

**Expert perspective: MYLOVE MORTEL, MSPH, RN, OCN**

## Building the next wave: Inside UChicago's plan to support the future expansion of CGT



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— **Mylove Mortel, MSPH, RN, OCN**  
 Director of Transplant, Cellular Therapy  
 and Advanced Hematology at  
 University of Chicago Medicine

When Mylove Mortel joined the team preparing for the clinical trial of what would become KYMRIAH, the first FDA-approved CAR T therapy in 2017, she knew the field was on the cusp of something special. Mortel, Director of Transplant, Cellular Therapy and Advanced Hematology at University of Chicago Medicine (UChicago), said her organization started planning for what they believed would be growing demand for the new class of immunotherapies before they were available commercially.

“Even at that time, we knew it was going to change the space,” Mortel said. “We knew we needed to have a business arm to handle the growth of the program and the clinical research, because it was going to go hand in hand,” she said.

Eight years and more than a dozen FDA-approved CAR T therapies later, with hundreds more in clinical development, UChicago has met the expanding demands of drug sponsors and patients by organizing a centralized program that can quickly adapt to new products and protocols. Everything, from business planning to nurse education and clinical trial management, was designed to scale with the science.

“We broke it down into multiple components: clinical, educational, research, and business,” Mortel said. “We knew we needed institutional support, and bed access was made a priority from the beginning.”

Today, the institution’s approach means that any cell or gene therapy, whether commercial or investigational,

for oncology or emerging indications like autoimmune disease, is funneled through a single program. The result helps the organization stay ready for an influx of patients, she said.

### **Workforce Strain: A National Challenge, Felt Locally**

As the number of CGTs has grown, so has the complexity of delivering them. In some cases, patients need to have their immune cells collected, a process called apheresis, then wait while the therapy is manufactured and shipped back. Hospitals need to manage the logistics of coordinating these visits, including beds, infusion schedules, and follow-up appointments—many of which cannot happen without enough skilled staff available to handle the work. Other CGTs require patients to get chemotherapy ahead of time to prime their immune system to accept the therapy.

As each therapy comes with specific instructions from manufacturers or varying guidelines from regulatory agencies, there is no standard way to educate the emerging workforce on administering and handling these medicines. According to a recent study, this is compounded by the broader shortage of workers across the field, and changes will need to occur in order to accommodate the growing number of therapies and patients who may want them.<sup>1</sup>

“Multiple professional organizations in the CGT field agree that workforce development and standardization are essential in order to sustain and support the rapid growth in the CGT field,” the study authors wrote. However, with hiring lagging and a lack of attention to standardization, “this affects CGT

workforce positions at all levels, including technicians, technologists, laboratory managers, quality specialists and scientific and medical directors.”

“We’re recruiting for multiple positions right now,” Mortel said. “Ideally, we want individuals who have a true blood



### Preparing for a Bigger Future

The pipeline for new cancer treatments is robust. According to the American Society of Cell and Gene Therapy, more than 2,100 gene therapies, including CAR T, are in active development worldwide.<sup>2</sup>

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disorder background because the acuity and the type of patients are just incredibly different from your solid tumor cancer patients.”

### Technical Bottlenecks Remain

While UChicago’s investment in dedicated staff and infrastructure has kept bed access from becoming a bottleneck, other challenges remain.

“For me, it’s not beds, it’s not apheresis, it’s cell processing that has struggled to keep up,” Mortel said. “Due to the technical specialty expertise needed, recruitment and training takes time.”

Despite these hurdles, the push to expand access continues. The hospital’s outpatient unit, originally built with autologous transplants in mind, now handles most post-discharge follow-up and CAR T infusions, allowing the inpatient unit to focus on patients who need a higher level of monitoring or intervention.

UChicago is already expanding to help process the expected demand, with a new 575,000-square-foot, \$815 million facility set to open in 2027 as the first freestanding cancer pavilion in Illinois.<sup>3</sup> Its mission: to bring more than 200 cancer experts together and serve as the flagship for high-acuity, innovative cancer care on the South Side and beyond.

The new building will feature a 12-bay outpatient unit dedicated to CAR T, expanded inpatient capacity, and a focus on delivering the latest therapies as standard of care. It is also designed to serve the broader community, where cancer remains the second leading cause of death, with resources for screening, prevention, and health equity.<sup>3</sup>

### Outpatient CGTs: The Next Frontier

The shift toward outpatient delivery of CGTs is already underway. Recent FDA changes have safety monitoring regulations and made it clear that management of key side effects is now standard clinical practice.<sup>4</sup>

“We know that the direction of the field is that more and more of these therapies are going to be outpatient,” Mortel said. “The focus has been, how do we also enable our network sites to deliver these therapies? Right now, everything is still funneled to the main campus, but the goal would be to slowly enable our network to offer run-of-the-mill CAR T products.”

### Looking Ahead

As the field of CGT continues to grow, both in number and in the range of diseases they can treat, the challenges for hospitals will keep evolving. UChicago’s investments in people, infrastructure, and innovation offer one template for how to meet them. But for Mortel, success will depend not just on buildings or technology, but on building and retaining the next generation of experts.

“Back in the day, we didn’t know who all of these players are,” she said. “Now I know all my coders, my specialty billers, my managed care team, and supply chain folks that you wouldn’t normally interact with in any regular transplant program.”

Learning the ins and outs of every aspect of administering these complex therapies is highly specialized, and not something that’s easily learned through schooling or special programs—it often requires on-the-ground experience, she said.

“What worries me, not just for my organization but in general, is that a lot of us have been in the trenches together since the beginning, and unfortunately a lot of these folks are going to retire in the next five years,” Mylove said. “How do we replace those folks in these administrative positions who are holding the pieces together?” ●

# References

## Provider Perspectives: Challenges and Opportunities in CGT

### Mylove Mortel: Building the next wave: Inside UChicago's plan to support the future expansion of CGT

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