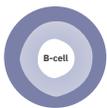
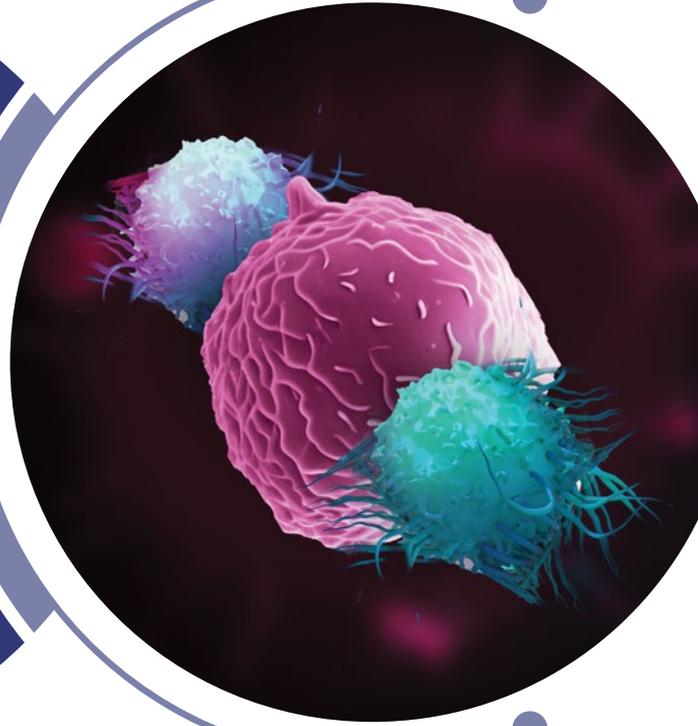


CAR T-CELL THERAPY

CAR T-cell therapy is a groundbreaking immunotherapy for Relapsed/Refractory B Cell Non-Hodgkin Lymphoma (B-NHL). A Physician will assess patient eligibility for CAR T-cell therapy based on several factors such as disease sub type, performance status and biological fitness.



B Cell Non-Hodgkin Lymphoma

A type of cancer originating from the lymphoid tissues, mainly the lymph nodes.



Performance status and biological fitness

Consideration is given by the physician to ensure that the patient is biologically fit from the perspective of vital organs such as heart, lungs, liver and kidneys and there are no active infections.

Treatment and Management Requires Care Coordination Between Referring and Treating Physicians



CAR T-CELL THERAPY PROCESS FLOW FOR HEALTHCARE PROFESSIONALS



Not actual healthcare professionals for illustration purpose only.



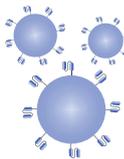
Patient identification

Once a patient is identified for CAR T-cell therapy, the qualified treatment center will inform Immuneel Therapeutics, based on which dates for Leukapheresis and CAR T-cell infusion will be finalized.



Leukapheresis

The patient will undergo apheresis, which involves a collection of white blood cells. The collected apheresis product will be sent to Immuneel Therapeutics for manufacturing CAR T-cells



Manufacturing

CAR T-cells are manufactured and undergo stringent quality release prior to dispatch to treatment centers for infusion.



Bridging therapy

Patients may require bridging therapy for disease control while the CAR T-cell product is being manufactured.



Long-term monitoring

Patient undergoes periodic long-term monitoring.



Short-term monitoring

The patient is monitored closely for at least 4 weeks and side effects are promptly managed. Caregiver support is critical during this time.



Infusion

The CAR T-cell product is delivered to the treatment center. Prior to CAR T-cell administration, the patient undergoes preparative lymphodepletion. The product should be administered using a regular infusion set (no inline filter).

References: 1. Yakoub-Agha et al., Management of adults and children undergoing chimeric antigen receptor T-cell therapy: best practice recommendations of the European Society for EBMT and JACIE. Haematologica. 2018; Volume 105(2).; 2. Sumina Sapkota & Hira Shaikh, Non-Hodgkin Lymphoma, StatPearls [Internet], 2023.; 3. Leukemia & Lymphoma Society, <https://www.lls.org/treatment/types-treatment/immunotherapy/chimeric-antigen-receptor-car-t-cell-therapy>.

For the information of healthcare professionals only.



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