



If They
RECUR,
You Should
Refer

*A Community Oncologist
Patient ID Roundtable Summary*

Chimeric antigen receptor-modified (CAR) T-cell therapy has become a critical part of the armamentarium for the treatment of relapsed and refractory hematologic malignancies. As our experience with CAR T-cell therapy grows and new data emerge, however, identification of suitable patients has become more complex. The Community Oncologist Patient ID Roundtable, held on May 16, 2023, brought together 3 professional societies: the Association of American Cancer Institutes (AACI), the Association of Community Cancer Centers (ACCC), and the American Society for Transplantation and Cellular Therapy (ASTCT) with the aim of developing a standardized framework to enable community oncologists to easily assess patients for CAR T-cell therapy, with a focus on large B cell lymphoma.

The main objectives of this discussion were to:

- Achieve consensus on a framework for rapid identification of patients with large B cell lymphoma who are suitable for CAR T-cell therapy
- Discuss potential channels, partners, and next steps for dissemination of information and community education.

When considering a patient for referral to a CAR T-cell therapy specialist, important factors include the disease indication, clinical fitness (including cardiac, pulmonary, renal, hepatic, neurological immune dysfunction, or other significant or other significant comorbidities; clinical deterioration; and performance status), and nonclinical factors, such as the time required for treatment and recovery, distance from the authorized treatment center, out-of-pocket costs and other financial barriers, caregiver status, and employment status.¹ Rapid identification and consultation, ideally at the earliest indications of first-line treatment failure, can increase the likelihood that patients will receive CAR T-cell therapy expeditiously and benefit from treatment.^{2,3} For many oncologists, however, it may be difficult to ascertain the appropriateness or optimal timing of referral.

An effective framework for patient identification should reflect the clinical and nonclinical patient factors that influence suitability for CAR T-cell therapy. It should provide clear guidance that is not overly restrictive and includes timing and actions for rapid decision-making. Such a framework should be adaptable as clinical guidelines and the treatment landscape evolve over time, serve as a

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readily applicable educational resource for community oncology care teams and patients, and withstand pressure-testing by multiple stakeholders in the CAR T-cell therapy community.

Early patient identification increases the chances of referring eligible patients with large B cell lymphoma to CAR T-cell therapy specialists in time to optimize treatment response and improve outcomes. One key discussion at the roundtable centered around challenges faced by community oncologists in identifying patients who are appropriate for CAR T-cell therapy. These included a lack of central guidance; insufficient awareness of patient resources; minimal real-world CAR T-cell therapy experience, including feedback on CAR T-cell therapy outcomes; and limited exposure to patients with large B cell lymphoma. In this context, a streamlined framework would empower community oncologists to confidently refer potential patients for consideration of CAR T-cell therapy and strengthen their pivotal role in expanding access to this potentially curative treatment.

A factor prioritization exercise identified 5 key factors to optimize CAR T-cell therapy and access:

1. Relapsed and refractory disease, which is the minimum criterion and consensus trigger for referral
2. Availability of support for patients, including financial support, across the continuum of care
3. Communication across multiple levels, including bidirectional communication between CAR T-cell therapy centers and community oncologists

CAR T CONSULT CONSIDERATIONS FOR PATIENTS WITH LARGE B-CELL LYMPHOMA (LBCL)

“IF THEY RECUR, YOU SHOULD REFER”

R

RELAPSED/REFRACTORY LBCL

Any patient with relapsed or refractory LBCL should be referred for consult

E

EVERY AGE AND COMORBIDITY

Age and comorbidity should be evaluated on a case-by-case basis by a CAR T specialist

C

CAREGIVER SUPPORT

Discuss the need for support and continuum of care throughout the patient journey

U

URGENCY TO RECOMMEND CONSULT

Rapid identification and referral of patients for consultation is necessary for timely evaluation

R

RECEIVE PATIENTS RETURNING POST-CAR T

Streamline communication across teams within local network to optimize local care of patients returning after CAR T



4. An understanding that comorbidities would be evaluated on a case-by-case basis by cell therapy specialists and are not necessarily a contraindication to CAR T-cell therapy
5. An understanding that advanced age in general should not be a barrier to consultation.

Participants universally agreed that the presence of large B cell lymphoma that has relapsed after or is refractory to first-line standard-of-care treatment is the most critical consideration. Dr. Peter Riedell of AACI deemed relapsed and refractory disease “the most important consideration when considering a CAR T-cell therapy consult.” Similarly, Dr. David Porter of ASTCT cited “anyone with relapsed or refractory disease” as the “key determinant” for consult eligibility.

Roundtable participants next discussed the role of psychosocial and financial challenges for patients under consideration for CAR T-cell therapy and stressed the importance of caregivers and support for essential needs. Dr. Riedell reminded the group, “It is not just the drug cost. It is the parking, other costs to support treatment [such as] caregiver accommodation...so [cumulative cost] is certainly a significant factor.” While cost is admittedly a major obstacle, it was emphasized that it should not prevent any patient from being considered for a consultation with a cell therapy specialist. As stated by Judy Ebmeier of ACCC, “It is important to connect the patient with services for psychosocial support [and] transport...it is key for these patients.”

Comorbidities and age were also cited as important factors in

overall decision-making around CAR T-cell therapy but, importantly, not contraindications to consultation. As Dr. Porter stated, “Age—no [it should not be a barrier]...I personally don’t think age should be highlighted as a limiting factor. Leave that up to the treatment center.” In real-world experience, axicabtagene ciloleucel, for instance, has demonstrated a 57% improvement in overall response rate (ORR) over standard chemoimmunotherapy among patients aged 65 or older, versus a 46% improvement among those younger than 65, underscoring the potential benefit for the older cohort.⁴ Similarly, comorbidities are an important consideration for specialists when evaluating and counseling patients about CAR T-cell therapy but should not preclude referral; even patients with severe comorbidities such as end-stage renal disease who are receiving dialysis treatments are being successfully treated with CAR T-cell therapy.⁵ Multidisciplinary collaborations with case workers, social workers, advocacy foundations such as the Leukemia & Lymphoma Society or the Lymphoma Research Foundation, and patient financial counselors should be explored to potentially mitigate financial toxicity, and issues surrounding transportation, and psychosocial distress.

In a survey among participants, the slogan “If they RECUR, you should refer,” was deemed most effective, with RECUR representing Relapsed and refractory large B cell lymphoma, Every age and comorbidity, Caregiver support, Urgency to recommend consult, and Receive patients who return post-CAR T-cell therapy. “If they RECUR, you should refer” encapsulates the roundtable’s conclusions and

provides a framework for oncologists to identify patients suitable for CAR T-cell therapy consultation and, in turn, allow providers to facilitate access to potentially curative therapy for relapsed and refractory large B cell lymphoma. 

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