

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		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Approved by:</td> <td style="width: 40%; border: none; text-align: right;">Consultant Haematologist</td> </tr> </table>	Approved by:	Consultant Haematologist
Approved by:	Consultant Haematologist	

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

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