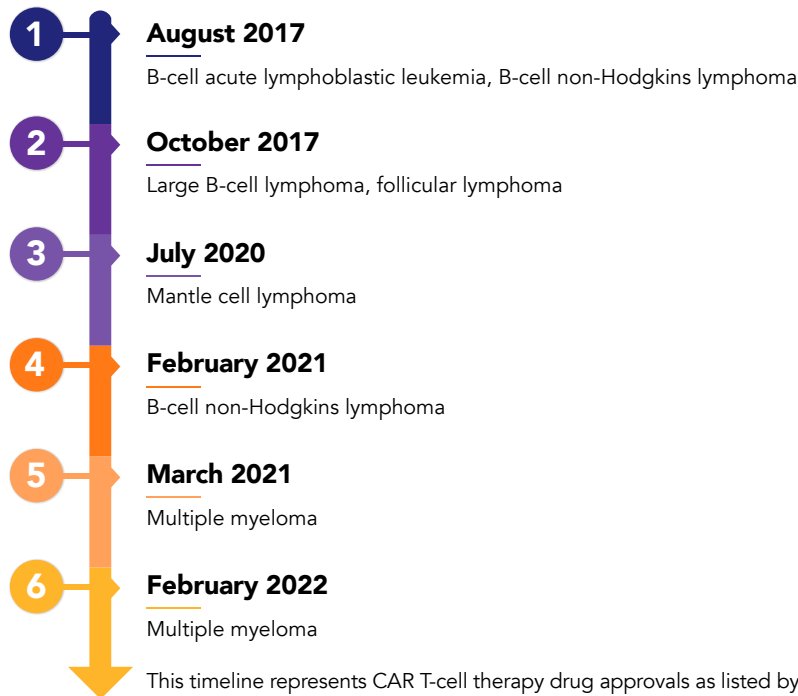


Advancing CAR T-Cell Therapy Care Continuity and Collaborative Patient Education

Working Summit Highlights

Where We Are

As of 2024, 6 chimeric antigen receptor (CAR) T-cell therapies have been approved by the Food and Drug Administration (FDA) to treat hematologic malignancies. However, a substantial percentage of patients eligible for CAR T-cell therapy are not receiving this potentially curative treatment.





“CAR T-cell therapies are potentially lifesaving treatments. They may in fact be preferable to more traditional therapies when patients actually have the option. Nevertheless, access to CAR T-cell therapies remains a major barrier to successful care for many patients.”

- David L. Porter, MD,
Penn Medicine - University of Pennsylvania Health System


Why We Came Together


In February 2024, the Association of Cancer Care Centers (ACCC) conducted a series of focus groups and interviews with 23 multidisciplinary providers and 7 patients and caregivers to better understand the needs of stakeholders related to the CAR T-cell therapy care continuum. Two key opportunities emerged from the groups:


 Continue to build capacity and infrastructure to support early patient identification and optimize continuity of care across sites.

 Address patient and caregiver needs by facilitating clear, multidirectional communication between patients, caregivers, providers, and patient advocacy groups to improve health outcomes.

To move these opportunities forward, ACCC convened a multistakeholder virtual working summit to share best practices and identify methods to support:

 Timely identification and referral of patients for CAR T-cell therapy

 Care continuity between referring programs and certified CAR T-cell therapy centers

 Patient and caregiver needs

Participants included 33 multidisciplinary cancer care professionals, patient advocacy representatives, and partner associations.

Summit Takeaways

Early Referral for CAR T-Cell Therapy

- Utilize **"If they RECUR You Should Refer"** – a recent framework, developed by ACCC, the Association of American Cancer Institutes (AACI), and the American Society for Transplantation and Cellular Therapy (ASTCT), to facilitate timely CAR T-cell therapy referral for patients with large B-cell lymphoma.
- Refer patients early to ensure timely access to CAR T-cell therapy. Do not make assumptions about eligibility.

Build Care Continuity

- Collaborate between referring providers and CAR T-cell therapy centers to promote effective care continuity. Panelists from Dana-Farber Cancer Institute (DFCI) and New York Oncology Hematology (NYCH) - Albany Medical Center shared how they work together to ensure care continuity.
- Communicate through all stages of care and provide educational opportunities for all members of the multidisciplinary team for successful care continuity.

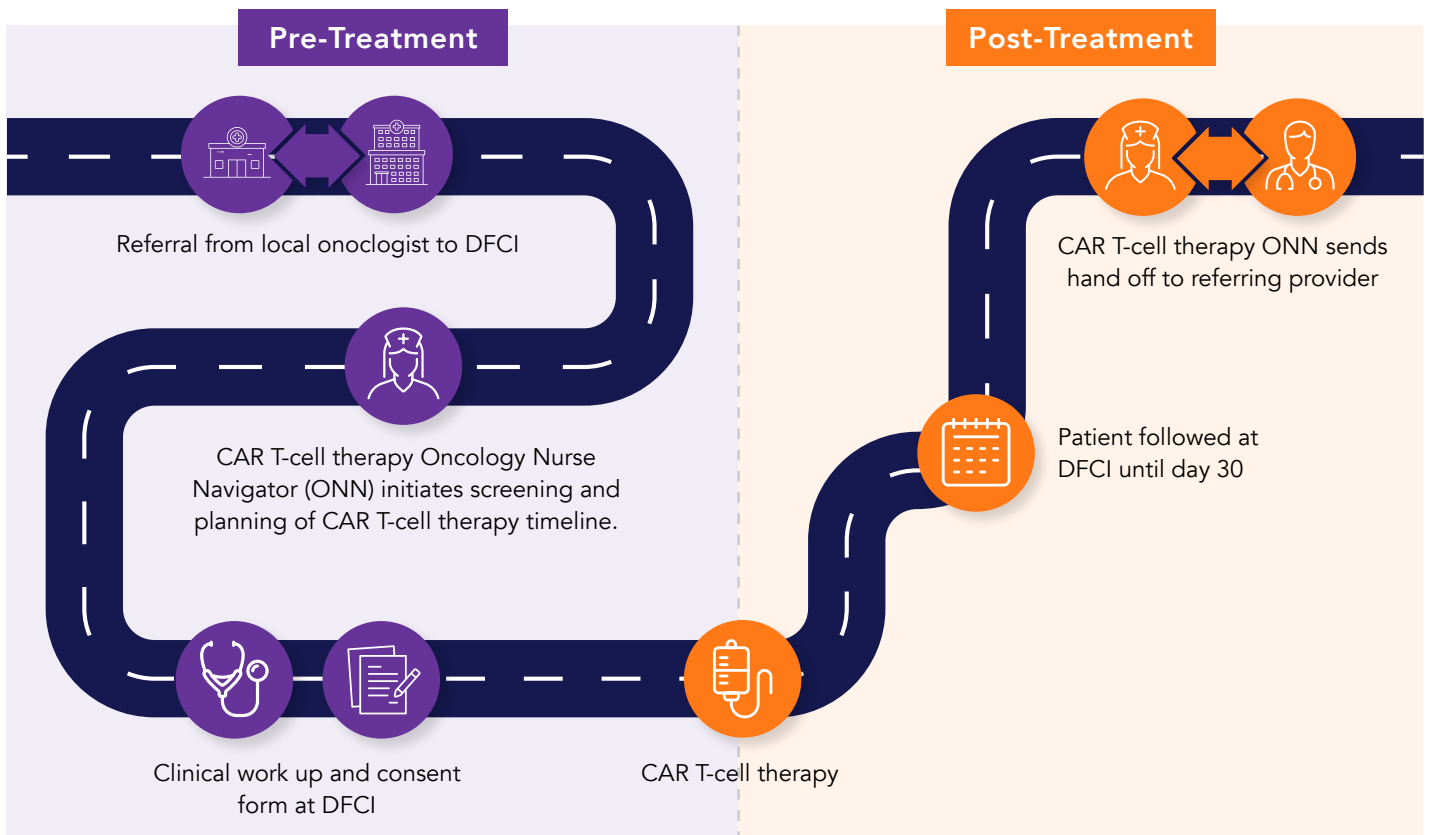
Excerpts from a letter written by a patient recounting their CAR T-cell therapy experience:

The doctor patient experience is truly a relationship. Like any relationship trust and communication are key

"A medical team working together with communication, cooperation, and compassion can be effective and a support to the patient – me! I feel very fortunate to have such a team."

Successful Care Coordination

Example from Dana-Farber Cancer Institute (DFCI)



Calls to Action

Participants identified calls to action that could be implemented at a local or national level, including:



Offer in-person, regional peer-to-peer education and collaboration between referring practices and CAR T-cell therapy centers to facilitate early patient identification and care continuity.

- "CAR T-cell therapy programs can hold conferences and invite local providers to join. It can help establish and strengthen relationships and provides a great opportunity for face-to-face interactions." – Working Summit Participant



Engage multiple team members to provide timely and continuous patient/caregiver education and support throughout the CAR T-cell therapy continuum.

- "Part of our discussion focused on the role of the caregiver, what they are responsible for, and what's being asked of them. We touched on the fact that with both patient and caregiver education, it's a tremendous amount of information. It is important to break up that information into multiple sessions or at different time points to emphasize and reiterate things." – Working Summit Participant



Leverage patient advocacy groups to provide patient and caregiver education, support, and connections to other community resources.

- "Patient advocacy groups do phenomenal work to help patients and we find their work complements and supports the work we do within our organization." – Working Summit Participant

"Having one place where we can find resources easily. There are so many different disciplines looking for different sources of information, so that would be helpful." – Working Summit Participant

[Explore the Resource Library Now](#)

Concluding Thoughts



"The working summit provided us the opportunity to reflect on how we might change processes within our program. For example, how we can tap into the variety of roles on our team to support patients in different ways. Thank you to everyone for sharing your best practices so we can, in turn, iterate and improve our own best practices."

- Summit Co-Chairs:

Amy D. Smith, FNP-BC (Iverson Memorial Hospital) & **Caron Jacobson, MD** (Dana-Farber Cancer Institute)



Learn more at acc-cancer.org/CAR-T-Tips.

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A publication from the ACCC education program, "Tips for Early Patient Identification for CAR T-Cell Therapy and Care Continuity with Community Providers."

The **Association of Cancer Care Centers (ACCC)** provides education and advocacy for the cancer care community. For more information, visit acc-cancer.org.

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