CAR-T patient guidelines

The answer to all your questions is: **Page the CAR/BMT attending or alert the BMT APP on service.**  If the system works as it should you will have minimal to no interaction with these patients, however as you probably know the system does not always work the way it supposed to so I would like you to have basic information needed to redirect to the correct person.

LCCC-1541 (CD19+ CAR w/suicide switch for relapsed ALL) patients will be admitted to the BMTU. You don't need to know everything about the trial, but you should be familiar with symptoms of CRS and Neurotoxicity and basic treatment of both.  This is another layer of safety in dealing with these folks.  **Take home message is PLEASE page the CAR/BMT attending if you get a call from the hospitalist, ER, MICU, whoever.**

**Coverage:**
**- DURING DAY:** the **APP** will cover these patients.

- When the patient is in the MICU, the MICU staff/RNs are asked to call the BMT fellow during the day because our APP group does not have a centralized pager.  **Please just alert the APP that you are working with.**

**- AT NIGHT:**The hospitalist should be paging the **CAR ATTENDING**for any issues they need help with or concerning CAR specific issues.  If you get any pages from them, please tell them to page the CAR attending.

- BMTU RNs should go to the BMT APP during the day, and page hospitalist or CAR attending at night. **Rapid response calls, rapid worsening of status, Transfer to MICU ALL NEED TO BE COMMUNICATED TO THE CAR ATTENDING ASAP.**

**General Resources In case you need them:**

**Attached: LCCC-1541 Protocol, CRS Guidelines (on intranet too), Neurotoxicity Guidelines (also on intranet)**

In case things go incredibly wrong and you need to contact someone other than CAR Attending/BMT APP:

- Non-urgent issues, anytime: Brianne call or text 919-760-5143 (Cell)

- 1st Call: Matt Foster

- 2nd Call: Jon Serody (if no response from Matt in needed time)

- Regulatory: Kaitlin Morrison

- Research coordinator: Catherine Cheng cell: 919-332-9472

- Cell Magician: Barbara Savoldo cell: 919-962-8414

**How to access CAR Resources on Intranet:**

Depts -> Bone Marrow Transplant and Cellular Therapy -> Cellular Therapy Resources -> Jackpot!

**How to Place the CRS Orderset:**

Under Inpatient Orders, type "CRS".  You will have a choice of CRS Grade 1 or CRS Grade 2-4.  Choose which one based on CRS Grading in CRS Guidelines.

In CRS Orderset Gr 2-4 you will need to check the tocilizumab box or Dexamethasone box to order these drugs.

**How to Place an Order for AP 1903:**

Under Inpatient Orders, type "AP 1903".  The orderset with labs will allow you to make your choices.  Only investigators on the trial are allowed to order this.

**To Avoid:**

Steroids

Demerol

Thrombolytics

**Timeline of how this trial works on the unit:**
Admission to BMTU

Lymphodepletion: Fludarabine 30mg/m2 x 3 days, Cytoxan 500mg/m2 x 3 days

CAR cell infusion: 2-4 days after lymphodepletion

CRS: Approximately 3-7 days post infusion

Neurotoxicity: Approximately 7-13 days post infusion

Planned total inpatient admission for approximately 4wks post infusion to monitor for symptoms

**CRS Treatment:**

Grade 1: Tylenol, Infectious w/u, supportive care

Grade 2-4: Tocilizumab (8mg/kg iv q8-24hrs based on sx's)

AP 1903: Given for ANY Grade 4, OR Grade 2/3 that does not resolve to Grade 0/1 w/in 24hrs w/Toci

(needs Matt, Jon, Barbara approval- preferably Matt)

\*Research lab tube needs to be drawn daily from initial diagnosis of CRS.  RN should be able to order.

**Neurotoxicity Treatment:**

\*NOT responsive to Toci if not associated with concurrent CRS

Grading per Neurotoxicity Guidelines

MRI Brain/LP as needed

Consider Dexamethasone for Grade 3

Matt Foster needs to be notified early