomes, proteins build up and kill the myeloma cells.

Stem Cell Transplant: A procedure, also called a bone marrow transplant, in which healthy blood stem cells are used to replace damaged or diseased bone marrow. This procedure can be used to treat certain types of blood cancers.

Teclistamab (Tecvayli): Bispecific T-cell engager approved for the treatment of relapsed or refractory myeloma after at least four previous lines of treatment.

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