



Patient Power

CAR T-Cell Therapy: An Expert Weighs the Risks and Benefits

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Andrew Schorr:

There is a lot of buzz, as you know, in the CLL community about CAR T-cell therapy. Could it be an option for us, maybe in place of transplant if we're headed that way or where we have failed, or they've failed us, therapies along the way? But it's very experimental. And I personally know people who have done pretty well and some who have not. What's your take on it now? What perspective would you give just to the general CLL community about CAR-T today?

Dr. Lamanna:

Obviously this is a very exciting therapy as it is approved now for patients with relapsed ALL and some of the non-Hodgkin lymphoma patients. Certainly it's not new in CLL. Clinical trials, we've been doing CAR-T cells for a while in CLL. Do I think it will—I absolutely think that—remember, most of our patients with CLL are older, so the ability to get to transplant—although as transplant toxicities are improving as well, but it's still relegated to a relatively small patient population.

And so for sure I think that this certainly—and it could be an avenue for folks who may not be eligible for transplant but have multiply relapsed or aggressive CLL, this certainly could be something that would be a possibility of being used. And there are actually different populations where you might be able to stratify them from one treatment to another, whether it be CAR and then allo or vice versa. So it doesn't nix everybody who has gotten an allo, let's say. It doesn't mean that they can't get CAR-T cells. So we're learning.

I think there is obviously—there are some, still some considerations regarding toxicity for CAR-T cells, and hopefully as that improves over time I think it certainly will increase its use in our patient population as well. So it's definitely for—we know that the folks who have had more aggressive disease who have been receiving these newer agents may eventually fail these newer agents too, and so certainly for that patient population who may not go on for an allogeneic stem cell transplant who have received some of the more common agents, the B-cell receptor agents and venetoclax (Venclexta), if they go on to fail but are still relatively fit, I certainly think this can certainly be an option for them as well.

Andrew Schorr:

Okay. But there are risks with this.

Dr. Lamanna:

There are, yes. Yes. And there are toxicities with CAR-T cells. But I think the more—the more that we're using this in general, just like anything else there's a learning curve, and so certainly as we get better dealing with potential toxicities in CAR T-cell therapy and know how to handle them better it will go smoother. So that's I think requires just a little bit of a learning curve.

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