## **AlfredHealth**

	Alfred		Sandringham		Caulfield
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## **REFERRAL TO CAR-T CLINIC**

			1		1		1		1	
Family Name*			Given Na	ame*				of Birth*		
<ul> <li>Attach supporting documents as listed below</li> <li>Your patient will be contacted with appointment details</li> </ul>										
<ul> <li>The CAR-T Clinic is via the Haematology Service. Consultations are bulk billed.</li> </ul>										
Enquiries: Clini	Enquiries: Clinic Coordinator - T 0436 456 304									
Patient Deta	ils			1	*mandatory fields					
Sex	☐ Fema	ale 🗆 Male	☐ Other	Tele	ephone*					
Address						, ,				
Medicare No				Ref	erence No		Expiry			
Interpreter nee	eded	☐ Yes ☐ N	0	Lan	guage					
Aboriginal or T	orres Stra	it Islander								
Cultural consid										
/ special needs	3									
Contact Perso	n	Name				Т	1			
		Relationship				Telephone				
Disease cha	racteristi	cs		1						
B-cell Lymph	B-cell Lymphoma				B-Precursor Acute-Lymphoblastic Leukemia/Lymphoma					
☐ CD19+ Diffe	use large E	3-cell lymphom	a		☐ CD19+ B-cell acute lymphoblastic leukemia with					
☐ CD19+ Prin	nary media	astinal large B-d	cell lymphor	ma	one of the following:					
☐ Grade 3B F	ollicular lyı	mphoma			a. Refractory					
a. Relaps	sed after a	utologous SCT			b.	Relapsed after	er alloge	eneic SCT		
OR					C.	Second or lat	er relap	ose		
b. Relapse or refractory to ≥ 2 prior lines of					d.	Ineligible for a	allogene	eic SCT		
systemic therapy										
☐ Richter's transformation or transformed follicular					Age 18	3- 25 years ind	lusive			
lymphoma,	marginal z	zone lymphoma	a or		☐ Ph+ positive ALL who have failed 2 lines of TKI					
lymphoplas	macytic lyı	mphoma			therapy or TKI is contraindicated					
<ul> <li>a. Relapsed or refractory to ≥ 2 lines of systemic</li> </ul>				mic						
therapy administered after transformation										
Patient criteria										
☐ WHO Performance status of ≤ 1					☐ Pulmonary function: SaO2 > 91% on RA					
☐ Renal function: CrCl > 40ml/min				☐ Adequate haematological function						
☐ Liver function:					☐ Cardiac function:					
■ Bilirubin < 2 x ULN (unless Gilbert's					■ NYHA grade < 2 heart failure					
syndrome or disease involvement)					<ul> <li>LVEF ≥ 40% confirmed on TTE or MUGA</li> </ul>					
■ ALT or ALT ≤ 5 times the ULN for age										
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	Alfred		Sandringham		Caulfield
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## **REFERRAL TO CAR-T CLINIC**

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Family Name*		Given Name*			Date of Birth*			
Social criteria								
☐ Full time supervising carer available for at least the first 28 days post CAR-T infusion								
	ide within 1hour of the Alfred	•		•	infusion			
☐ Complex p	sychosocial issues that may	impact on comp	oliance or p	patient safety				
<b>Exclusion C</b>	riteria							
☐ Pregnancy								
☐ HIV infection	on (for Kymriah only)							
☐ Active unco	ontrolled Hepatitis B or C inf	ection						
☐ Active CNS	involvement (patients with	a history of CNS	Sinvolvem	ent effectively tr	eated are eligible	e		
	orimary CNS lymphoma)	•		•	· ·			
	porly controlled CNS disorder	er (including epil	epsy, dem	entia, or CNS ir	nvolved autoimm	nune		
disorder)	•	, 51	,	•				
,	ontrolled GVHD with need for	or ongoing immu	nosuppres	sion				
☐ Comorbidit	ies conferring an expected I	ife expectancy o	f < 5 years	3				
	es within 6 weeks of planne		•					
	·							
Documents	required to accompany	referral						
☐ Referral let	ter stating date of diagnosis	/ transformation	, prior line	s of treatment a	nd response, ar	nd any		
active or cl	nronic comorbidities							
☐ Medication	list							
☐ Recent / re	levant PET / CT / MRI Repo	orts (screenshot	of PET ima	ages if possible				
☐ Relevant h	☐ Relevant histopathology reports							
☐ Recent FBE and EUC								
Note: the above criteria are a guide only and may not be an absolute contraindication to CAR-T Cell								
treatment. Eligibility will be confirmed following clinical assessment at The Alfred								
Referrer Details								
Name		Refe	rral date					
Address		Copie	es to					
Telephone		Emai						
Fax Provider No								

Return referral to: <u>CAR-T.Referrals@alfred.org.au</u>