Supplementary Material

Supplementary Tables

Table S1. Centre Characteristics

Centre characteristics		N (%)
Is your center administering CAR T-cell therapies?	Yes	72 (89)
	No	9 (11)
Is your center involved in delivering commercial CAR T-cell therapies?	Yes	61 (94)
	No	4 (6)
Which statement best describes your main practice of CAR-T program	In a transplantation unit	19 (29)
	In a dedicated CAR T-cell unit	7 (11)
	In a mixed Transplant/CAR T unit	29 (45)
	In a hematology/oncology department	9 (14)
	Other	1 (1,5)
Which statement best describes your cellular therapy program?	Fully FACT-JACIE-accredited for alloHCT (accredited/in process of reaccreditation)	47 (72)
	Fully FACT-JACIE-accredited for autoHCT (accredited/in process of reaccreditation)	36 (55)
	Fully FACT-JACIE-accredited for IEC (including CART) (accredited/in process of reaccreditation)	26 (40)
	Working towards FACT-JACIE accreditation alloHCT (first accreditation)	6 (9)
	Working towards FACT-JACIE accreditation autoHCT (first accreditation)	6 (9)
	Working towards FACT-JACIE re-accreditation IEC (including CART) (first accreditation)	14 (21.5)
	Not accredited	6 (9)

Table S2. Grading system

Grading of cytopenias after CAR-T	N (%)
Common Terminology Criteria for Adverse Events (CTCAE, v.5.0)	42 (84)
Phenotypes of Neutrophil Recovery	3 (6)
Achieving Hematologic Count "Recovery" or "Normalization"	2 (4)
Hematopoietic Recovery according to CIBMTR reporting guidelines	5 (10)
Local/national grading	2 (4)
Other	2 (4)

Table S3. Risk stratification.

Do you use a risk-stratification system to determine patient-individual risk of hematological toxicity prior to CAR-T infusion? N (%)	
No	32 (64)
Yes	18 (36)
If yes, which classification system?	
CAR-HEMATOTOX	18 (90)
Other	3 (15)

Table S4. Selection criteria and Work-up

Which criteria are you using to identify HLH/MAS in patients with severe hematotoxicity after CAR-T cell therapy? N (%)	
EBMT/EHA criteria	30 (61)
MD Anderson criteria	13 (26,5)
HScore	11 (22)
None	2 (4)
Other	5 (10)
Do you perform an extensive work-up for CHIP or MDS (incl. next-generation sequencing on a targeted gene panel) in patients with persistent ICAHT? N (%)	
Yes, we initiate these studies in case of persistent ICAHT after approx. 1 month after CAR-T infusion	4 (8)
EBMT/EHA Consensus Guidelines on Immune Effector Cell Associated Hematotoxicity (ICAHT)	16 (33)
Yes, we initiate these studies in case of persistent ICAHT after approx. 6 months after CAR-T infusion	2 (4)
Yes, we initiate these studies in case of persistent ICAHT after approx. 12 months after CAR-T infusion	1 (2)
We do not regularly perform such a work-up for patients with prolonged ICAHT	20 (41)
Other	6 (12)

Supplementary Figures

Figure S1

Which statement best describes the main practice of your CAR-T program (i.e. unit in which patients receiving CAR T-cells are generally hospitalized)?