Mass General Brigham
Mass General Cancer Center

Is the imperfect collaboration between the referring center and the CAR-T center a global risk? How to solve the problem and what are the risks for patients?

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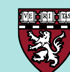

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Disclosures for Jeremy Abramson

Consulting for for AbbVie, ADC Therapeutics, Astra-Zeneca, BMS, Caribou Biosciences, Cellectar, Foresight Diagnostics, Genentech, Genmab, Incyte, Interius, Janssen, Kite Pharma, Lilly, Miltenyi Biotec, Takeda

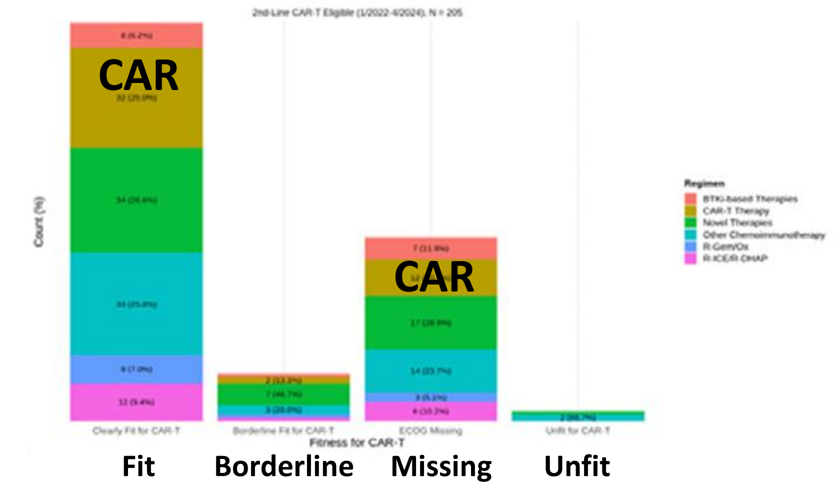
Research support (to institution) from Allogene, BMS, Cellectis, Merck, Mustang Bio, Regeneron, Seagen

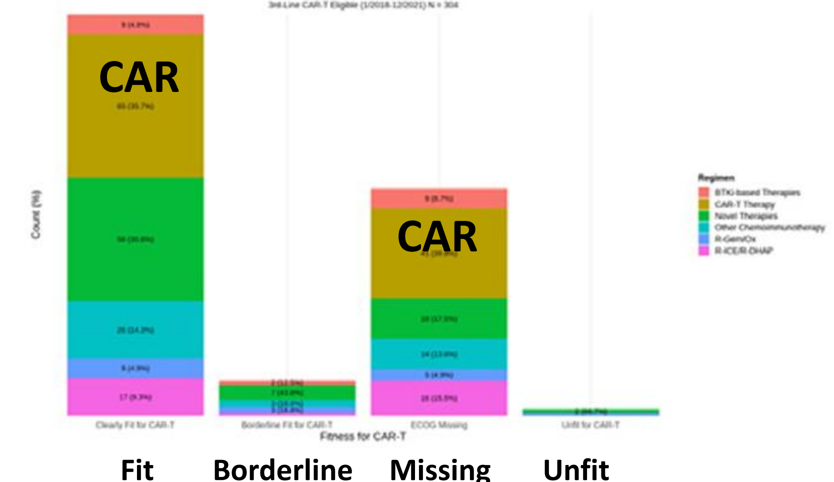
Optimizing collaboration points between Referring Center and CAR Center

- Referring for CAR T-cell therapy
- Pre-apheresis and bridging period
- Immediate post CAR care
- Long term follow up care

Referring for CAR T-cell evaluation in lymphoma

- Indications (US)
  - 2nd line or later large B-cell lymphomas
  - Mantle cell lymphoma post cBTK inhibition
  - 3rd line or later follicular lymphoma
  - CLL post cBTKi and BCL2i
- You cannot get a CAR T-cell if you are not referred for it!
- Flatiron data
  - 205 patients eligible for 2nd line CAR subsequent to FDA approval
  - 128 deemed sufficiently fit based on ECOG and age
  - Only 25% received CAR T-cells





Perales, et al. TCT 2025 Abstr 549

Barriers to referrals

Work with companies, payers and regulatory authorities

Patient-Related Barriers

Physician-Related Barriers

Financial burden
Lack of insurance coverage

Patient hesitancy for treatment

Knowledge gaps in efficacy and safety of CAR-T cell therapy

Patient disease burden causing ineligibility

Barriers to CAR-T cell therapy

Lack of understanding in AE management for referring physicians

Required travel to treatment centers

Lack of caregiver support

Late referral to CAR-T cell therapy

- Patient-Related Barrier
- Physician-Related Barrier
- Physician and Patient-Related Barrier

Patient education/advocacy

Collaborate on pre-CAR tx

Provide resources
Holding/bridging locally
Bring CAR closer to home

Educate providers

Educate providers
Provide resources
Improve communication

Educate providers
Improve communication

Provide services (in person and virtual)

Hoffmann, et al. TCT 2023

Immediate post CAR care

- Patient will be close to CAR center
- Close communication with referring provider/team to invest them in care
- Inform referring team regarding ongoing and resolved toxicities
- Establish clear division of labors once patient returns to referring center after day +30
- Provide patient with written care plan

Long term follow up (post day 30): Attention to late toxicity

CAR-T-cell infusion
- target
- costimulatory domain

Lymphodepleting chemotherapy
cyclophosphamide fludarabine
Neutropenia
CRS, ICANS
Steroids, anti-IL-6
endothelial, mucosal damage
*ICU, invasive measures
Chimeric Antigen Receptor (CAR)
BCMA CAR-T-cell
CD19 CAR-T-cell
B-cell aplasia, hypogammaglobulinemia, specific Ab deficiency
Delayed cytopenias
... Day -5 0 7 14 21 30 60 90 180 365
Underlying disease
Prior treatments
(e.g., HCT)
Bacteria
Viruses
Fungi
Bacteria
Viruses
Fungi
Bacteria
Viruses
Fungi

Kampouri, et al. TID 2023

Long term follow up (post day 30)

- Establish clear division of labors between referring and CAR center

- Who does what? Who does the patient call?
  - Laboratory monitoring
  - Surveillance imaging
  - Fever and infection management
  - Prophylactic medications (when to stop?)
  - Hypogammaglobulinemia and IVIG
  - Vaccinations (what and when?)
  - Cytopenia management
  - Secondary malignancies

Optimizing collaboration: Global opportunity!

- Education, education, education
- Facilitate communication– decrease activation energy for referral and pre-referral discussions
- Allow as much care close to home as possible
- Educate about long term risks and have a clear documented plan in place for monitoring, prophylaxis, IVIG replacement, vaccination, and cytopenia management
- Provide resources and access in the long term follow up setting so referring centers feel supported and embraced as partners

Thank you for your attention!

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