HIRSLANDEN
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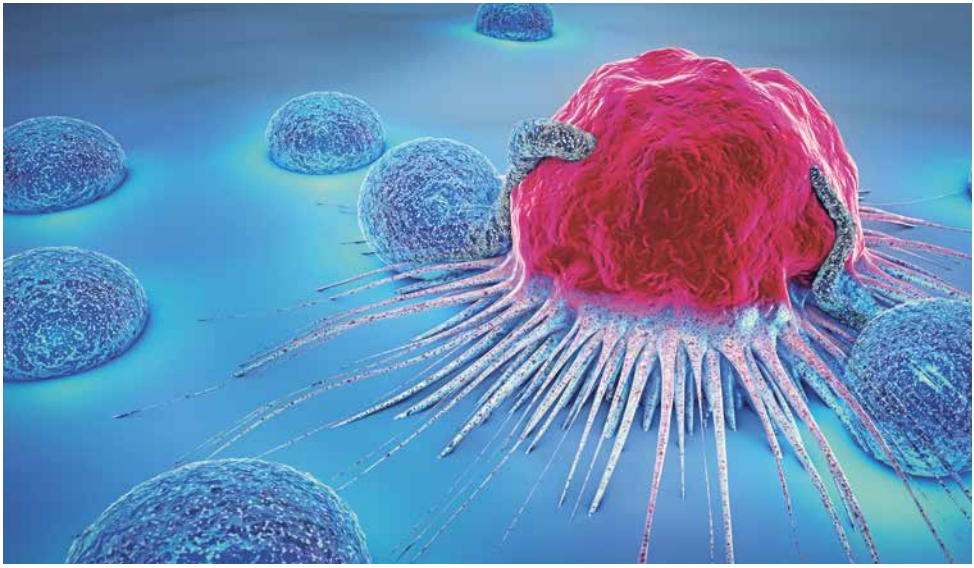
CAR T-CELL THERAPIES

for the treatment of lymphoma

REFERRAL CARD

INFORMATION ON TREATMENT WITH YESCARTA® AND TECARTUS® AND PATIENT CARE



IS YOUR PATIENT SUITABLE FOR CAR T-CELLS?

R/R DLBCL AND PMBCL

YESCARTA® is a CD19-directed genetically modified autologous T-cell immunotherapy that is used for the treatment of adult patients with **relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and primary mediastinal large B-cell lymphoma (PMBCL)** after two or more lines of systemic therapy.[1]

Some parameters for patient selection:

- ≥18 years[2]
- ECOG 0–1[2]
- Adequate organ function[2]
- No uncontrolled infection[1]

→ **If your patient relapses and is eligible for CAR T-cell therapy, please contact us as soon as possible.[3]**

DLBCL: diffuse large B-cell lymphoma;
ECOG: Eastern Cooperative Oncology Group;
PMBCL: primary mediastinal B-cell lymphoma

R/R MCL

TECARTUS® is a genetically modified autologous T-cell immunotherapy directed against CD19 and is indicated for the treatment of adult patients **with relapsed or refractory mantle cell lymphoma (MCL)** after two or more lines of systemic therapy including a Bruton tyrosine kinase (BTK) inhibitor.[4]

Some parameters for patient selection:

- ≥18 years[5]
- ECOG 0–1[5]
- Adequate organ function[5]
- No uncontrolled infection[4]

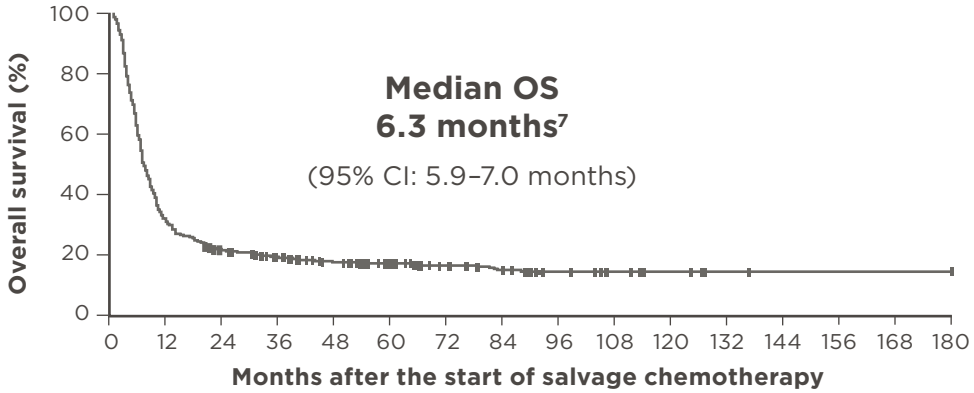
→ **If your patient with MCL has relapsed and is eligible for CAR T-cell therapy, please contact us as soon as possible.[6]**

MCL: mantle cell lymphoma

WHY CAR T-CELL THERAPY?

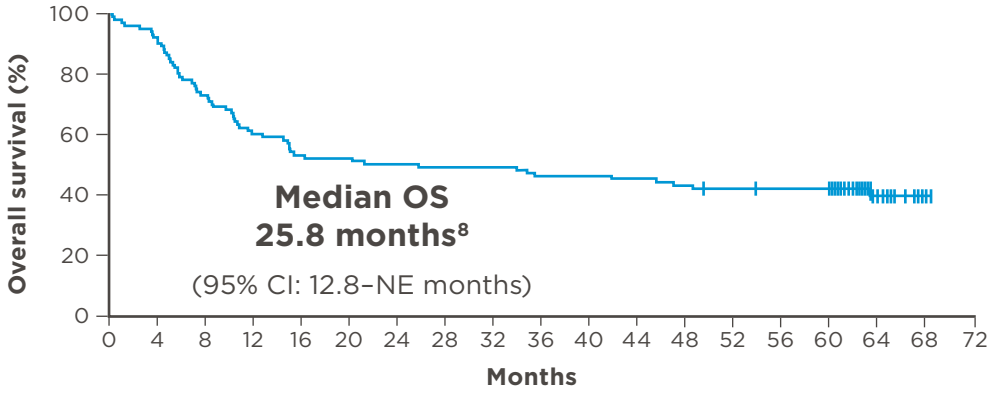
R/R DLBCL AND PMBCL

Overall survival (OS): SCHOLAR-1 study[7]



SCHOLAR-1: largest patient-level pooled retrospective analysis to characterize response rates and survival for a population of patients with refractory DLBCL after treatment with conventional therapies.[7] Patient population: 636 patients with r/r DLBCL from two phase III studies and two cohorts.[7]

5-year overall survival (OS): ZUMA-1 study[8]

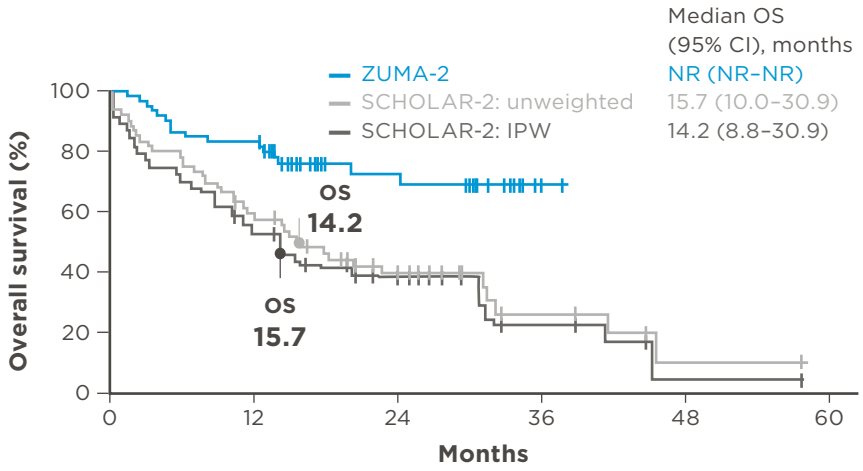


Patient population: clinical trial with 101 patients (ZUMA-1, phase 2: r/r DLBCL n=77; r/r PMBCL/TFL n=24) median follow-up 63.1 months[8,9]

Graphical representation months after the start of the studies: SCHOLAR-1 180 months, ZUMA-1 60 months r/r: recurrent/refractory

R/R MCL

Indirect comparison of overall survival in ZUMA-2 and SCHOLAR-2[10]



Kaplan-Meier curves: Indirect comparison of overall survival in ZUMA-2 (registration study) and SCHOLAR-2 (Real-World Standard of Care)

Patients at risk

ZUMA-2	60 (0)	50 (0)	19 (25)	1 (43)	0 (44)	0 (44)
SCHOLAR-2 unweighted	59 (0)	32 (2)	15 (10)	5 (17)	1 (19)	0 (20)
SCHOLAR-2 IPW	59 (0)	30 (1)	15 (8)	4 (16)	0 (18)	0 (19)

CI: confidence intervall; IPW: inverse probability weighting; NE: not estimable; OS: Overall survival

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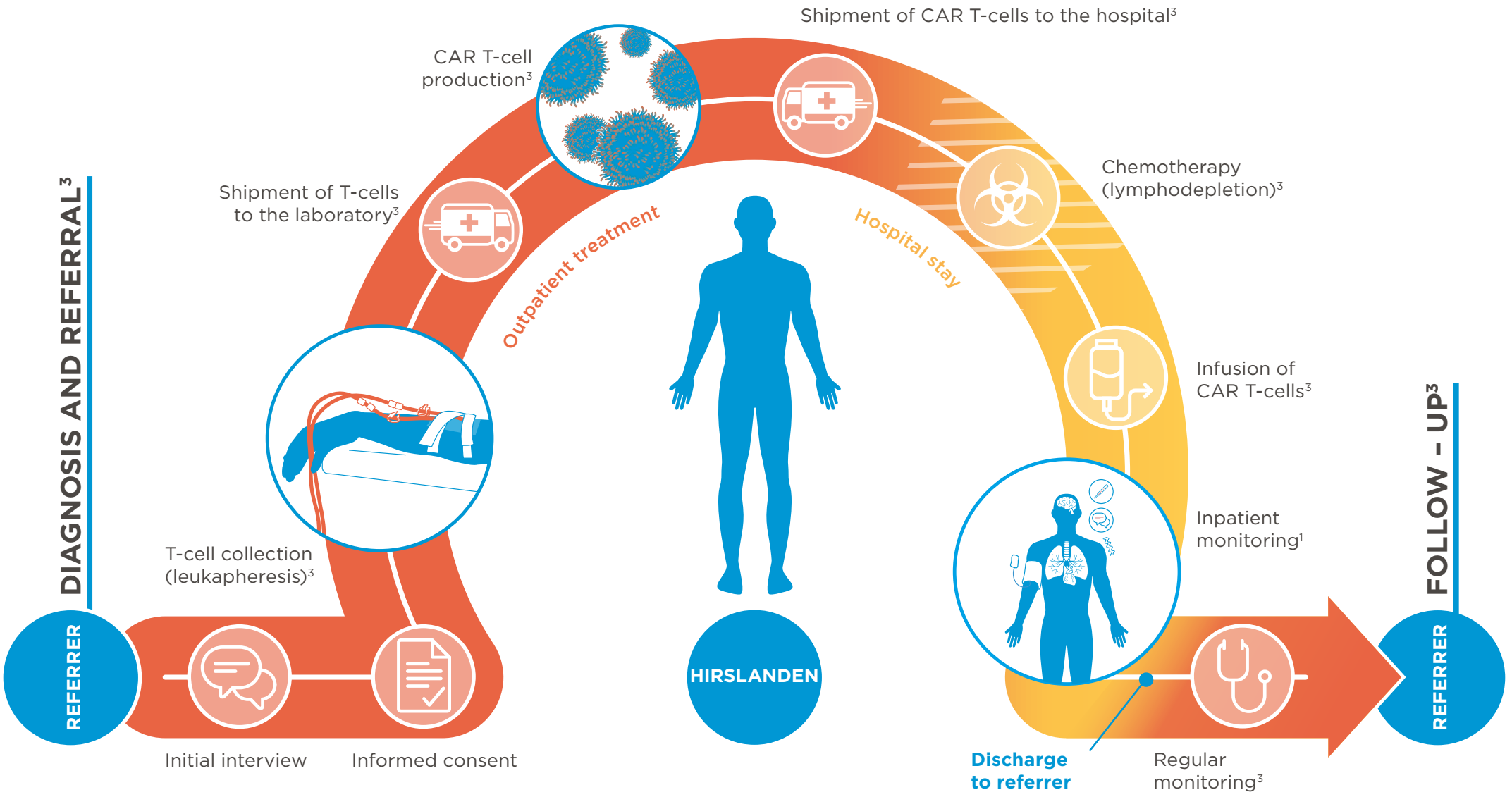
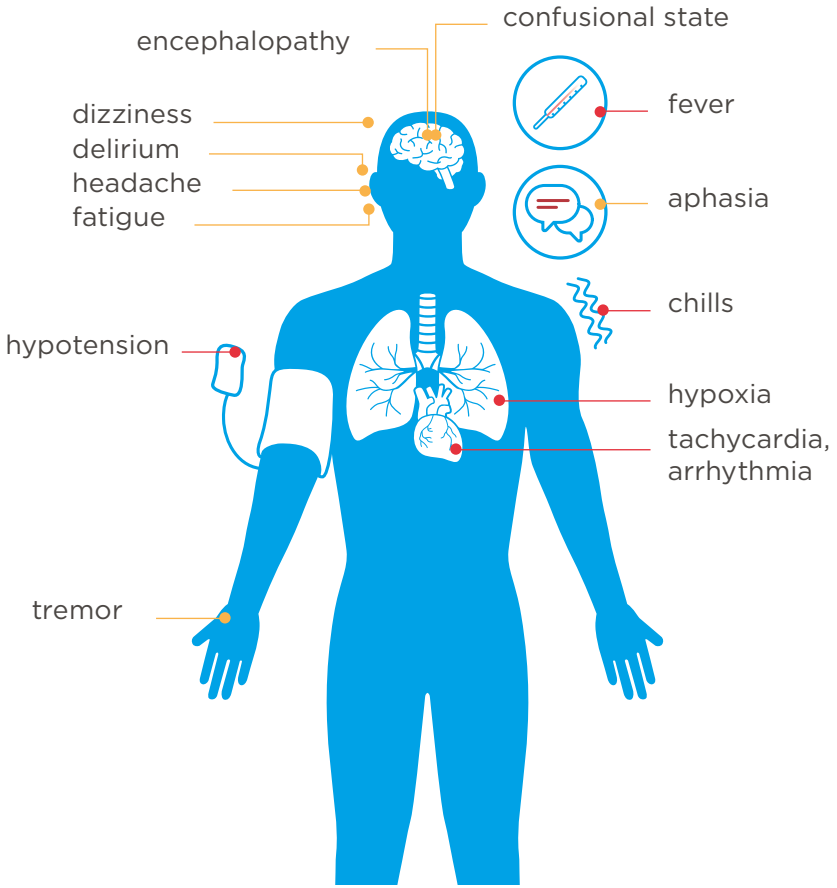
PATIENT CARE



ADVERSE REACTIONS

Some selected adverse reactions to CAR T-cell therapy:[1,4]



● CRS: cytokine release syndrome ● neurological

Not all adverse reactions are presented here. A complete list of adverse reactions can be found in the latest product information for YESCARTA® and TECARTUS®.

REFERENCES

References

1. YESCARTA® Product Information, status January 2021. **2.** Locke FL, et al. Phase 1 Results o f ZUMA-1: A Multicenter Study of KTE-C19 Anti-CD19 CAR-T Cell Therapy in Refractory Aggressive Lymphoma. Molecular Therapy 2017;25(1):285–295. **3.** Jacobson CA, et al. Axicabtagene Ciloleucel, an Anti-CD19 Chimeric Antigen Receptor T-Cell Therapy for Relapsed or Refractory Large B-Cell Lymphoma: Practical Implications for the Community Oncologist. The Oncologist 2020;25(1):e138–e146. **4.** TECARTUS® product characteristics, version may 2021. **5.** Wang M, et al. KTE-X19 CAR T-Cell Therapy in Relapsed or Refractory Mantle-Cell Lymphoma; N Engl J Med 2020;382(14):1331–1342 (inkl. Protokoll). **6.** Kröger N, et al. The EBMT/EHA CAR-T Cell Handbook (2022). Springer Verlag. https://www.ebmt.org/ebmte-ha-car-t-cell-handbook; last viewed 28.03.2022. **7.** Crump M, et al. Outcomes in refractory diffuse large B-cell lymphoma: results from the international SCHOLAR-1 study. Blood 2017;130(16):1800–1808. **8.** Jacobson CA, et al. Long-Term (4- and 5-Year) Overall Survival in ZUMA-1, the Pivotal Study of Axicabtagene Ciloleucel in Patients with Refractory Large B-Cell Lymphoma. Poster 1764 presented at the 63rd ASH Annual Meeting, December 11–14, 2021; https://kitemedinfo.com; last viewed 18.03.2022. **9.** Neelapu SS, et al. Axicabtagene Ciloleucel CAR T-Cell Therapy in Refractory Large B-Cell Lymphoma. N Engl J Med 2017;377(26):2531–2544. **10.** Hess G, et al. KTE-X19 versus Standard of Care for Relapsed/Refractory Mantle Cell Lymphoma Previously Treated with Bruton Tyrosine Kinase Inhibitors: Real-World Evidence from Europe; Poster 1751, presented at EHA 2021 (June 9–17, Virtual); https://library.ehaweb.org/eha/2021/eha2021-virtualcongress/325544/georg.hess.kte-x19.versus.standard.of.care.for.relapsed.refractory.mantle.cell. html?f=listing%3D0%2Abrowseby%3D8%2Asortby%3D2%2Asearch%3Dchimeric; last viewed 18.03.2022.

The referenced documents can be requested from Gilead Switzerland.

ABRIDGED PRODUCT INFORMATION YESCARTA®

YESCARTA® 0.4–2×10⁸ Anti-CD19 CAR T cells, dispersion for infusion
Active substance: Axicabtagene ciloleucel. **COMP:** Autologous T cells which have been transduced with a retroviral vector encoding an anti-CD19 CD28/CD3-zeta chimeric antigen receptor (CAR), with a target dose of 2×10⁶ CAR-positive, viable anti-CD19 T cells/kg body weight. Excipients: CryoStor CS10 (DMSO; Dextran 40), sodium chloride, human serum albumin, 5% DMSO. **IND:** YESCARTA® is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and primary mediastinal large B-cell lymphoma (PMBCL) after two or more lines of systemic therapy. **POS:** Single infusion bag with 0.4–2×10⁸ anti-CD19 CAR T-cells in approx. 68 ml for a target dose of 2×10⁶ anti-CD19 CAR T-cells per kg body weight. **CI:** Hypersensitivity to the active substance, any of the excipients or to any of those substances listed as contraindications in the prescribing information for fludarabine or cyclophosphamide. **PC:** Administration by qualified sites only. Refer to the prescribing information for grading and management guidance for cytokine release syndrome and neurological adverse reactions. In immunosuppressed patients, life-threatening and fatal opportunistic infections including disseminated fungal infections and viral reactivation have been reported, therefore take into account in patients with neurological events. **IA:** No studies. **Preg./lact.:** During preparation for chemotherapy and for at least 6 months after the YESCARTA® infusion, use an effective method of contraception. Infusion of YESCARTA® not recommended for pregnant women. **UE (very common, ≥1/10):** Unspecified pathogen infections, viral infections, bacterial infections, leukopenia, neutropenia, anaemia, thrombocytopenia, cytokine release syndrome, hypogammaglobulinaemia, hypophosphataemia, appetite decreased, hyponatraemia, weight decrease, dehydration, delirium, anxiety, encephalopathy, headache, tremor, dizziness, aphasia, tachycardia, arrhythmia, hypotension, hypertension, cough, dyspnoea, hypoxia, pleural effusion, diarrhoea, nausea, vomiting, constipation, abdominal pain, dry mouth, alanine aminotransferase increased, aspartate aminotransferase increased, motor dysfunction, pain in extremity, back pain, arthralgia, muscle pain, fatigue, pyrexia, oedema, chills. **UE (common, <1/10, ≥1/100):** Fungal infections, coagulopathy, hypersensitivity, haemophagocytic lymphohistiocytosis, hypocalcaemia, hypoalbuminaemia, insomnia, ataxia, neuropathy, seizure, dyscalculia, myoclonus, dysphagia, cardiac arrest, cardiac failure, thrombosis, capillary leak syndrome, pulmonary oedema, bilirubin increased, rash, renal insufficiency. **Dispensing category:** A **Last updated:** January 2021. **MA:** Gilead Sciences Switzerland Sàrl, postal address: General-Guisan-Strasse 8, 6300 Zug. Complete prescribing information available at www.swissmedicinfo.ch. *CH-GS-202102-202101-E*

ABRIDGED PRODUCT INFORMATION TECARTUS®

COMP: Autologous anti-CD19-transduced CD3+ cells **IND:** TECARTUS® is a genetically modified autologous T-cell immunotherapy directed against CD19 and is indicated for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) after two or more lines of systemic therapy including a Bruton tyrosine kinase (BTK) inhibitor. **DOS:** Single infusion bag for autologous and intravenous use with 2×10⁶ anti-CD19 CAR T cells in approximately 68 mL for a target dose of 1.0×10⁶–2×10⁶ cells/kg body weight with a maximum of 2×10⁸ anti-CD19 CAR-positive viable T cells. **CI:** Hypersensitivity to the active substance or to any of the excipients. Contraindications of the lymphodepleting chemotherapy must be considered. **W&P:** Administration by qualified treatment centres only. See the information for healthcare professionals for the grading and recommended treatment of cytokine release syndrome and neurological adverse reactions. In immunosuppressed patients, life-threatening and fatal opportunistic infections including disseminated fungal infections and viral reactivation have been reported; this should be taken into consideration in patients with neurological events. **IA:** No studies. **P/L:** See the information for healthcare professionals of the relevant chemotherapy for effective contraception during lymphodepleting chemotherapy. Insufficient exposure data to recommend a duration of contraception following TECARTUS®. TECARTUS® is not recommended for women who are pregnant, or for women of childbearing potential not using contraception. **Most common AR:** Cytokine release syndrome, neutropenia, unspecified pathogen infections, thrombocytopenia, hypogammaglobulinaemia, viral infections, immunogenicity, bacterial infections, fungal infections, leukopenia, lymphopenia, anaemia, coagulopathy, hypophosphataemia, decreased appetite, hypocalcaemia, insomnia, delirium, anxiety, encephalopathy, tremor, headache, aphasia, dizziness, neuropathy, tachycardia, bradycardia, hypertension, thrombosis, hypotension, cough, dyspnoea, pleural effusion, hypoxia, constipation, nausea, diarrhoea, oral pain, abdominal pain, vomiting, dysphagia, blood uric acid increased, hyponatraemia, alanine aminotransferase increased, aspartate aminotransferase increased, hypokalaemia, rash, musculoskeletal pain, motor dysfunction, renal insufficiency, urine output decreased, fatigue, oedema, pyrexia, pain, chills. **Dispensing category:** A **MA:** Gilead Sciences Switzerland Sàrl, postal address: General-Guisan-Strasse 8, 6300 Zug. Full information for healthcare professionals published at www.swissmedicinfo.ch. CH-GS-202109-202105-E

▼This medicinal product is subject to additional monitoring. For more information, refer to the information for healthcare professionals for TECARTUS® at www.swissmedicinfo.ch.

CH-TEC-0041-05-2022

CONTACT

Learn more about CAR T-cell therapy via the adjacent QR code. If you have any questions or referrals relating to cell therapy at Klinik Hirslanden, please contact the medical team of the Medical Programme for Cell Therapy by phone at 044 387 37 80 or by e-mail.

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