

CAR T-Cell Therapy Referrals: Frequently Asked Questions (FAQ)

Standard of care adult CAR T-cell therapy will be available within BC at the end of January 2024. On January 22, 2024, we will be activating the revised referral process for both in-province (IP) and out-of-province/country (OOP/C) CAR T patients. This FAQ document describes the new process and answers common questions that referring providers may have. Please reference this document and utilize the revised referral process, as detailed below, starting January 22nd.

For any questions related to the refreshed CAR T referral process, please email cartreferrals@bccancer.bc.ca.

How do I refer a patient for CAR T-cell therapy starting January 22nd onwards?

The BC Cancer Provincial Virtual Oncology Nursing Team will serve as a centralized intake (“one-stop shop”) for CAR T-cell therapy referrals. Our team will navigate funding approvals, assess capacity at CAR T centres and forward patient referrals to CAR T treating sites on behalf of providers for both IP and out-of-province/country (OOP/C) referrals.

To refer a patient, email cartreferrals@bccancer.bc.ca with:

- A) A completed [referral form](#);
- B) A summary letter/clinical note of the patient’s treatment course to date; and
- C) Other relevant consult and clinical notes.

Only Ministry funded indications and patients who meet eligibility criteria will be approved.

What is changing about the CAR T-cell therapy referral process?

There are significant differences from the previous process, with a new simplified referral pathway for providers:

- Separate referrals to a CAR T treatment centre are no longer needed.
- In your emailed referral, you do not need to include the results of investigations (including biopsies or imaging) as our Provincial Virtual Oncology Nursing Team will collate this information. **We do however need your help identifying and providing the relevant clinical notes.** Please include this information within your referral to cartreferrals@bccancer.bc.ca.
- The standard template letter to the Ministry is no longer required. Fitness to travel is instead a checkbox on the revised referral form.
- Lymphoma Conference is no longer necessary for IP and OOP patients. **If there is no CAR T capacity within Canada and the patient has to travel out-of-country (i.e. Seattle), then a Lymphoma Conference is still required.** Our Provincial Virtual Oncology Nursing Team will inform you if this is the case.
- CAR T funding approvals for IP and OOP/C patients will be facilitated through the Compassionate Access Program (CAP) process but **referring providers do NOT need to submit applications online.** Our Provincial Virtual Oncology Nursing Team will submit on your behalf and email you the CAP decision once completed.
 - If your patient is referred for CAR T treatment OOP/C, the Provincial Virtual Oncology Nursing Team will also navigate additional Ministry funding approvals.
 - For CAP denials, a single appeal with **‘Subject Line: CAR T APPEAL’** can be submitted via email to cartreferrals@bccancer.bc.ca. Please include the rationale for appeal and include any cited evidence/published literature.

Why can't I refer a patient directly to the LBMT Program at Vancouver General Hospital?

IP CAR T capacity at Vancouver General Hospital (VGH) is limited and many patients will still need to travel OOP for CAR T-cell therapy.

To ensure fair process to the limited number of IP CAR T openings, the following principles will apply:

- All CAR T patients must be referred through our centralized provincial intake process. **Do NOT refer patients directly to VGH**, even if the patient is already known to VGH for consideration of autologous stem cell transplant.
- At the start of the adult BC CAR T Program, patients being treated with curative intent (R/R DLBCL, HBCL and PMBCL) will be prioritized to IP therapy. Patients treated with non-curative intent (R/R MCL) will need to travel OOP/C for their treatment.
- Please ensure your patient is aware that they may need to travel OOP for CAR T-cell therapy, no matter how close they live to VGH. However, funding is available to support travel and accommodation costs for the patient and one caregiver. This is usually arranged through the treating centre.
- We will be reevaluating the referral process on an ongoing basis to ensure it is meeting the needs of BC patients and providers, as funded indications and capacity expand.

What are the other responsibilities of the referring provider?

- **Arrange any tests that are outstanding.** Our Provincial Virtual Oncology Nursing Team will contact referring providers if there are elements of the referral that are missing/outdated. In our experience, that is often assessments of cardiac function (echocardiogram or MUGA) and hepatitis/HIV serology.
- **Ensure post-CAR T therapy follow-up and testing is arranged.** In collaboration with our provincial CAR T and transplant ID experts, we have developed a BC-specific [Post-CAR T Management Guideline](#). Please note that there are some minor differences from the recommendations provided by some of our OOP partner centres. Please refer to the Post-CAR T Management Guideline using the hyperlink above, it will be available on our website shortly.
- **You may be contacted by the Provincial Virtual Oncology Nursing Team to answer specific questions from the treating centre about your patient.** If there is limited capacity across treating sites, you may also be contacted to confirm if estimated wait times are clinically suitable for your patient or if other options need to be explored.

What role (if any) will the BC Cancer Provincial Virtual Oncology Nursing Support Team provide post-CAR T-cell therapy?

Following discharge from the CAR T treatment centre, post-CAR T therapy management will be the responsibility of the referring providers and their care teams. Our Provincial Virtual Oncology Nursing Support Team cannot arrange any testing for patients.

Our Provincial Virtual Oncology Nursing Support Team will however contact patients at 3-months post-treatment to notify them of the [BCCDC post-CAR T immunization recommendations](#) and provide the Immunization Worksheet for completion through their local public health unit. They will also contact the patient at 24-months to remind patients of the recommendations for IgG testing following MMR vaccination. This will occur for both IP and OOP/C patients.

I need advice about a CAR T-cell therapy issue. Who do I contact?

Referring providers will have questions about CAR T-cell therapy, such as patient suitability for CAR T-cell therapy or queries regarding post-CAR T management.

If the patient has received CAR T-cell therapy and has an identified CAR T provider, please feel free to contact the patient's CAR T provider.

Dr. Hannah Cherniawsky and Dr. Kevin Song with the VGH LBMT Program are also available to provide advice and can be reached through the VGH Division of Hematology (604) 875-4863 or the BC Cancer email system.