FOUNDATION FOR THE ACCREDITATION OF CELLULAR THERAPY
AT THE UNIVERSITY OF NEBRASKA MEDICAL CENTER

CHANGES TO SIXTH EDITION CELL THERAPY STANDARDS AND ACCREDITATION MANUAL

The tables below outline the changes made to the *FACT-JACIE Cellular Therapy Standards and Accreditation Manual* with each version of the sixth edition of this Manual.[1]

Changes to Standards

Version Number[2]	**Standard**	**Changes to Standards**
6.1	B1.2.1	If cellular therapy products are received directly by the Clinical Program from a third-party provider, the following responsibilities at a minimum shall be defined in a written agreement: B1.2.1.1 Traceability and chain of custody of cellular therapy products. B1.2.1.2 Cellular therapy product storage and distribution. B1.2.1.3 Verification of cellular therapy product identity.
6.1	B2.6	There shall be written guidelines for communication, patient monitoring, and prompt transfer of patients to an intensive care unit, emergency department, or equivalent when appropriate.
6.1	B2.8.1	Pharmacies shall have access to medications adequate to treat expected complications of immune effector cell administration, including cytokine release syndrome.
6.1	B3.3.3	Clinical Program Directors and attending physicians shall have received specific training and maintain competency in each of the following areas as applicable to the Clinical Program's services: B3.3.3.12 Diagnosis and management of veno-occlusive disease of the liver and other causes of hepatic dysfunction. B3.3.3.13 Management of thrombocytopenia and bleeding, including recognition of disseminated intravascular coagulation. B3.3.3.17 Graft versus host disease. B3.3.3.18 Cytokine release syndrome. B3.3.3.19 Tumor lysis syndrome. B3.3.3.20 Macrophage activation syndrome. B3.3.3.21 Cardiac dysfunction. B3.3.3.22 Renal dysfunction. B3.3.3.23 Respiratory distress. B3.3.3.24 Neurologic toxicity. B3.3.3.25 Anaphylaxis. B3.3.3.26 Infectious and noninfectious processes.
6.1	B3.3.5.7	Cellular therapy product administration.

Version Number[2]	Standard	Changes to Standards
6.1	B3.7.3.4	Care interventions to manage ~~transplant~~ cellular therapy complications, including, but not limited to, cytokine release syndrome, tumor lysis syndrome, cardiac dysfunction, respiratory distress, neurologic toxicity, renal and hepatic failure, disseminated intravascular coagulation, anaphylaxis, neutropenic fever, infectious and noninfectious processes, mucositis, nausea and vomiting, and pain management.
6.1	B3.7.4.6	Detection and management of immune effector cellular therapy complications including, but not limited to, those listed in B3.7.3.4.
6.1	B3.8.2.1	An overview of hematology/oncology patient care, including the cellular therapy process, cytokine release syndrome, and neurological toxicities.
6.1	B3.8.3	Pharmacists ~~should~~ shall be involved in the development and implementation of guidelines or SOPs related to the pharmaceutical management of ~~transplant~~ cellular therapy recipients.
6.1	B3.8.4.1	Continuing education shall include, but is not limited to, activities related to the field of HPC transplantation and cytokine release syndrome and neurological toxicities resulting from cellular therapies.
6.1	B3.10.2	The Clinical Program Quality Manager should have a reporting structure independent of cellular therapy product manufacturing.
6.1	B4.7.3.2	For immune effector cells, an endpoint of clinical function as approved by the Clinical Program Director.
6.1	B4.7.3.3	Overall and treatment-related morbidity and mortality at thirty (30) days, one hundred (100) days, and one (1) year after ~~transplantation~~ cellular therapy product administration.
6.1	B4.8.3.1	Periodic audit of the accuracy of clinical data.
6.1	B4.8.3.2	Annual audit of safety endpoints and immune effector cellular therapy toxicity management.
6.1	B4.10.2.1	A thorough investigation shall be conducted by the Clinical Program in collaboration with the Collection Facility, ~~and~~ Processing Facility, and other entities involved in the manufacture of the cellular therapy product, as appropriate.
6.1	B5.1.10	Management of toxicities of immune effector cellular therapies, including cytokine release syndrome and central nervous system complications.
6.1	B6.3.9	Collection from a donor who does not meet Clinical Program collection safety criteria shall require documentation of the rationale for his/her selection by the ~~transplant~~ recipient's physician.

Version Number[2]	Standard	Changes to Standards
6.1	B7.10	There shall be policies and procedures addressing the administration of immune effector cells and management of complications.
6.1	B7.10.1	There shall be a consultation with the referring physician prior to initiation of immune effector cellular therapy to review the goal and plan of the treatment.
6.1	B7.10.2	There shall be regular assessment of the recipient to detect complications, including cytokine release syndrome and neurologic dysfunction.
6.1	B7.10.3	There shall be a written plan for rapid escalation of care, increased intensity of monitoring, and relevant workup to address complications.
6.1	B7.10.4	Communication to the clinical staff, intensive care unit, emergency department, and pharmacy shall be timely.
6.1	B7.10.5	The Clinical Program shall have written guidelines for management of complications, including the use of cytokine-blocking agents and corticosteroid administration.
6.1	B8.1.2	There shall be a process to manage investigational cellular therapy products.
6.1	B9.2	The Clinical Program should collect all the data elements included in the applicable CIBMTR Cellular Therapy forms or EBMT forms.
6.1	B9.3	The Clinical Program shall define staff responsible for collecting data and, as appropriate, reporting data to institutional repositories and CIBMTR or EBMT.
6.1	C3.3.2	The Quality Manager should have a reporting structure independent of cellular therapy product manufacturing.
6.1	D3.3.2	The Processing Facility Quality Manager should have a reporting structure independent of cellular therapy product manufacturing.

Changes to Accreditation Manual

Version Number[2]	Standard	Changes to Accreditation Manual
6.1	B1.2.1.3	Addition of clarifying guidance.
6.1	B2.8.1	Addition of guidance.
6.1	B3.7.4.6	Addition of guidance.
6.1	B4.1.1	Addition of clarifying guidance.
6.1	B4.6.2	Addition of clarifying guidance.
6.1	B4.7.3.2	Addition of guidance.
6.1	B4.10.2.1	Addition of clarifying guidance.
6.1	B4.12	Addition of clarifying guidance.
6.1	B5.1.10	Addition of guidance.
6.1	B6.4.2	Addition of clarifying guidance.
6.1	B6.4.6.8	Addition of clarifying guidance.
6.1	B7.6.8	Addition of clarifying guidance.
6.1	B7.10.2	Addition of guidance.
6.1	B7.10.4	Addition of guidance.
6.1	B7.10.5	Addition of guidance.
6.1	B9.1	Addition of clarifying guidance.
6.1	B9.1.2	Addition of clarifying guidance.
6.1	B9.2	Addition of clarifying guidance.
6.1	B10.3	Addition of clarifying guidance.
6.1	C1.2	Addition of clarifying guidance.
6.1	C4.14.3	Addition of clarifying guidance.
6.1	C6.3.4	Addition of clarifying guidance.
6.1	C7.1.2	Addition of clarifying guidance.
6.1	D8.1.1	Addition of clarifying guidance.

Changes to Acronyms and Definitions

Version Number[2]	Standard	Changes to Acronyms and Definitions
6.1	A3	CAR (Chimeric antigen receptor)
6.1	A3	CNS (Central nervous system)
6.1	A3	CRS (Cytokine release syndrome)
6.1	A3	MSC (Mesenchymal stromal cell or mesenchymal stem cell)
6.1	A3	NC (Nucleated cell)
6.1	A4	Cellular therapy product: Somatic cell-based product (e.g., mobilized HPC, mononuclear cells, cord blood cells, mesenchymal stromal cells, T cells, natural killer cells) that is procured from a donor and intended for processing and administration.
6.1	A4	Chimeric antigen receptor: Artificial receptor that combines an antigen specificity domain coupled with an intracellular signaling domain typically expressed by an immune effector cell (e.g., T cell or natural killer cell).
6.1	A4	Corrective action: Action taken to eliminate the root causes of an existing discrepancy or other undesirable situation to prevent recurrence.
6.1	A4	Cytokine release syndrome: A non-antigen-specific toxicity that occurs as a result of high-level immune activation. For example, a reaction from the release of cytokines from cells targeted by an antibody or immune effector cells.
6.1	A4	Immune effector cell: A cell that has differentiated into a form capable of modulating or effecting a specific immune response.
6.1	A4	Preventive action: Action taken to eliminate the root cause and prevent occurrence of a potential discrepancy or other undesirable situation.
6.1	A4	Product identity: Unique title that identifies the cellular composition of the product in a way that can be directly tied back to a manufacturing entity or process (e.g., a protocol number, a commercial product title, or a site-defined unique identifier).
6.1	A4	Quality assurance: The actions, planned and performed, to provide confidence that all systems and elements that influence the quality of the product or service are working as expected or exceed expectations individually and collectively.

[1] This document does not include minor numbering or reorganization changes that were a result of the substantive changes listed above.

[2] The effective date of version 6.1 is March 1, 2017.