

Tisagenlecleucel (Kymriah®)(Novartis) Conditioning Protocol for DLBCL

RECIPIENT

Name:		Height:	cm	Weight:	kg	Referring Consultant:
DOB:	Hosp Number:	Body surface area:			m ²	Indication:
*EDTA CrCl: <input type="checkbox"/>		Cockcroft: <input type="checkbox"/>		ml/min *select which method has been used		

INDUCTION PROCEDURE

Admission: Date.	Transplant:		
DO NOT ADMINISTER CORTICOSTEROIDS WITHOUT DISCUSSION WITH CONSULTANT			
Day	Week Day	Date	Procedure
-5	Choose an item.	Select Date.	Fludarabine 25mg/m ² IV over 30mins Cyclophosphamide 250mg/m ² IV over 30 mins
-4	Choose an item.	Select Date.	Fludarabine 25mg/m ² IV over 30mins Cyclophosphamide 250mg/m ² IV over 30 mins
-3	Choose an item.	Select Date.	Fludarabine 25mg/m ² IV over 30mins Cyclophosphamide 250mg/m ² IV over 30 mins
-2	Choose an item.	Select Date.	Rest Day
-1	Choose an item.	Select Date.	Rest Day
0			T – 1hr 1000ml sodium chloride 0.9% over 4 hours T= 0 CAR-T cell infusion tisagenlecleucel (Kymriah®) 0.5 to 6 x10 ⁸ CAR-positive T cells[see ACLIN.O.006]

Name:	Number:	Consultant:
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- **Stop or taper anti-hypertensive medication on admission**

- **Day -5 - Ondansetron 8mg PO BD until day +1**
- **Day -5 - Metoclopramide 10mg PO TDS PRN**
- **Day -5 - Aciclovir 200mg PO TDS**
- **Day -5 - Co-trimoxazole 960mg PO Mon/Wed/Fri**
- **Day -5 - Allopurinol 300mg PO nocte**
- **Day -5 - bloods as per 'Admission CAR-T patients order set'**
- **From Day -4 until discharge – bloods as per 'Daily inpatient bloods CAR-T infusion order set'**

- **Day 0 – Paracetamol 1g PO STAT 1 hour before CAR-T cell infusion**
- **Day 0 – Chlorphenamine 10mg IV STAT 1 hour before CAR-T cell infusion**
- **Day 0 – Start IV fluids 1 hour prior to CAR-T cells (1 litre over 2 hours)**
- **Day 0 – Inform Suzie O'Neill and ICU re infusion of CAR-T cells**
- **Day 0 – Inform James Miller and Neuro re infusion of CAR-T cells**
- **Day 0 – CDF very important, complete continuation form (needs to be done on Day 0)**
- **Day 0 – Daily CRS assessment and neurotoxicity assessment as per protocol use appropriate [ACLIN.F.115](#) and [ACLIN.F.116](#)**

- **Day +5 - Consider GCSF**

Planned Deviations (State reasons for any modifications or deviations from above protocol)
All deviations to be reported to the Quality Standards Facilitator JACIE
Approved by: Consultant Haematologist

Consultant Haematologist:.....(signature).....(date)

Chemotherapy prescribed by: :.....(signature).....(date)