



## BREYANZI® REMS Knowledge Assessment

All REMS-trained staff and Authorized Representatives (ARs) must complete this Knowledge Assessment. All questions must be answered correctly within 3 attempts. Completion of this Knowledge Assessment does not guarantee that your institution will be certified to administer BREYANZI.

You can take the Knowledge Assessment online at [BreyanziREMS.com](https://BreyanziREMS.com) or by completing a paper copy. All Knowledge Assessments taken via paper must be submitted to the AR, who must send them to the BREYANZI REMS via email at [REMSCallCenter@bms.com](mailto:REMSCallCenter@bms.com), or via fax to 1-855-496-8607.

### Knowledge Assessment Personnel Information (all fields required):

I am the AR ☐ Yes ☐ No

First Name

Last Name

Credentials

☐ MD ☐ DO ☐ PA ☐ RPh ☐ NP ☐ Other (please specify):

REMS Site ID: (if providing site ID, do not fill in address below)

Address

City

State

ZIP Code

Phone

Work Email Address

Signature

Date (MM/DD/YYYY)

### To Be Completed by the Authorized Representative:

Please indicate what questions were answered correctly by writing yes (Y) or no (N) below.

| Knowledge Assessment Attempt | Question |   |   |   |   |   |   |   |   |    | Total Grade (example: 7/10) |
|------------------------------|----------|---|---|---|---|---|---|---|---|----|-----------------------------|
|                              | 1        | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                             |
| 1                            |          |   |   |   |   |   |   |   |   |    |                             |
| 2                            |          |   |   |   |   |   |   |   |   |    |                             |
| 3                            |          |   |   |   |   |   |   |   |   |    |                             |

All REMS-trained staff have 3 attempts to complete this Knowledge Assessment. After a third attempt, staff must repeat REMS Training before taking Knowledge Assessment again.

Continued on back

1. **BREYANZI (lisocabtagene maraleucel) is indicated for the treatment of adult patients with large B-cell lymphoma (LBCL)\* who have:**
  - ☐ A. Refractory disease to first-line chemoimmunotherapy or relapse within 12 months of first-line chemoimmunotherapy
  - ☐ B. Refractory disease to first-line chemoimmunotherapy or relapse after first-line chemoimmunotherapy and are not eligible for hematopoietic stem cell transplantation (HSCT) due to comorbidities or age
  - ☐ C. Relapsed or refractory disease after two or more lines of systemic therapy
  - ☐ D. All of the above

\*Including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma Grade 3B.
2. **Which of the following is true regarding the time to onset of cytokine release syndrome (CRS)?**
  - ☐ A. With a median time to onset of 6-7 days
  - ☐ B. With a median time to onset of 4-5 days
  - ☐ C. With a median time to onset of 2-3 days
  - ☐ D. Rarely starts during the first week following BREYANZI infusion
3. **All of the following regarding neurologic toxicity related to BREYANZI are correct except:**
  - ☐ A. Neurologic toxicity always occurs concurrently with CRS
  - ☐ B. Perform neurological work-up as appropriate to exclude other etiologies of neurological symptoms
  - ☐ C. The median time to onset of the first neurologic toxicity event is 8 days
  - ☐ D. The most common signs or symptoms of neurologic toxicity include encephalopathy, tremor, aphasia, and delirium
4. **Every BREYANZI REMS-certified institution is required to have a minimum of 2 doses of tocilizumab on site for each patient prior to dispensing and administering BREYANZI:**
  - ☐ True ☐ False
5. **Delay infusion of BREYANZI if the patient has:**
  - ☐ A. Active uncontrolled infection
  - ☐ B. Active graft-versus-host disease
  - ☐ C. All of the above
  - ☐ D. None of the above
6. **A 75-year-old female with relapsed DLBCL treated with BREYANZI 6 days ago presents to the Emergency Room with a fever (39°C), myalgias, and hypotension that responded to an IV fluid bolus. What is/are the appropriate next step(s) in management?**
  - ☐ A. Evaluate the patient for febrile neutropenia/sepsis by obtaining blood and urine cultures, chest X-ray and complete blood count and start broad spectrum antibiotics
  - ☐ B. Admit the patient to the oncology ward and administer a dose of tocilizumab
  - ☐ C. Discharge the patient home to follow up the next day in the outpatient oncology clinic
  - ☐ D. A and B
7. **Before discharge, patients should be given the BREYANZI Patient Wallet Card and be advised to:**
  - ☐ A. Refrain from driving or operating heavy or potentially dangerous machinery until at least 8 weeks following infusion
  - ☐ B. Remain within 2 hours of the certified healthcare facility for at least 4 weeks following the infusion
  - ☐ C. Seek immediate attention if they experience signs or symptoms of CRS and/or neurologic toxicities
  - ☐ D. All of the above
8. **Clinically, BREYANZI patients with CRS can manifest the following signs and symptoms except:**
  - ☐ A. Hypotension
  - ☐ B. A fever of 100.4° Fahrenheit (38° Celsius) or higher
  - ☐ C. Hives
  - ☐ D. Chills or shaking chills
9. **Four days after infusion of BREYANZI, a 70-year-old female with relapsed DLBCL develops the following signs and symptoms of CRS: fever (39°C), hypotension requiring intravenous fluids, and hypoxia requiring >40% FiO<sub>2</sub>. 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
10. **A 65-year-old male with relapsed DLBCL treated with BREYANZI 10 days ago presents to the outpatient clinic with moderate confusion and difficulty speaking that began an hour earlier at home. He did not have any preceding signs or symptoms of CRS since infusion. What is/are the appropriate next step/s in management:**
  - ☐ A. Obtain imaging of the head to evaluate for the possibility of stroke
  - ☐ B. Start tocilizumab 8 mg/kg intravenously over 1 hour (not to exceed 800 mg)
  - ☐ C. Start dexamethasone 10 mg intravenously every 12 to 24 hours
  - ☐ D. Consider nonsedating, antiseizure medicines (e.g., levetiracetam) for seizure prophylaxis
  - ☐ E. All of the above except starting tocilizumab