Treatment options for patients with Diffuse Large B-cell Lymphoma

considering CAR T-cell therapy

Diffuse Large B-cell Lymphoma (DLBCL, also referred to as LBCL) is a type of B-cell Non-Hodgkin lymphoma that's usually fast-growing. It's the most common type of Non-Hodgkin lymphoma.

How might my doctor determine my treatment options?

DLBCL has multiple treatment options, with the goal of achieving remission.

If you have been newly diagnosed with DLBCL, it is likely that your doctor will recommend treatments like chemotherapy and immunotherapy in combination (also known as chemoimmunotherapy). More than 60% of patients achieve long-term remission after chemoimmunotherapy.

If your cancer came back (relapsed), or if you stopped responding to treatment (refractory), your doctor may consider the following factors to determine which treatment is suitable for you:

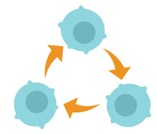
- How many treatments you've tried—also referred to as different lines of therapy
- The length of time since your last treatment was completed
- How you responded to your last treatment
- How quickly the cancer is progressing, and how it may be impacting your body and organs
- Your age, fitness level, and overall health
- How different treatment options affect your day-to-day life

Talk to your doctor about what factors they may take into consideration for you.

Here are some examples of treatment options you may hear from your healthcare team.

You may wish to discuss the treatment experience of each therapy with your doctor, and how it may differ from the therapy you had previously.

Your eligibility for treatment options will be determined by your doctor.

Type of treatment *(May be given in combination)*	**Antibody-drug conjugates (ADCs)** 	**Bispecific antibodies** 	**CAR T-cell therapy** (also known as **CAR T**) 	**Chemotherapy** 	**Immunotherapy** 	**Radiation therapy** 	**Stem cell transplant** 	**Targeted therapy** 
How does this therapy work?	It brings a drug, like chemotherapy, directly inside specific types of cancer cells using a protein called an antibody. It's a type of targeted therapy.	It uses drugs to attach two targets, like cancer-fighting immune cells and cancer cells. It's a type of immunotherapy.	It adapts T cells from your immune system to fight cancer. CAR stands for Chimeric Antigen Receptor. It's a type of immunotherapy.	It uses drugs to stop the growth of or kill cells in the body, including cancer.	It uses drugs to help your immune system fight cancer. There are many types of immunotherapy.	It uses focused radiation to kill cancer cells and shrink tumors.	It uses a transplant of cells (your own cells or cells from a donor) to replace stem cells destroyed by a high-dose cancer treatment. This helps your body produce new blood cells, including immune cells that help fight cancer.	It uses drugs or other substances that target and fight specific types of cancer cells, mostly without harming normal cells.
How is this therapy given?	Infusions are given at your doctor's office, an infusion clinic, or at a hospital.	Infusions, or subcutaneous (under the skin) injections, are given at a hospital outpatient setting or at your physician's office.	A single infusion of CAR T cells is given at a medical center. There are steps to prepare for treatment.	Infusions are given in a clinic; may be taken at home as a pill or capsule.	Infusions or injections are given in a clinic; may be taken at home as a pill or capsule.	As an example, a focused beam of radiation (a "dose") is administered from outside of your body.	It starts with high-dose chemotherapy at a specialized transplant center to kill as much cancer as possible—this may also damage cells in your bone marrow. To restore your bone marrow, a transplant of healthy stem cells is given through an intravenous (IV) catheter.	Infusions or injections are given in a clinic; may be taken at home as a pill or capsule.
How many cycles or rounds of therapy are there?*	• Multiple rounds of infusion • Can be spaced out over a few weeks or more	• Multiple rounds of infusion or injection • Can be spaced out over several months	• A single infusion—you do not need to go through multiple rounds of treatment • Entire treatment process occurs over several weeks	• Usually has multiple rounds of treatment • Can be spaced out over several weeks or months	• Multiple rounds of treatment • Can be spaced out over several months	• Typically involves a few doses a week, over several weeks	• High-dose chemotherapy can take 1-2 weeks • Entire treatment process can take a few months to complete	• Multiple rounds of treatment • Can be spaced out over a few weeks or more
What short term monitoring may be required after treatment?	On the day of infusion, you will be monitored for side effects for a short period of time.	Period of time varies, depending on the dose and specific drug. You may need to stay at a healthcare facility for close monitoring.	After your infusion, you will require daily monitoring for at least 1 week, and you will need to stay near a healthcare facility for continued monitoring for at least 2 weeks.	For a short period of time on the day of each infusion, you may be monitored for side effects.	As an example, during infusion, you will be monitored for side effects. Your doctor may pause treatment if you experience severe side effects.**	You may be monitored for a short period of time after each dose of radiation.	You may be monitored 1-3 times per week for a period of time. Timing varies depending on type of transplant. You may need to stay at a healthcare facility during this time.	As an example, during infusion, you will be monitored for side effects.**

*The time it takes to complete full treatment may vary

**Monitoring may vary by the type of treatment you receive

You can also search for clinical trials that are available to DLBCL patients. Clinical trials are research studies that may study the risks and benefits of a new or existing treatment. To find out more, you can:

- ask your healthcare team or reach out to an advocacy/support group for help understanding and finding clinical trials
- visit the National Cancer Institute's clinical trials information page (www.cancer.gov/research/participate)
- visit ClinicalTrials.gov to search for a clinical trial near you

Why is the number or order of previous treatments important when considering CAR T?

Blood cancer treatments are meant to target cancer cells, but sometimes they may also affect other cells in your body—such as T cells. The more "wear and tear" your T cells may experience, the more this may impact the health of your T-cells (also referred to as "T-cell fitness").

CAR T uses your T cells to fight cancer. The health of those T cells is one of several factors that can affect whether your treatment can be made successfully.

Ask your doctor about your T-cell fitness to understand how it impacts your treatment options and your eligibility for CAR T.

To learn more about CAR T, visit **LetsChatCART.com**.

Questions to ask your healthcare team

- What types of treatments should I consider? Is CAR T an option for me?
- How often will I have to have treatment, and what might maintenance therapy look like?
- In what order might someone receive different types of treatments and why? If I try another treatment first, could that affect whether CAR T is an option later on?
- How well do different types of treatments work?
- What side effects might I experience with each type of treatment option, and how are they managed?
- Who can I talk to if I want a second opinion about my treatment options?

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