



INTRODUCTION

- Chimeric antigen receptor-modified T-cell (CAR-T-cell) therapy is a novel treatment for B-cell malignancies
- CAR-T-cell patients are at increased risk for infection due to conditioning chemotherapy, neutropenia, infusion-related toxicities, cytokine release syndrome (CRS), immune effector cell-associated neurotoxicity syndrome (ICANS), and their treatments (steroids and tocilizumab, an IL-6 inhibitor)
- Previous studies suggest:
 - Infections are most common in the first month after CAR-T-cell infusion
 - Pre-infusion risk factors for infection:
 - Prior allogeneic hematopoietic stem cell transplant (HSCT), CAR-T-cell dose, malignancy type
 - Post-infusion risk factors for infection:
 - High grade CRS, neutropenia, tocilizumab and steroid receipt
- Prior studies largely focused on clinical trial patients
- Pre-CAR-T-cell risk factors are ill-defined

OBJECTIVE

To determine the epidemiology of and risk factors for infections after CAR-T-cell infusion recipients at our center

METHODS

Study Design and Patients:

- Retrospective cohort study of patients who underwent CAR-T-cell infusion at UPMC Shadyside Hospital from July 2017 to September 2019
- Chart review of 60 consecutive CAR-T-cell recipients was conducted
- Demographic, laboratory, microbiologic, and clinical infection and outcome data were collected for each patient from 6 months pre- and at least 6 months post-CAR-T-cell infusion

Definition of Infections:

- Criteria from CDC/NHSN HAI surveillance definitions and EORTC-MSG invasive fungal infection definitions were used

Statistical Analyses:

- Cox proportional hazard were used to identify factors associated with infection risk
- Significance was defined as a *P*-value ≤ 0.05

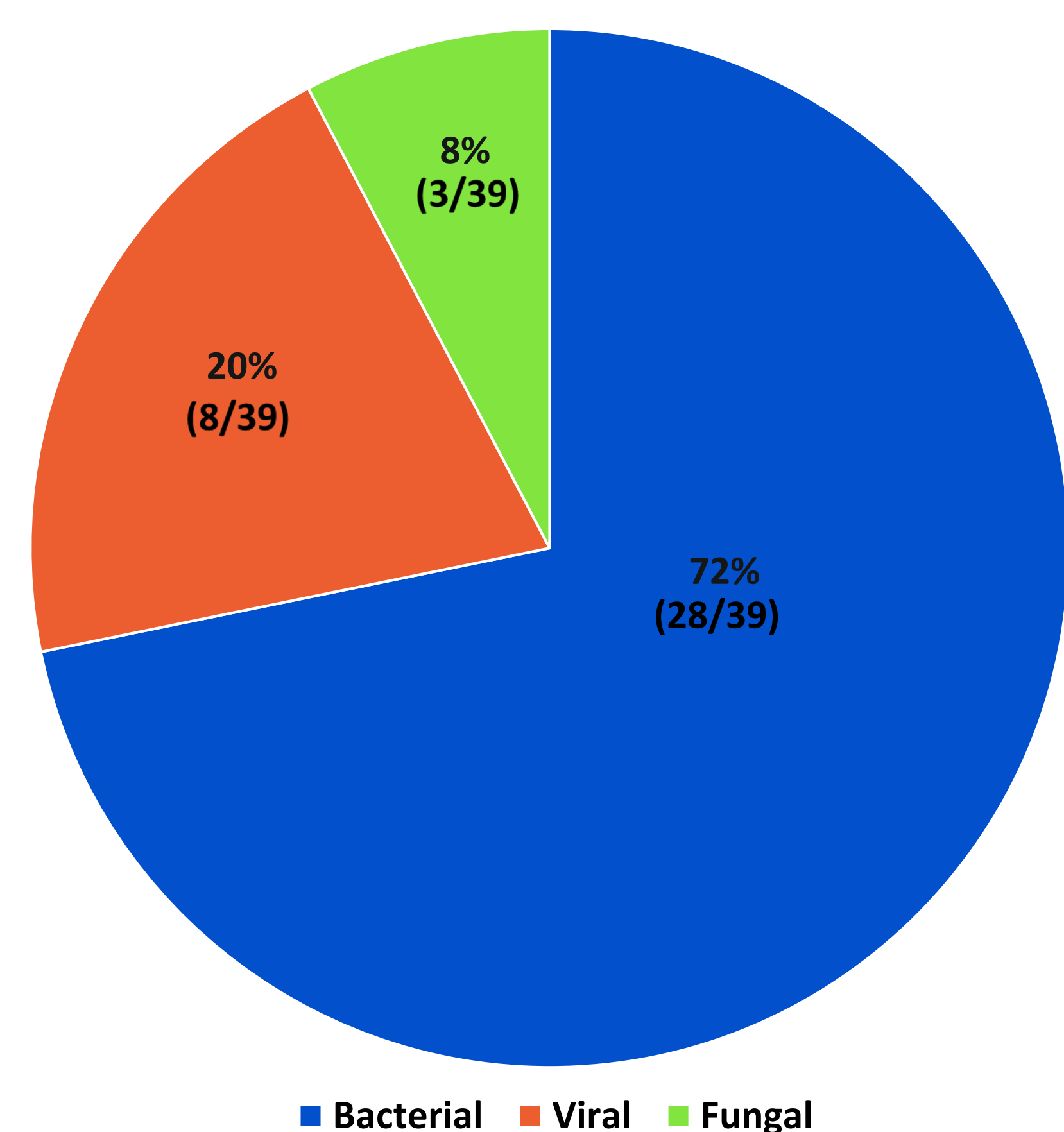
CAR-T-cell Recipient Characteristics

Table 1. Demographics of CAR-T recipients at the time of infusion

Patient Characteristics	All CAR-T Recipients (n=60)		
Median age in years (range)	66 (23-84)		
Male, no. (%)	31 (52)		
White, no. (%)	58 (97)		
Type of Malignancy, no. (%)			
Non-Hodgkin Lymphoma	53 (89)		
Chronic Lymphocytic Leukemia	5 (8)		
Acute Lymphocytic Leukemia	2 (3)		
Prior HSCT, no. (%)	15 (25)		
Allogeneic	2 (3)		
Autologous	13 (22)		
Prior lines of therapy, median (range)	3 (1-9)		
CRS Grade	Patient No. (%)	ICANS Grade	Patient No. (%)
0	16 (27)	0	33 (55)
1	21 (35)	1	4 (7)
2	23 (38)	2	16 (27)
3	0 (0)	3	7 (12)
4	0 (0)	4	0 (0)
5	0 (0)	5	0 (0)

Infections Prior to CAR-T-cell Therapy

Figure 1. Type of infections in 6 months prior to CAR-T-cell infusion



RESULTS

Infections after CAR-T-cell Therapy

Figure 2. Pathogens causing infections after infusion

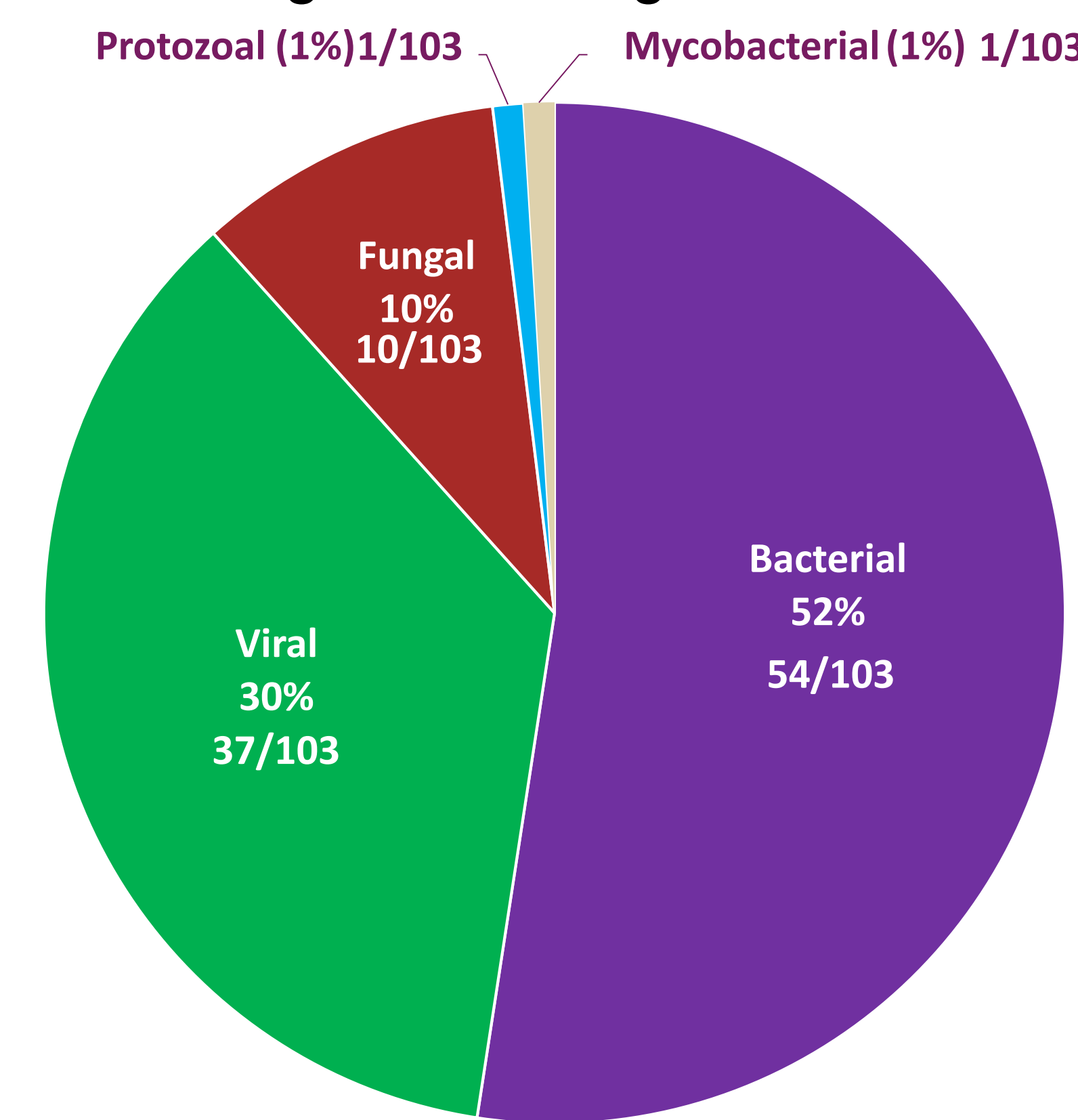


Table 2. Types of infections after CAR-T-cell infusion

Bacterial Infections (N=54)	Number (%)	Viral Infections (N=37)	Number (%)
Pneumonia	16 (30)	Respiratory viral infections	20 (54)
Bacteremia	11 (20)	Herpesviridae infections	16 (43)
SSTI	7 (13)	CMV viremia	10
Intra-abdominal	6 (11)	CMV colitis	1
HEENT	6 (11)	VZV	2
UTI	3 (6)	HSV	3
BJI (Bone and Joint Infection)	1 (2)	BK viremia	1 (3)
Multi-system	4 (7)		
Fungal Infections (n=10)	Number (%)		
Yeast	6 (60)		
Mold	3 (30)		
PJP pneumonia	1 (10)		

Figure 3. Time-to-event curve for infection type occurring in the first 6 months after CAR-T-cell infusion

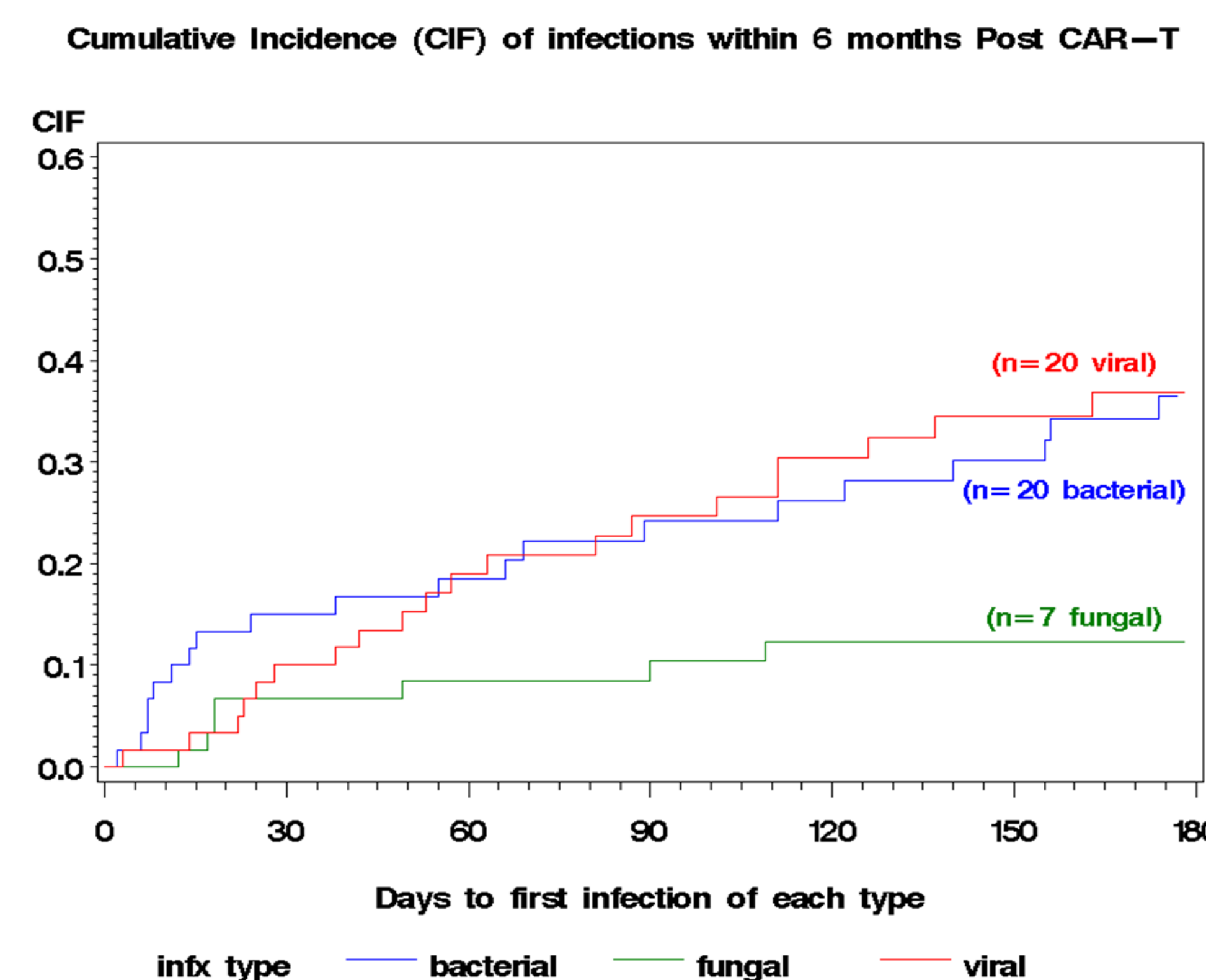
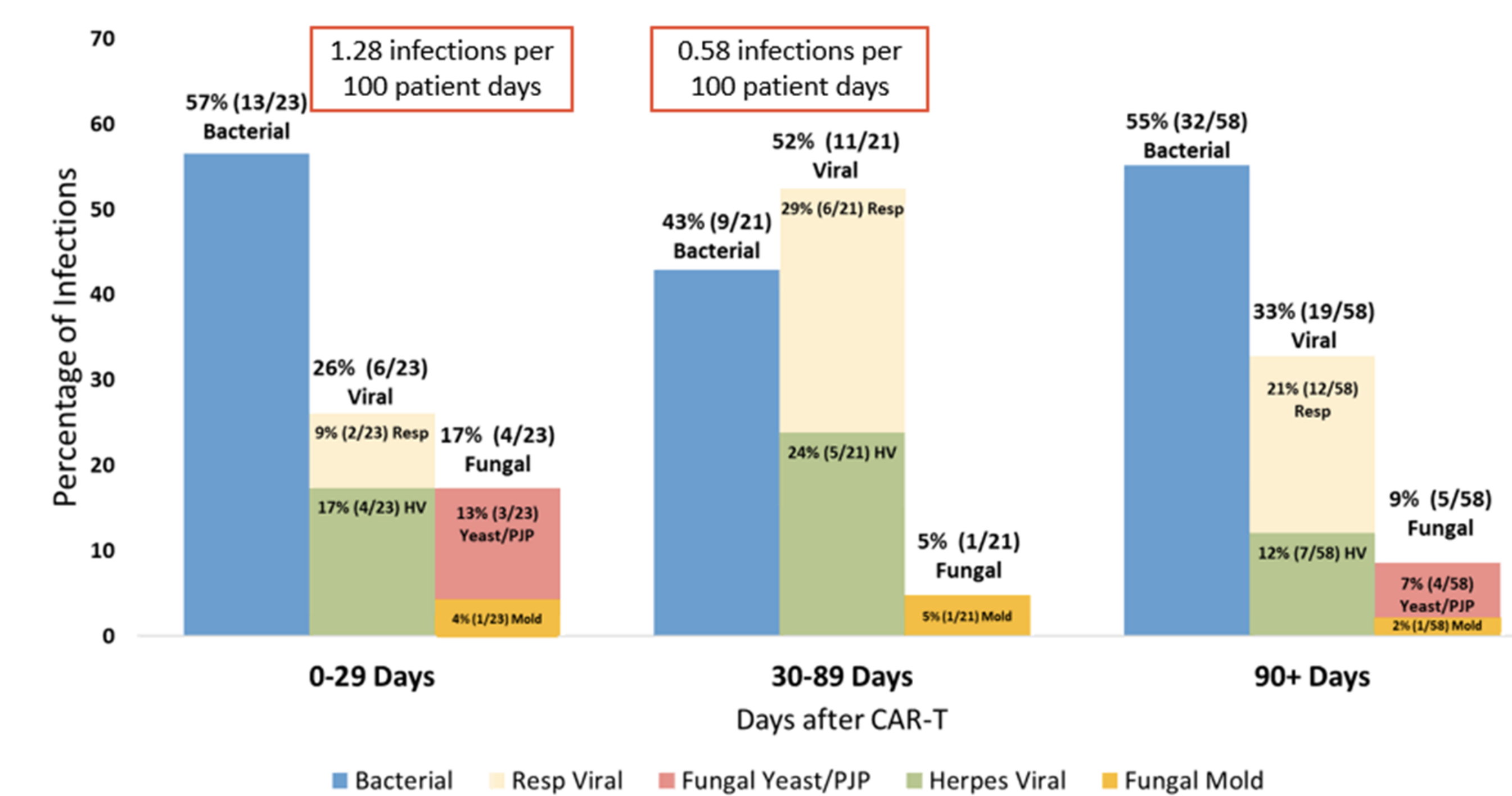


Figure 4. Type of Infection in Early, Intermediate, and Late Post-CAR-T Periods with Infection Density



Infection-related Mortality after CAR-T-cell Therapy

- Infection-related mortality occurred in 9/60 (15%) of patients
- 2/10 (20%) of patients who developed fungal infections died secondary to the following infections
 - Candida tropicalis* blood stream infection
 - Invasive mucormycosis

Infection Risk Factor Analysis

Table 3. Selected risk factors for any infection after CAR-T infusion by Cox regression analysis

Risk Factor	Hazard Ratio (CI); p-value
Infection 6 mo. pre-CAR-T	1.62 (1.10-2.38); 0.015
CRS grade >0	1.87 (0.77-4.53); 0.17
ICANS	1.28 (0.53-3.09); 0.095
Prior lines of therapy last 6 mo.	1.50 (1.01-2.27); 0.04
Prior HSCT	
Autologous	0.08 (0.38-2.05); 0.88
Allogeneic	5.96 (1.34-26.47); 0.019

*Statistically significant risk factors highlighted in red

CONCLUSIONS

- Infections after CAR-T-cell therapy were common
- Early (0-29 days) infections were primarily bacterial
- Fungal infections were less common, but associated mortality was high
- CRS/ICANS grade were not associated with infection after CAR-T-cell infusion
- Infection prior to CAR-T-cell infusion and prior rounds of therapy were associated with risk of infection after CAR-T-cell therapy
- Further studies are warranted to optimize CAR-T patient selection to minimize infectious risk after infusion

REFERENCES

1) Hill JA, Li D, Hay KA, Green ML, Chertan S, Chen X, Riddell SR, Maloney DG, Boeckh M, Turtle CJ. Infectious complications of CD19-targeted chimeric antigen receptor-modified T-cell immunotherapy. *Blood* 2016; 131:121-130.
 2) Park JH, Romero FA, Tarr V, Sadelain M, Brentjens RJ, Hohn TM, Seo SK. Cytokine Release Syndrome Grade as a Predictive Marker for Infections in Patients With Relapsed or Refractory B-Cell Acute Lymphoblastic Leukemia Treated With Chimeric Antigen Receptor T Cells. *Clin Infect Dis* 2018; 67:533-540.
 3) Haidar G, Garner W, Hill JA. Infections after anti-CD19 chimeric antigen receptor T-cell therapy for hematologic malignancies: timeline, prevention and uncertainties. *Curr Opin Infect Dis* 2020; 33.