

Building Confidence in CAR T Therapy: Colorado University Researcher Presents Lymphoma Data

A presentation at ASCO by Manali Kamdar demonstrates sustained tolerability, support for outpatient care and increased patient access.

June 25, 2026 By Megan Palffy and University of Colorado Cancer Center

At the [2026 American Society of Clinical Oncology \(ASCO\) Annual Meeting](#), [University of Colorado Anschutz Cancer Center](#) member [Manali Kamdar, MD](#), associate professor and clinical director of lymphoma services at the University of Colorado Anschutz School of Medicine, presented data confirming that CAR T-cell therapy, specifically lisocabtagene maraleucel (liso-cel), is highly effective, safe, and increasingly accessible for patients with large B-cell lymphoma. [Her presentation](#) emphasized the growing confidence in the long-term safety of this advanced therapy.

How CAR T therapy is changing lymphoma care

CAR T-cell therapy represents a major advance in cancer treatment by harnessing a patient's own immune system to target the disease. T-cells are collected, genetically modified, and reinfused to better recognize and attack cancer cells. "The idea of CAR T-cell therapy is basically taking some blood from a patient, isolating the T-cells, which are your fighter cells, and genetically engineering them to make them super fighter cells," Kamdar explains. "Think of them as a T-cell with an antenna that can now recognize a lymphoma cell and kill it." In large B-cell lymphoma, engineered T-cells target CD19, a protein on malignant cells. This targeted approach has significantly improved outcomes. Liso-cel can cure about 40% of patients in the third-line setting and up to 55% in the second line, representing a major advancement for those with previously limited options.

[→ CU Anschutz Lymphoma Researcher's Study Lends Support to Lower Barriers for CAR T-Cell Treatment](#)

Why long-term safety matters

While the benefits of CAR T therapy are well established, long-term safety remains a key concern. Early side effects like cytokine release syndrome (CRS) and neurotoxicity are now predictable and manageable, but less is known about outcomes months or years after treatment. To address this, Kamdar and colleagues conducted a pooled analysis of three prospective trials—TRANSFORM, TRANSCEND, and PILOT—evaluating approximately 420 patients treated with liso-cel in second-line or later settings. Kamdar notes, “The fact that there were almost 420 patients who went through liso-cel allowed us to really understand what long-term safety looks like.” The study assessed five key areas: cytopenias (low blood counts), infection risk, need for supportive care, immune system recovery, and incidence of second cancers.

Key findings: reassuring across the board

The results presented at ASCO were consistently encouraging.

A “one-and-done” therapy with broad potential

These findings reinforce that liso-cel is a highly effective, well-tolerated, and accessible single-treatment option for eligible patients. “It basically means this is a one-and-done treatment,” Kamdar says. “It is highly doable and could potentially be offered at most cancer-treating sites.”

These insights are already shaping care delivery. The FDA has recently eased monitoring requirements, allowing eligible patients to return home sooner after treatment. This is an important step toward more patient-centered care.

Moving toward outpatient treatment

A key outcome of this research is the potential for outpatient CAR T therapy. With predictable side effects and minimal long-term toxicity, liso-cel may be safely administered outside inpatient settings. “The fact that CD19 CAR T-cell therapy can be delivered out of the hospital is a big win for everybody,” Kamdar says. “It’s a big win for patients, providers, caregivers, and the health care system.” Outpatient care can improve patient experience by reducing hospital stays, minimizing disruptions to daily life, and enabling recovery closer to home. For health care systems, outpatient administration can ease pressure on inpatient resources and potentially reduce overall treatment costs.

Expanding access to life-saving therapy

Despite its success, access to CAR T therapy remains limited. Kamdar notes that while many patients are eligible, only a small proportion ultimately receive treatment.

“If 10 patients are eligible for CAR T, only two are able to actually get it,” she says. “It’s not about who should get it—it’s about figuring out, if someone needs it, how do we get it to them?” These findings help build clinician confidence and support broader adoption. Demonstrating strong long-term safety, this research paves the way for expanding CAR T therapy across more settings and patient populations.

Looking ahead

Kamdar’s ASCO 2026 presentation makes a strong case that CAR T therapy, such as liso-cel, is safe, manageable, and increasingly available. The evidence supports broader use and earlier access for patients with large B-cell lymphoma.

For individuals with large B-cell lymphoma, the outlook is increasingly hopeful: highly effective, potentially curative therapy is now more accessible and easier to integrate into routine care.

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