INTRODUCTION

- CAR-T cell therapy for the treatment of refractory follicular lymphoma is becoming widespread in clinical practice.
- Multiple phase 1/2 studies have been conducted.
- The most recent trial, ELARA, demonstrated that tisagenlecleucel can be safely infused in an outpatient setting.
- Grade ≥3 hematological disorders were more frequent in the inpatient group (74%) than in the outpatient group (38%).
- Rates of cytokine release syndrome (CRS) were similar, with 48% (grade ≥3, 0%) for inpatients and 53% (grade ≥3, 0%) for outpatients.
- Outpatients who required hospitalization had a shorter average length of stay compared with inpatients who were hospitalized.

METHODS

- Ninety-four patients were evaluable for efficacy post tisagenlecleucel infusion.
- The study was conducted at 38 centers in 11 countries.
- The primary endpoint was probability of event free survival (PFS) at 2 years.

RESULTS

- Of 94 clinical sites, 40 sites in the United States.
- Forty-one percent of patients in the outpatient setting did not need hospitalization.
- Of those who did, 50% stayed 3 days or less.
- Mean overall hospitalization costs for inpatients were $40,054 per patient (94 patients were evaluable).
- Inpatient group admissions post infusion had a median total hospitalization duration of 13.8 days vs 6.0 days for the outpatient group.
- Grade 3/4 hematological disorders (all) in the inpatient setting were 49% vs 32% in the outpatient setting.

CONCLUSIONS

- It is feasible and safe to administer tisagenlecleucel in an outpatient setting.
- Outpatient care can be cost-effective and reduce patients' time away from treatment.
- Further research is needed to evaluate long-term outcomes.

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