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705.CELLULAR IMMUNOTHERAPIES: LATE PHASE AND COMMERCIALLY AVAILABLE THERAPIES

Early Predictors of Severe Cytopenia Post CAR-T for Identification of Patients for Potential Stem Cell Collection Andre De Menezes Silva Corraes, MD¹, Radhika Bansal, MBBS², Larissa Argenau Marques Brunaldi, MD³, Sikander Ailawadhi⁴, Arushi Khurana, MBBS¹, Paul J Hampel, MD⁵, Urshila Durani, MD MPH⁵, David Dingli, MD¹, Suzanne R. Hayman, MD¹, Prashant Kapoor, MD⁶, Yucai Wang, MDPhD⁵, Moritz Binder, MD¹, Saad S. Kenderian, MD⁵, Taxiarchis Kourelis, MD⁵, Rahma M Warsame, MD⁶, N. Nora Bennani, MD¹, Morie A. Gertz, MD⁷, Patrick B Johnston, MD PhD⁵, Stephen M Ansell, MD PhD⁵, Rafael Fonseca, MD⁸, P. Leif Bergsagel, MD⁹, Shaji Kunnathu Kumar, MD⁵, Ricardo Parrondo, MD¹⁰, Saurabh Chhabra, MDMS⁸, Yi Lin, MD PhD¹¹

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Background: Cytopenias are a common complication of and prolonged (beyond month 3 post CAR-T infusion), severe (grade 3 or higher) cytopenias can be difficult to manage. Stem cell boosts have been reported to restore hematopoiesis; however, stem cells would need to be available prior to CAR-T therapy for potential use post CAR-T. Most lymphoma patients and limited number of myeloma patients may have pre-collected stem cells in storage. Identifying patients at high risk for prolonged and severe cytopenia post CAR-T at the time of CAR-T evaluation (baseline), before leukapheresis, can help identify the patients for coordination of stem cell collection during CAR-T manufacturing and increase the likelihood that the collected stem cells would be used. In this study, we aim to identify clinical variables at the time of CAR-T evaluation, prior to leukapheresis, that are associated with severe cytopenias at month 3 post CAR-T infusion and identify patients who could be considered for pre-emptive stem cell collection prior to CAR-T therapy.

Methods: We conducted a retrospective analysis of patients with multiple myeloma (MM) and non-Hodgkin lymphoma (NHL) who received CAR-T products at Mayo Clinic from 01/2016 to 06/2022. Patients with progressive disease in the first year post CAR-T were excluded from the analysis. Baseline (at CAR-T evaluation, prior to leukapheresis) variables were compared between those with and without severe cytopenia at month 3 post CAR-T. Severe cytopenias were defined as hemoglobin (Hg) < 8 g/dL, absolute neutrophil count (ANC) $< 0.5 \times 10^{9}$ /L, and/or platelet count (PLT) $< 50 \times 10^{9}$ /L. Statistically significant variables (p<0.05) by analysis were examined for statistical significance in multivariate analysis (MVA).

Results: Among the 166 patients who received CAR-T (88 NHL, 78 MM) during the study period, 31 (18.67%) had a severe cytopenia at month . Twenty baseline variables were examined; HGB, PLT, ANC, and c-reactive protein (CRP) We devised a cytopenia risk score using 1 point each for Hq<10 or PLT<100k at baseline, with a range of 0 to 2. Demographics and clinical outcome by cytopenia risk score is shown in Table 1B. A higher percentage of patients with a score of 1 or 2 had a severe cytopenia at month 3 (Figure 1). In particular, there was a . In addition

Conclusion: Baseline cytopenias before leukapheresis may identify patients with increased risk for severe cytopenias at month 3 post CAR-T. These patients can have continued slow hematopoietic recovery in the first year. Stem cell collection, if feasible, could be considered before CAR-T to alleviate post-CAR-T severe prolonged cytopenias.

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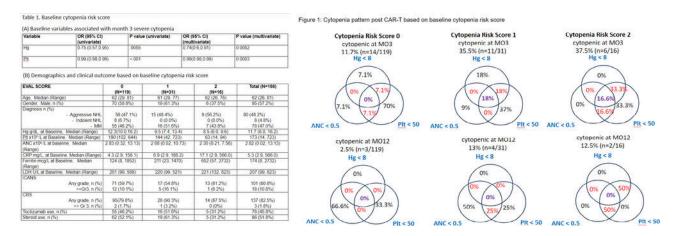


Figure 1

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