CLINICIAN GUIDE TO CAR T-CELL THERAPY FOR MULTIPLE MYELOMA

In 2024, the indications for CAR T-cell therapy in multiple myeloma were expanded to include use in earlier lines of treatment (after 1 or more lines of therapy).[1,2] Patients who may be eligible for CAR T-cell therapy should be referred to a CAR T-cell therapy center for evaluation as soon as possible.

MD Anderson CAR T-cell Therapy Center Contacts

- **MDACC Main Phone Number:** 713-792-2121
- **Direct Line (Page Operator):** 713-792-7090
- **Referring Provider Team:** https://www.mdanderson.org/for-physicians/refer-a-patient/referring-provider-team.html

FDA-approved CAR T-cell Therapies for Multiple Myeloma
(as of November 17, 2025)

	TARGET	FDA-APPROVED INDICATION
Ciltacabtagene autoleucel (cilta-cel)[3]	BCMA	Treatment of adult patients with RRMM after **≥1 prior lines of therapy**, including an IMiD agent and a PI, who are refractory to lenalidomide
Idecabtagene vicleucel (ide-cel)[4]	BCMA	Treatment of adult patients with RRMM after **≥2 prior lines of therapy**, including an IMiD agent, a PI, and an anti-CD38 mAb

Who to Refer for CAR T-cell Therapy

Patients who have RRMM and

- ✓ **Received ≥1 prior lines of therapy**, including an IMiD agent and a PI, who are refractory to lenalidomide ***OR*** **≥2 prior lines of therapy**, including an IMiD agent, a PI, and an anti-CD38 mAb
- ✓ Identified disease progression but no immediate need for antimyeloma treatment

Patients with non–disease-related comorbidities (eg, cardiac, pulmonary, renal, bone marrow, or CNS-related) may qualify. Refer patients to the CAR T-cell therapy center for evaluation

Considerations for Selecting Pre–CAR T-cell Therapy
(Holding Therapy)

- ✓ Avoid alkylating agents (eg, bendamustine, cyclophosphamide, melphalan)
- ✓ Avoid bispecific antibody therapy, especially BCMA-directed therapies

BCMA, B-cell maturation antigen; CAR, chimeric antigen receptor; CNS, central nervous system; CRS, cytokine release syndrome; FDA, US Food and Drug Administration; ICAHT, immune effector cell–associated hematotoxicity; ICANS, immune effector cell–associated neurotoxicity syndrome; IEC-HS, immune effector cell–associated hemophagocytic lymphohistiocytosis–like syndrome; IMiD, immunomodulatory drug; mAb, monoclonal antibody; MDACC, MD Anderson Cancer Center; PI, proteasome inhibitor; RRMM, relapsed/refractory multiple myeloma; TEAE, treatment-emergent adverse event.

1. Carvykti. FDA.gov. https://www.fda.gov/vaccines-blood-biologics/cellular-gene-therapy-products/carvykti; 2. Abecma. FDA.gov. https://www.fda.gov/vaccines-blood-biologics/abecma-idecabtagene-vicleucel; 3. Hayden P, et al. *Ann Oncol*. 2022;33(3):259-275; 4. Brudno JN, et al. *Nat Rev Clin Oncol*. 2024;21(7):501-521.

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