

Response to “CAR T-Cell Therapy: Updates in Nursing Management”

I have found *Clinical Journal of Oncology Nursing (CJON)* articles to be enlightening and well written, and I look forward to reading *CJON* monthly to expand my general cancer care knowledge. I have been a blood and marrow transplantation (BMT) nurse since 1976; our BMT program birthed the chimeric antigen receptor (CAR) T-cell program. In October 2020, I retired as a BMT supervisor and policy keeper from the Seattle Cancer Care Alliance (SCCA), so I am very familiar with both specialties. I was lucky to spend my career at the Fred Hutchinson Cancer Research Center (FHCRC), which has emphasized research at its core. Clinical nutrition research has been a mainstay since the beginning of the program.

At our institution, patients undergoing BMT and CAR T-cell therapy follow our food safety guidelines—also known as an immunosuppressed diet—which includes eating well-washed fresh fruits and vegetables. This is why I was so dismayed to see “no raw fruits or vegetables” (Baer, 2021, p. 257) under nursing interventions for neutropenia in Table 2 of the article titled, “CAR T-Cell Therapy: Updates in Nursing Management” in the June 2021 issue of *CJON*. This restriction should no longer be in place for individuals who are already struggling with nutrition issues.

In the 1980s, the head of clinical nutrition at FHCRC, Sandra Aker, RD, undertook a rigorous research study that involved having fresh fruits and vegetables washed and cultured for microbes after differing washing times. The SCCA food safety guidelines came from this research, and this is why the immunosuppressed diet includes well-washed fresh foods and the peeling of root vegetables, which are then allowed to be eaten raw. The diet is updated as needed by active BMT clinical nutritionists.

Additional research has been published using randomized controls, including a study by Lassiter and Schneider (2015) in which no food borne infections were

found. Similarly, in a study of more than 700 randomized patients undergoing BMT at Northwestern Memorial in Chicago, Illinois, a negative effect from a neutropenic diet was found (Trifilio et al., 2012). These two articles—there are others—help to dispel the myth of no fresh fruit and vegetables for patients undergoing BMT and CAR T-cell therapy. In light of the information on a diverse microbiome of the gut playing a role in health, denying the importance of fresh fruits and vegetables is arguably doing more harm than good. I encourage all nurses to read the latest information and use the Centers for Disease Control and Prevention recommendations for an immunosuppressed diet that includes fresh fruits and vegetables. I also invite you to review the SCCA video on food safety (<https://youtu.be/Wk9ou6lAtSM>).

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The Author Responds

Thank you for your letter regarding my article in the June 2021 issue of *CJON*, which included recommendations for neutropenic diets for patients after CAR T-cell therapy.

As a bit of background on my nursing career, I worked at a small transplantation program, then moved to a research-focused outpatient clinic that focused on blood cancers and individuals undergoing stem cell transplantation (SCT), both in Tennessee. I am now at Vanderbilt University Medical Center’s (VUMC’s) Vanderbilt-Ingram Cancer Center where I am a research nurse specialist focused on SCT and immune effector cell (IEC) therapies. VUMC’s program is the largest in Tennessee and has been ranked first in patient outcomes by the Center for International Blood and Marrow Transplant Research, so I am lucky to have experienced the world of SCT at VUMC.

I agree that neutropenic diets should not be used in patients post-SCT/IEC because these patients are already lacking nutrition in their diets, and it was my oversight to put that recommendation in Table 2 of my article. Both of my previous transplantation centers gave this advice to their patients, so unfortunately, it is an old habit to say these things. Although these patients should not be restricted to no fresh fruits or vegetables, they should be cautious to ensure that their produce are of high quality and well prepared (e.g., washed, peeled). At VUMC, we serve a large population of patients who do not have access to quality fruits or vegetables because they live in very rural areas, so it is imperative that we do this thorough education. Ultimately, I think that the practice of neutropenic diets varies quite a bit from facility to facility still today.

Once again, I appreciate your thoughts and insights on my article in *CJON*.

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KEYWORDS

CAR T-cell therapy; blood and marrow transplantation; neutropenic diet; food safety; nutrition

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