Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal
Québec

Institut universitaire d'hématologie-oncologie et de thérapie cellulaire

CONSULTATION REQUEST

CAR-T THERAPY IN LYMPHOMA

(Dynamic Form)

Patient's last name and first name:			
Mother's maiden name:			
Health insurance number:	Exp :	Date of birth (YYYY-MM-DD) :	
Address (n°, street):			
Postal code:	Telephone	Area code Home number :	
Area code Work number:	Ext,	Area code Cell number :	
Email adress:			

Referring physician and establishment

Name of referring physician:		License number:	Name of establishment:	
Area code	Phone number:	Extension	Area code	Fax number:
Email address:				
Copy of acceptance or refusal to: ☐ General practitioner ☐ Other physician				
Name and contact information, if applicable:				

Contacts in case of questions regarding the consultation request (if other than the referring physician)

Name of the contact:			Role:	
Area code	Phone number:	Extension	Area code	Fax number:
Email address:				
Signature of referring physician :			Date:	

In order to process the request in a timely manner, the following elements are required:

1) Duly completed ***CONSULTATION REQUEST FOR CAR-T IN LYMPHOMA.***

2) Duly completed ***ELIGIBILITY ASSESSMENT FORM FOR CAR-T IN LYMPHOMA***.

3) The latest medical evaluation note in hematology-oncology.

4) All lymphoma-related biopsy reports (including lumbar puncture or bone marrow analysis if applicable).

Please note that CD19 status is no longer an eligibility requirement for CAR-T.

5) A report from the oncology pharmacy containing the different lines of treatment received (dates and doses)

6) Imaging reports (scans/PET/MRI/cardiac exams) for the last 6 months.

The patient must bring a digital copy (CD) of these exams to the first visit.

7) Initial patient assessment by the oncology nurse navigator, if available.

8) **The above elements must be sent by email to: cart.hmr.cemtl@ssss.gouv.qc.ca**

For 2nd line CAR-T referral in large B-cell lymphoma cases,
do not initiate treatment unless there is a medical emergency.

Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal
Québec

Institut universitaire d'hématologie-oncologie et de thérapie cellulaire

Patient's last name and first name:
Mother's maiden name:
Health insurance number: Exp : Date of birth (YYYY-MM-DD) :
Address (n°, street):
Postal code: Telephone Area code Home number :
Area code Work number: Ext, Area code Cell number :
Email adress:

ELIGIBILTY ASSESSMENT

CAR-T THERAPY IN LYMPHOMA

Inclusion criteria : age ≥ 18 AND ALL REQUIRED		
1) Eligible histologies and indications	☐ ≥ 3rd line of systemic therapy o Diffuse large B-cell lymphoma (LBCL) NOS o High-grade lymphoma NOS or with MYC and BCL2 rearrangement o Transformed follicular lymphoma (or marginal zone lymphoma **) o T cell/histiocyte-rich large B-cell lymphoma o Primary mediastinal large B-cell lymphoma o Diffuse large B-cell with chronic inflammation or EBV o Primary cutaneous diffuse large B-cell lymphoma, leg type o Follicular grade 3B lymphoma ** or post-transplant lymphoma ** o Mantle cell lymphoma (any subtype) o Follicular lymphoma (classical or Grade 1-2-3A) ☐ 2nd line of systemic therapy after adequate 1st line therapy o All large B-cell lymphoma subtypes named above o Primary mediastinal large B-cell lymphoma **	☐ YES ☐ NO
2) Refractory or relapse setting	☐ For 2nd line CAR-T: the following conditions are eligible - general condition deemed adequate for an autologous stem cell transplant - stable disease after 4 cycles of 1st line therapy - stable disease or progression after 1st line therapy - partial remission after 1st line mandates evidence of progression or biopsy - relapse < 1 year after completion of 1st line therapy ☐ For 3rd line CAR-T in large B-cell lymphoma, the 1st line treatment may have taken place in a presumed clinical context of transformation ** ☐ For mantle cell lymphoma, refractory status to a BTKi (failed attempt at a reduced dose if intolerance) and to the combination of an anti-CD20 with anthracycline, cytarabine, or bendamustine is required ☐ For follicular lymphoma, being refractory to a single anti-CD20-based line does not qualify for eligibility in the two-line treatment criteria AND an indication for treatment is mandatory	☐ YES ☐ NO
3) Performance status	ECOG performance score: 0-1 AND life expectancy > 12 weeks	☐ YES ☐ NO
4) Kidney function	Creatinine clearance ≥ 45 mL/min/1.73m^2 (≥ 30 mL/min/1.73m^2 for 3rd line LBCL)	☐ YES ☐ NO
5) Liver function	ALT ≤ 5X normal	☐ YES ☐ NO
6) Breathing capacity	Dyspnea grade ≤ 1 and room air oxygen saturation > 91%	☐ YES ☐ NO
7) Cardiac capacity	LVEF ≥ 45% (≥ 40% for 3rd line LBCL)	☐ YES ☐ NO
8) Bone marrow capacity	Neutrophils > 1 x 10^9 /L and platelets without transfusion > 50 x 10^9 /L	☐ YES ☐ NO

Excluded criteria : none allowed	
1) **Excluded histologies:** primary cutaneous lymphoma, transformed chronic lymphocytic leukemia, transformed lymphoplasmacytic lymphoma, Burkitt lymphoma 2) **Primary immunodeficiency OR gene therapy (any indication)** 3) **Pregnancy or breastfeeding** 4) **Active neurological inflammatory or autoimmune disease** 5) **Another neoplasia with an estimated life expectancy ≤ 75% at 5 years:** *Please provide the pathology report, staging, treatments received, and response to them*	☐ YES ☐ NO

Other key information to provide	
1) **Lymphoma with former or current secondary central nervous system infiltration ****	☐ YES ☐ NO
2) **A history of hematopoietic stem cell transplantation without significant GVHD and without GVHD treatment may be considered ****	☐ YES ☐ NO
3) **Previous exposure to anti-CD19 therapy may be considered ****	☐ YES ☐ NO
4) **Unstable angina, infarction or uncontrolled arrhythmia within 3-6 months of consultation ****	☐ YES ☐ NO
5) **History: seizure, ischemia, cerebral hemorrhage, cerebellar disease, or dementia**	☐ YES ☐ NO
6) **History of hepatitis B, hepatitis C or HIV**	☐ YES ☐ NO

***** Conditional on approval by waiver committee***