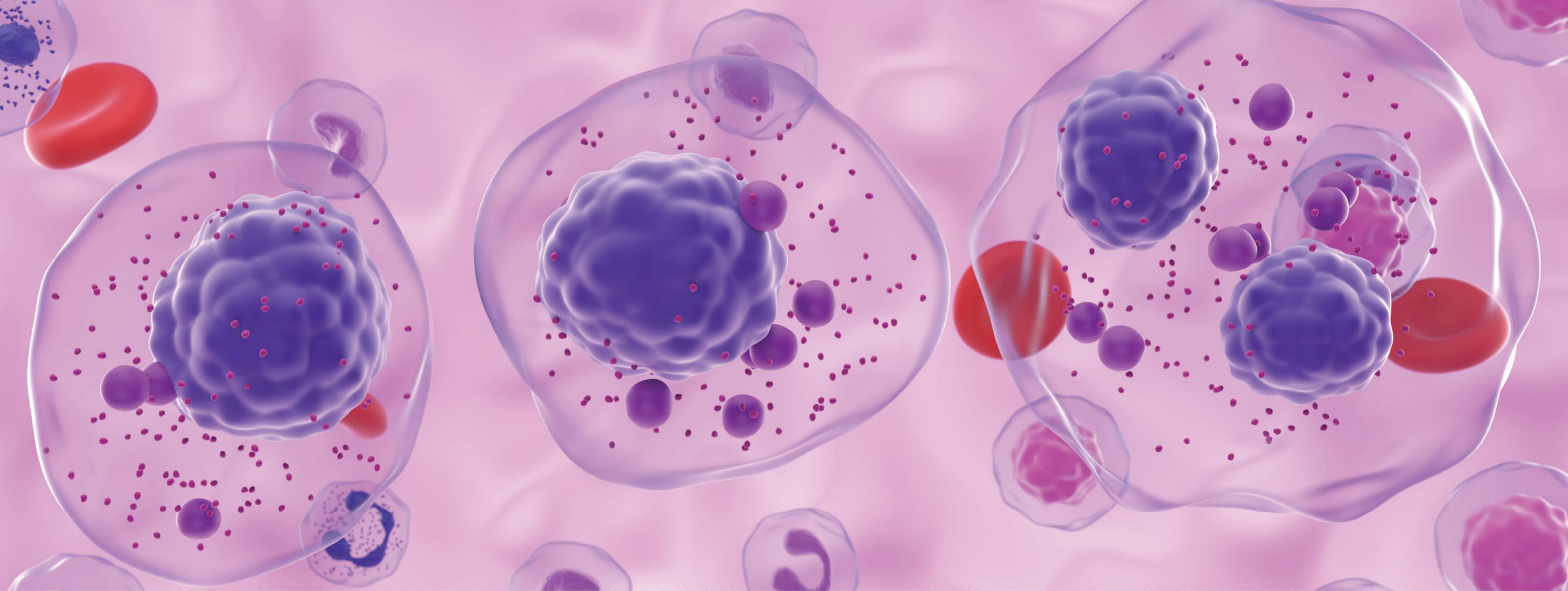




SUSTAIN

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

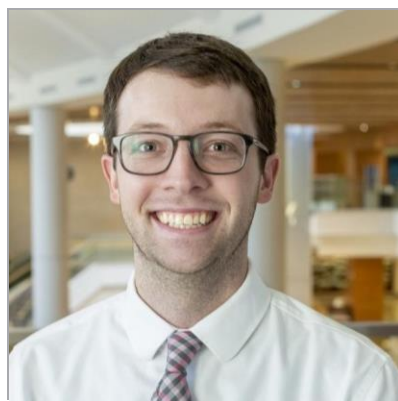
Planning Committee



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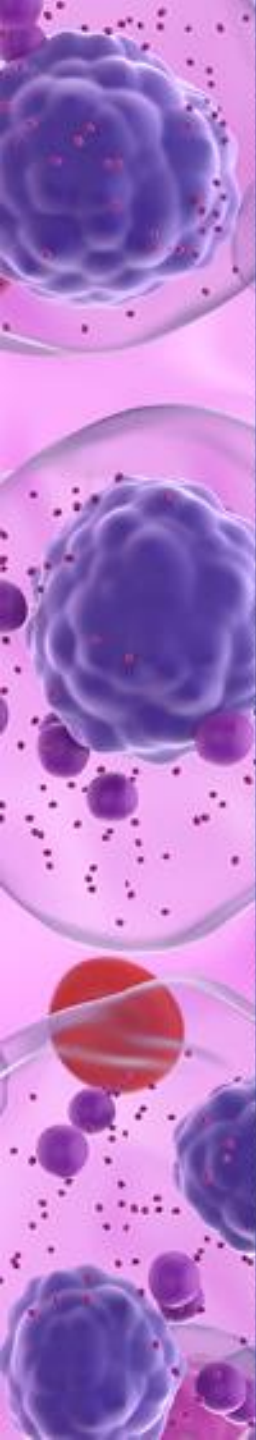


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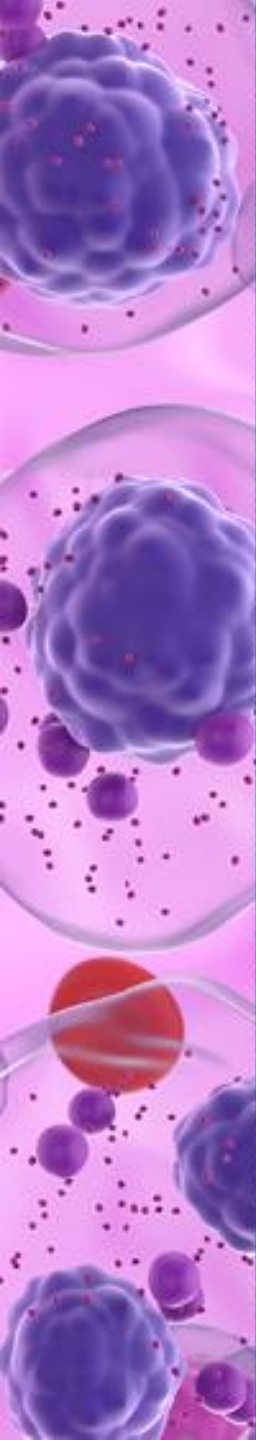


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- Ayman Qasrawi, MD, has served as a consultant for Sanofi Pharmaceuticals. The financial relationship ended in June 2025.

All of the relevant financial relationships listed for these individuals have been mitigated. The material presented in this course represents information obtained from the scientific literature as well as the clinical experiences of the speakers. In some cases, the presentations might include discussion of investigational agents and/or off-label indications for various agents used in clinical practice. Speakers will inform the audience when they are discussing investigational and/or off-label uses. Content review confirmed that the content was developed in a fair, balanced manner free from commercial bias. Disclosure of a relationship is not intended to suggest or condone commercial bias in any presentation, but it is made to provide participants with information that might be of potential importance to their evaluation of a presentation. Content was reviewed by a non-conflicted member of the planning committee to ensure that it is not commercially biased, is fair-balanced, and is based on scientific evidence and/or clinical reasoning.



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Educational Support

This activity is supported by an independent medical educational grant from Johnson & Johnson.

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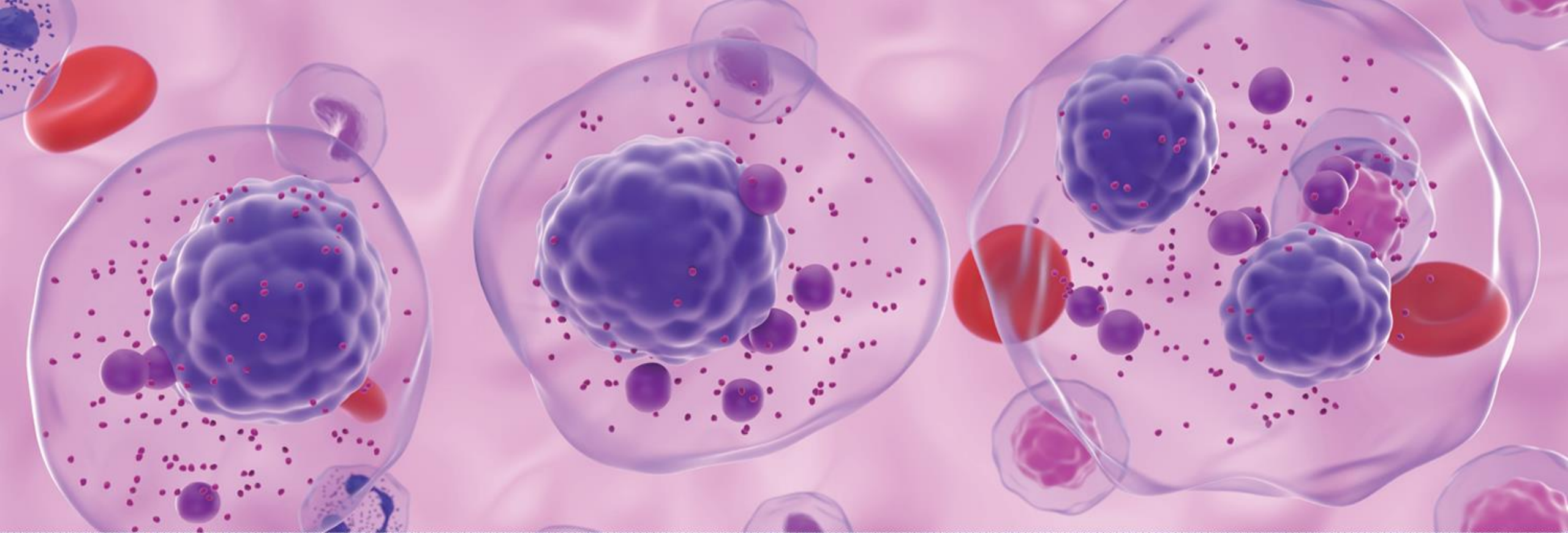
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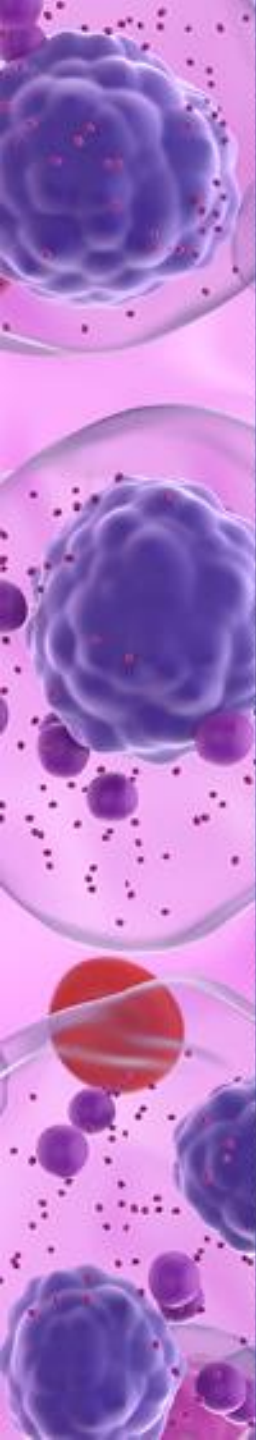
In support of improving patient care, UK HealthCare CECentral is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), the American Nurses Credentialing Center (ANCC), and the Association of Social Work Boards (ASWB) to provide continuing education for the health care team. This activity was planned by and for the health care team, and learners will receive 1.00 Interprofessional Continuing Education (IPCE) credit(s) for learning and change.

For full course
information, visit:





Session 8: The Role of Advance Practice Providers for BsAbs



Curriculum Learning Objectives

- Educate multidisciplinary teams on BsAb pharmacology; recognition and grading of adverse events; and appropriate interventions including, when to escalate care
- Train providers in appropriate patient selection criteria, risk stratification, and patient/caregiver education regarding expectations, monitoring requirements, and symptom reporting
- Establish emergency response protocols, multidisciplinary rapid response teams, and clear communication pathways with UKHC for complex cases

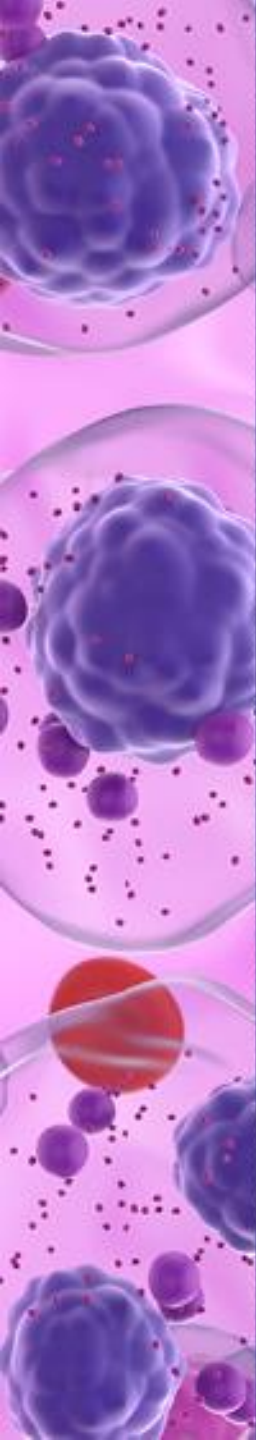
Session Objectives

- **Identify** the roles of members of the extended care team in supporting patients receiving bispecific antibody therapy.
- **Apply** strategies for communicating across the multidisciplinary care team to support safe bispecific antibody administration, monitoring, and follow-up.



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?



After BsAb treatment, a caregiver reports that the patient is “not acting normally.” The patient denies confusion, and no fever is reported. What should guide the APP’s response?

- A. Arrange prompt assessment despite the uncertain description
- B. Obtain temperature trends before selecting an assessment pathway
- C. Schedule clinic review after confirming caregiver observations
- D. Request repeat observations before contacting the treating team

Multidisciplinary Care Team

Hematologist/oncologist or myeloma specialist:

Selects treatment, assesses eligibility and risk, reviews response and toxicities, and adjusts dosing.

Advanced practice providers—NPs/PAs:

Supports assessments, toxicity evaluation, education, and follow-up per institutional practice.

Inpatient oncology and infusion nurses:

Administers therapy; monitors vital signs, neurologic status, CRS, ICANS, and infection; escalates concerns and educates patients and caregivers.

Oncology pharmacists:

Coordinates access and drug delivery; advises on dosing, premedication, prophylaxis, and toxicity management.



Emergency department clinicians and rapid-response teams:

Evaluates acute fever, hypotension, hypoxia, or mental-status changes; activates emergency pathways and coordinates with oncology.

Intensive care clinicians:

Provides ICU monitoring and treatment for severe toxicities and participates in advance planning.

Care coordinators, scheduling, and authorization teams:

Coordinates access, step-up dosing, observation or admission, and transitions across care settings; roles vary by hospital.

Patients and caregivers:

Report symptoms, follow monitoring guidance, and know when and whom to contact; caregiver support is critical after discharge and during outpatient step-up dosing.

Explaining the Efficacy of BsAbs

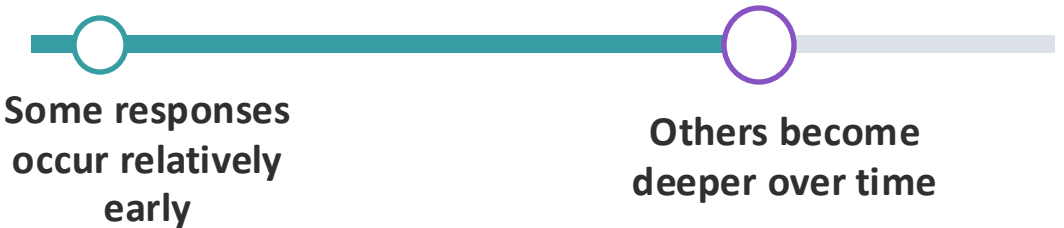
DEFINE “RESPONSE”

**Lower myeloma protein levels
and/or fewer myeloma cells**

Improvement in disease-related symptoms
or laboratory abnormalities

**A response does not necessarily mean the
myeloma is cured.**

SET TIMING EXPECTATIONS



DISCUSS RESPONSE DEPTH

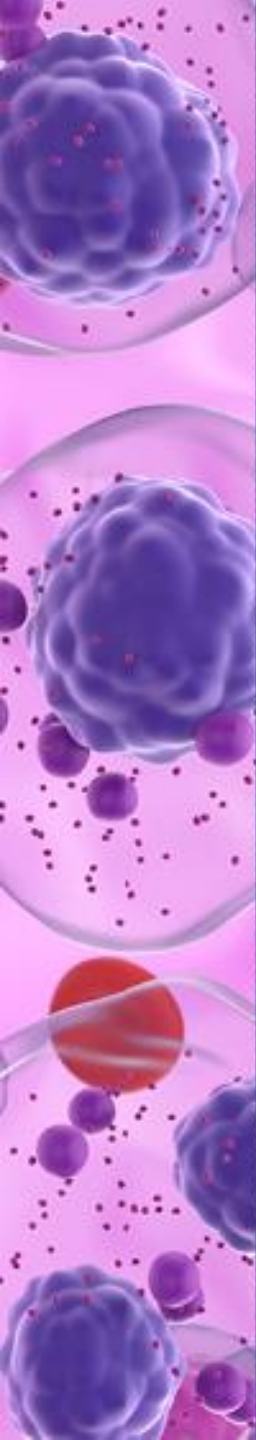
A deep response may include a complete response.



INTERPRET TRIAL EVIDENCE

GROUP RESULTS ≠ INDIVIDUAL GUARANTEE

Trial results reflect groups of heavily pretreated patients and do not guarantee the same outcome for an individual



Am I Eligible?

- Teclistamab/Elranatamab/Linvoseltamab (BCMA X CD3)
 - **Single agent: ≥ 4 lines** of therapy including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody
- Teclistamab + Daratumumab combination
 - March 2026 Update: Indicated in combination with daratumumab/hyaluronidase for adult patients with R/R MM who have received **≥ 1 line(s) of therapy**, including a proteasome inhibitor, and an immunomodulatory agent
- Talquetamab (GPRC5D x CD3)
 - **≥ 4 lines** of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody

BCMA = B cell maturation agent; GPRC5D = G-protein-coupled receptor class C group 5 member D; R/R MM = relapsed/refractory multiple myeloma
Teclistamab-cqyv (Tecvayli) [prescribing information]. Janssen Biotech, Inc; March 2026; Elranatamab-bcmm (Elrexio) [prescribing information]. Pfizer Inc; July 2025; Talquetamab-tgvs (Talvey) [prescribing information]. Janssen Biotech, Inc; August 2023. Linvoseltamab-gcpt (Lynozytic) [prescribing information]. Regeneron Pharmaceuticals, Inc; July 2025.

Discussing Eligibility With Patients

Eligibility is individualized and may evolve over time

Describe why a bispecific antibody is being considered now, including the patient's:



Prior treatments



Current disease status

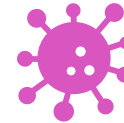


Present symptoms



Available treatment alternatives

Explain that some issues may need to be addressed before treatment can begin, such as:



An active infection



Low blood counts



Another uncontrolled medical condition



Social Determinants of Health

Reinforce the potential benefits and risks of treatment and align to the patient's goals and circumstances



Understanding Treatment Risks

Explain that closer monitoring is needed during step-up dosing and requires patient/caregiver compliance and early recognition of side effects, like CRS, ICANS, cytopenias, and infections:

Advise patients and caregivers to seek urgent evaluation for:

- Confusion
- Marked sleepiness
- Trouble speaking or writing
- Severe headache
- Tremor
- Loss of balance
- New weakness
- Any abrupt change in thinking, behavior, or movement

If prescribing talquetamab, specifically counsel patients about:

- Taste alteration
- Dry mouth
- Oral soreness
- Swallowing difficulty
- Skin or nail changes
- Hair changes
- Appetite loss
- Weight loss

On-Target,
Off- Tumor

Ensure that each patient leaves with:

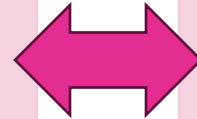
- Written instructions
- Current daytime and after-hours contact information
- Clear guidance about when to call the clinic versus seek emergency care

Identifying and Managing Treatment Risks

Systemic Response: CRS

- Risk Factors:
 - Tumor Burden
 - Dose level
- Occurs **early**
 - Usually within first 2 days of step-up dosing
 - Highest Risk: minutes to hours after step-up or induction doses
 - Mostly Grade 1
- **Often precedes ICANS**
- Mitigated by step-up-dosing
- Managed with:
 - Tocilizumab
 - Steroids

FEVER



Neurotoxicity: ICANS

- Risk Factors:
 - Concurrent CRS
 - Early in treatment (Step up doses, early few doses)
 - Pre-existing neurological conditions
- Timing after last dose
 - Median onset ~2-4 days after most recent dose and duration ~2 days
 - Linvo median onset ~1 day, median duration ~2 days
- Monitored via ICE score
- Tracked with Handwriting*

Teclistamab-cqyv (Tecvayli) [prescribing information]. Janssen Biotech, Inc; March 2026; Elranatamab-bcmm (Elrexio) [prescribing information]. Pfizer Inc; July 2025; Talquetamab-tgvs (Talvey) [prescribing information]. Janssen Biotech, Inc; August 2023. Linvoseltamab-gcpt (Lynozzyfic) [prescribing information]. Regeneron Pharmaceuticals, Inc; July 2025; Ludwig H, et al. *Lancet Oncol.* 2023;24(6):e255-e269; van de Donk NWCI, Zweegman S. *Lancet.* 2023;402(10396):142-158.



Grading CRS

	Grade 1	Grade 2	Grade 3	Grade 4
Fever with	Temperature $\geq 38^{\circ}$			
Hypotension and/or	None	Requiring up to 1 low dose of vasopressor	Requiring a vasopressor with or without vasopressin	Requiring multiple vasopressors excluding vasopressin
Hypoxia	None	Requiring low-flow oxygen ≤ 6 L/min	Requiring high-flow oxygen ≥ 6 L/min	Requiring positive pressure ventilation (CPAP, BiPAP, Intubation, or mechanical intubation)

BiPAP = bilevel positive airway pressure; CPAP = central positive airway pressure

Lee DW, et al. *Biol Blood Marrow Transplant*. 2019;25:625-638; Santomasso BD, et al. *J Clin Onc* 2021; 39: 3978-3992; Ludwig H, et al. *Lancet Oncol*. 2023;24: e255-69; VHA Guidance.

Accessed April 15, 2026. https://www.va.gov/formularyadvisor/DOC_PDF/CRE_Bispecific_Antibody_CRS_and_ICANS_Neurotoxicity_Guidance_Feb2024.pdf

Symptoms of CRS

Pyrexia



Nausea/
vomiting



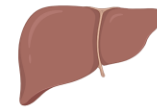
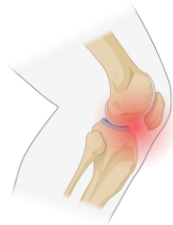
Fatigue



Rash
and
Urticaria



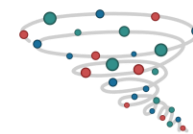
Arthralgia/
Myalgia



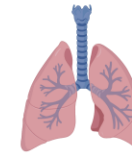
Elevated
Liver
Enzymes



Hypotension



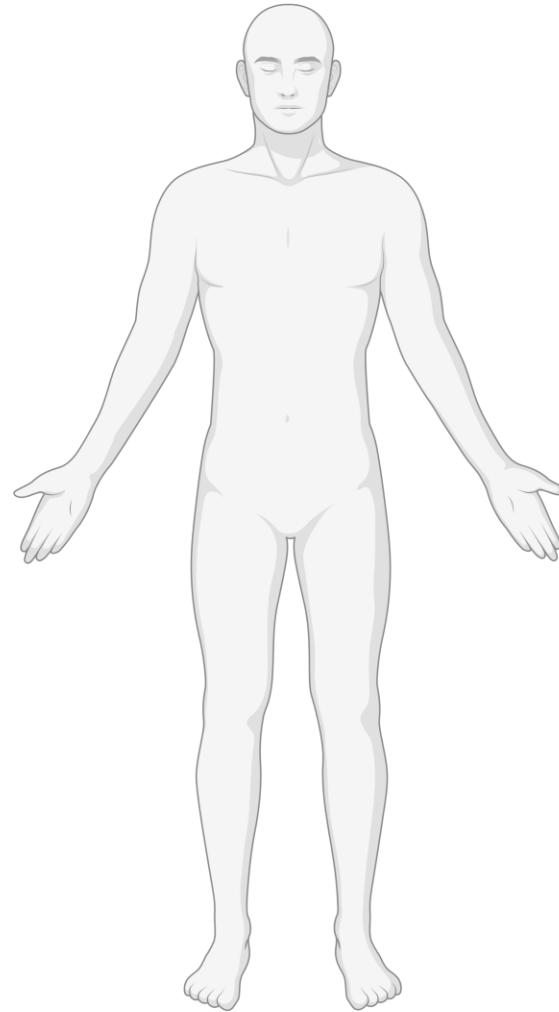
Systemic
Inflammatory
Response

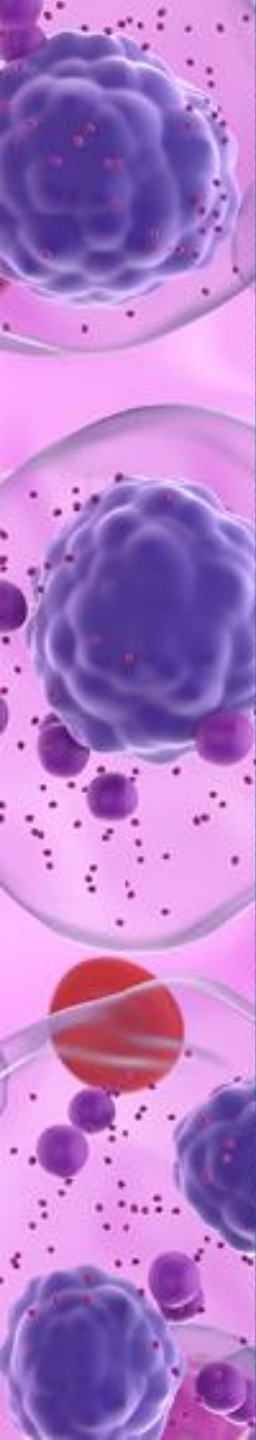


Respiratory
symptoms



Diarrhea





Teclistamab, Elranatamab, and Talquetamab Guidance for Managing CRS

Grade	Action
1	• Withhold BsAb until CRS resolves
2	• Withhold BsAb until CRS resolves • <u>Administer pretreatment medications prior to next dose of BsAb</u> • <u>Monitor patients for 48 hours following the next dose of BsAb</u>
3	• Withhold BsAb until CRS resolves • Provide supportive therapy, which may include intensive care • Administer pretreatment medications prior to the next dose • Patients should be hospitalized for 48 hours following the next dose • If recurrent Grade 3 CRS or duration is 48 hours or longer — Permanently discontinue BsAb
4	• Permanently discontinue BsAb • Provide supportive therapy, which may include intensive care

Teclistamab-cqyv (Tecvayli) [prescribing information]. Janssen Biotech, Inc; March 2026; Elranatamab-bcmm (Elrexio) [prescribing information]. Pfizer Inc; July 2025; Talquetamab-tgvs (Talvey) [prescribing information]. Janssen Biotech, Inc; August 2023.

Symptoms of ICANS



Trouble Concentrating



Confusion



Difficulty Writing



Fatigue/Lethargy



Vision Changes



**Slurred Speech/
Trouble Speaking**



Headache

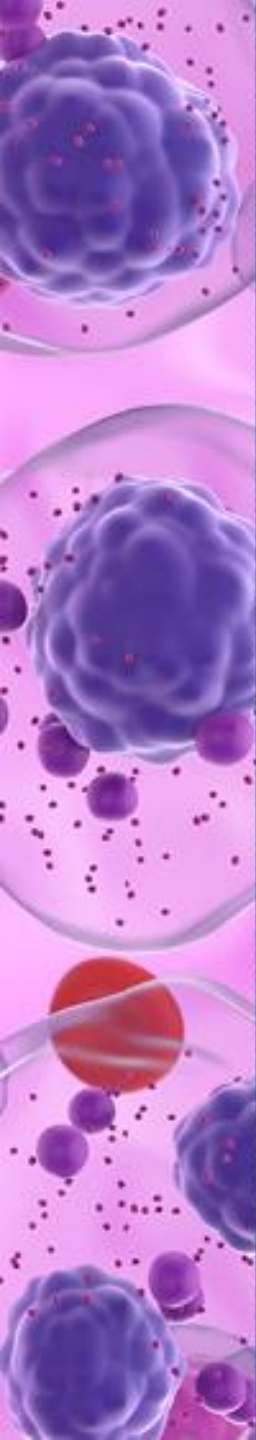


Seizure/Tremors



Slower Movements

Lee DW, et al. *Biol Blood Marrow Transplant*. 2019;25:625-638; Santomasso BD, et al. *J Clin Onc* 2021; 39: 3978-3992; Ludwig H, et al. *Lancet Oncol*. 2023;24: e255-69; VHA Guidance. Accessed April 15, 2026. https://www.va.gov/formularyadvisor/DOC_PDF/CRE_Bispecific_Antibody_CRS_and_ICANS_Neurotoxicity_Guidance_Feb2024.pdf; Teclistamab-cqyv (Tecvayli) [prescribing information]. Janssen Biotech, Inc; March 2026; Elranatamab-bcmm (Elrexio) [prescribing information]. Pfizer Inc; July 2025; Talquetamab-tgvs (Talvey) [prescribing information]. Janssen Biotech, Inc; August 2023; Linvoseltamab-gcpt (Lynozyfic) [prescribing information]. Regeneron Pharmaceuticals, Inc; July 2025.



Assessment of ICANS (ICE Score)

- Grading utilizes the Immune Effector Cell Encephalopathy Score assessment tool (ICE)
 - Higher scores are typically indicative of a lower grade ICANS
- Patients are assessed (often every 8 hours) on the following:
 - Orientation (4 points): Year, month, city, hospital
 - Naming (3 points): Name 3 objects
 - Following Commands (1 point)
 - Writing (1 point): Ability to write a standard sentence
 - Attention (1 point): Count backwards from 100 by 10

ICANS Grading

Grade 1:

- Awakens spontaneously
- Fatigue
- ICE Score 7-9

Grade 2:

- Awakens to voice
- Delirious/somnolent
- ICE Score 3-6

Grade 3:

- Awakens to tactile stimulus
- Local edema on imaging
- Seizure that resolves with intervention
- ICE Score 0-2

Grade 4:

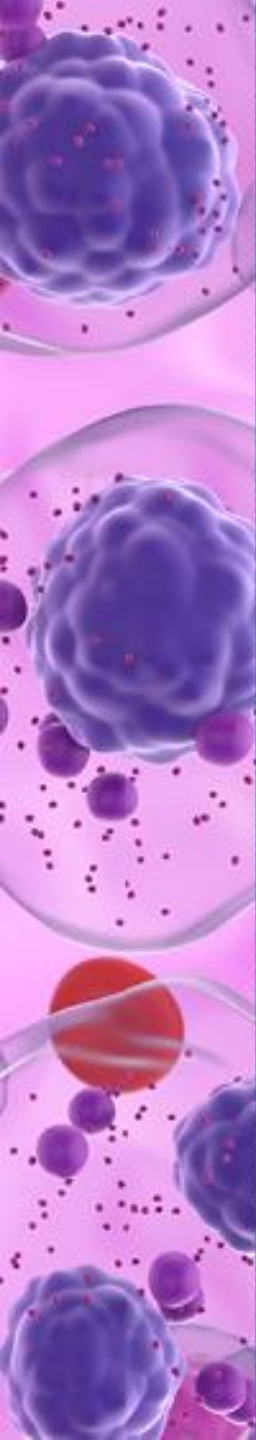
- Comatose
- Cerebral edema
- Life-threatening seizures
- Motor weakness
- ICE Score 0

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Teclistamab, Elranatamab, and Talquetamab Guidance for Managing ICANS

Grade	Action
1	• Withhold BsAb until ICANS resolves • Monitor neurologic symptoms, and consider consultation with neurologist and other specialists • Consider non-sedating, anti-seizure medicines for seizure prophylaxis
2	Admit → • Grade 1 actions • Administer dexamethasone 10 mg intravenously every 6 hours — Continue dexamethasone use until resolution to Grade 1 or less, then taper • Monitor patients within proximity of a health care facility for 48 hours following the next dose and consider hospitalization
3	• First occurrence of Grade 3: Grade 2 actions; Provide supportive therapy, which may include intensive care • Recurrent Grade 3: Same as first occurrence of Grade 3 symptoms + Permanently discontinue BsAb
4	• Recurrent Grade 3 actions • Consider instead of dexamethasone using methylprednisolone 1000 mg per day intravenously and continue methylprednisolone 1000 mg per day intravenously for 2 or more days

Teclistamab-cqyv (Tecvayli) [prescribing information]. Janssen Biotech, Inc; March 2026; Elranatamab-bcmm (Elrexio) [prescribing information]. Pfizer Inc; July 2025; Talquetamab-tgvs (Talvey) [prescribing information]. Janssen Biotech, Inc; August 2023.



Risk Factors for Cytopenias

Cytopenias are a risk factor and a consequence of infections

Causes of Cytopenias	
Patient specific	• Reduced bone marrow function • High baseline BMPC infiltration • Older age
Disease related	• Refractory or poorly controlled disease
Treatment related	• Multiple previous lines of therapy • BCMA-targeted therapy • Intensity of lymphodepletion therapy

BMPC = bone marrow plasma cell

Ludwig H, et al. *Lancet Oncol.* 2023;24(6):e255-e269; van de Donk NWCI, Zweegman S. *Lancet.* 2023;402(10396):142-158.

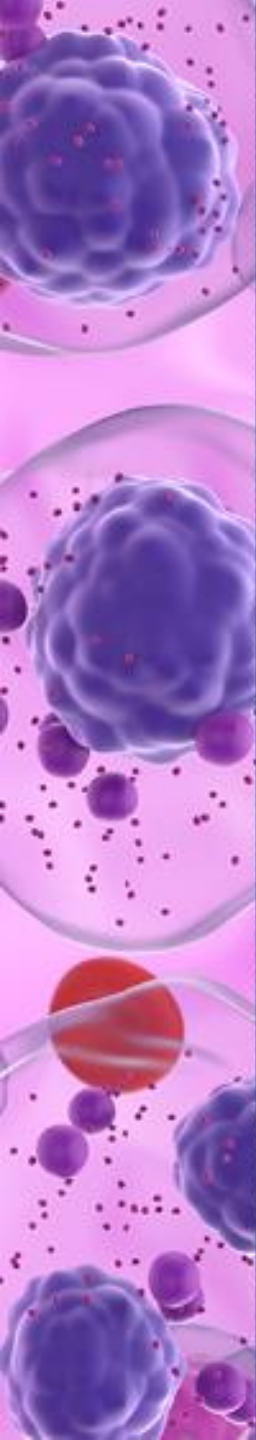
Risk Factors for Infections

Domain	Risk Factors
Patient specific	• Age • Comorbidities • Previous frequent episodes of infections • Lymphopenia • Neutropenia • Hypogammaglobulinemia
Disease related	• Refractory or poorly controlled disease
Treatment related	• High dose and long duration of corticosteroids, leading to immunosuppression • TNF-α inhibition • Cytokine release syndrome • Bacterial and granulomatous infections, including tuberculosis • Proteasome inhibitors • CD38 antibodies • Virus reactivation (VZV, CMV) • Fluconazole increases risk for mold infections
Comments	• Biological age is a stronger health predictor than chronological age • Previous infections are key in assessing infection risk • BCMA-targeting therapies cause significant depletion of B cells and plasma cells • CRS is more linked to bacterial infections than viral or fungal ones

Vaccines!!
Some
immunity is
better than no
immunity!!

CMV = cytomegalovirus; TNF = tumor necrosis factor; VZV = varicella zoster virus

Ludwig H, et al. *Lancet Oncol.* 2023;24(6):e255-e269; van de Donk NWCJ, Zweegman S. *Lancet.* 2023;402(10396):142-158.



The First Outpatient Visit

Evaluate for CRS and ICANS

- ICE score
- Vital Signs
 - Hypertension, hypoxia
- Patient/ Family reported symptoms
- Labs
 - C-reactive protein, ferritin, fibrinogen

INFECTION

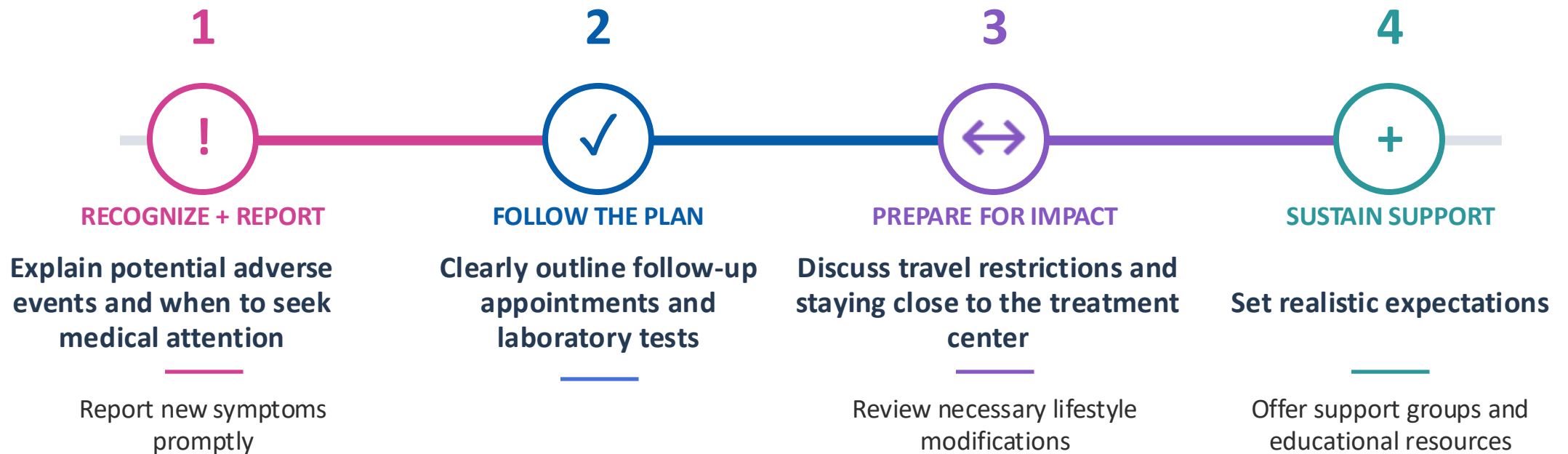
- Fever
- Symptoms
- Neutropenia
 - +/- Levofloxacin
- Hypogammaglobulinemia
 - Check IgG every visit
 - +/- monthly IVIG replacement
- Infection Prophylaxis:
 - Acyclovir for herpes zoster reactivation
 - PJP ppx

Follow up Visits??

- Frequency and type varies patient to patient
- Locally or at academic center?
- Treatments weekly or bi-weekly
- Other replacements or infusion requirements?
- Frequency can be decreased once CR is achieved and maintained

Patient Education

Prepare patients to recognize changes, follow the plan, and know where to turn



Make the next action unmistakable — what to watch, what to do, and who to contact.

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.

Complications With Transitions

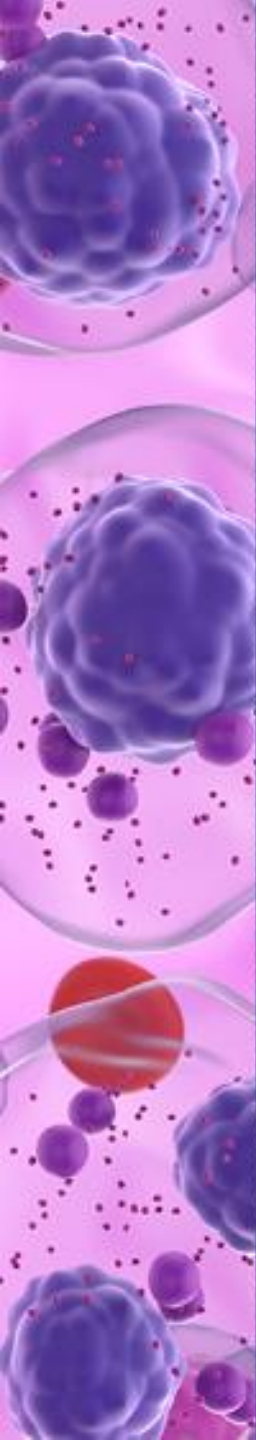
Risk Domain	Failure in Community Care	Consequence
Treatment continuity	Delayed dose without product-specific restart review	Missed step-up dosing
Infection prevention	No one tracks IgG or IVIG eligibility	Recurrent serious infection
Toxicity recognition	Fever presumed to be CRS rather than infection	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>

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>;

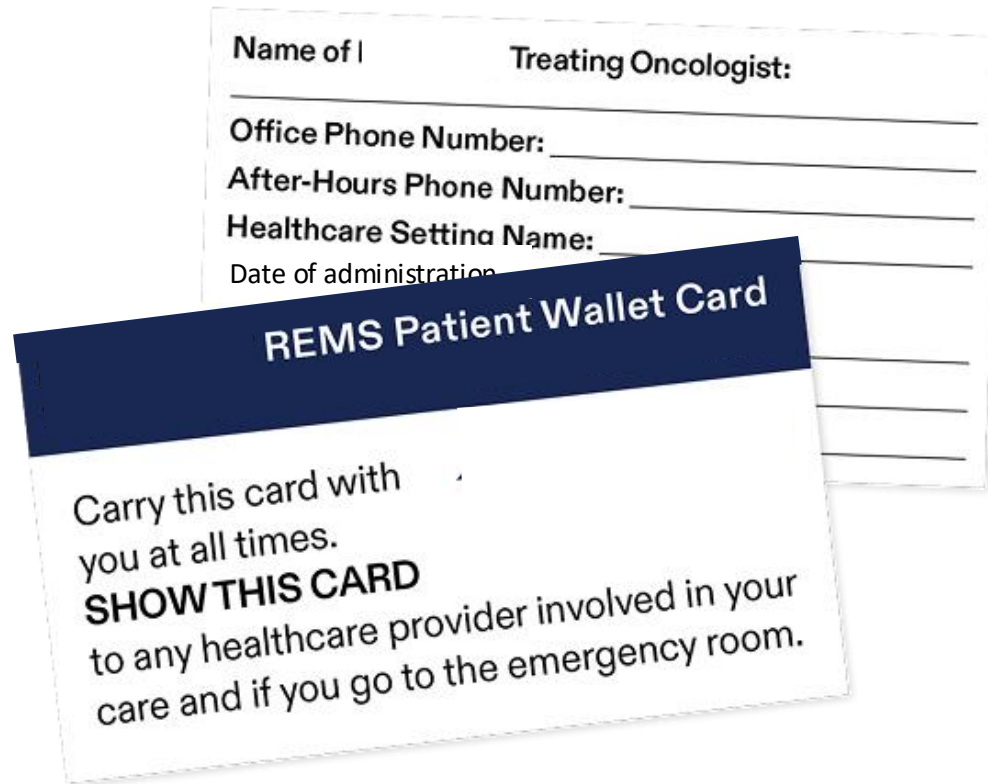


Patient and Caregiver Education

- 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.”

Helpful for Patients

- REMS wallet card

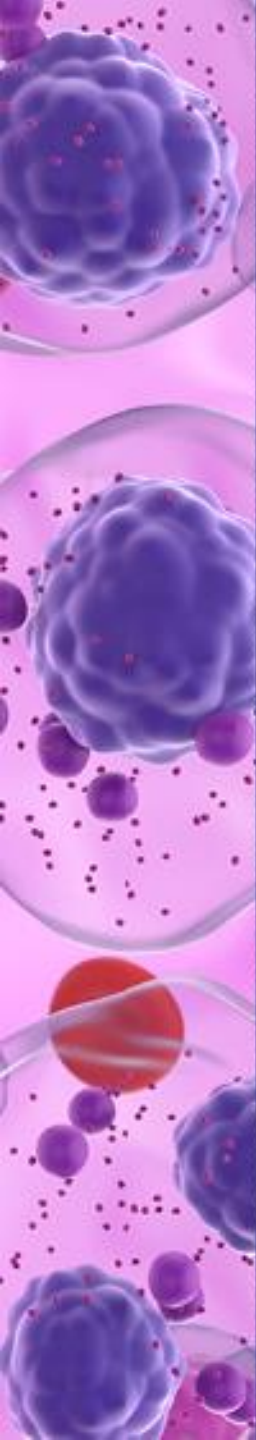


The image shows a 'REMS Patient Wallet Card' which is a small, rectangular card with a white background and a dark blue header. The header contains the text 'REMS Patient Wallet Card' in white. Below the header, there is a section with the text 'Carry this card with you at all times. SHOW THIS CARD to any healthcare provider involved in your care and if you go to the emergency room.' The card is placed over a larger, partially visible form that contains fields for patient information.

Name of Patient: _____ Treating Oncologist: _____
Office Phone Number: _____
After-Hours Phone Number: _____
Healthcare Setting Name: _____
Date of administration: _____

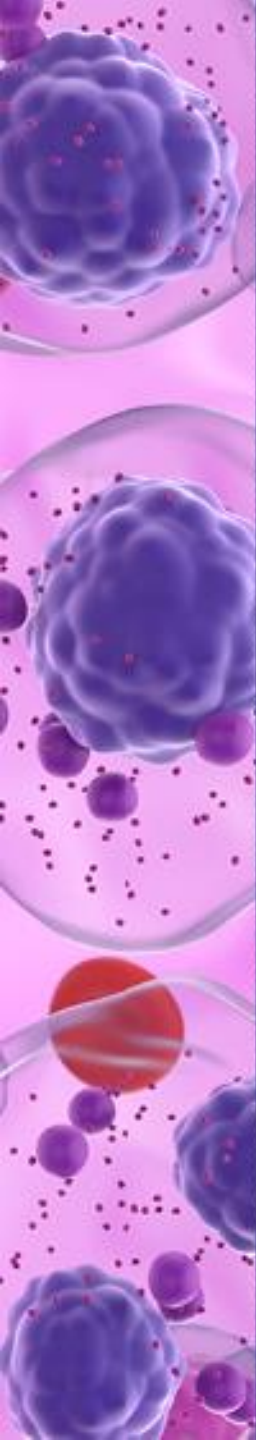
REMS Patient Wallet Card

Carry this card with you at all times.
SHOW THIS CARD
to any healthcare provider involved in your care and if you go to the emergency room.



Key Takeaways

- APPs coordinate safe BsAb care across settings
- Recognize and escalate CRS, ICANS, and caregiver-reported changes promptly
- Maintain infection prevention and monitoring throughout treatment
- Give patients clear symptom-reporting and emergency instructions
- Define team responsibilities before transitioning care
- Follow product-specific restart guidance after dosing interruptions
- Assess quality of life and tolerability alongside disease response



Example:

64y male with R-ISS stage II kappa light chain multiple myeloma s/p Auto-HCI 12/18/20 initiated Talquetamab-tgvs for relapsed disease, with new lytic lesions. Bone marrow biopsy was negative for disease.

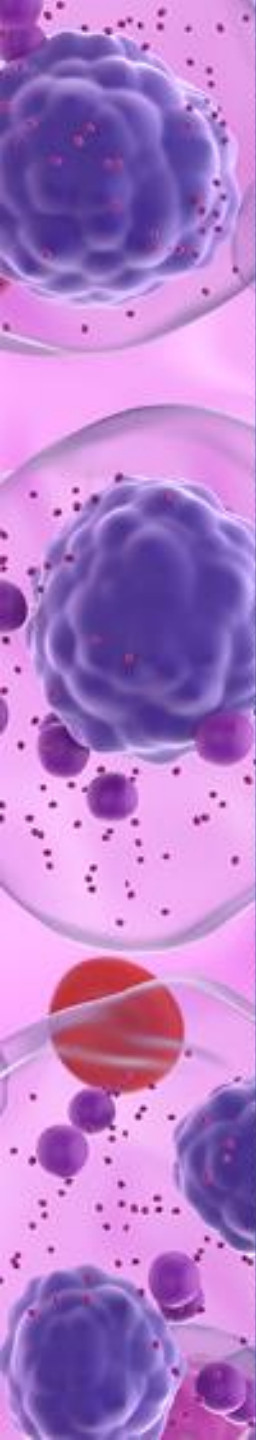
C1D1: 10/16/24. He experienced grade 1 CRS with non-neutropenic fever following day 3 of step-up-dosing.

Following cycle 1 he developed a pruritic rash and dysgeusia. Symptoms seemed to persist and impaired taste worsened with each cycle. The rash was bothersome, but the inability to go out and eat with friends or enjoy meals was very discouraging as this was a source of enjoyment for him. As appetite continued to remain poor and nutrition worsened it was documented that he had lost ~20kg since starting treatment and began ambulating with a walker during clinic visits.

Despite this, he wished to continue treatment.

5/3/25 PET/CT was consistent with disease response.

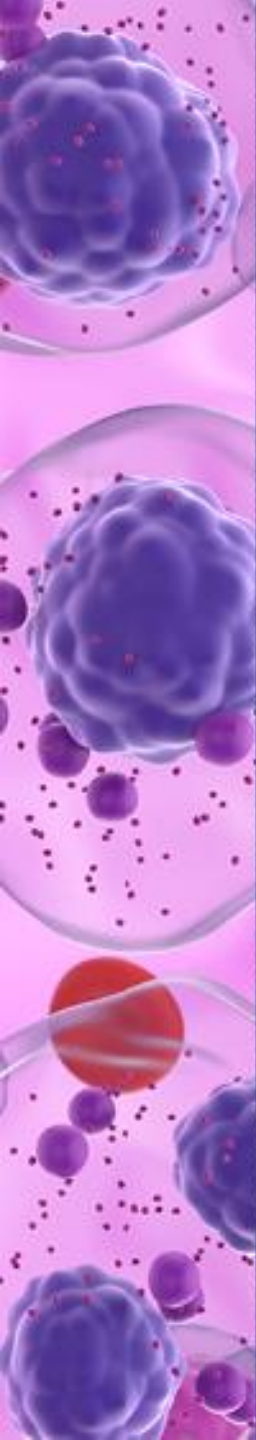
Transitioned to monthly administration following 9 cycles of therapy due to tolerability.



Ask the Audience!

Please unmute or use the chat feature to discuss with your colleagues.

What would you do next for this patient?



Case Studies

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

To Claim Credit

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For questions, please contact support@cecentral.com

Jodie –
please update
QR code and website
and
attendance
code

