

# Yescarta<sup>®</sup> (axicabtagene ciloleucel) Use in Hepatitis C Virus (HCV) infection

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The full indication, important safety information, and boxed warnings for cytokine release syndrome, neurologic toxicities and secondary hematological malignancies are available at:

https://www.gilead.com/-/media/files/pdfs/medicines/oncology/yescarta/yescarta-pi

## **Relevant Prescribing Information<sup>1</sup>**

Per the YESCARTA US Prescribing Information (USPI), perform screening for HBV, HCV, and HIV and management in accordance with clinical guidelines before collection of cells for manufacturing.

# **Clinical Studies**

#### ZUMA-1, ZUMA-5, and ZUMA-7 Studies

ZUMA-1 was a phase 1/2 multicenter, single-arm, open-label study which evaluated the safety and efficacy of YESCARTA in patients with chemorefractory diffuse large B-cell lymphoma (DLBCL), primary mediastinal B-cell lymphoma (PMBCL), or transformed follicular lymphoma (TFL).<sup>2,3</sup>

In the ZUMA-1 study, patients with a known history of infection with hepatitis C virus (anti-HCV positive) were ineligible to enroll in the study.<sup>4</sup> Patients with a history of hepatitis C were permitted if the viral load was undetectable per quantitative polymerase chain reaction (PCR) and/or nucleic acid testing.<sup>4</sup>

ZUMA-5 is a multicenter, single arm, Phase 2 study to evaluate the efficacy of YESCARTA in patients with relapsed/refractory (r/r) indolent Non-Hodgkin Lymphoma (iNHL), including follicular lymphoma (FL, Grades 1-3a) and marginal zone lymphoma (MZL, nodal or extranodal).<sup>5,6</sup> In the ZUMA-5 study, patients with a known history acute or chronic active hepatitis C infection were excluded from this study. History of hepatitis C is permitted if, the viral load is undetectable per Infectious Disease Society of America (IDSA) guidelines or applicable country guidelines.<sup>6</sup>

The ZUMA-7 study is an international, multicenter, randomized, phase 3 trial comparing YESCARTA with standard care as second-line treatment in patients with early relapsed (≤ 12 months) or refractory large B-cell lymphoma (LBCL).<sup>7</sup> Patients with a known history of infection with hepatitis C virus (anti-HCV positive) were excluded from this study. If there is

a positive history of treated hepatitis C, the viral load must be undetectable per quantitative PCR and/or nucleic acid testing.<sup>8</sup>

Therefore, there are no clinical trial data available on the use of YESCARTA in patients with detectable viral loads of HCV infection.

#### **Real-World Evidence**

Strati, et al. report a case of a 60-year-old patient, treated with YESCARTA for r/r DLBCL after 2 prior lines of therapy. This patient had a long-lasting history of chronic hepatitis C that was unresponsive to interferon or ribavirin therapy. At the time of evaluation, the patient's HCV ribonucleic acid (RNA) was 15.1 million IU/mL and alanine aminotransferase (ALT) was 70 U/L. The patient achieved complete response (CR) 1 month after infusion (ongoing at 6 months) and experienced treatment complications by Grade 3 cytokine release syndrome (CRS) and Grade 3 chimeric antigen receptor (CAR)-related encephalopathy syndrome (CRES), reversible with anti-IL-6 therapy. No significant increase in HCV RNA or ALT/bilirubin levels were observed. No fulminant hepatitis was observed, and no concomitant liver cirrhosis was detected.<sup>10</sup> Additional information from this case series can be found using the links provided in the citation details below.<sup>9</sup>

It is at the discretion of the treating physician on whether to prescribe YESCARTA in patients with active or a prior history of hepatitis C infection.

#### References

- 1. YESCARTA<sup>®</sup> (axicabtagene ciloleucel) [US Prescribing Information]. Santa Monica, CA: Kite Pharma, Inc. 2024
- Locke FL, Neelapu SS, Bartlett NL, et al. Primary Results from ZUMA-1: A Pivotal Trial of Axicabtagene Ciloleucel (Axi- cel; KTE-C19) in Patients With Refractory Aggressive Non-Hodgkin Lymphoma (NHL). Presented at: American Association of Cancer Research Annual Meeting. April 1-5, 2017; Washington, DC; Abstract CT019.
- 3. Neelapu SS, Locke FL, Bartlett NL, et al. Axicabtagene ciloleucel CAR T-cell therapy in refractory large B-cell lymphoma. *N Engl J Med*. 2017;377(26):2531-2544. DOI: <u>10.1056/NEJMoa1707447</u>
- [Redacted Protocol]. Neelapu SS, Locke FL, Bartlett NL, et al. Axicabtagene ciloleucel CAR Tcell therapy in refractory large B-cell lymphoma. N Engl J Med. 2017. DOI: <u>10.1056/NEJMoa1707447</u>
- Jacobson CA, Chavez JC, Sehgal AR, et al. Axicabtagene ciloleucel in relapsed or refractory indolent non-Hodgkin lymphoma (ZUMA-5): a single- arm, multicentre, phase 2 trial. *Lancet Oncol.* 2022;23(1):91-103. DOI: <u>10.1016/S1470-2045(21)00591-X</u>
- [Supplementary Appendix] Jacobson CA, Chavez JC, Sehgal AR, et al. Axicabtagene ciloleucel in relapsed or refractory indolent non-Hodgkin lymphoma (ZUMA-5): a single-arm, multicentre, phase 2 trial. *Lancet Oncol.* 2022;23(1):91-103. DOI: <u>10.1016/S1470-2045(21)00591-X</u>
- 7. Locke FL, Miklos DB, Jacobson CA, et al. Axicabtagene Ciloleucel as Second-Line Therapy for Large B-Cell Lymphoma. N Engl J Med. 2022;386(7):640-654. DOI: <u>10.1056/NEJMoa2116133</u>
- [Supplementary Appendix] Locke FL, Miklos DB, Jacobson CA, et al. Axicabtagene Ciloleucel as Second-Line Therapy for Large B-Cell Lymphoma. N Engl J Med. 2022;386(7):640-654. DOI: <u>10.1056/NEJMoa2116133</u>
- Strati P, Nastoupil LJ, Fayad LE, Samaniego F, Adkins S, Neelapu SS. Safety of CAR T-Cell Therapy in Patients with B-Cell Lymphoma and Chronic Hepatitis B or C Virus Infection. *Blood*. 2019;133(26):2800-2802. DOI: <u>10.1182/blood.2019000888</u>

#### **Abbreviations**

ALT=alanine aminotransferase CAR=chimeric antigen receptor CR=complete response CRES= CAR-related encephalopathy syndrome CRS=cytokine release syndrome DLBCL=diffuse large B-cell lymphoma FL=follicular lymphoma HBsAg=hepatitis B surface antigen HBV=hepatitis B virus HCV=hepatitis C virus HIV=human immunodeficiency virus IDSA=Infectious Disease Society of America iNHL=indolent Non-Hodgkin Lymphoma LBCL= large B-cell lymphoma MZL=marginal zone lymphoma PCR=polymerase chain reaction PET-CT= Positron emission tomography-computed tomography PMBCL=primary mediastinal B-cell lymphoma r/r=relapsed/refractory TFL=transformed follicular lymphoma USPI=US Prescribing Information

# Product Label

For the full indication, important safety information, and Boxed Warning(s), please refer to the YESCARTA<sup>®</sup> (axicabtagene ciloleucel) US Prescribing Information available at: <u>https://www.gilead.com/-/media/files/pdfs/medicines/oncology/yescarta/yescarta-pi.pdf</u>.

# **Follow Up**

For any additional questions, please contact Kite Medical Information at:

☎1-844-454-KITE (1-844-454-5483) or <u>medinfo@kitepharma.com</u>

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Kite 🕾 1-844-454-KITE (1-844-454-5483)

FDA MedWatch Program by 
☐ 1-800-FDA-1088 or 
☐ MedWatch, FDA, 5600 Fishers Ln, Rockville, MD 20852 or 
<sup>↑</sup> www.accessdata.fda.gov/scripts/medwatch

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