To become an authorized representative for your hospital and its associated clinics in the YESCARTA® REMS Program, you will need to answer all questions below correctly. All other REMS-trained staff must also answer all questions correctly.

Responses to the YESCARTA® REMS Program Knowledge Assessment questions and the YESCARTA® REMS Program Hospital Enrollment Form must be emailed to YESCARTAREMS@kitepharma.com or faxed to 1-310-496-0397.

Questions

1. What is the approved indication for YESCARTA®?
   A. Patients with relapsing multiple sclerosis
   B. Patients with lung cancer
   C. Patients with bladder cancer
   D. Adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma.

2. Prior to discharge, a YESCARTA® Patient Wallet Card must be given to patients who have been infused with YESCARTA®.
   True  False

3. Every certified hospital and its associated clinics are required to have immediate access to a minimum of 2 doses of tocilizumab on-site for each patient and available for administration, for treatment of CRS, within 2 hours of YESCARTA® infusion.
   True  False

4. After YESCARTA® infusion, patients should be advised to:
   A. Refrain from driving or operating heavy or potentially dangerous machinery after YESCARTA® administration until at least 8 weeks after infusion
   B. Remain within close proximity (within 2 hours) of the certified treating hospital and its associated clinics for at least 4 weeks following infusion
   C. Seek immediate attention if they experience signs and symptoms of CRS and/or neurologic toxicities
   D. All of the above

5. Which of the following is true regarding the time to onset of CRS? It typically occurs:
   A. With a median time to onset of 7 days
   B. With a median time to onset of 5 days
   C. With a median time to onset of 2 days
   D. Rarely starts during the first week following YESCARTA® infusion

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6. All of the following regarding neurologic toxicity related to YESCARTA® are correct except:
   A. Neurologic toxicity always occurs concurrently with CRS
   B. Continuous cardiac telemetry and pulse oximetry are recommended for Grade 2 or higher neurologic toxicity
   C. The median time to onset of neurologic toxicity is 4 days
   D. The most common signs or symptoms of neurologic toxicity include encephalopathy, headache, tremor, dizziness, aphasia, delirium, insomnia, and anxiety

7. Four days after infusion with YESCARTA®, a 49-year-old woman with relapsed diffuse large B-cell lymphoma (DLBCL) fully recovers from a Grade 3 CRS that started the day after infusion of YESCARTA®. The next day, she develops a Grade 2 dysphasia. She has no signs or symptoms of CRS. Appropriate management for this patient would include [please select single best answer]:
   A. Consider nonsedating, antiseizure medicines (eg, levetiracetam) for seizure prophylaxis
   B. Start tocilizumab 8 mg/kg intravenously over 1 hour (not to exceed 800 mg)
   C. Start dexamethasone 10 mg intravenously every 6 hours
   D. A and C

8. One day after infusion of YESCARTA®, a 60-year-old man with relapsed diffuse large B-cell lymphoma (DLBCL) develops the following signs and symptoms of CRS: high fever (39°C-40°C), hypoxia requiring <40% FiO₂, and hypotension requiring intravenous fluids. This patient’s CRS grade would be most consistent with:
   A. Grade 1 CRS
   B. Grade 2 CRS
   C. Grade 3 CRS
   D. Grade 4 CRS

Please Complete All Fields Below

Name

Title

Credentials  ____DO  ____MD  ____RPh  ____RN/NP  ____PA  Other

I am the authorized representative  ____Yes  ____No

Hospital/Associated Clinic Name

Address

City  State  ZIP Code

Signature  Date