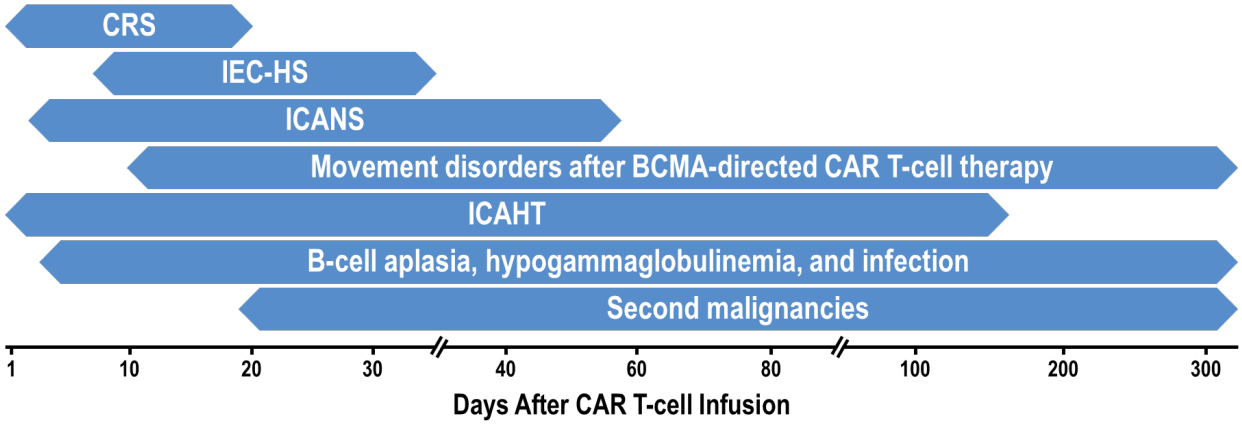
DEPARTMENTAL CHECKLIST

Managing Patients with Multiple Myeloma Who Have Received CAR T-cell Therapy

Timing of Potential CAR T-cell TEAEs[1]



BCMA, B-cell maturation antigen; CAR, chimeric antigen receptor; CRS, cytokine release syndrome; ICAHT, immune effector cell–associated hematotoxicity; ICANS, immune effector cell–associated neurotoxicity syndrome; IEC-HS, immune effector cell–associated hemophagocytic lymphohistiocytosis–like syndrome; TEAE, treatment-emergent adverse event.

Long-Term Monitoring After CAR T-cell Therapy

Infection Prevention and Management

Prolonged cytopenias	• Check laboratory results weekly for 4 weeks after hospital discharge – Transfuse leukodepleted irradiated PRBCs for Hb <7 g/dL, or <8 g/dL if symptomatic – Transfuse for PLT count <20×10^9, or active bleeding – Hold anticoagulation for PLT count <50×10^9 – Administer TPO after day 60 for PLT count consistently <20×10^9 – Administer G-CSF if ANC <1×10^3 cells/µL; administer longer-acting G-CSF if continued ANC <1×10^3 cells/µL • After 4 weeks, check labs once monthly if the patient does not need transfusions. After 6 months, check every 3 months.
B-cell aplasia/ Hypogamma-globulinemia	• Check IgG levels every 4 weeks: – Administer IVIG for IgG level <400 mg/dL, continue until IgG levels normalize and any infections are resolved • Of note, patients with IgG myeloma may have laboratory test results that look like they have normal levels, but functional IgG is the fraction that is nonmonoclonal
Infection	• Work-up for fever >100.4° F: – CBC, blood cultures, urinalysis/urine culture – CXR – Viral swabs (ie, influenza/COVID-19/RSV) – Low threshold for antibiotics and/or admission based on ANC – Consider growth factor based on ANC • If patient has been having significant diarrhea for >1 or 2 weeks, call the CAR T-cell therapy center and perform further testing with GI multiplex test if available

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Antibiotic prophylaxis (herpes and PJP)	• For herpes: orally for at least 1 year: – Acyclovir 400 mg twice daily or valacyclovir 500 mg daily • For PJP: for at least 1 year, until CD4 count >200 mm^3: – Sulfamethoxazole and trimethoprim double strength, 1 tab orally Mondays/Wednesdays/Fridays if count allows – Alternatives: ▸ Pentamidine 4 mg/kg IV every 28 days ▸ Atovaquone 1500 mg orally daily

Vaccinations

Seasonal influenza	• Vaccination is recommended annually, at least 2 weeks prior to LDC or 6 months after completing therapy if not previously given
COVID-19	• Revaccination is recommended for all patients, regardless of prior vaccination. Start revaccination 6 months after completing therapy
Other recommended vaccinations	• Refer to the discharge letter or contact the CAR T-cell therapy center for details – Pneumococcal conjugate – Diphtheria, tetanus, acellular pertussis – *Haemophilus influenzae* type B conjugate – Zoster, recombinant

Recommendations for Long-Term Monitoring

Relapse	• Full myeloma laboratory tests monthly for the first 6 months, then every 3 months thereafter – If light chains or M protein are increasing from nadir, go back to monthly • Imaging (PET CT, skeletal MRI, etc) as indicated (every 3-6 months for patients with history of EMD and/or oligo-/nonsecretory disease)
Secondary malignancies	• Routine CBC (check for AML, MDS) • Routine history and clinical exams for adenopathy and B symptoms (secondary lymphomas) • Dermatology evaluation every 6 to 12 months (cutaneous malignancies) • All age-appropriate cancer screenings (mammogram, colonoscopy, PSA, etc)

MD Anderson CAR T-cell Therapy Center Contacts

- MDACC Main Phone Number: **713-792-2121**
- Direct Line (Page Operator): **713-792-7090**

AML, acute myeloid leukemia; ANC, absolute neutrophil count; CBC, complete blood count; CD4, cluster of differentiation 4; CXR, chest X-ray; EMD, extramedullary disease; G-CSF, granulocyte-colony stimulating factor; GI, gastrointestinal; Hb, hemoglobin; IEC, immune effector cell; IgG, immunoglobulin G; IV, intravenous; IVIG, intravenous immunoglobulin; LDC, lymphodepletion chemotherapy; M, myeloma; MDACC, MD Anderson Cancer Center; MDS, myelodysplastic syndromes; MRI, magnetic resonance imaging; PET CT, positron emission tomography computed tomography; PJP, *Pneumocystis jirovecii* pneumonia; PLT, platelet; PRBC, packed red blood cell; PSA, prostate-specific antigen; RSV, respiratory syncytial virus; TPO, thrombopoietin.

1. Brudno JN, et al. *Nat Rev Clin Oncol*. 2024;21(7):501-521; 2. NCCN. NCCN Guidelines Version 2.2026. Multiple Myeloma. www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf.

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