# Patient Reported Symptoms, Functioning, and Quality of Life (QoL) in Patients Treated With Chimeric Antigen Receptor T Cells for Hematologic Malignancy:– A Systematic Review and Meta Analysis

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### BACKGROUND

- Chimeric antigen receptor (CAR)-T cell therapy is a new treatment that shows promise for individuals with hematological malignancies.
- Car-T cell therapy involves removing a patient's T cells, genetically modifying them to express a chimeric antigen receptor targeting a specific tumor antigen, expanding them and reinfusing them into the patient (June & Sadelain, 2018). Cancer cells are recognized and destroyed by the patient's own immune system, a significant departure from traditional chemotherapy and radiation.
- Patient-reported outcomes (PRO) have become a vital tool for measuring the quality of life in patients. Being a novel treatment, CAR-T cell therapy lacks enough patient-reported experience exploration. So, we conducted a systematic literature review to explore the PRO experience in patients receiving CAR-T cell therapy for hematologic malignancies.



Acceptance Code: PCR1



 The aim of our study was to conduct a systematic literature review to explore the PRO experience in patients receiving CAR-T cell therapy for hematologic malignancies.

 Statistical Analysis: Statistical analyses were performed using the R 4.4.2 version and Review manager 5.3 (Revman software).
Single-arm meta-analysis performed in R studio and direct comparisons were performed in review manager 5.3.

**NETHODOLOGY** 

#### Figure 1: PRISMA Chart



#### Effect of Car-T cell on HRQoL, Physical, cognitive and fatigue pain

Figure 4: Mean effect size and 95% CI estimation of change from baseline at 6 months for (A) GHQoL, (B) Physical Health, (C) Congnitive health (D) Fatigue (E) Pain and (F) EQ-5D-5L VAS



#### Reports of included studies (n =18)

Figure 2: Study reported PROs, and study locations



Figure 3: Countries with clinical trial for Car-T cell quality of life assessment





# Table 1. Estimation of proportion of improvemet and 95% CI after 6 monthspost treatment of Car-T cell theapy

Quality of life Improvement Parameters	Proportion, 95% Cl	P value	Heterogeneity
GH-QoL	33%, 95% CI[0.09-0.69]	P < 0.01	90%
Cognitive Function	28%, 95% CI[0.17-0.43]	P < 0.01	82%
Pain Improvement	36%, 95% Cl[0.24-0.50]	P < 0.01	81%
Physical Health	30%, 95% CI[0.14-0.54]	P < 0.01	93%
Figue Improvement	28%, 95% CI[0.17-0.43]	P < 0.01	82%
EQ-5D-5L_HUL	38%, 95% CI[0.22-0.57]	P < 0.01	89%

## Table 2. Mean change of Quality of life from baseline to 6 months betweenCar-t cell therapy and SOC

rogeneity	Quality of life Improvement Parameters	Proportion, 95% Cl	P value	Heterogeneity
90%	GH-QoL	0.60, 95% CI[0.38-0.82]	P=0.42	0%
82%	Cognitive Function	0.40, 95%[0.19-0.62]	P= 0.63	0%
81%	Fatigue	-27, 95% CI[0.91-0.37]	P=0.001	85%
93%	Pain	0.00, 95% CI[0.34-0.34]	P=0.14	50%
82%	Physical Health	0.47, 95% CI[0.25-0.68]	P=0.37	0%
89%				

Country	France	United States	Canada	Germany	Belgium	Italy	Japan	Spain
No of clinical trials	2	18	2	2	2	2	2	2

### CONCLUSION

Car-T cell therapy has emerged as a groundbreaking approach in the treatment of hematologic malignancies, offering the potential for durable remissions and improved outcomes for patients with relapsed or refractory diseases. Considering the findings of this research, it is also concluded that Car-T cells possess the potential to improve the quality of life of hematological patients. It is capable of reducing pain and fatigue, and improving their physical and cognitive health.

#### Reference

1. Abramson and Johnston et al, Blood advances, 5969–5979. 2. Akinola and Cusatis et al, Transplant Cell Ther, 254.e1-254.e9. 3. Delforge and Patel et al, Lancet Haematol, e319. 5. Elsawy and Chavez et al, Blood, 2260 6. Gordon and Braverman, Haematologica, 857-866 7. Hoogland et al, Cancers Med, 1936-1943 8. Martin et al, The Lancet Haematology, e897-e905. 9. Maziarz et al, Blood Adv. 629-637 10. Oswald et al, Cancers, 4711. 12. Patrick et al, Blood Adv, 2245-2255. 13. Sidana et al, Transplant Cell Ther. 473-482 14. Tschernia et al, J Immunother Cancer. e006959 15. Wang et al. Transplant Cell Ther, 930.e1-930 16. Ward et al, Transplant Cell Ther. 462.e1-462.e9 17. https://clinicaltrials.gov/study/NCT02348216?tab=results#outcome-measures 18. https://clinicaltrials.gov/study/NCT02614066?tab=results#outcome-measures 19. Shah et al, Nature reviews Clinical oncology, 372-385. 20. Higgins et al, Cochrane handbook for systematic reviews of interventions, 143-176.

Poster Presented at ISPOR Europe, Monday 18th November 2024