

# My CAR-T cell therapy Journey Guide: important safety and monitoring information for patients

Ciltacabtagene autoleucel CARVYKTI®▼

This patient guide is intended for patients who have been prescribed CARVYKTI®. It does not replace the Patient Information Leaflet, which you should read alongside this information. If you have any questions about your treatment, talk to your healthcare team or refer to the Patient Information Leaflet.

Ciltacabtagene autoleucel is indicated for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least one prior therapy, including an immunomodulatory agent and a proteasome inhibitor, have demonstrated disease progression on the last therapy, and are refractory to lenalidomide.<sup>1</sup>

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See <https://yellowcard.mhra.gov.uk> and page 23 for how to report side effects.

1. Electronic Medicines Compendium. CARVYKTI® SmPC, February 2026. Available at: <https://www.medicines.org.uk/emc/product/100341/smcp> (last accessed May 2026).

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## Welcome to the start of your CAR-T cell therapy journey

To help support you through your CAR-T experience, this guide contains information about the treatment, as well as resources to assist you with questions and logistics around the process. This guide is not meant to replace the Patient Information Leaflet, but to provide you with additional information to help improve your understanding of some of the risks involved with CAR-T cell therapy and help you manage these risks better. This guide and the Patient Information Leaflet will help you understand specific topics that you should become familiar with in order to minimise risk. Each section will help you understand more about what to expect at each step and provide you with details about the visits and assessments that you will experience during CAR-T cell therapy and afterward. Your carer will also play an important role in your CAR-T journey and so should also be familiar with the contents of this guide.

### THIS GUIDE BELONGS TO

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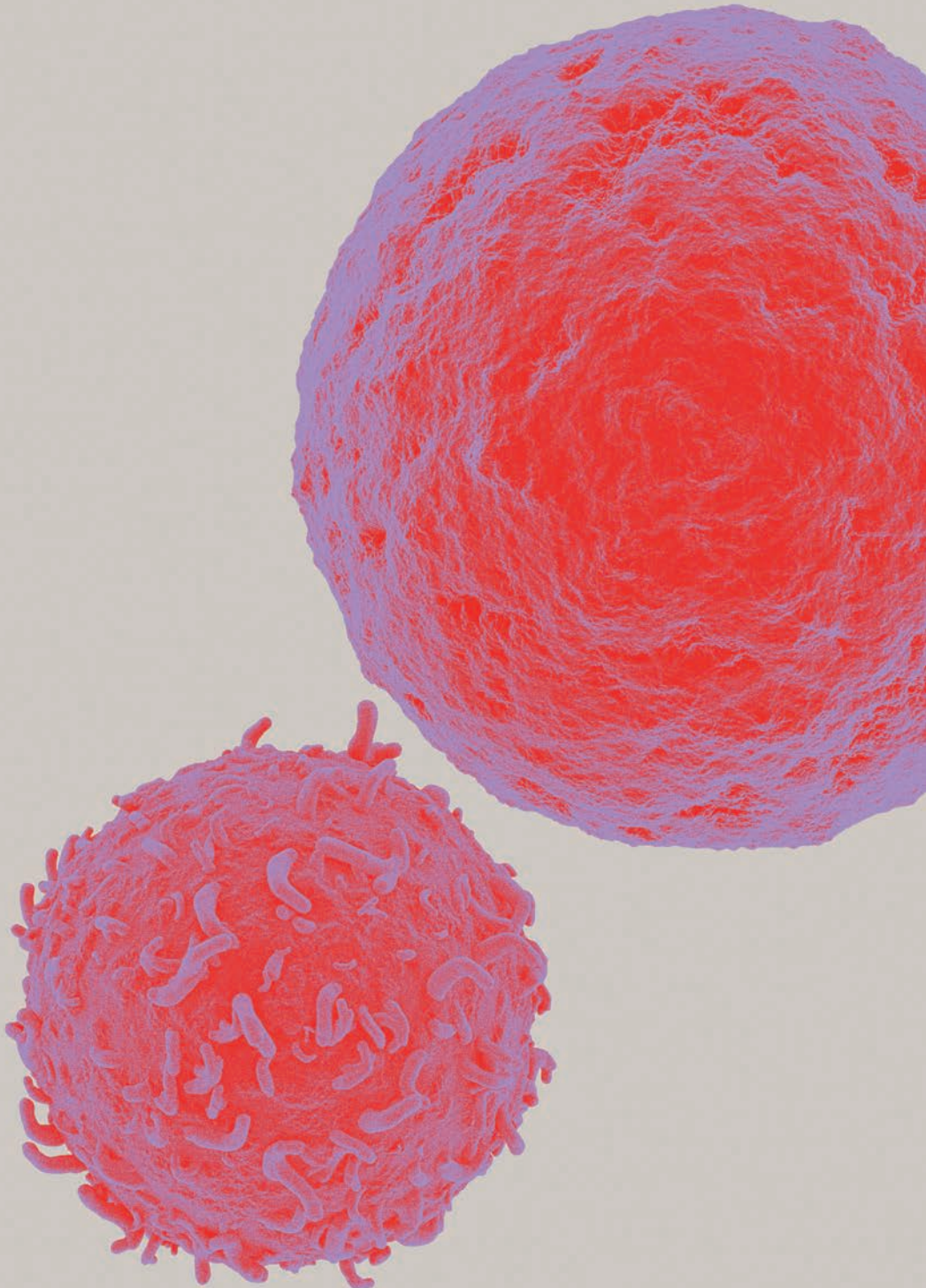
### IF LOST RETURN TO

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This guide should not replace the advice and guidance from your healthcare team. If you have additional questions or would like more detailed information please contact your healthcare team.

Some of the sections in this guide are part of the mandatory additional risk minimisation measures outlined in the approved Risk Management Plan (RMP) for ciltacabtagene autoleucel and are intended to supplement rather than replace the Patient Information Leaflet. These sections are highlighted with a light grey background.

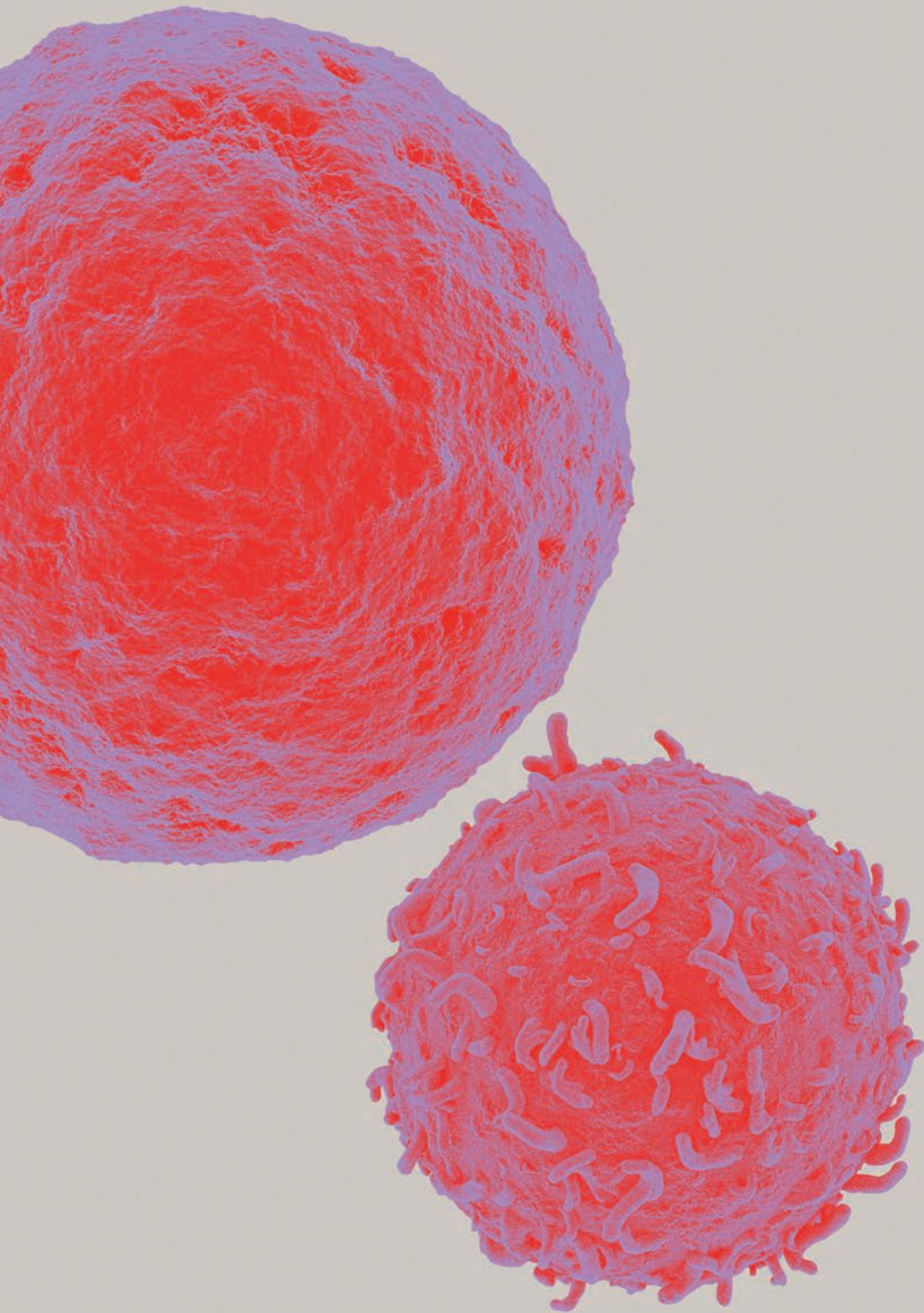
The purpose of this additional risk minimisation measure is to support safe use by educating patients on specific risks and how to manage them effectively.



# Guide content

Sections with a light grey background are part of the mandatory additional risk minimisation measures outlined in the approved Risk Management Plan (RMP) for ciltacabtagene autoleucel

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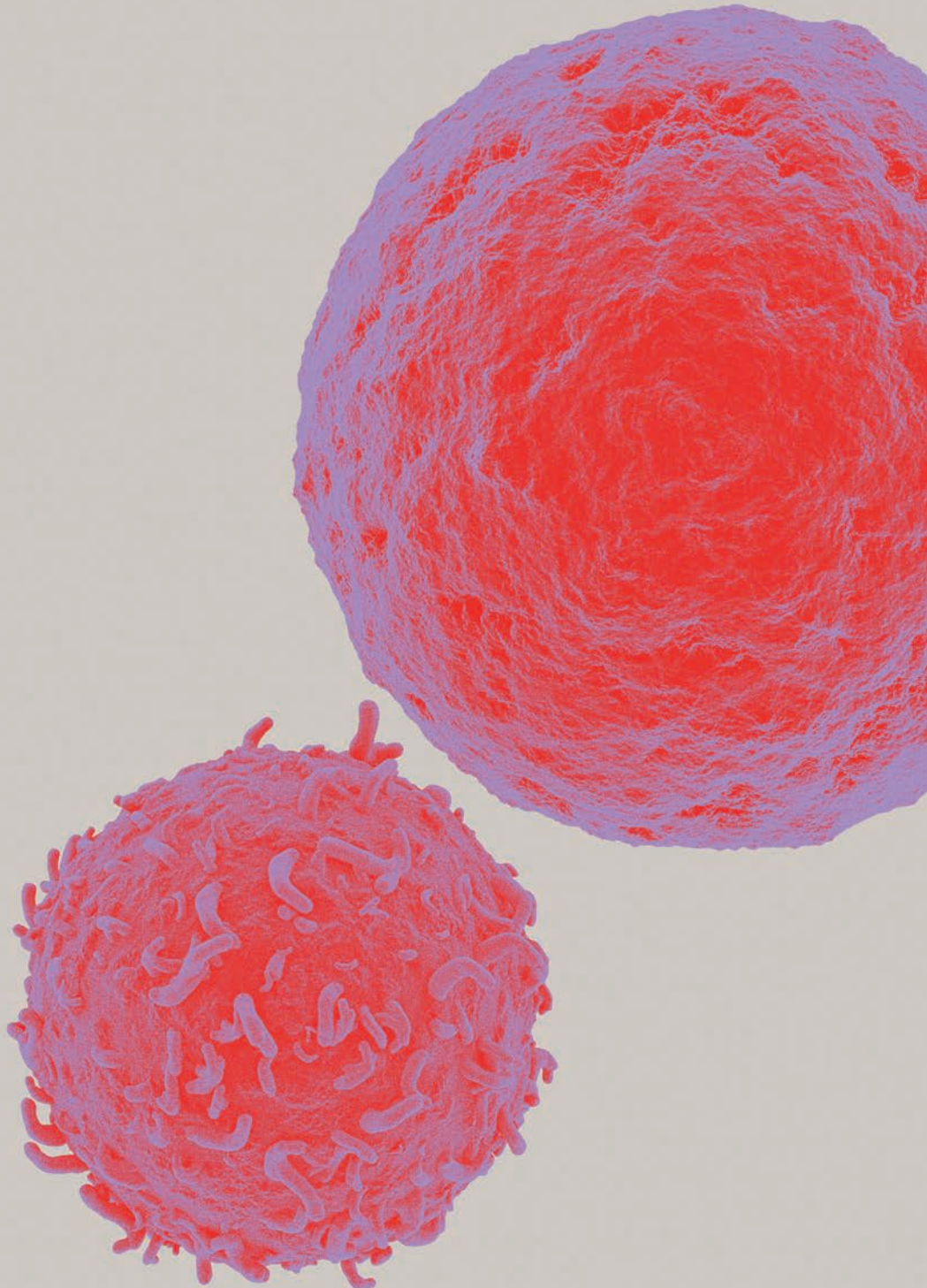
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## Abbreviations

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|              |  |
|--------------|--|
| <b>BCMA</b>  | B cell maturation antigen                              |
| <b>CAR</b>   | Chimeric antigen receptor                              |
| <b>COPD</b>  | Chronic obstructive pulmonary disease                  |
| <b>CRS</b>   | Cytokine release syndrome                              |
| <b>DMSO</b>  | Dimethyl sulfoxide                                     |
| <b>GP</b>    | General practitioner                                   |
| <b>HIV</b>   | Human immunodeficiency virus                           |
| <b>ICANS</b> | Immune effector cell-associated neurotoxicity syndrome |
| <b>MRD</b>   | Minimal residual disease                               |
| <b>RMP</b>   | Risk management plan                                   |

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## Overview

### What is CAR-T cell therapy?

Chimeric antigen receptor (CAR) T cell therapy is a type of immunotherapy that helps your immune system fight cancer.<sup>1</sup> CAR-T cell therapy can be used to fight multiple myeloma and other diseases.<sup>1,2</sup> T cells – a type of white blood cell – are part of the immune system and are responsible for attacking any bacteria or foreign cells in the body.<sup>3,4</sup> During CAR-T cell therapy, some of your own T cells will be collected from you.<sup>1</sup> Your T cells will then be engineered at a manufacturing centre to become CAR-T cells. The CAR-T cells are then reintroduced into your system through an infusion. Once the cells are modified and placed back into your body, they can recognise and attack your multiple myeloma cells.<sup>2</sup>

### What is ciltacabtagene autoleucl?

Ciltacabtagene autoleucl is a type of CAR-T cell therapy used to treat adult patients with cancer of the bone marrow called multiple myeloma. It is given when at least one other treatment has not worked.<sup>5</sup> Ciltacabtagene autoleucl may also be referred to as ‘cilta-cel’, ‘CARVYKTI®’ or ‘your CAR-T cells’.

Please note that some patients may not be eligible for CAR-T cell therapy.

Eligibility depends on multiple factors, including the patient’s medical history, and will be determined based on patient safety and the likelihood of a positive treatment outcome.<sup>6</sup>

Your eligibility will be assessed by your doctor and specialists from the CAR-T treatment centre. If you are eligible, your doctor will discuss with you whether CAR-T cell therapy is the best therapeutic option.<sup>6</sup>

1. Levine BL *et al.* *Mol Ther Methods Clin Dev* 2016; 4:92–101.

2. Mikkilineni L, Kochenderfer JN. *Nat Rev Clin Oncol* 2021; 18(2):71–84.

3. Electronic Medicines Compendium. CARVYKTI® Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).

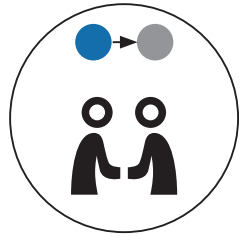
4. Labanieh L *et al.* *Nat Biomed Eng* 2018; 2(6):377–391.

5. Electronic Medicines Compendium. CARVYKTI® SmPC, February 2026. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed May 2026).

6. Hayden PJ *et al.* *Ann Oncol* 2022; 33(3):259–275.

# The CAR-T cell therapy journey

There are five steps involved in your CAR-T cell therapy:<sup>1,2</sup>



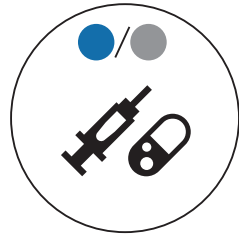
## START

Start of my CAR-T cell therapy journey



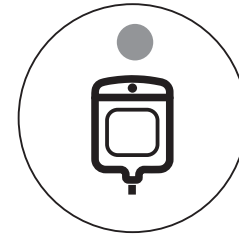
## STEP 1

Leukapheresis



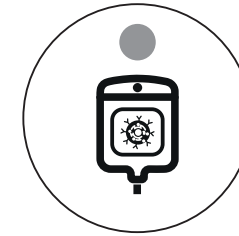
## STEP 2

Bridging therapy (if required)



## STEP 3\*\*

Pre-treatment (lymphodepleting regimen)



## STEP 4

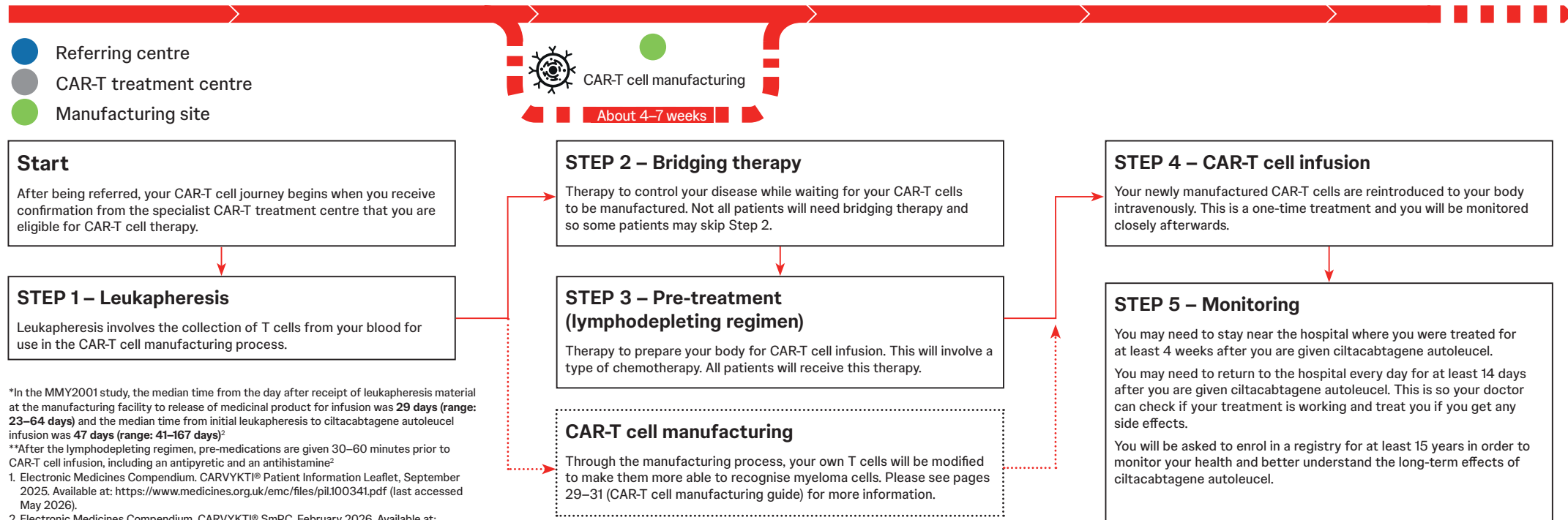
CAR-T cell infusion



## STEP 5

Monitoring after infusion

This map will help you find where you are in your CAR-T cell therapy journey and show you what to expect over the course of your treatment. We will go into further detail in the pages that follow.



\*In the MMY2001 study, the median time from the day after receipt of leukapheresis material at the manufacturing facility to release of medicinal product for infusion was **29 days (range: 23–64 days)** and the median time from initial leukapheresis to ciltacabtagene autoleucel infusion was **47 days (range: 41–167 days)**<sup>2</sup>

\*\*After the lymphodepleting regimen, pre-medications are given 30–60 minutes prior to CAR-T cell infusion, including an antipyretic and an antihistamine<sup>2</sup>

1. Electronic Medicines Compendium. CARVYKTI® Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/files/pil.100341.pdf> (last accessed May 2026).

2. Electronic Medicines Compendium. CARVYKTI® SmPC, February 2026. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed May 2026).

# CAR-T cell therapy process and timing

## Leukapheresis

### What should I expect during leukapheresis?

Some of your white blood cells will be collected from you through a process called leukapheresis. This involves drawing your blood into a machine and separating out the T cells, a type of white blood cell, from the rest of your blood.<sup>1</sup> To collect your cells, a small and flexible tube called an intravenous catheter will be placed in your vein to collect blood. After the machine separates the cells from the rest of your blood, the remainder of your blood components are then returned into your vein.<sup>2</sup> If you feel any numbness, a burning feeling or cramps during leukapheresis then you should inform the doctor or nurse immediately and they can help to resolve this.

The collected blood cells are then sent for cell manufacturing to make your CAR-T cells.<sup>1</sup> For more info see pages 29–31 (CAR-T cell manufacturing).

It is generally recommended that a carer or travel partner accompanies you to your visits. Please discuss if there are any special requirements that apply to your personal circumstances with your healthcare team (e.g. will I need to be in a fasted state?). We have included a list of common questions you may want to ask on pages 25–27.

**Timing:** leukapheresis can take 3–6 hours and may need to be repeated.<sup>1</sup>

1. Electronic Medicines Compendium. CARVYKTI® Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).

2. Cancer Research UK. CAR T-cell therapy. Available at: <https://www.cancerresearchuk.org/about-cancer/treatment/immunotherapy/types/CAR-T-cell-therapy> (last accessed May 2026).

## Bridging therapy

### What is the purpose of bridging therapy?

Once leukapheresis has taken place, your cells are sent to the manufacturing centre where they are modified to make your CAR-T cells. This process takes about 4–7 weeks.<sup>1</sup> This time may vary and depends on multiple factors. Your CAR-T medical team will keep you informed.

Once ready, the cells are shipped to the CAR-T treatment centre and prepared for your infusion (see pages 29–31 for more detailed information on the CAR-T cell manufacturing process).<sup>2</sup> During this waiting period, you may get other medicines (bridging therapy) to treat the multiple myeloma. This is so it does not get worse. Bridging therapy helps keep your cancer under control between leukapheresis and your CAR-T cell infusion, so you remain eligible to receive the treatment.<sup>1</sup> Therefore, bridging therapy essentially serves as a ‘bridge’ from one therapy to another.

The therapy will be a type of anticancer treatment that your physician will recommend.<sup>2</sup> Talk to your healthcare team about whether bridging therapy is necessary for you. It may be important for your healthcare team and you to plan regular visits during bridging therapy to ensure you’re responding well to the treatment and that it’s helping to keep your disease stable.

**It is generally recommended that a carer or travel partner accompanies you to your visits. Please discuss if there are any special requirements that apply to your personal circumstances with your healthcare team. We have included a list of common questions you may want to ask on pages 25–27.**

**Timing:** Bridging therapy will occur between the time of leukapheresis and lymphodepletion. Note that some patients may not need bridging therapy.<sup>1,2</sup>

1. Electronic Medicines Compendium. CARVYKTI® SmPC, February 2026. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed May 2026).  
2. Cancer Research UK. CAR T-cell therapy. Available at: <https://www.cancerresearchuk.org/about-cancer/treatment/immunotherapy/types/CAR-T-cell-therapy> (last accessed May 2026).

## Pre-treatment (lymphodepleting regimen)

### What should I expect during lymphodepletion therapy?

Between 5 and 7 days before your CAR-T cell infusion, you will undergo lymphodepletion therapy to prepare your body for your CAR-T cells.<sup>1</sup> This treatment lowers the number of white blood cells in your blood, so the CAR-T cells have more space to multiply when they are returned to your body.<sup>2</sup> Once your CAR-T cells are ready, you will receive chemotherapy infusions of cyclophosphamide and fludarabine daily for 3 days (lymphodepletion therapy).<sup>1</sup>

As with most forms of chemotherapy, side effects are expected and can range from mild to severe. For your safety, any side effects should be reported as soon as possible. Common side effects are listed in the table below. Speak with your healthcare team about other potential side effects.

#### Most common side effects from lymphodepletion therapy:<sup>3,4</sup>

- Bleeding or bruising easily\*\*
- A lowering of your blood cell counts\*\*
- Infection\*\*
- Vomiting
- Fever
- A burning feeling as you pass urine or blood in your urine
- Hair loss
- Cough
- Feeling tired
- Weakness

\*Please see the Patient Information Leaflets for cyclophosphamide<sup>3</sup> and fludarabine<sup>4</sup> for more information

\*\*These side effects may affect your CAR-T cell therapy and you will be monitored closely<sup>1,3,4</sup>

**It is generally recommended that a carer or travel partner accompanies you to your visits. Please discuss if there are any special requirements that apply to your personal circumstances with your healthcare team (e.g. logistical arrangements while you undergo the 3 infusions in the hospital if you live further away). We have included a list of common questions you may want to ask on pages 25–27.**

**Timing:** Lymphodepletion therapy will be given to you daily for 3 days starting 5–7 days before receiving your CAR-T cells.<sup>1</sup>

1. Electronic Medicines Compendium. CARVYKTI® SmPC, February 2026. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed May 2026).  
2. Cancer Research UK. CAR T-cell therapy. Available at: <https://www.cancerresearchuk.org/about-cancer/treatment/immunotherapy/types/CAR-T-cell-therapy> (last accessed May 2026).  
3. Electronic Medicines Compendium. Cyclophosphamide injection 500 mg Patient Information Leaflet, July 2023. Available at: <https://www.medicines.org.uk/emc/product/1815/pil> (last accessed May 2026).  
4. Electronic Medicines Compendium. Fludara oral 10 mg film-coated tablet Patient Information Leaflet, July 2024. Available at: <https://www.medicines.org.uk/emc/product/1288/pil> (last accessed May 2026).



## Before your CAR-T cell infusion

You must not be given ciltacabtagene autoleucl if you are allergic to any of the ingredients of this medicine. If you think you may be allergic, ask your doctor for advice. This medicine contains dimethyl sulfoxide (DMSO; a substance used to preserve frozen cells) and may contain traces of kanamycin (an aminoglycoside antibiotic), both of which can sometimes cause allergic reactions. Your doctor will monitor you for any signs of a possible allergic reaction.<sup>1</sup>

### Warnings and precautions<sup>1</sup>

Patients treated with ciltacabtagene autoleucl may develop new types of cancers. There have been reports of patients developing cancer, beginning in blood cells, after treatment with ciltacabtagene autoleucl and similar medicines. Talk to your doctor if you experience any new swelling of your glands (lymph nodes) or changes in your skin such as new rashes or lumps.

Tell your doctor before you are given ciltacabtagene autoleucl if you have:

- Current or past problems with your nervous system (such as fits, stroke, new or worsening memory loss)
- Any lung, heart or blood pressure (low or raised) problems
- Liver or kidney problems
- Signs or symptoms of graft-versus-host disease. This happens when transplanted cells attack your body, causing symptoms such as rash, nausea, vomiting, diarrhoea and bloody stools

If any of the above apply to you (or you are not sure), talk to your doctor before you are given ciltacabtagene autoleucl.

### Tests and checks<sup>1</sup>

Before you are given ciltacabtagene autoleucl your doctor will:

- Check the levels of blood cells in your blood
- Check your lungs, heart and blood pressure
- Look for signs of infection; an infection will be treated before you have ciltacabtagene autoleucl

<sup>1</sup> Electronic Medicines Compendium. CARVYKT<sup>®</sup> Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).

- Check if your cancer is getting worse
- Check for hepatitis B, hepatitis C or HIV infection
- Check if you had a vaccination in the last 6 weeks or plan to have one in the next few months

### Other medicines and ciltacabtagene autoleucl

Self medication (medications that have not been prescribed by your doctor) should be avoided at all times.

Before you are given ciltacabtagene autoleucl, tell your doctor or nurse if you are taking, have recently taken or might take any other medicines, especially medicines that weaken your immune system such as corticosteroids. These medicines may interfere with the effect of ciltacabtagene autoleucl.<sup>1</sup>

### Vaccines and ciltacabtagene autoleucl<sup>1</sup>

You must not be given certain vaccines called live vaccines:

- In the 6 weeks before you are given the short course of chemotherapy (called lymphodepletion therapy) to prepare your body for the ciltacabtagene autoleucl cells
- After ciltacabtagene autoleucl treatment while your immune system is recovering

Talk to your doctor if you need to have any vaccinations.

### Pregnancy and breast-feeding<sup>1</sup>

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor for advice before being given this medicine. This is because the effects of ciltacabtagene autoleucl in pregnant or breast-feeding women are not known, and it may harm your unborn baby or your breast-fed child.

If you are pregnant or think you may be pregnant after treatment with ciltacabtagene autoleucl, talk to your doctor immediately.

You have to do a pregnancy test before treatment starts. Ciltacabtagene autoleucl should only be given if the results show you are not pregnant.

If you have had ciltacabtagene autoleucl treatment, you should discuss any plans to have future pregnancies with your doctor.

<sup>1</sup> Electronic Medicines Compendium. CARVYKT<sup>®</sup> Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).



## CAR-T cell infusion

### What should I expect during my CAR-T cell infusion?

A few days after your lymphodepletion therapy ends, your healthcare team will do a final confirmation to make sure you are ready for your CAR-T cell infusion. Your healthcare team will guide you through how your infusion day will look.

You may be given other medicines 30–60 minutes before infusion; these may include:<sup>1</sup>

- Antihistamine medicines for an allergic reaction, such as diphenhydramine
- Medicines for fever, such as paracetamol

Your doctor or nurse will check carefully that the ciltacabtagene autoleucl treatment you are given is from your own white blood cells.<sup>1</sup>

Ciltacabtagene autoleucl is a one-time treatment. It will not be given to you again.<sup>1</sup>

- Your doctor or nurse will give you ciltacabtagene autoleucl by a drip into your vein. This is called an ‘intravenous infusion’ and is usually less than 60 minutes<sup>1</sup>
- Ciltacabtagene autoleucl is the genetically modified version of your white blood cells. Your healthcare professional handling ciltacabtagene autoleucl will take appropriate precautions to prevent the chance of transfer of infectious diseases. They will also follow local guidelines to clean up or dispose of any material that has been in contact with ciltacabtagene autoleucl<sup>1</sup>

It is generally recommended that a carer or travel partner accompanies you to your visits. Please discuss if there are any special requirements that apply to your personal circumstances with your healthcare team. We have included a list of common questions you may want to ask on pages 25–27.

**Timing:** the infusion will usually be completed in less than 60 minutes.<sup>1</sup>

1. Electronic Medicines Compendium. CARVYKTI® Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).



## Safety and monitoring after your CAR-T cell infusion

After receiving your CAR-T cell infusion, your healthcare team will monitor you to check if your treatment is working and help you if you have any side effects. You may either be admitted to hospital or expected to stay local to the CAR-T treatment centre for at least 4 weeks after you are given ciltacabtagene autoleucl.<sup>1</sup>

You will need to return to the hospital every day for at least 14 days after you are given ciltacabtagene autoleucl. This is so your doctor can check if your treatment is working and treat you if you get any side effects. If you do develop serious side effects, you may need to stay in the hospital until your side effects are under control and it is safe for you to leave. If you miss any appointments, call your doctor or a qualified treatment centre as soon as possible to make a new appointment.<sup>1</sup> Ask your healthcare team about a detailed plan for how you will be monitored after the infusion.

For your safety, any side effects experienced following infusion of ciltacabtagene autoleucl, even those that seem minor, should be reported immediately. Because ciltacabtagene autoleucl is a one-time treatment, the emergence of side effects will not affect your treatment. Please speak with your healthcare team about potential side effects.

### Recognising an emergency

Ciltacabtagene autoleucl can cause serious side effects that you need to tell your doctor or nurse about straight away.<sup>1</sup> It is important that you are aware of these possible side effects, as you may experience one or more of them when undergoing CAR-T cell therapy, which may need urgent treatment. In the event of an emergency, use the contact details provided by your healthcare team on page 34-35.

It is very important for you to let your healthcare team know immediately about any side effects you might experience throughout your therapy. You can use the monitoring charts on pages 44–51 of this guide to record your temperature and any other symptoms in the 4 weeks after your infusion.

- Symptoms requiring urgent medical care may occur at any time after receiving CAR-T cell therapy, however, they typically occur within one month after CAR-T cell infusion
- Symptoms that appear mild may quickly worsen, and in addition, symptoms may be delayed and may occur weeks after CAR-T cell infusion

1. Electronic Medicines Compendium. CARVYKTI® Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).

## Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them. Ciltacabtagene autoleuclel can cause side effects that may be serious or life threatening.<sup>1</sup>

**Tell your doctor or nurse immediately if you have any of the following:**

### Cytokine release syndrome (CRS)<sup>1</sup>

Very common (may affect more than 1 in 10 people)

- Chills, fever (38° C or higher), fast heart beat, difficulty breathing, low blood pressure which can make you feel dizzy or lightheaded. These may be signs of a serious immune reaction known as CRS

### Neurological toxicities<sup>1</sup>

- Neurological toxicities occur frequently following treatment with ciltacabtagene autoleuclel and can be fatal or life threatening
- Effects on your nervous system, symptoms of which can occur days or weeks after you receive the infusion, and may initially be subtle:

Very common (may affect more than 1 in 10 people)

- Feeling confused, less alert, disorientated, anxious or having memory loss\*
- Difficulty speaking or slurred speech\*
- Slower movements, changes in handwriting\*

Common (may affect up to 1 in 10 people)

- Loss of coordination, affecting movement and balance\*
- Difficulty reading, writing and understanding words\*
- Personality changes, which may include being less talkative, disinterest in activities and reduced facial expression
- Some of these symptoms may be signs of a serious immune reaction called 'immune effector cell-associated neurotoxicity syndrome' (ICANS) or may be signs and symptoms of parkinsonism. Other neurological toxicities include movement and neurocognitive toxicity with signs and symptoms of parkinsonism, Guillain-Barré syndrome, peripheral neuropathies and cranial nerve palsies

## Risk of infection

Ciltacabtagene autoleuclel may increase the risk of life-threatening infections that may lead to death.<sup>1</sup>

## Additional side effects

Please refer to the ciltacabtagene autoleuclel Patient Information Leaflet for more information on other possible side effects you may experience. Your doctor will regularly check your blood, as the number of blood cells and other blood components may decrease.<sup>1</sup>

\*Pay close attention to these and ask your carer to do the same

1. Electronic Medicines Compendium. CARVYKT<sup>®</sup> Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).

1. Electronic Medicines Compendium. CARVYKT<sup>®</sup> Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).

## Driving and using tools or machines

Ciltacabtagene autoleucl can severely affect your ability to drive or use tools or machines as it may make you feel tired, have balance and coordination problems, feel confused, weak or dizzy. Do not drive or use tools or machines until at least 8 weeks after having ciltacabtagene autoleucl and if these symptoms return.<sup>1</sup>

## Reporting of side effects

If you get any side effects, talk to your doctor or nurse.<sup>1</sup> Do not try to treat your symptoms with other medicines on your own. This includes any other side effects not listed in this guide. You can also report side effects directly to the MHRA through the Yellow Card scheme. You can report via:

- The Yellow Card website [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)
- The free Yellow Card app available from the Apple App Store or Google Play Store
- By calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm. You can leave a message outside of these hours

Adverse events and pregnancies should also be reported to Johnson & Johnson Innovative Medicines on 01494 567447 or at [dsafety@its.jnj.com](mailto:dsafety@its.jnj.com). By reporting side effects, you can help provide more information on the safety of this medicine.<sup>1</sup>

## Long-term safety monitoring

There is a requirement to collect long-term follow-up data on patients treated with CAR-T cell therapy in order to better understand the long-term effects.<sup>1</sup>

You should be monitored for signs of any new cancers for the rest of your life. If a new cancer is found, your healthcare team should contact Johnson & Johnson and follow their instructions for collecting and testing cancer samples.<sup>1</sup>

**Any side effects (i.e. deviations from your 'standard' condition) should be reported to your CAR-T team as soon as possible. You will be asked to enrol in a registry for at least 15 years in order to monitor your health and better understand the long-term effects of ciltacabtagene autoleucl.<sup>2</sup>**

## Additional considerations

- Please note: a bone marrow biopsy may be required in order to perform an assessment of minimal residual disease (MRD). This test looks for cancer cells that may still be present following CAR-T cell therapy and can help determine the effectiveness of the treatment
- Having ciltacabtagene autoleucl in your blood may cause some commercial HIV tests to incorrectly give you an HIV positive result even though you may be HIV negative<sup>2</sup>
- Do not donate blood, organs, tissues or cells for transplants after you have had ciltacabtagene autoleucl<sup>2</sup>

\*Pay close attention to these and ask your carer to do the same

1. Electronic Medicines Compendium. CARVYKTI® Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).

1. Electronic Medicines Compendium. CARVYKTI® SmPC, February 2026. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed May 2026).

2. Electronic Medicines Compendium. CARVYKTI® Patient Information Leaflet, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/pil> (last accessed May 2026).

## CAR-T cell therapy appointments guide

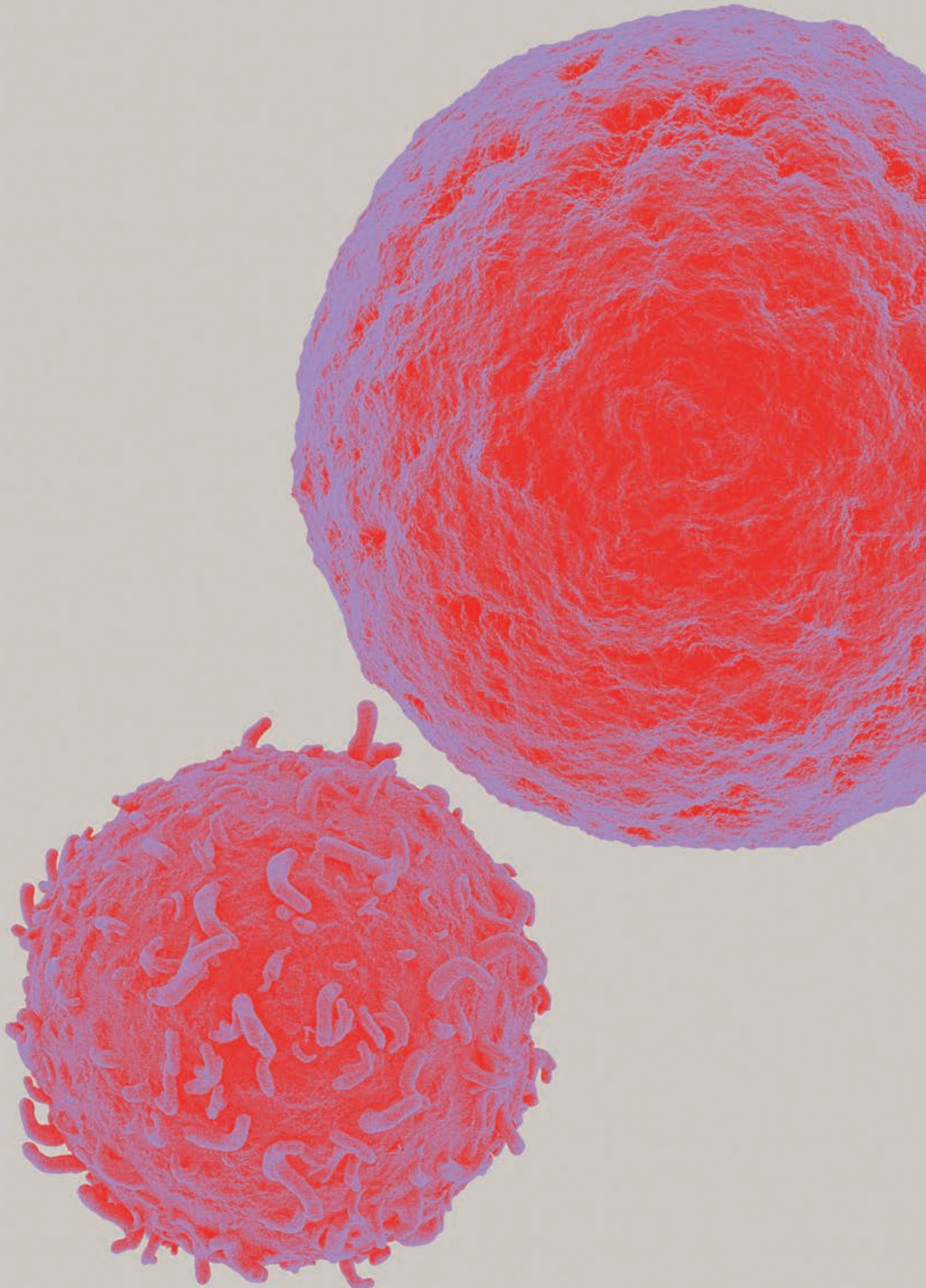
### How to best plan for your CAR-T cell procedures and treatments

During CAR-T cell therapy, you will visit your healthcare team for the necessary procedures and treatments detailed in the previous pages. It is recommended that someone accompanies you to each visit and that you or your carer prepare questions for your healthcare team.

### Common questions to consider asking your healthcare team before each procedure or treatment:

#### IN PREPARATION

- **How should I prepare?**  
(e.g. How long will I be in the hospital for? Should I prepare for an overnight?)
- **Is there any medical history I should disclose in preparation?**  
(e.g. I have a pacemaker; will this affect my treatment? I have asthma and am worried about lung disease/infections). Please refer to pages 16–17 (Before your CAR-T cell infusion) for more information
- **Can I take any other medications?**  
(e.g. Can I continue to take other prescribed medications during CAR-T cell therapy? What about herbal or vitamin supplements? What about topical medication – creams?). Please refer to pages 16–17 (Before your CAR-T cell infusion) for more information
- **Are there any diet restrictions before or during the procedure/treatment?**  
(e.g. Do I have to come in a fasted state or remain fasted for a prolonged period of time because a central line or another procedure is scheduled later in the day?)
- **Should I plan to stay longer than the actual day of the procedure or treatment?**  
(e.g. Will any of the procedures or treatments require hospitalisation? If I am hospitalised, can carers visit or stay with me?)



## DAY OF

- **What will the set-up be like?**  
(e.g. Will I have to lie down, or can I sit in a chair to have my leukapheresis, bridging therapy, lymphodepletion therapy or CAR-T cell infusion?)
- **Is there anything specific I should pack to bring with me?**  
(e.g. If I am preparing for a long day, is it possible to bring books/iPad and other forms of entertainment? Can I bring food/drinks? Can my carer or travel partner stay with me during the treatment or procedure?)
- **Where will it take place?**  
(e.g. Will it be a routine visit at my normal CAR-T treatment centre at the hospital or will it be in a separate department/building for leukapheresis? Will some of the visits take place at my GP surgery or oncologist/haematologist's office?)
- **Who will administer the procedure or treatment?**  
(e.g. If a central line needs to be placed, will it be an anaesthesiologist/radiologist or my normal oncologist or haematologist who will do this?)

## AFTER

- **What are the potential side effects?**  
(e.g. What are the potential side effects from leukapheresis? What are common side effects of bridging and lymphodepletion therapy? What are common side effects of CAR-T cell therapy, when are they expected to occur, and for how long are they expected to last? Can I take paracetamol if I have a headache?). Please refer to pages 19–23 (Safety and monitoring after your CAR-T cell infusion) for more information

More space for your own notes is provided towards the end of this guide, on pages 41–43.

## ACTIVITIES AND TRAVEL

- **What activities should I avoid before or after?**  
(e.g. Should I refrain from driving myself to and from the appointment because I will receive a medication that may cause drowsiness?). Please refer to pages 19–23 (Safety and monitoring after your CAR-T cell infusion) for more information
- **Can I resume normal daily activities after?**  
(e.g. Can I continue to pursue daily exercise or outdoor activities? Is it OK to drink alcohol or smoke cigarettes?)
- **Will there be any limitations after?**  
(e.g. Should I take any precautions in terms of social distancing in order to avoid contracting an infectious disease during a time when my blood counts are low?)
- **Are there any movement or travel restrictions after?**  
(e.g. When can I plan to attend family events or schedule holidays further away from my treatment location?)

## RESOURCES

- **What can I do to support my emotional well-being during this period?**  
(e.g. How have other patients managed the time between leukapheresis and CAR-T cell therapy? Will my healthcare team have information about where my cells are in the manufacturing process?)
- **What resources are available for me during this period?**  
(e.g. Can you recommend resources on your site or from patient advocacy groups that could help me and my family during this journey? How can I best plan my travel during this therapy?)

## SAFETY AND EMERGENCY CONTACT INFORMATION

- **What happens if I catch a cold or other illness at any point?**  
(e.g. When should I notify my healthcare team of an illness and what should I do?)
- **Who can I contact if I have any further questions?**  
(e.g. Can you provide me with a 24/7 available point of contact that I can reach via phone in case of an emergency?)

## CAR-T cell manufacturing

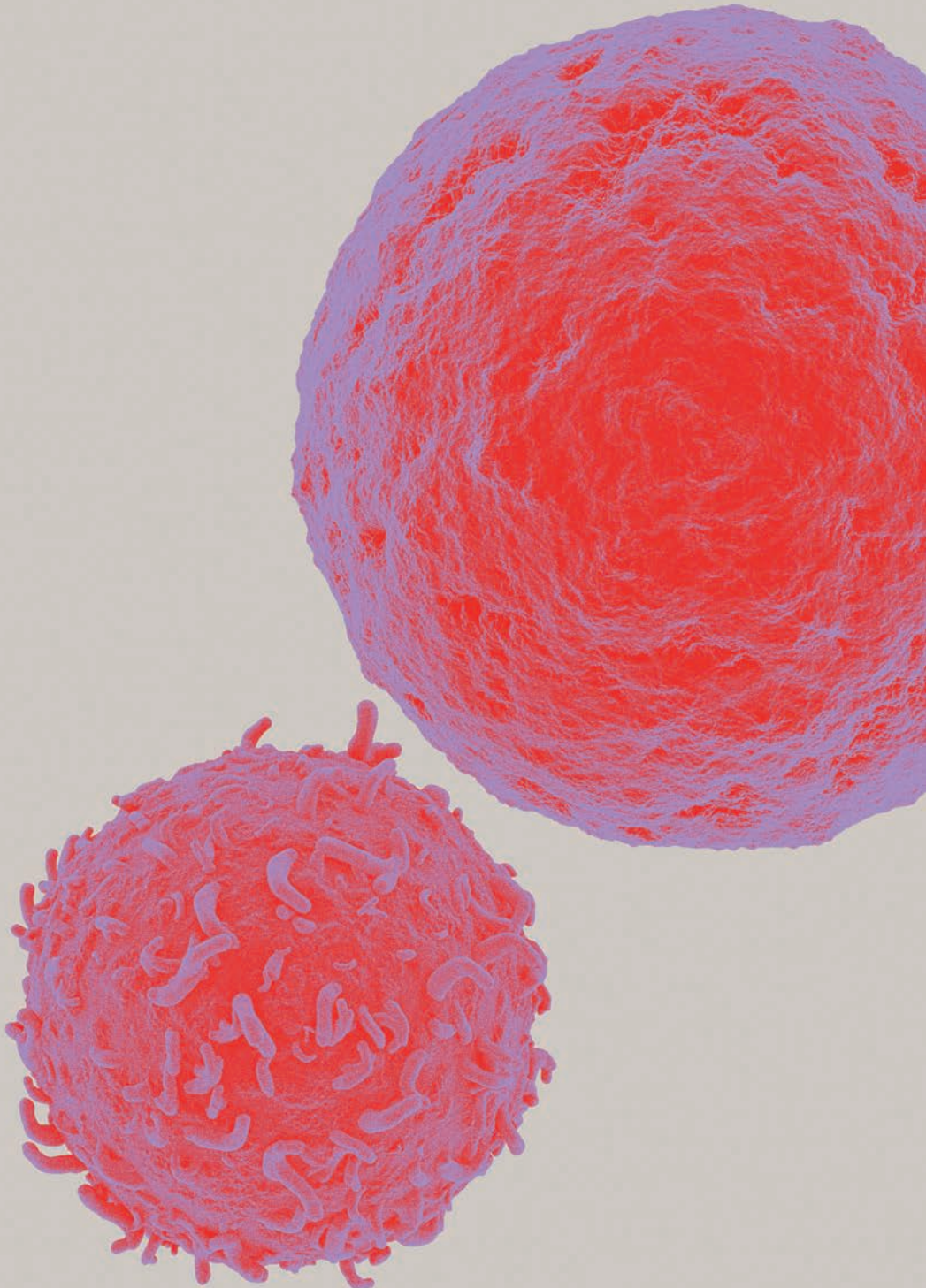
### What happens during CAR-T cell manufacturing?

After your cells are collected during leukapheresis, they are frozen in liquid nitrogen and shipped to a manufacturing centre. At the cell manufacturing centre, your T cells will be engineered into CAR-T cells using non-infectious viruses to change the way they express proteins on their surface. The CAR-T cells will then express new proteins which allow them to recognise and attack your cancer cells. For ciltacabtagene autoleucel, the CAR-T cells are changed to find and attack cells that have a protein called BCMA on their surface.<sup>1</sup> BCMA is found at high levels on multiple myeloma cells.<sup>1</sup> Once the CAR-T cells are ready and have been checked for safety and quality, they will be reintroduced to your body during infusion.

A member of your healthcare team will notify you when your CAR-T cells have completed the manufacturing process.

**Timing:** while ciltacabtagene autoleucel is made (this takes about 4–7 weeks) you may get other medicines to treat the multiple myeloma (this is called bridging therapy). This is so it does not get worse.<sup>1</sup>

1. Electronic Medicines Compendium. CARVYKT<sup>®</sup> SmPC, February 2026. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed May 2026).



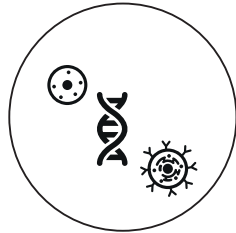
# CAR-T cell manufacturing

The diagram below shows the journey your T cells take to become the CAR-T cells you will receive during infusion:<sup>1,2</sup>



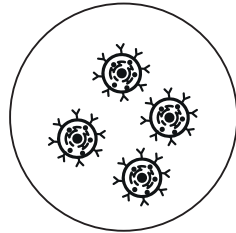
## STEP 1

White blood cells are frozen and shipped to manufacturing site



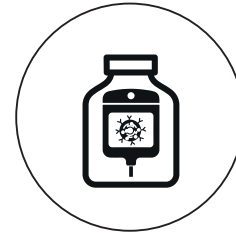
## STEP 2

Cells are thawed and engineered to make CAR-T cells



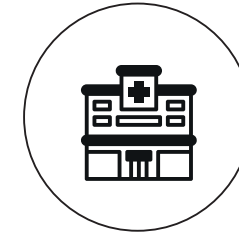
## STEP 3

Cells are grown and undergo several quality and safety control checks



## STEP 4

CAR-T cells are frozen and shipped to infusion centre



## STEP 5

CAR-T cells arrive at infusion centre



**Timing:** it will take about 4–7 weeks to manufacture your CAR-T cells.<sup>1</sup>

1. Electronic Medicines Compendium. CARVYKT1® SmPC, February 2026. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed May 2026).

2. Reddy OL et al. *Semin Hematol* 2020; 57(2):33–38.



# Healthcare team information

## Healthcare team contact information

It is important to know who is on your healthcare team and how to get in contact with them. Please use the space below to write down their contact information and function/title (e.g. CAR-T cell therapy nurse, CAR-T cell therapy coordinator, CAR-T cell therapy physician)

### Contact details of the CAR-T treatment centre

**24/7 EMERGENCY PHONE NUMBER:**

\_\_\_\_\_

**PRIMARY CAR-T CELL THERAPY HEALTHCARE PROFESSIONAL:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME:**

\_\_\_\_\_

**PHONE NUMBER:**

\_\_\_\_\_

**FUNCTION/TITLE:**

\_\_\_\_\_

**BEST TIME TO REACH:**

\_\_\_\_\_

**EMAIL:**

\_\_\_\_\_

**NAME:**

\_\_\_\_\_

**PHONE NUMBER:**

\_\_\_\_\_

**FUNCTION/TITLE:**

\_\_\_\_\_

**BEST TIME TO REACH:**

\_\_\_\_\_

**EMAIL:**

\_\_\_\_\_

**NAME:**

\_\_\_\_\_

**PHONE NUMBER:**

\_\_\_\_\_

**FUNCTION/TITLE:**

\_\_\_\_\_

**BEST TIME TO REACH:**

\_\_\_\_\_

**EMAIL:**

\_\_\_\_\_





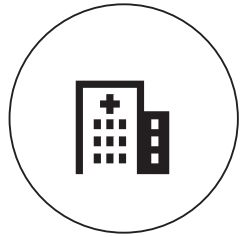


# My CAR-T cell therapy timeline



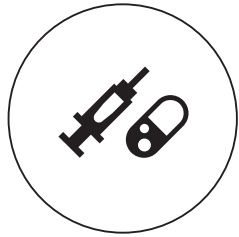
## START

Start of my CAR-T cell therapy journey



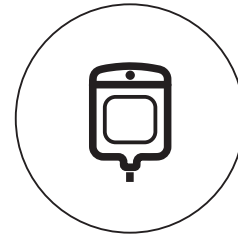
## STEP 1

Leukapheresis



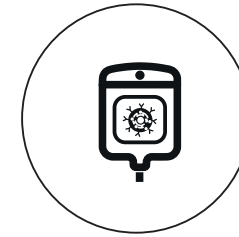
## STEP 2

Bridging therapy



## STEP 3

Pre-treatment (lymphodepleting regimen)



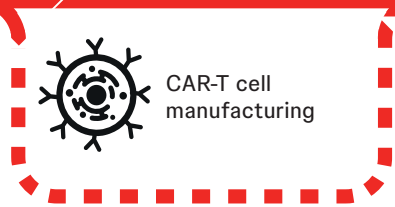
## STEP 4

CAR-T cell infusion



## STEP 5

Monitoring after infusion



Date of leukapheresis:

Start date of bridging therapy:

End date of bridging therapy:

First infusion of pre-treatment (lymphodepleting regimen):

Second infusion of pre-treatment (lymphodepleting regimen):

Third infusion of pre-treatment (lymphodepleting regimen):

Date of CAR-T cell infusion:

# Monitoring during the 4 weeks after CAR-T cell infusion

Date of CAR-T cell infusion: \_\_\_\_\_

Week 1 (date): \_\_\_\_\_

|       | Temperature check 1 | Temperature check 2 | Blood pressure | Symptoms/side effects | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>1. | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>2. | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>3. |
|-------|---------------------|---------------------|----------------|-----------------------|---|---|---|
| Day 1 |                     |                     |                |                       |   |   |   |
| Day 2 |                     |                     |                |                       |   |   |   |
| Day 3 |                     |                     |                |                       |   |   |   |
| Day 4 |                     |                     |                |                       |   |   |   |
| Day 5 |                     |                     |                |                       |   |   |   |
| Day 6 |                     |                     |                |                       |   |   |   |
| Day 7 |                     |                     |                |                       |   |   |   |

# Monitoring during the 4 weeks after CAR-T cell infusion

Date of CAR-T cell infusion: \_\_\_\_\_

Week 2 (date): \_\_\_\_\_

|       | Temperature check 1 | Temperature check 2 | Blood pressure | Symptoms/side effects | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>1. | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>2. | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>3. |
|-------|---------------------|---------------------|----------------|-----------------------|---|---|---|
| Day 1 |                     |                     |                |                       |   |   |   |
| Day 2 |                     |                     |                |                       |   |   |   |
| Day 3 |                     |                     |                |                       |   |   |   |
| Day 4 |                     |                     |                |                       |   |   |   |
| Day 5 |                     |                     |                |                       |   |   |   |
| Day 6 |                     |                     |                |                       |   |   |   |
| Day 7 |                     |                     |                |                       |   |   |   |

# Monitoring during the 4 weeks after CAR-T cell infusion

Date of CAR-T cell infusion: \_\_\_\_\_

Week 3 (date): \_\_\_\_\_

|       | Temperature check 1 | Temperature check 2 | Blood pressure | Symptoms/side effects | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>1. | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>2. | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>3. |
|-------|---------------------|---------------------|----------------|-----------------------|---|---|---|
| Day 1 |                     |                     |                |                       |   |   |   |
| Day 2 |                     |                     |                |                       |   |   |   |
| Day 3 |                     |                     |                |                       |   |   |   |
| Day 4 |                     |                     |                |                       |   |   |   |
| Day 5 |                     |                     |                |                       |   |   |   |
| Day 6 |                     |                     |                |                       |   |   |   |
| Day 7 |                     |                     |                |                       |   |   |   |

# Monitoring during the 4 weeks after CAR-T cell infusion

Date of CAR-T cell infusion: \_\_\_\_\_

Week 4 (date): \_\_\_\_\_

|       | Temperature check 1 | Temperature check 2 | Blood pressure | Symptoms/side effects | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>1. | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>2. | Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.):<br>3. |
|-------|---------------------|---------------------|----------------|-----------------------|---|---|---|
| Day 1 |                     |                     |                |                       |   |   |   |
| Day 2 |                     |                     |                |                       |   |   |   |
| Day 3 |                     |                     |                |                       |   |   |   |
| Day 4 |                     |                     |                |                       |   |   |   |
| Day 5 |                     |                     |                |                       |   |   |   |
| Day 6 |                     |                     |                |                       |   |   |   |
| Day 7 |                     |                     |                |                       |   |   |   |

