USC Norris Comprehensive Cancer Center

Keck Medicine of USC





BLOOD AND MARROW TRANSPLANT AND CELL THERAPY PROGRAM

The **USC Norris Blood and Marrow Transplant and Cell Therapy Program**, a part of the USC Norris Comprehensive Cancer Center and the Jane Anne Nohl Division of Hematology and Center for the Study of Blood Diseases, is one of the leading providers for hematologic malignancy and stem cell transplant medicine in Southern California.

The USC Norris program has the best survival rate (88.5%) among adult allogeneic transplant programs in the nation.* We offer a personalized approach to autologous and allogeneic bone marrow and peripheral blood stem cell transplants for blood cancers, as well as cellular therapies including **chimeric antigen receptor** (CAR) T cell products.

Early results of CART-T therapy for treating lymphoma and other cancers are highly promising and exciting. The CAR-T program at USC Norris Cancer Hospital, led by Preet M. Chaudhary, MD, PhD, will employ a multi-disciplinary team approach to patient care. Two CAR-T cell therapies are currently available at USC Norris Cancer Hospital — **axicabtagene ciloleucel (Yescarta®)** and **brexucabtagene autoleucel (Tecartus®)**.

USC Norris has a skilled complement of physicians ready to support our community with this personalized approach to cancer management.

* according to the 2020 Center for International Blood and Marrow Transplant Research (CIBMTR) Report

HOW DOES CAR-T CELL THERAPY WORK?

T cells, a type of white blood cell of the immune system, are the body's primary killing cells. They protect the body by destroying abnormal cells, including cancers. Sometimes, however, T cells don't recognize cancer cells or cannot fully destroy all of them in the body.

The CAR-T cell therapy process begins with the collection and separation of T cells from a patient's blood and the return of the remaining blood to the body.

To improve the cancer-killing ability of T cells, the next step is to genetically alter them in a special laboratory. Next, the patient receives a brief course of chemotherapy, improving the chance that the new CAR-T cells will expand when returned to the body. Finally, the CAR-T cells are delivered back into the patient through an infusion. Once returned to the patient, the T cells become activated and release toxins that kill the cancer.

To make an appointment, please contact:

Stephanie Rupit Venegas stephanie.rupit-venegas@med.usc.edu

phone: **(323) 865-3741** fax: **(323) 865-3021**

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AVAILABLE CAR-T CELL THERAPIES

Axicabtagene ciloleucel

(Yescarta®) has been approved by the FDA to treat adults with follicular lymphoma and large B-cell non-Hodgkin lymphomas whose cancer has not been fully successfully treated with at least two prior treatment regimens. Over 70% of patients who received axicabtagene ciloleucel experienced either a complete or partial response (*Kite Pharma*, 2020).

Brexucabtagene autoleucel

(Tecartus®) is an option when a patient's mantle cell lymphoma resists or returns after their first treatment and is now an option for patients with Acute Lymphoblastic Leukemia. Brexucabtagene autoleucel helped more than 60% of patients achieve complete or partial remission (*Kite Pharma*, 2020).

This is an exciting offering that will benefit our patients and their families. We are looking forward to discussing CAR-T cell therapy with you.

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cancer.KeckMedicine.org

OUR EXPERT MEDICAL TEAM



Ann Mohrbacher, MD Associate Professor of Clinical Medicine, Keck School of Medicine of USC



Abdullah Ladha, MD Assistant Professor of Clinical Medicine, Keck School of Medicine of USC



Preet Chaudhary, MD, PhD Chief, Jane Anne Nohl Division of Hematology and Center for the Study of Blood Diseases, Keck School of Medicine of USC



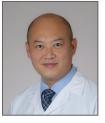
Zaw Win Myint, MD Assistant Professor of Clinical Medicine, Keck School of Medicine of USC



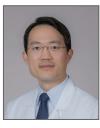
Kevin Kelly, MD, PhD Associate Professor of Clinical Medicine, Keck School of Medicine of USC



Raghuveer Ranganathan, MD Assistant Professor of Clinical Medicine, Keck School of Medicine of USC



Eric Tam, MD Assistant Professor of Clinical Medicine, Keck School of Medicine of USC



Karrune Woan, MD Assistant Professor of Clinical Medicine, Keck School of Medicine of USC



George Yaghmour, MD Assistant Professor of Clinical Medicine, Keck School of Medicine of USC

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1441 Eastlake Ave. Los Angeles, CA 90033