MANAGEMENT OF POST CAR-T NEUROTOXICITY USING ANAKINRA: A CASE REPORT

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european association of hospital pharmacists

CLINICAL CASE

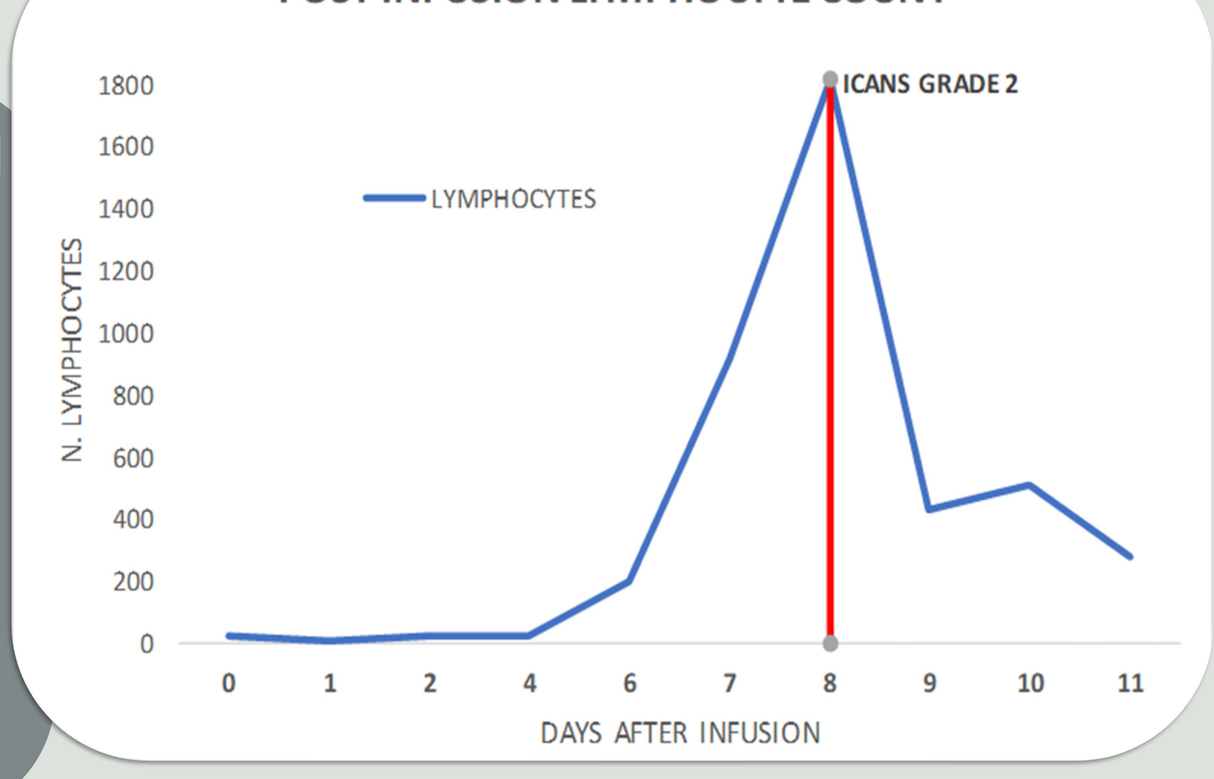
59-year-old affected by refractory mantle cell lymphoma treated with Three therapy lines

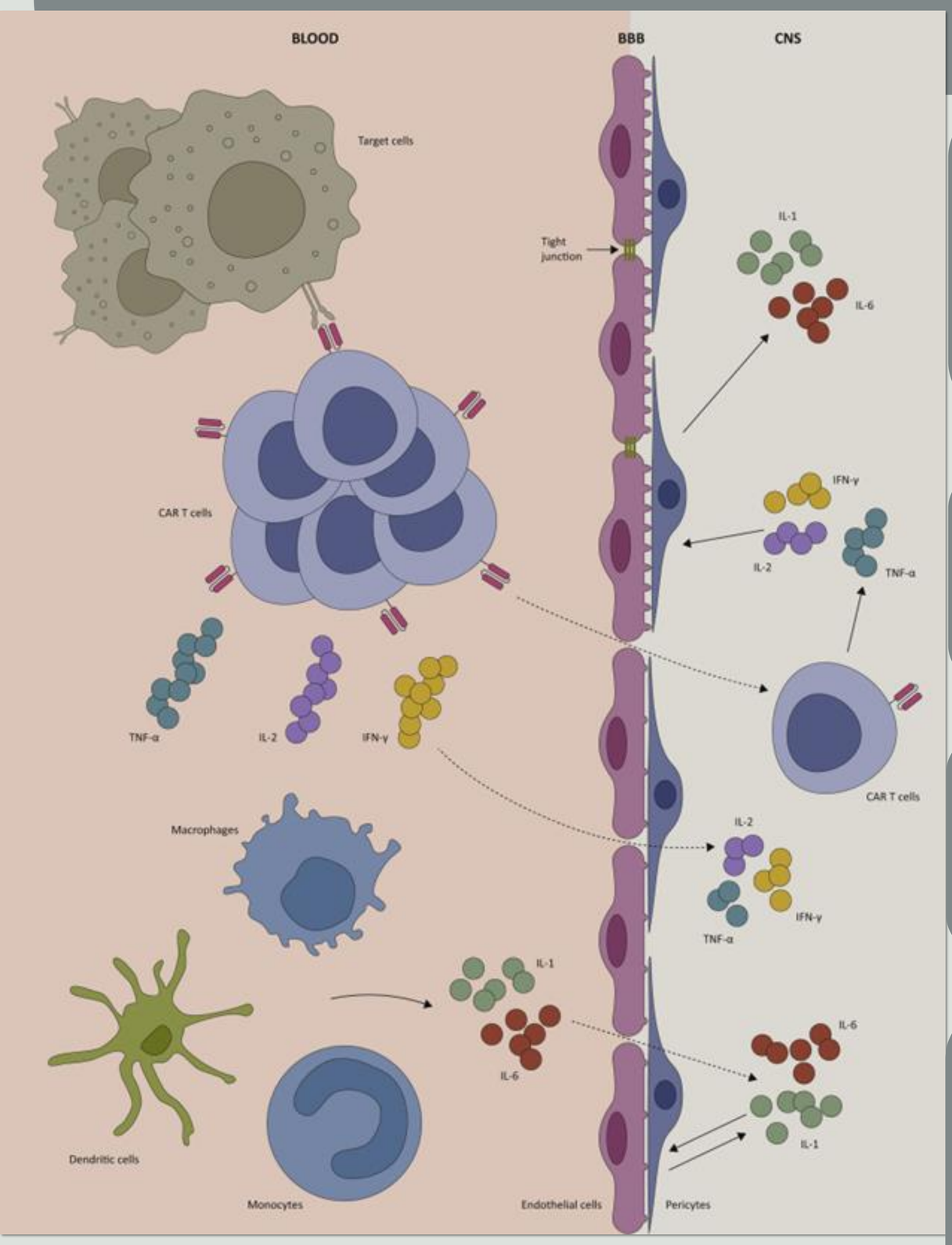
I. 6 alternating cycles of R-CHOP and R-DHAP followed by autologous stem cell transplantation
II. patient received ibrutinib
III. infusion Brexucabtagene autoleucel

CAR-T TOXICITY

Grade≥3 cytokine release syndrome(CRS), treated with tocilizumab and steroids

Immune effector cell-associated neurotoxicity syndrome(ICANS), with neurological symptoms such as worsened handwriting, significant attention and orientation decline. The highest ICANS grade was reached on the same day of the maximum lymphocyte count post infusion.





Schubert, M.-L., M. Schmitt, L. Wang, C.A. Ramos, K. Jordan, C. Müller-Tidow, e P. Dreger. «Side-Effect Management of Chimeric Antigen Receptor (CAR) T-Cell Therapy». Annals of Oncology 32, fasc. 1 (gennaio 2021): 34–48.

COMBINED THERAPY

Administration of 20mg dexamethasone and, for refractoriness, 100mg anakinra every 6 hours proved effective.

Rapid improvement of patient's toxicity

THERAPY DURATION

Discharged quickly from the intensive care unit

Therapy definitively discontinued after 5 days

CLINICAL PRACTICE

Anakinra has been administered in others CAR-T centres to treat ICANS and many clinical trials are ongoing worldwide

CONCLUSION

Careful monitoring and interventions are essential to ensure CAR-T receiver's safety. Anakinra shows promise in ICANS management and reducing corticosteroid use

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