

# INTERVIEW WITH DR. NATASHA KEKRE, CLINICAL HEMATOLOGIST.



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**OMPRN**  
Ontario Molecular Pathology  
Research Network

## SPECIALTY AREA:

*Hematology & Blood Cancers*

## KEY FOCUS:

*CAR T-cell therapy*

## WHO THIS IS FOR:

*Patients exploring advanced options*

## KEY TAKEAWAYS:

- CAR T-cell therapy is a personalized, immune-based treatment
- It is currently used when other treatments have failed
- Access often requires referral to a specialized center or clinical trial

***Read the whole interview here:***

### WHAT ABOUT YOUR ROLE GIVES YOU THE GREATEST SATISFACTION AND MOTIVATES YOU THE MOST?

“Currently as a CAR-T research clinician in Canada, my role is primarily focused on bringing these novel therapies to Canadian patients who otherwise would have no access to these therapies and often have no other treatment options. This means that I often see very sick patients who have really run out of options and are looking for clinical trials. It is the most satisfying when the work we have put into the clinical trials benefits a patient like this”.

### CAN YOU TELL US A BIT ABOUT YOUR RESEARCH AND IT POTENTIAL BENEFITS TO CANCER PATIENTS?

“I currently work on a relatively new immune therapy called CAR-T cell therapy. This involves using the patient's own immune cells to re-engineer them to fight their cancer cells. This therapy has now been around for about 10 years but has been very slow to enter practice in Canada. For these reasons I have always been motivated to bring these new therapies to our cancer patients in Canada.

Myself along with a group of physicians and scientists across Canada worked together to build a made-in-Canada CAR-T therapy program. Our first clinical trial was built for certain types of relapsed or refractory leukemias and lymphomas. We were able to show that for the first time in Canada we could make this therapy and provide it to patients. We have now seen success with this program and are building further clinical trials for other cancers and other diseases that could benefit from this therapy”.

### HOW WOULD YOU APPROACH DEVELOPING PERSONALIZED TREATMENT PLANS FOR YOUR PATIENTS?

“Currently, the word “personalize” seems to specifically mean looking at the genetic signature of the tumour and deciding on a patient's therapy based on that. This is really no different than what we already do for cancer therapies, which I would argue was already personalized. We have to consider the patient's age, other comorbid illnesses, the stage of their cancer, and the patient's decision about how aggressive they want to be against their cancer. We already take these factors into consideration when we are making a treatment plan for a specific patient.

Adding in a tumour specific signature that is specific to the patient, would just be another tool that we would use to help us in planning the patient's treatment plan. I would argue that all medicine is currently personalized for cancer, but these newer tests could help us to better define a treatment pathway for a single patient”.

### WHAT DOES YOUR TYPICAL DAY LOOK LIKE?

“Right now my day mostly consists of meetings with research collaborators and scientists, writing grants, writing papers for publication and monitoring the data for patients treated on my clinical trials. I do clinics as well where I see patients who are undergoing stem cell transplant or CAR-T therapy, as well as patients being considered for these treatments. On clinic days, part of my time is dedicated to follow-up of patient care which includes blood work and test results”.