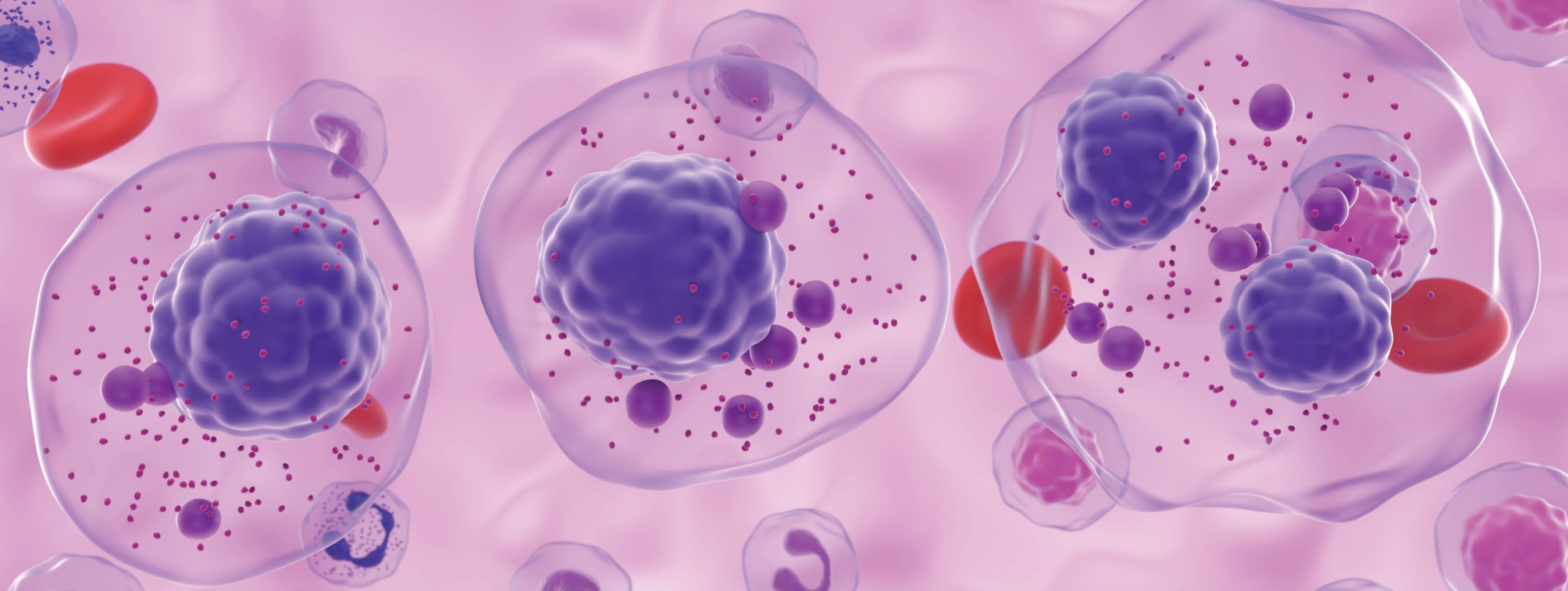




SUSTAIN

Systematic Uptake and Standardization of Treatment
Advances Through an Integrated Network for
BISPECIFIC ANTIBODY THERAPY

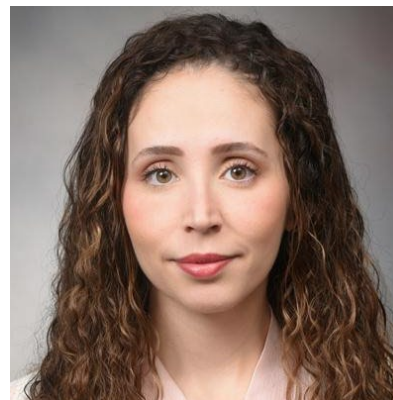
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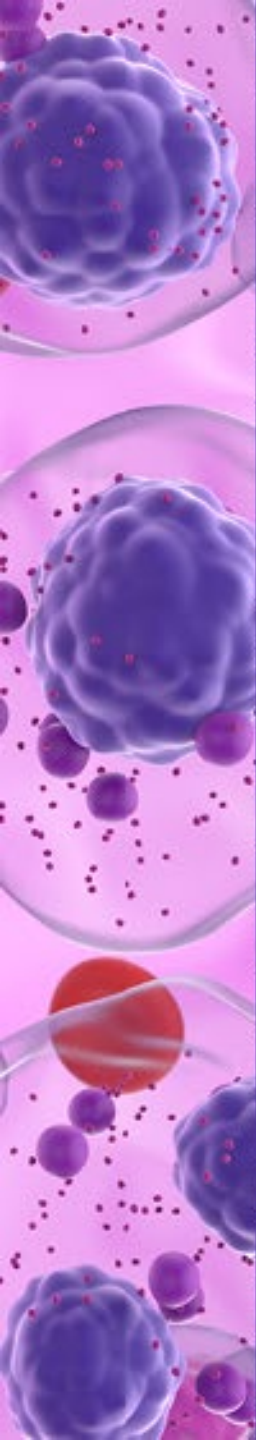
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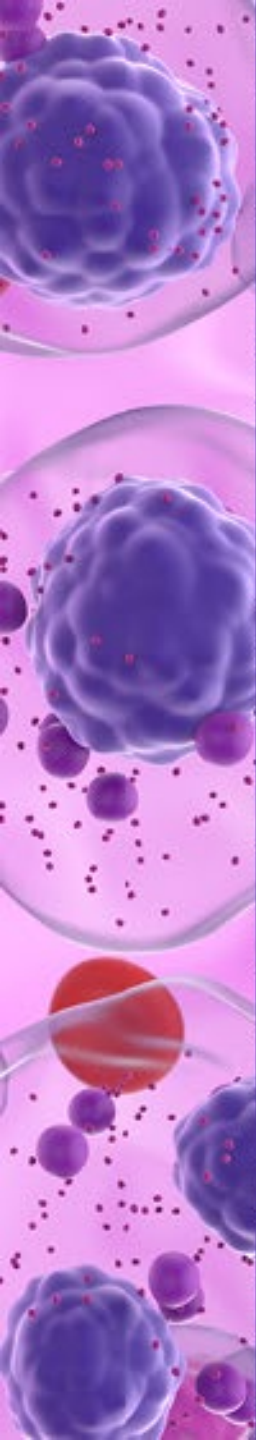


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Ayman Qasrawi, MD, has served as a consultant for Sanofi Pharmaceuticals. The financial relationship ended in June 2025.

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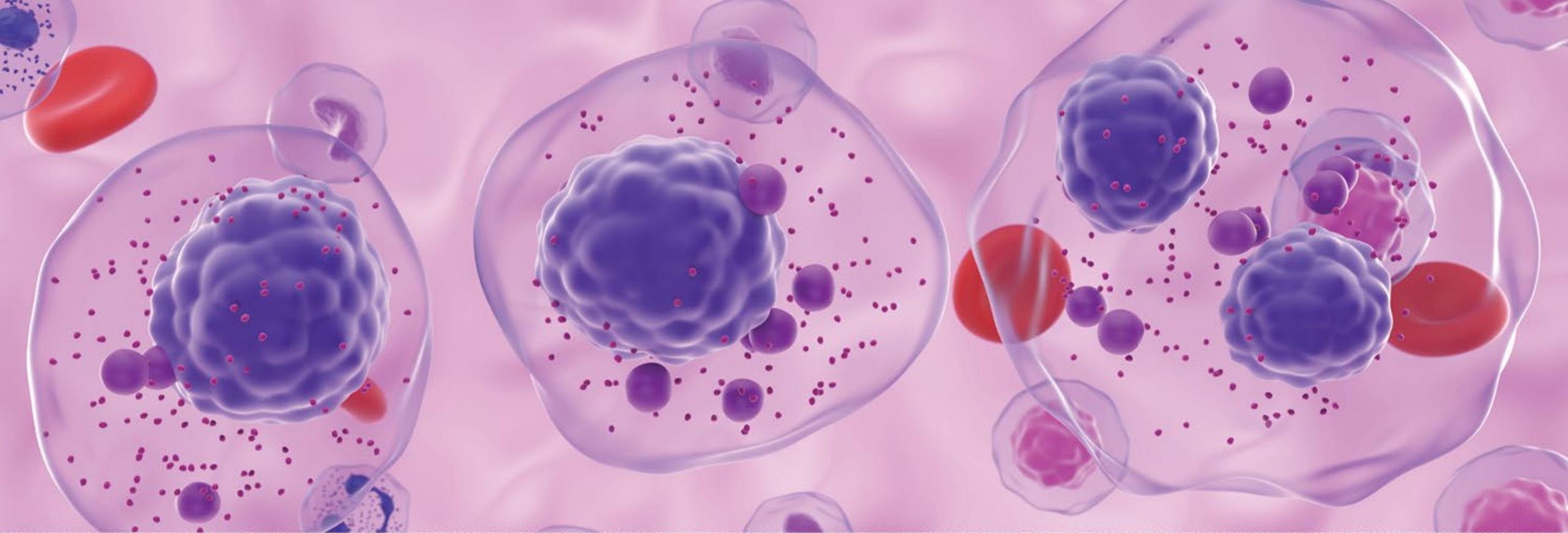
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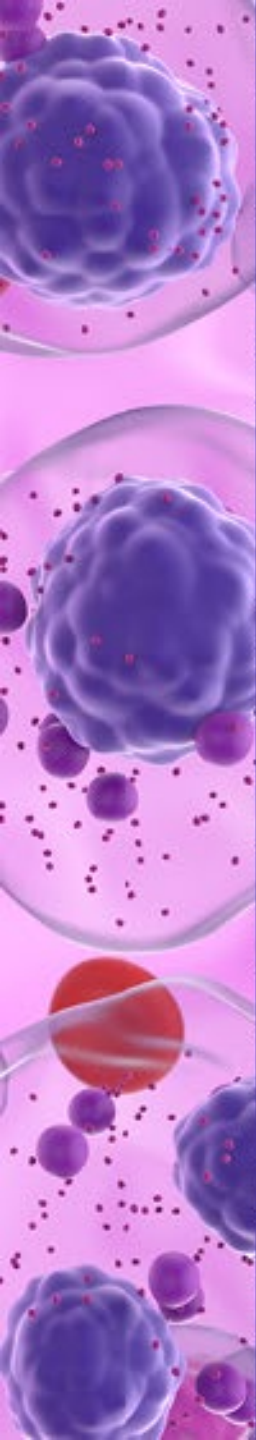
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Session 7: First Community-Managed Cases—Lessons Learned and Troubleshooting



Curriculum Learning Objectives

- Develop and implement site-specific protocols for safe BsAb administration, including patient selection criteria, premedication regimens, dose escalation procedures, and post-infusion monitoring
- Establish emergency response protocols, multidisciplinary rapid response teams, and clear communication pathways with UKHC for complex cases
- Implement standardized data collection tools and quality metrics to monitor patient outcomes, adverse events, and protocol adherence

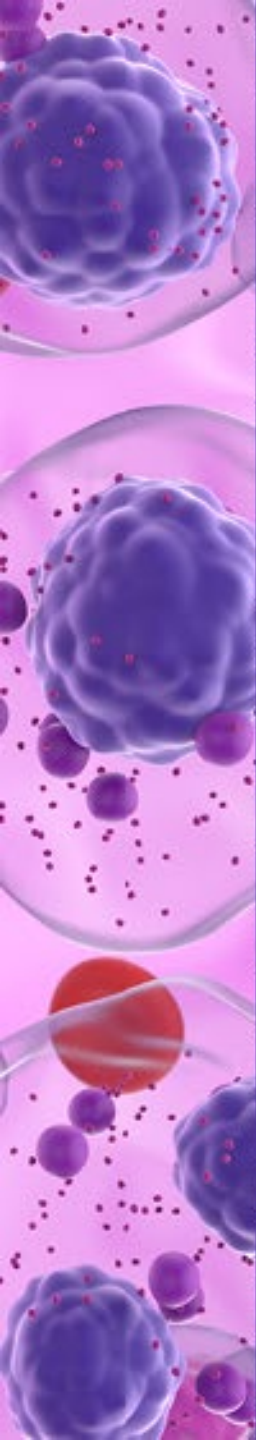
Session Learning Objectives

- Identify patients ready for community-based bispecific-antibody care
- Build a shared academic–community transition plan
- Manage common post-transition toxicities and treatment delays



Knowledge Check!

Look for a brain symbol in the top right corner of the screen to find the answers to the “What Do You Know?” questions

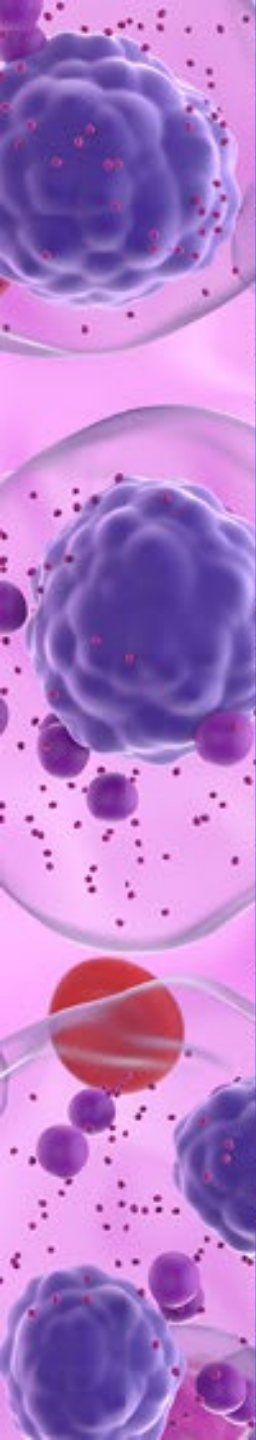


What Do You Know?



A stable patient has completed step-up dosing, but the community clinic lacks a 24/7 toxicity-escalation pathway. What is the best next step?

- A. Transition after arranging routine weekly academic follow-up
- B. Transition because acute toxicities have resolved
- C. Defer transition until site readiness is established
- D. Reduce the dose and speed of infusion and begin community treatment



What Questions Do You Have?

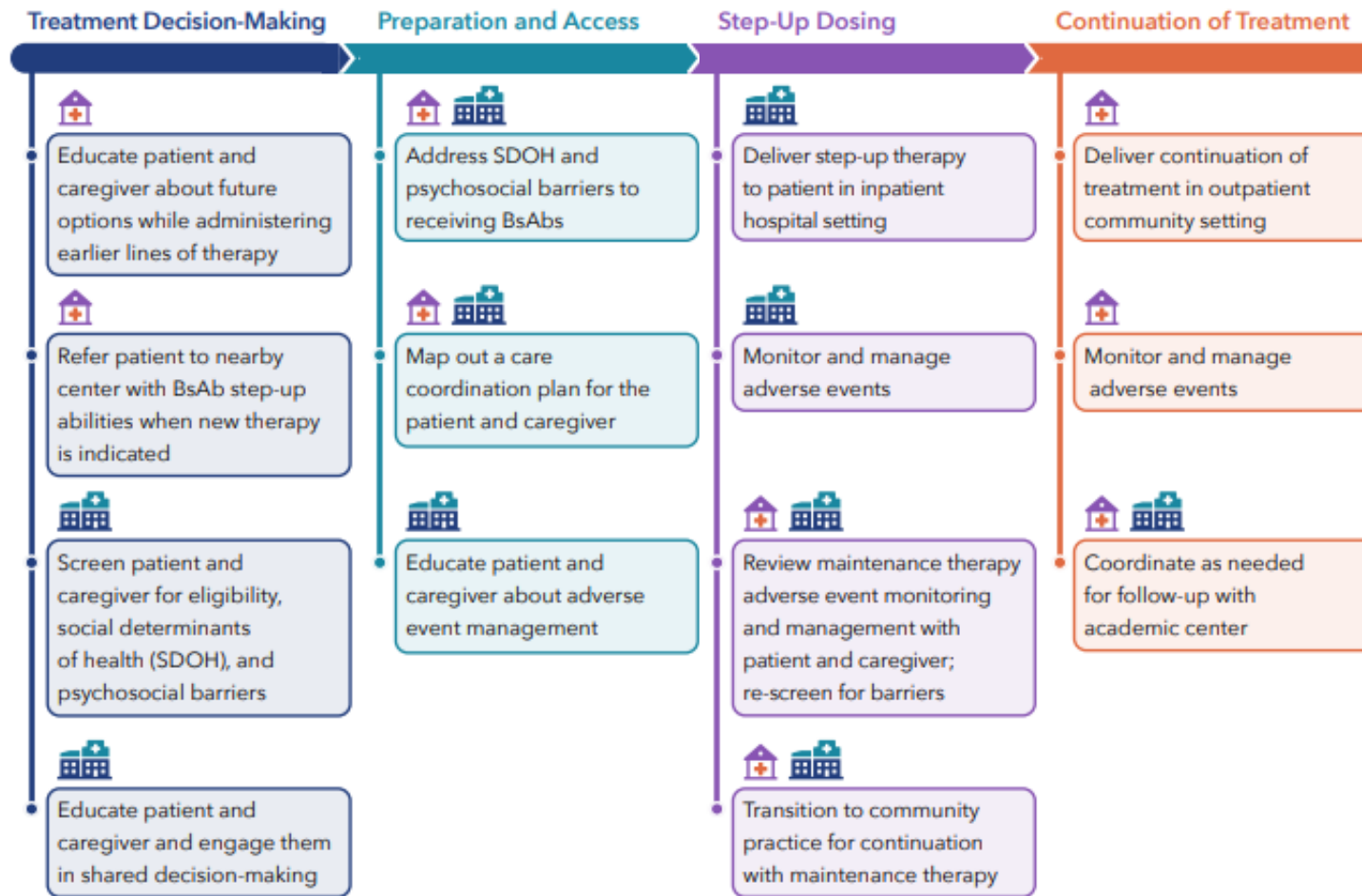
Please come off mute or use the chat feature to discuss with your colleagues

- Have you started to implement BsAbs at your institution?
- If you have not yet implemented BsAbs, what barriers are you facing?
- Have you transitioned any patients from an academic institution to your clinical practice?

What has gone well?

What could be improved?

Model for Care Coordination Between Academic and Community Cancer Centers for BsAb Maintenance



American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/6ff749df8c110fd1e994d9a405cde79817f68d6b.pdf>; Garfall AL, et al. *Front Oncol.* 2025;15:1630146; American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/adea20091117bc5591d4f48a163667bd543d88ce.pdf>

Reasons to Transition Patients From Academic Centers to Community Clinics



BsAbs require longitudinal care



Academic centers may be difficult for patients to repeatedly access due to transportation barriers



Local administration can reduce travel burden



Community oncologists often know the patient's comorbidities, prior supportive-care needs, caregivers, and local hospitalization history



Receiving maintenance therapy locally can help patients remain connected to their usual care team and community support system



Establishing Site Readiness

Clinical staff	Drug operations	Toxicity response	Urgent medications	Diagnostics	Hospital/ED integration	Data sharing
 Staff trained on product-specific dosing, CRS, neurologic toxicity, infection risk, and hold/restart rules	 Drug ordering, authorization, storage, preparation, and administration processes confirmed	 Written fever, CRS, and neurologic-symptom triage pathways	 Immediate access to required supportive medications and a defined pathway for emergency treatment	 Same-day CBC, chemistry testing, cultures, imaging, and infectious-disease evaluation available	 Local ED knows how to identify and escalate bispecific-treated patients	 Timely access to treatment dates, labs, toxicities, and hospitalizations

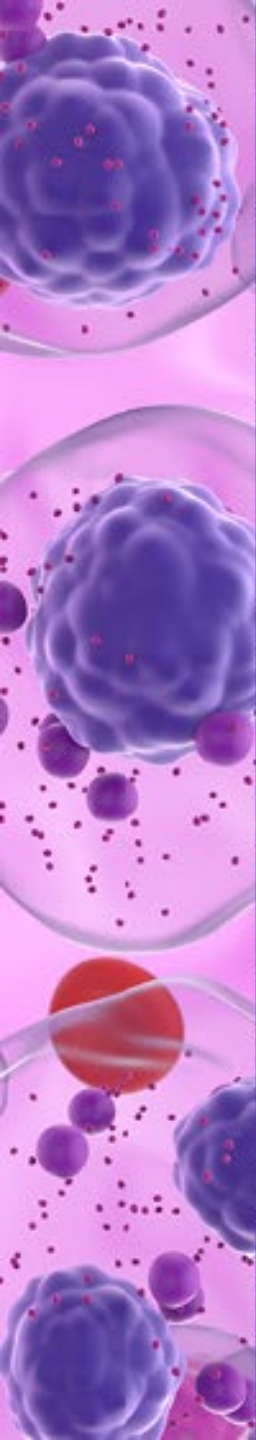
Defer transition until site readiness is established

American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/6ff749df8c110fd1e994d9a405cde79817f68d6b.pdf>; Garfall AL, et al. *Front Oncol*. 2025;15:1630146; American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/adea20091117bc5591d4f48a163667bd543d88ce.pdf>; Teclistamab-cqyv (Tecvayli) [prescribing information]. Janssen Biotech, Inc; March 2026; Elranatamab-bcmm (Elrexio) [prescribing information]. Pfizer Inc; February 2026; Talquetamab-tgvs (Talvey) [prescribing information]. Janssen Biotech, Inc; October 2025. Linvoseltamab-gcpt (Lynozytic) [prescribing information]. Regeneron Pharmaceuticals, Inc; July 2025.

Complications With Transitions

Risk Domain	Failure in Community Care	Consequence
Treatment continuity	Delayed dose without product-specific restart review	Missed step-up dosing
Infection prevention	No one tracks IgG or IVIG eligibility	Recurrent serious infection
Toxicity recognition	Fever presumed to be CRS rather than infection	Delayed antimicrobials
Communication	Community clinic cannot reach myeloma specialist rapidly	Delayed escalation
Patient education	Patient lacks written emergency instructions	Urgent care without context
Documentation	Last administration date is unclear	Incorrect restart pathway

American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/6ff749df8c110fd1e994d9a405cde79817f68d6b.pdf>; Garfall AL, et al. *Front Oncol*. 2025;15:1630146; American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/adea20091117bc5591d4f48a163667bd543d88ce.pdf>



Establishing Communication

Effective communication among team members is crucial for coordinated care. This can be achieved through:

1. Regular multidisciplinary team meetings to discuss patient cases
2. Shared electronic health records for up-to-date information
3. Clear documentation of treatment plans and patient progress
4. Designated points of contact for inter-team communication
5. Patient care conferences that include the patient and family when appropriate

Communication Failures and Practical Solutions for Shared Care

Communication Failure

No clear owner for IgG monitoring, IVIG, or prophylaxis



Write a supportive-care plan with named clinicians and their responsibilities

Local ED is unaware of bispecific-antibody exposure



Provide a patient-held treatment passport and EHR/ED alert with agent, last dose, risks, and contacts

Community clinic cannot rapidly reach myeloma expertise



Establish a named academic physician contact for same-day escalation

Treatment is interrupted without a restart plan



Use the product-specific hold/restart pathway

Patient receives inconsistent advice



Give one jointly approved patient-and-caregiver action plan

ED = emergency department; EHR = electronic health record

Monteith BE, et al. *Curr Oncol*. 2023;30(5):4382-4401; Walraven JE, et al. *BMJ Open Qual*. 2023;12(1):e002130; American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/6ff749df8c110fd1e994d9a405cde79817f68d6b.pdf>; Garfall AL, et al. *Front Oncol*. 2025;15:1630146; American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/adea20091117bc5591d4f48a163667bd543d88ce.pdf>

When Is a Patient Ready to Transition?

1



Step-up dosing completed

Full step-up dosing schedule has been delivered.

2



Acute risk window closed

CRS/ICANS risk period has resolved.

3



Patient is clinically stable

A clear plan is in place for ongoing dose schedule and laboratory monitoring.

4



Receiving clinic is ready

Site has confirmed operational readiness and urgent escalation capability.

5



Patient and caregiver educated

They recognize symptoms of adverse reactions and know whom to contact for escalation.

6



Shared ownership agreed

Academic and community teams align on treatment ownership, emergency contact routes, and re-referral criteria.

CRS = cytokine release syndrome; ICANS = immune effector cell-associated neurotoxicity

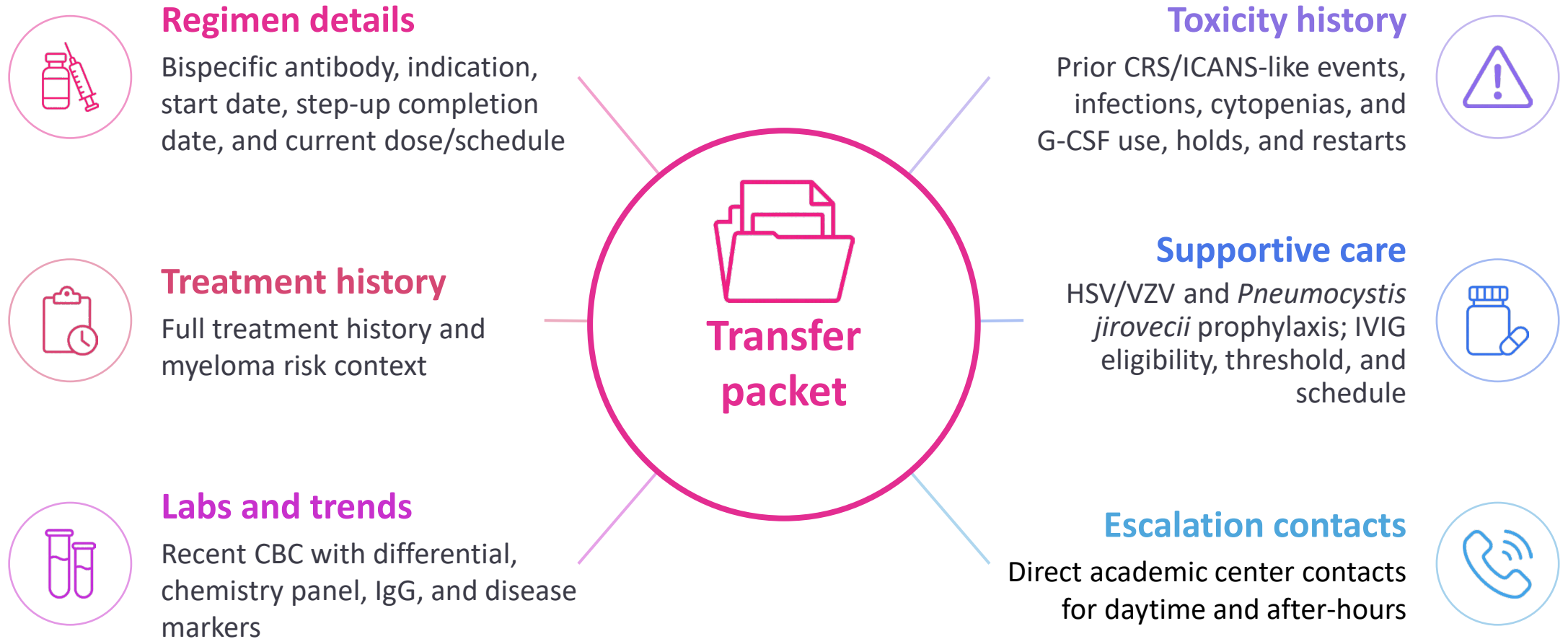
Raje N, et al. *Blood Cancer J.* 2023;13(1):116; Mateos MV, et al. *EJHaem.* 2026;7(3):e70290; Garfall AL, et al. *Front Oncol.* 2025;15:1630146; American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/6ff749df8c110fd1e994d9a405cde79817f68d6b.pdf>;

Defining Ownership Before the First Community Dose

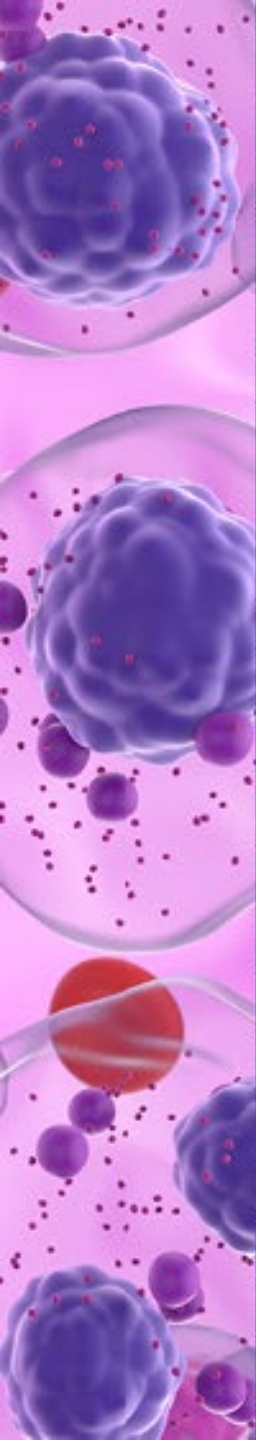
Care activity	Academic center	Community clinic	Shared responsibility
Treatment selection and eligibility	Leads	Receives plan	Reviews transition readiness
Step-up dosing	Usually leads	Supports if qualified	Confirms escalation pathway
Routine subsequent dosing	Consultative	Leads	Reviews interruptions/changes
Myeloma response strategy	Leads	Obtains local testing	Interprets trends jointly
Fever, CRS, or neurologic symptoms	Provides urgent expert support	Triggers immediate triage/work-up	Provides real-time communication
Infection prevention and IVIG	Establishes framework	Executes and monitors	Revises based on events
Dose hold/restart	Advises for complex events	Implements plan	Confirms product-specific algorithm

Mateos MV, et al. *EJHaem*. 2026;7(3):e70290; Garfall AL, et al. *Front Oncol*. 2025;15:1630146; American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/6ff749df8c110fd1e994d9a405cde79817f68d6b.pdf>;

Essentials to Include in the Transfer Packet

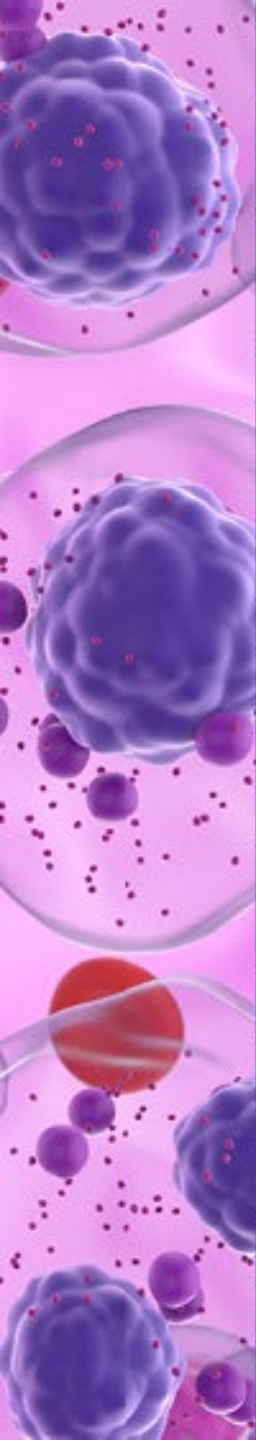


CBC = complete blood count; G-CSF = granulocyte colony-stimulating factor; HSP = herpes simplex virus; IgG = immunoglobulin G; IVIG = intravenous immunoglobulin; VZV = varicella-zoster virus; Raju N, et al. *Blood Cancer J.* 2023;13(1):116; Mateos MV, et al. *EJHaem.* 2026;7(3):e70290; Garfall AL, et al. *Front Oncol.* 2025;15:1630146.



Structured Checklist for the First Community Visit

- ☐ Verify agent, dose, schedule, last administration date, and any missed doses
- ☐ Review symptoms since the last dose:
 - Fever, chills, dyspnea, cough, diarrhea
 - Confusion, tremor, gait change, headache, seizure, speech change
- ☐ Review CBC, metabolic panel, IgG, and disease-monitoring studies per plan
- ☐ Confirm prophylaxis adherence and medication reconciliation
- ☐ Assess infection exposures, new antibiotics, recent hospitalization, and vaccination updates
- ☐ Confirm patient has written instructions and knows exactly whom to call after hours
- ☐ Schedule the next clinical review and specify which results require same-day notification to the academic center



What Would You Do Next?

For each scenario, please **come off mute** and **discuss with your colleagues**:

Patient calls overnight with a temperature of 38.3°C/100.9°F and fatigue

Patient has a deep disease response but develops recurrent bacterial respiratory infections after transition

Patient is responding but develops prolonged neutropenia and requires repeated treatment delays

Handling Missed or Delayed Doses



Common causes for missed or delayed doses:

- Infection
- Hospitalization
- Neutropenia
- Travel
- Missed appointment
- Insurance delay
- Drug-supply disruption

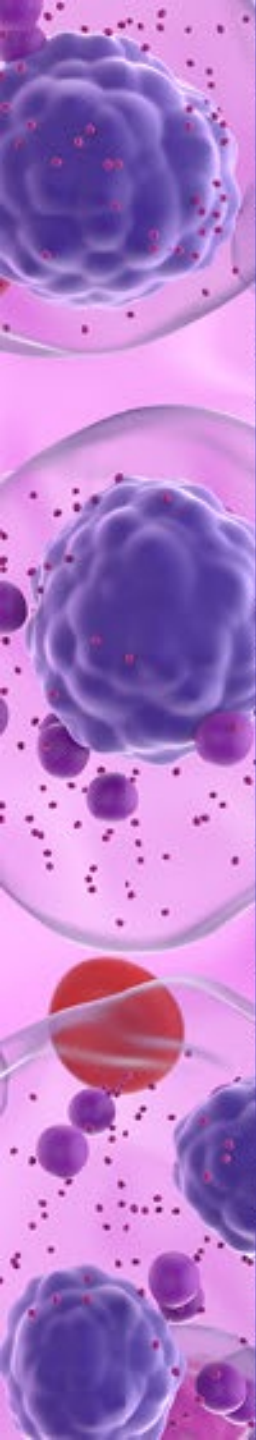


Required steps:

- Document the date and reason for interruption
- Obtain updated clinical status and laboratories
- Consult the product-specific restart algorithm and academic team
- Clarify whether repeat step-up dosing, enhanced observation, or a revised schedule is needed

Missed Dose → Duration of Interruption → Product-Specific Restart Requirements
→ Academic Confirmation → Community Administration Plan

American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/6ff749df8c110fd1e994d9a405cde79817f68d6b.pdf>; Garfall AL, et al. *Front Oncol*. 2025;15:1630146; American Association of Cancer Care Centers. Accessed March 30, 2026. <https://cdn.sanity.io/files/0vv8moc6/accc-cancer/adea20091117bc5591d4f48a163667bd543d88ce.pdf>; Teclistamab-cqyv (Tecvayli) [prescribing information]. Janssen Biotech, Inc; March 2026; Elranatamab-bcmm (Elrexio) [prescribing information]. Pfizer Inc; February 2026; Talquetamab-tgvs (Talvey) [prescribing information]. Janssen Biotech, Inc; October 2025. Linvoseltamab-gcpt (Lynozytic) [prescribing information]. Regeneron Pharmaceuticals, Inc; July 2025.



Patient and Caregiver Education

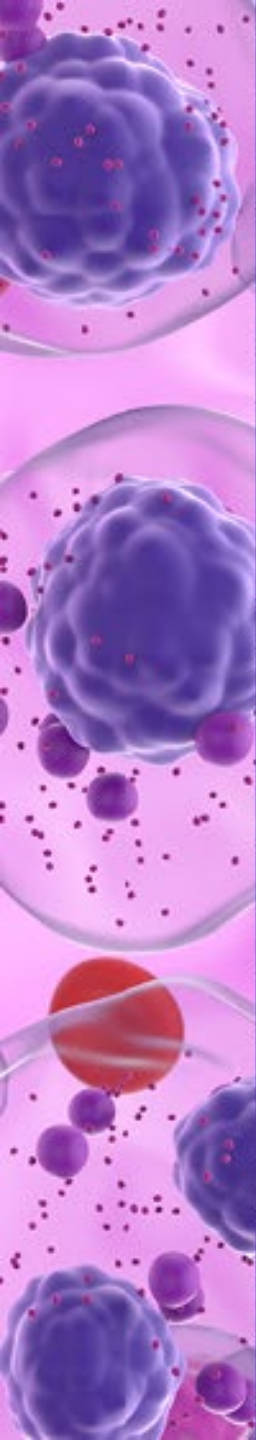
- Explain that local treatment does not mean the academic team is no longer involved
- Clearly outline the schedule for follow-up appointments and laboratory tests
- Provide medication list, prophylaxis schedule, infusion schedule, and contact information
- Offer information on support groups and educational resources
- Encourage patients to tell any urgent-care or ED clinician: “I am receiving a BsAb for multiple myeloma.”

What Did You Learn?



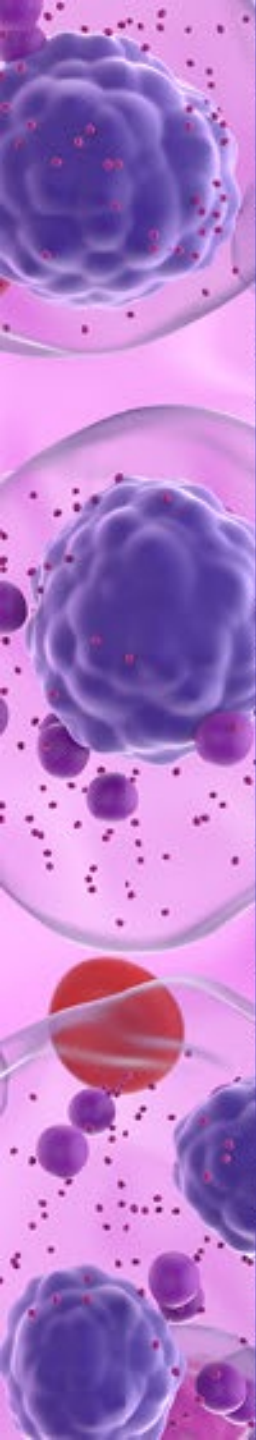
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Key Takeaways

- Effective transitions from the academic setting to the community setting in patients receiving BsAbs are dependent on clear communication between the members of the care teams at both sites
- Determining when a patient is ready to transition their therapy locally is an individualized process based on patient-specific factors as well as the comfort levels of both the academic and community practices
- Community practices should not begin administering BsAbs to patients, even after step-up dosing is completed, until they have the appropriate protocols and pathways in place



Case Studies

Please come off mute or use the chat feature to discuss with your colleagues and ask questions about your patient cases.

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