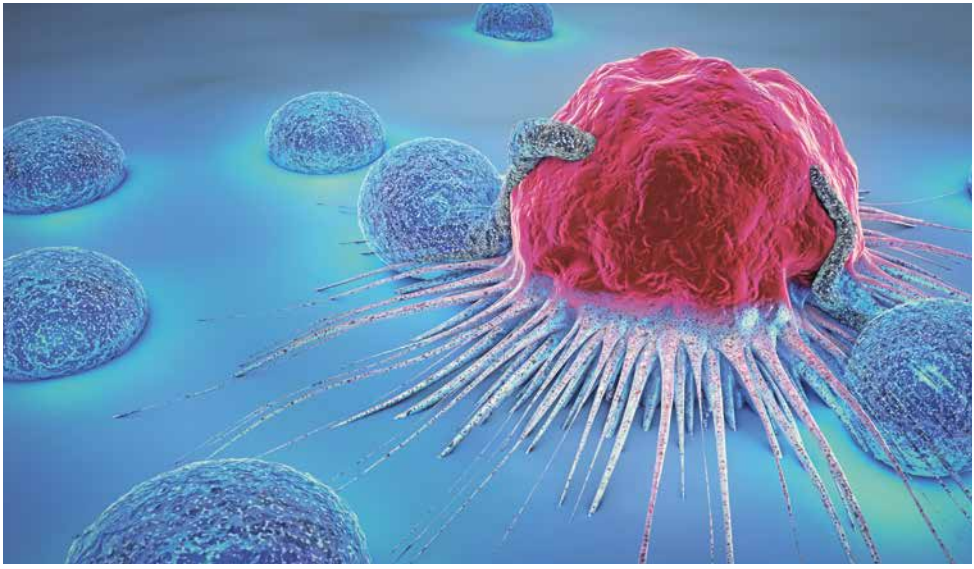
HIRSLANDEN
KLINIK HIRSLANDEN

CAR T-CELL THERAPY

REFERRAL CARD

INFORMATION ON TREATMENT
AND PATIENT CARE



IS YOUR PATIENT SUITABLE CAR T-CELLS?

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:

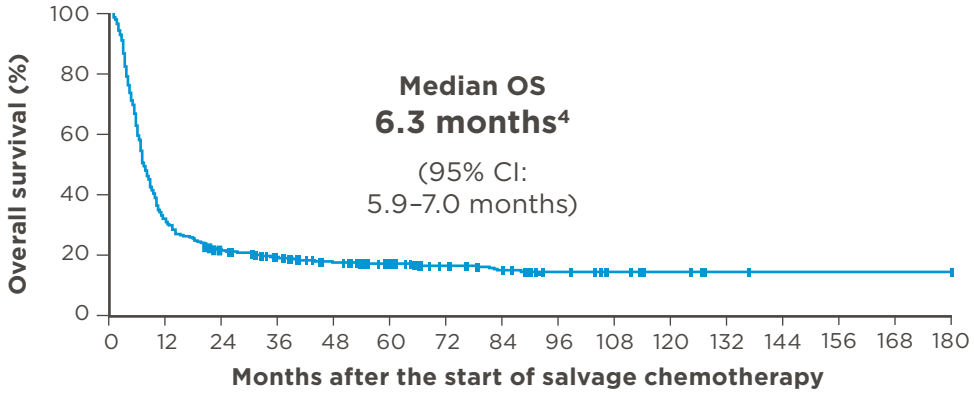
- ≥18 years[2]
- ECOG 0–1[2]
- Adequate organ function[2]
- No uncontrolled infection[1]

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

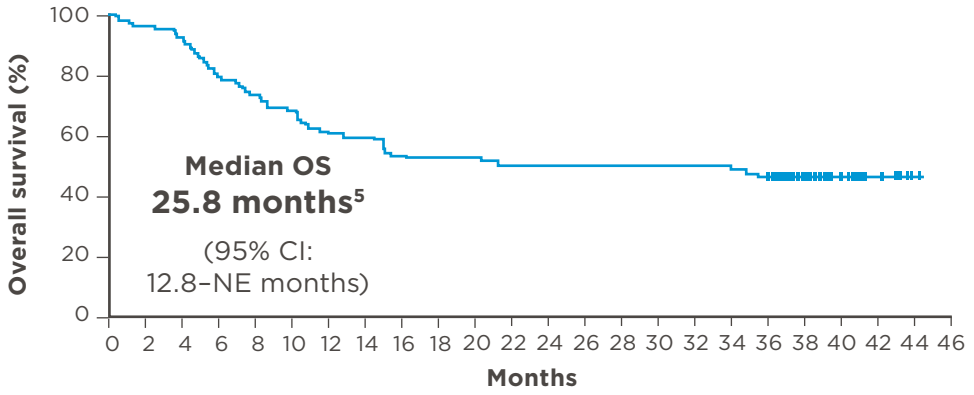
WHY CAR T-CELL THERAPY?

Overall survival (OS): SCHOLAR-1 study[4]



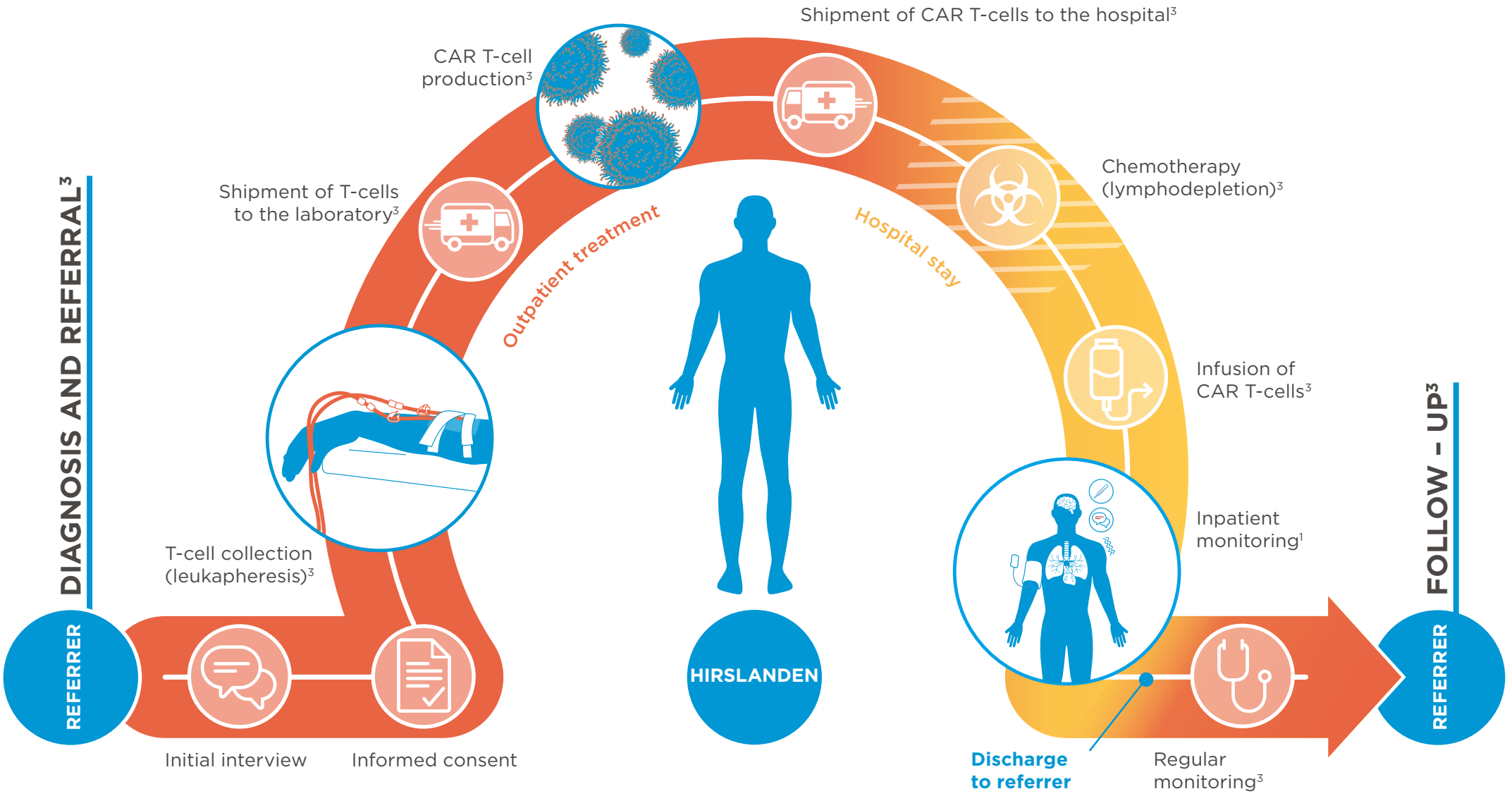
Patient population: 636 patients with r/r DLBCL from two phase III studies and two cohorts[4]

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



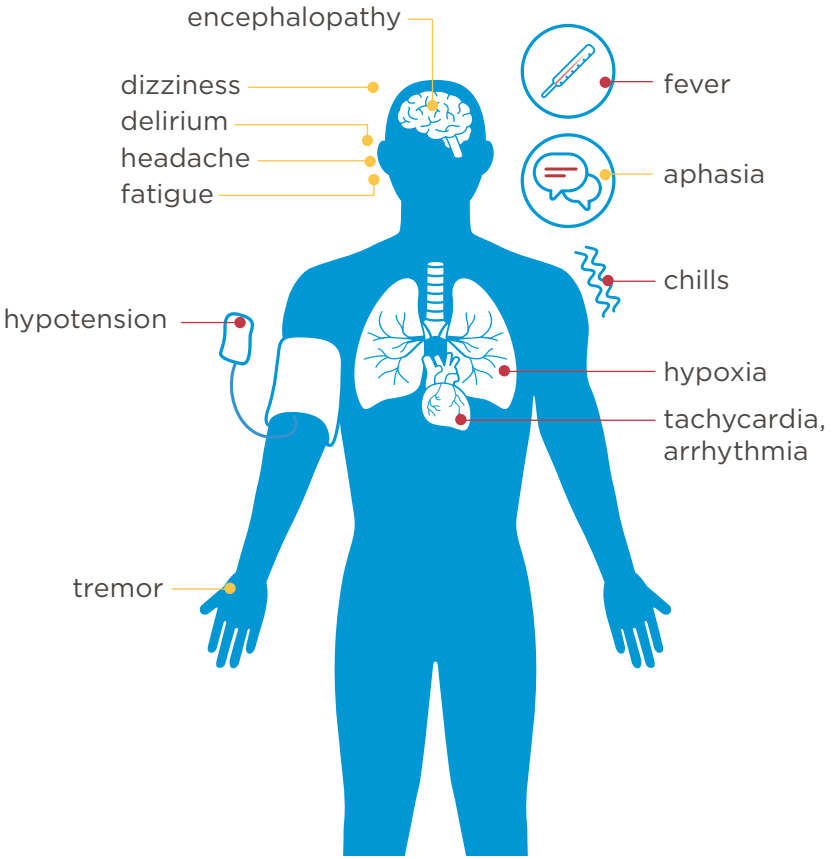
Patient population: clinical trial with 101 patients (ZUMA-1, phase 2: r/r DLBCL n=77; r/r PMBCL/TFL n=24) median follow-up 39.1 months[5]

HIRSLANDEN & REFERRERS
PATIENT CARE



ADVERSE REACTIONS

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



● 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®.

REFERENCES AND ABRIDGED PRODUCT INFORMATION

References

1. YESCARTA® product characteristics, version december 2019 **2.** Locke FL, et al. Phase 1 Results of 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.** 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. **5.** Neelapu SS, et al. A Comparison of Two-Year Outcomes in ZUMA-1 (Axicabtagene Ciloleucel) and SCHOLAR-1 in Patients With Refractory Large B Cell Lymphoma; Poster 4095, presented at ASH 2019; https://nexusggmed.com/qr/?ddownload=759, last viewed: 20.03.2020.

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 systemic lines of 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. **IA:** No studies. **Preg./br.f.:** 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, hypocal-caemia, 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:** December 2019. **MA:** Gilead Sciences Switzerland Sàrl, postal address: Turmstrasse 28, 6312 Steinhausen. Complete prescribing information available at www.swissmedicinfo.ch. *CH-GS-202001-201912-E*

CH-CTH-2020-04-0007

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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