1 Introduction

FACT and JACIE have published interim standards for the sixth edition FACT-JACIE International Standards for Hematopoietic Cellular Therapy Collection, Processing, and Administration.

The interim standards are intended to promote quality in administration of immune effector cell products, such as chimeric antigen receptor T cells (CAR-T cells), natural killer cells, virus-specific T cells, therapeutic cellular vaccines, and others.

The requirements primarily highlight unique aspects of administration and toxicities of immune effector cells.

The new standards were initially developed by the FACT Immune Effector Cell Task Force and then JACIE experts were invited to contribute to the final version that is now incorporated into the FACT-JACIE Standards, edition 6.01.

2 Frequently Asked Questions: Standards for Immune Effector Cells

1. Where can we find these Standards?
   a. The requirements have been incorporated into the sixth edition *FACT-JACIE International Standards for Hematopoietic Cellular Therapy Product Collection, Processing, and Administration* (version 6.1), which is available on the FACT and JACIE websites. A list of the new standards is included as an appendix for reference.
2. Do the proposed Standards cover DLI?
   a. Donor lymphocytes for infusion (DLI) are already included in the *FACT-JACIE International Standards for Hematopoietic Cellular Therapy Product Collection, Processing, and Administration*. These cells will continue to be included within the scope of these Hematopoietic Cell Standards.
3. We do not currently administer immune effector cells on our transplant unit. How does this affect our program?
   a. If you are not utilizing any immune effector cell products, these standards do not apply to the transplant program, and you can completed the inspection checklist as "NA" (not applicable) for the new standards. These products are, however, becoming more common. If your hematopoietic cellular therapy (HCT) transplant program begins using immune effector cells, you must be in compliance with these standards as part of starting the new activity.

4. How do we know if our JACIE-accredited Clinical Program must comply with the immune effector cell requirements if we work in conjunction with a non-accredited service?
   a. Generally, any care provided to patients within the HCT transplant program must comply with these standards. This includes administration of these products on your inpatient unit, in your outpatient facility, or under the supervision of your transplant attending physicians. Several different models of care have been adopted by institutions with a JACIE-accredited HCT transplant program. JACIE does not dictate how an immune effector cell program must be organized or managed, and it is impractical to list every possible scenario and how the new standards apply. For specific questions about your program's responsibility to meet the new standards, contact the JACIE office by writing to eoin.mcgrath@ebmt.org or telephone +34 93 453 8570 ext. 8101.
5. Our institution's separate leukemia, lymphoma, or hematology/oncology services administer immune effector cells and want to become JACIE-accredited. May we share our accreditation?
   a. JACIE applies the activity thresholds for transplantation to all requests for accreditation. Where a unit meets this threshold, clinical services must have shared leadership, quality management programs, and staff training protocols; and demonstrate regular interaction. Contact the JACIE office for more guidance if needed.
6. Do these Standards apply to the collection of mononuclear cells by apheresis?
   a. The sixth edition *FACT-JACIE International Standards for Hematopoietic Cellular Therapy Product Collection, Processing, and Administration* do include a section on cellular therapy product collection by apheresis. Therefore, if you are utilizing a JACIE-accredited Apheresis Collection Facility for collection of cells for further manufacture into immune effector cells, ensure your collection processes for immune effector cells are in compliance with the FACT-JACIE Standards. If you are utilizing an apheresis service that is not currently JACIE-accredited, that service must also meet the Standards.
7. We collect mononuclear cells by apheresis for further manufacturing by a third-party company. These donors do not always have infectious disease testing results within the prescribed time frame. How can we manage this?
   a. Manufacturing of these products, including the donor testing for communicable diseases, is governed in the European Union (EU) by the Tissues and Cells Directives. For states not subject to EU Directives, other regulations may apply and should be complied with. In all cases, it is expected that the Apheresis

Collection Facility Quality Management Plan will define the processes to follow when collections are non-compliant with the usual standards.

8. We manufacture our own immune effector cells in our JACIE-accredited Cell Processing Facility under Investigational New Drug (IND) authorisation or equivalent. Do these Standards apply?
   a. The clinical standards apply regardless where the cell manufacturing occurs. With the next accreditation renewal of the Cell Processing Facility, accreditation will be required if these cells are being manufactured in that facility. The Standards that apply to these activities are already included in Section D Processing Facility Standards of the sixth edition *FACT-JACIE Standards*.
9. We obtain immune effector cells for administration in our accredited transplant unit from a GMP laboratory on our campus that is not related to our usual JACIE-accredited Cell Processing Facility. What standards apply to this situation?
   a. The clinical standards apply regardless where the cell manufacturing occurs.
10. Does our clinical program need to be reinspected to be accredited for immune effector cells?
    a. JACIE-accredited HCT Clinical Programs are expected to be in compliance with these new Standards within 60 days of publication if they are using immune effector cell products (April 1, 2017). Reporting of this activity and documentation of compliance will occur at the next annual report or regularly scheduled on-site inspection, whichever is first.
    Current accreditation awards do not include the administration of these products.
11. Who will perform the on-site inspections for Immune Effector Cell Programs?
    a. As with all JACIE on-site inspections, the volunteer inspectors will be experts in the field, active in the area they inspect, and specifically trained in FACT-JACIE Standards and JACIE accreditation requirements. All clinical inspectors are physicians.

3 List of Appendixes

- Standards 6.01 ed
- Manual 6.01 ed
- Summary of 6.01 changes