

BACKGROUND

Although studies evidence the relative safety and efficacy of chimeric antigen receptor T-cell therapy (CAR T), approximately 2 in 10 eligible patients receive CAR T. Healthcare providers (HCPs) must establish appropriate risk evaluation and mitigation strategies (REMS) to protect patient safety, while ensuring policies do not impede access.

The aim of this study was to characterize the variation in CAR T authorized treatment centers’ (ATCs) policies regarding symptom monitoring, CAR T delivery, and caregiver requirements.

METHODS

- We conducted a cross-sectional survey of U.S. HCPs (N=94) across 55 CAR T ATCs in November 2025 - April 2026. Eligible respondents were social workers (43%), nurse coordinators (19%), and other advanced practitioners in CAR T (see Table 1).
- Participants were recruited using convenience and purposive sampling to maximize variation in site type via Cancer Support Community’s Helpline and the Association of Cancer Care Centers networks.
- The survey assessed CAR T policies, implementation of REMS changes, and post-infusion care requirements. Descriptive statistics and chi-square tests were used to evaluate policy variation by ATC type (academic vs. community).

PARTICIPANTS

	Mean/ n	SD/ %
Age (years), range (31-78)	M=49	SD=11
Race & Ethnicity (Select all that apply)		
Non-Hispanic White	62	66%
Non-Hispanic Black	3	3%
Hispanic/Latino	3	3%
Asian American	14	15%
Multi-racial/ethnic	4	4%
Prefer not to share/Other	8	9%
Profession		
Social worker	40	43%
Nurse coordinator	18	19%
Nurse practitioner	15	16%
Nurse navigator	6	6%
Physician/doctor	3	3%
Nurse Manager	2	2%
Other (clinical coordinator, program manager)	10	11%
ATC Site Type		
Academic or Teaching Hospital	75	80%
Community-Based Treatment Center	19	20%
Professional Experience in CAR T		
<1 year	5	5%
1-5 years	34	36%
5-10 years	41	44%
>10 years	14	15%

Percentages may not total 100% due to missing data.

RESULTS

Figure 1. Geographic distribution of ATCs surveyed

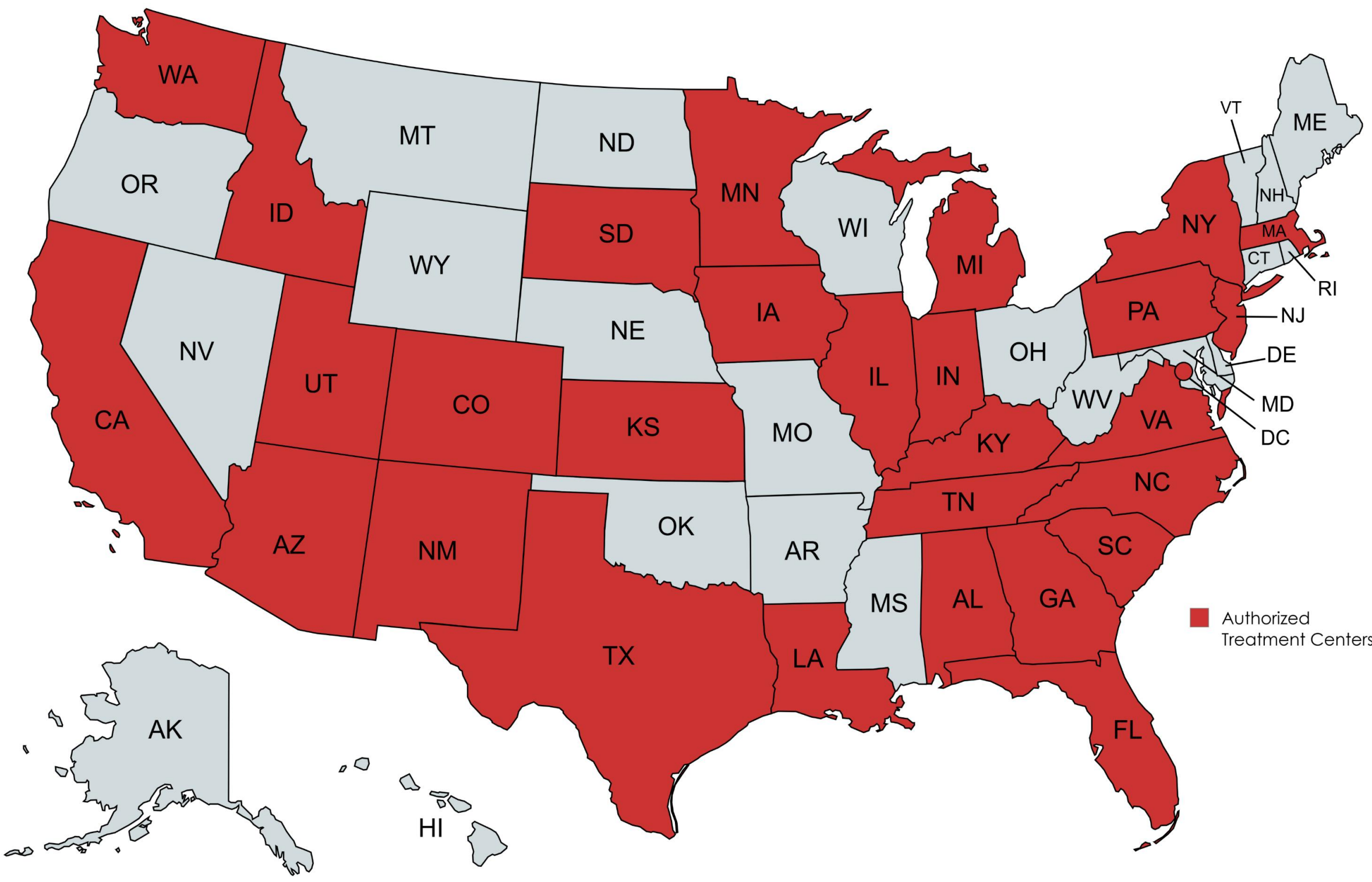
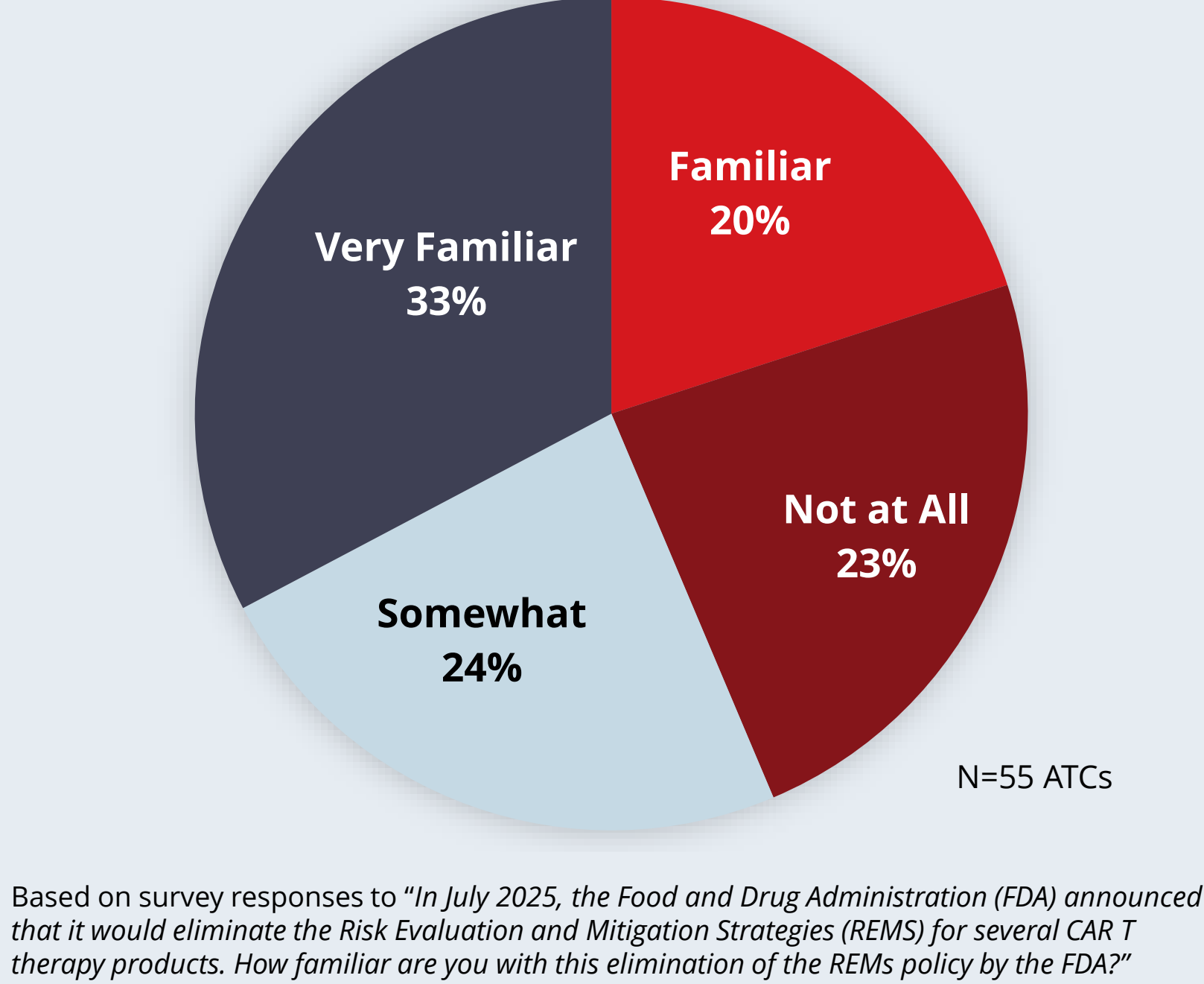


Table 2. Reported Barrier by Site Type

Reported barrier	Academic	Community	chi-square	p-value
Ability to travel to ATC	64%+	37%	4.61	0.03
Lack of awareness/understanding among patients	37%	11%	5.01	0.03
Securing a caregiver	84%	89%	0.36	0.55*
Financial or cost concerns	83%	84%	0.03	0.87
Fear/concern about side effects	71%	58%	1.14	0.29
Insurance issues (prior authorization)	69%	68%	0.01	0.94
Traveling/lodging for follow-up	64%	42%	3.02	0.08
Ability to take time off work	61%	68%	0.33	0.57
Securing transportation to ATC	59%	47%	0.79	0.38
Securing lodging near ATC	55%	47%	0.32	0.57
Time required for screening/consultation	40%	26%	1.22	0.27
Ability to be away for overnight	36%	32%	0.13	0.72
Lack of understanding among referring providers	27%	16%	0.97	0.33*
Total % (n)	80% (75)	20% (19)		

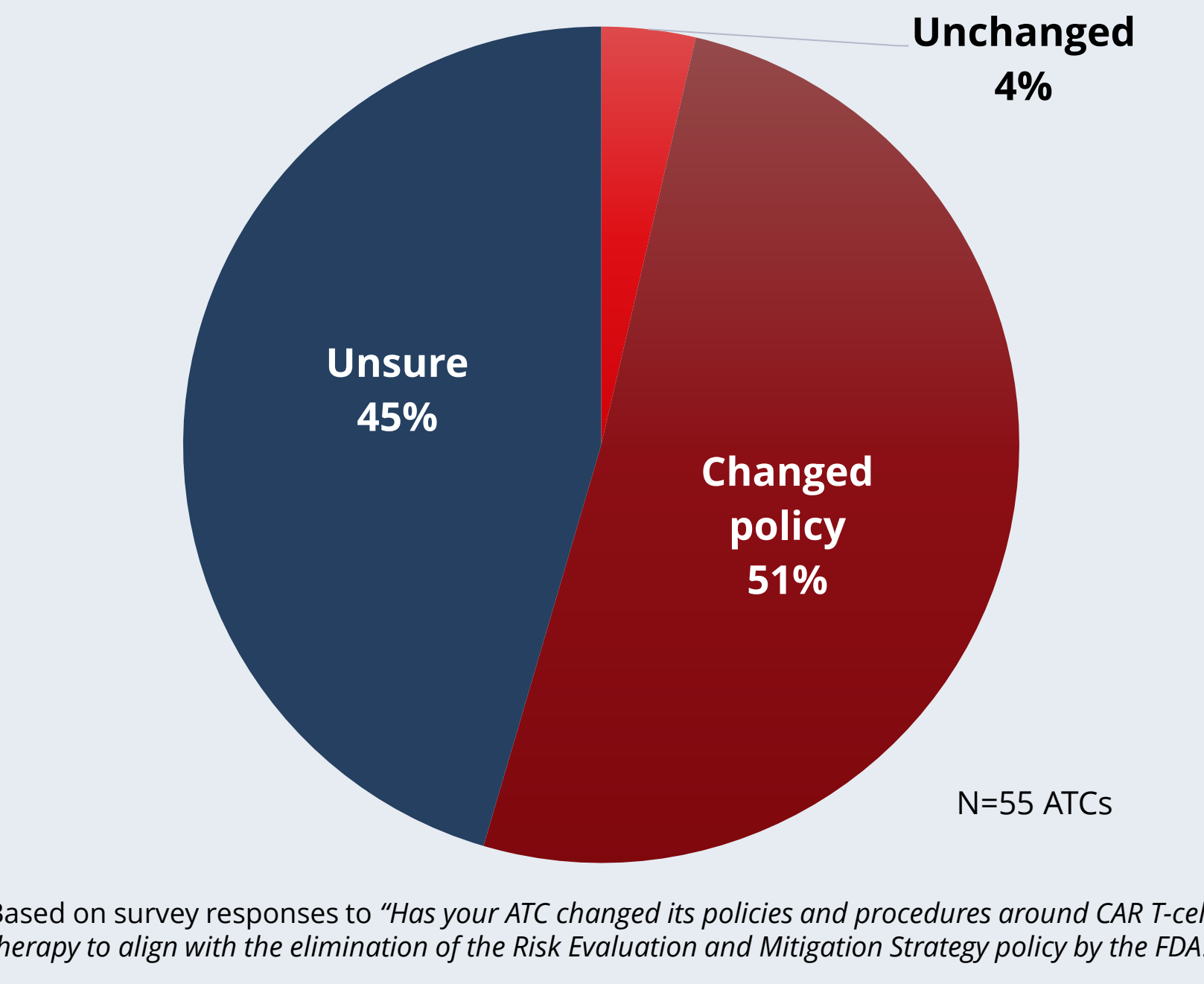
*chi-square test violated assumption of minimum expected cell counts (>20% of cells have expected frequencies <5), analysis should be interpreted with caution; *percentages are displayed by ATC type, participants were allowed to select more than one option. “What barriers do patients encounter when trying to access CAR T-cell therapy at your authorized treatment center (ATC)? Select all that apply.”

Figure 2. Familiarity with FDA REMs change



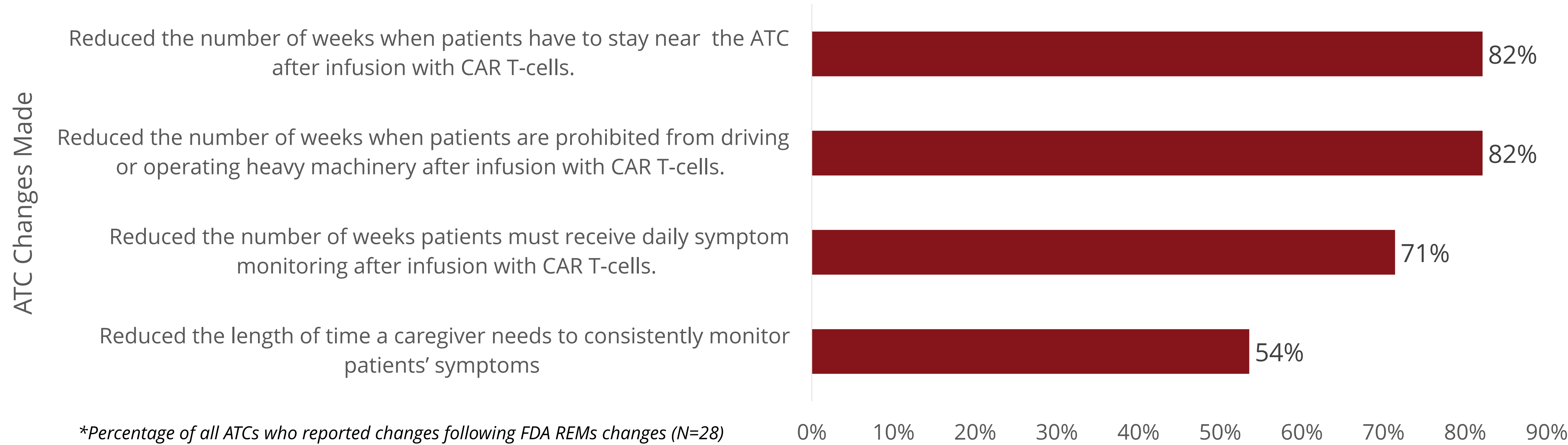
Based on survey responses to “In July 2025, the Food and Drug Administration (FDA) announced that it would eliminate the Risk Evaluation and Mitigation Strategies (REMS) for several CAR T therapy products. How familiar are you with this elimination of the REMS policy by the FDA?”

Figure 3. Has your ATC changed policies?

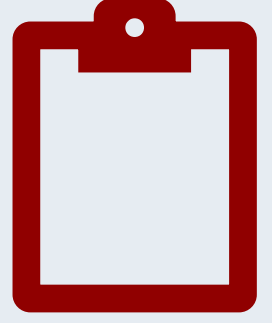


Based on survey responses to “Has your ATC changed its policies and procedures around CAR T-cell therapy to align with the elimination of the Risk Evaluation and Mitigation Strategy policy by the FDA?”

Figure 4. REMs changes across ATCs*



*Percentage of all ATCs who reported changes following FDA REMS changes (N=28)



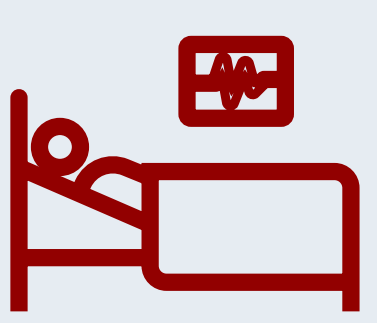
Most (86%) providers reported having formalized written caregiving policies at their ATC

31%

of HCPs reported that securing a caregiver sometimes prevented patients from getting CAR T



Community-based ATCs were more likely to offer outpatient CAR T infusions



Academic ATCs were more likely to offer a mix of inpatient and outpatient CAR T infusions

CONCLUSIONS AND IMPLICATIONS

- Securing a caregiver was a major barrier to CAR T access - with one third reporting it sometimes prevented eligible patients from receiving CAR T.
- Most HCPs at ATCs that made changes to CAR T policies following the FDA’s removal of REMS reported that the changes would make it easier for patients to access CAR T.
- HCPs at academic ATCs were more likely to identify limited patient understanding as a barrier to CAR T compared to those at community-based ATCs.
- Given the heterogeneity in policies, HCPs may benefit from peer education to streamline policies – particularly around caregiving - to reduce barriers to care.

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