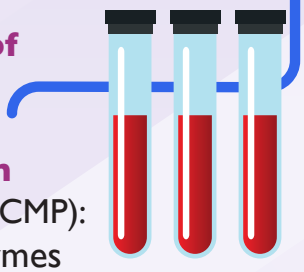
Managing CAR T-cell Therapy Related Toxicities

Provide effective education **prior to** treatment, **at time** of treatment, and **throughout** post-infusion course

Assess prior treatment risk factors, which may place patient at increased risk (e.g., age, disease characteristics, comorbidities)

Understand what is known about why inflammatory toxicities like CRS and ICANS occur



Ensure patients suspected of having CRS or ICANS have appropriate baseline and ongoing labs ordered/drawn

In addition to standard labs (CBC, CMP):

- CRP, ferritin
- Coagulation panel
- Liver enzymes
- Tumor lysis-related labs

Ensure you are familiar with **why, when, and how** anti-cytokine treatments, seizure prophylaxis, and steroids are used

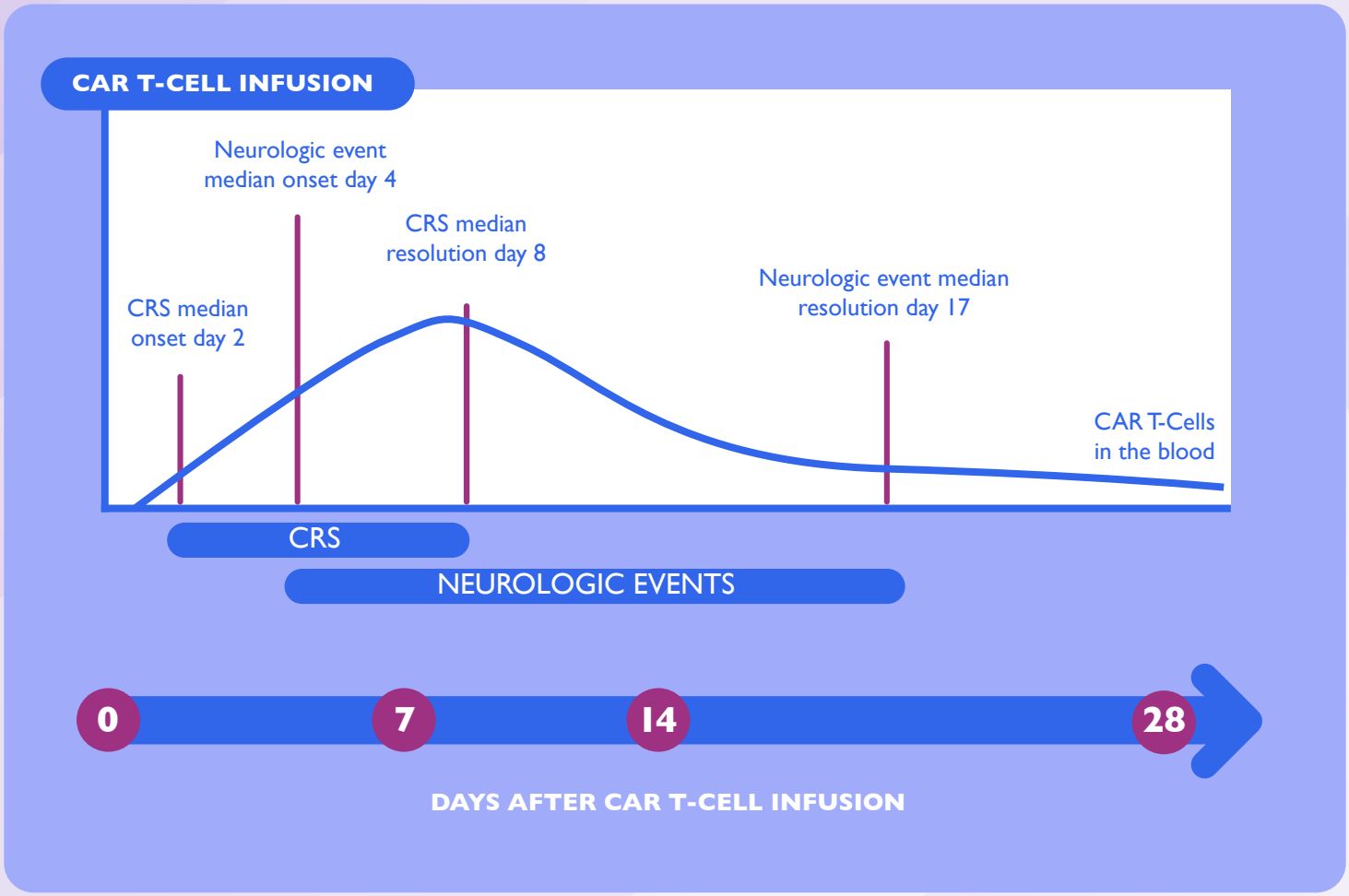
Understand supportive care for patients with ongoing cytopenias (transfusions, monitoring for bleeding, infectious prophylaxis)

Be aware of increased likelihood of infection due to cytopenias and CAR T-mediated B-cell aplasia and hypogammaglobulinemia (patients need IgG monitoring and replacement)

Jacobson CA, et al. Lancet Oncol. 2022;23(1):91-103. Fowler NH, et al. Nat Med. 2022; 28, 325–332. Adkins S. J Adv Pract Oncol. 2019(Suppl 3):21-28.

Managing CAR T-cell Therapy Related Toxicities

TIMELINE OF CRS AND ICANS



Jacobson CA, et al. Lancet Oncol. 2022;23(1):91-103. Fowler NH, et al. Nat Med. 2022; 28, 325–332. Adkins S. J Adv Pract Oncol. 2019(Suppl 3):21-28.