



BCMA-Directed Bispecific Antibodies in Multiple Myeloma: Bridging Academic and Community Practice

 **Multiple Myeloma ECHO®**


COMPLIMENTARY CME




Advancing RRMM Care Through Communities of Practice: Educating Community-Based Hematologic/Oncologic Teams on the Use of BCMA-Directed BsAbs




**BCMA-Directed Bispecific Antibodies in Multiple Myeloma: Bridging
Academic and Community Practice**


Led by

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School of Medicine



Produced in collaboration with


  

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1

Faculty

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2

Learning Objectives

Upon completion, participants should be able to:

- Define the complementary roles of academic centers and community practices in delivering BCMA-directed BsAbs
- Summarize the importance and benefits of CoPs to providing coordinated, multidisciplinary, and interprofessional care for patients with MM receiving BCMA-directed BsAbs
- Discuss practical steps for building CoPs
- Appropriately incorporate BCMA-directed BsAbs into cases of patients with MM that are representative of clinical practice



3

Expanding Access to BCMA-Directed Bispecific Antibodies Through Communities of Practice

- Despite treatment advances, MM remains **incurable**
- The treatment landscape continues to evolve with new therapeutic options such as **bispecific antibodies (BsAbs)**
- Multiple barriers restrict access and safe administration of BsAbs, especially in community settings
- **Communities of Practice (CoPs)** offer an effective model to overcome these barriers and achieve quality outcomes



Rodriguez-Otero P, et al. *Lancet Oncol.* 2024;25:e205-16; Noar AP, et al. *PLoS One.* 2023;18:e0292343.

4

Why BsAbs?

The **CoP** model has the potential to broaden access to care for novel agents.

BsAbs as a benchmark treatment for the CoP model:

- Logistics of treatment and monitoring
- Complex toxicities—CRS/ICANS/infections
- Transitions benefit from shared standards, mentorship, and feedback loops



Expert opinion; Noar AP, et al. *PLoS One*. 2023;18:e0292343; Devasia AJ, et al. *Blood Cancer J*. 2024;14:158.

5

The Current Landscape of BCMA-Directed BsAbs

Approved agents and indications—REMS programs

Teclistamab

- Accelerated approval in October 2022
- Weight-based dosing
- Subcutaneous

Elranatamab

- Accelerated approval in August 2023
- Fixed step-up dosing
- Subcutaneous

Linvoseltamab-gcpt

- Accelerated approval in July 2025
- Fixed step-up dosing
- Intravenous



Tecvayli (teclistamab). Prescribing information. Janssen Biotech Inc; February 2024. Elrexfio (elranatamab). Prescribing information. Pfizer Inc; August 2023. Lynozyfic (linvoseltamab). Prescribing information. Regeneron Pharmaceuticals, Inc; July 2025.

6

Safety and Supportive Care: What Every Site Must Standardize

Considerations:

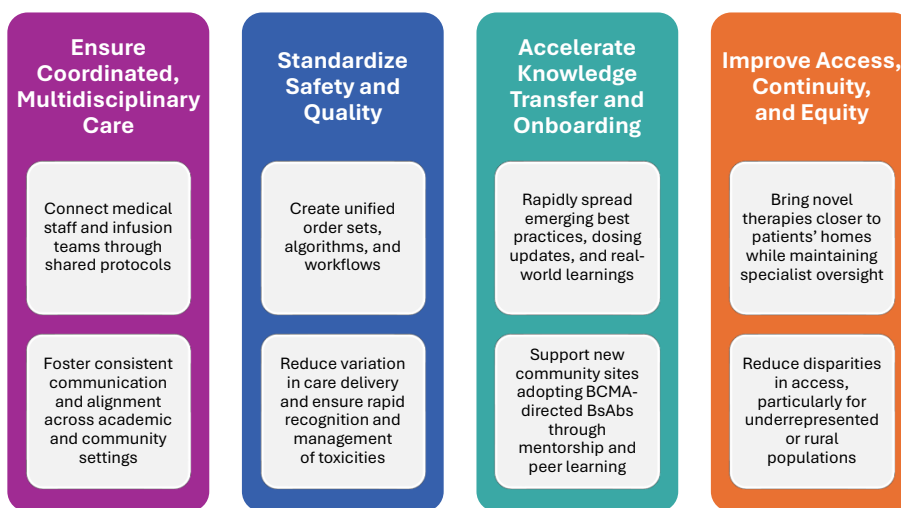
- **CRS/ICANS prophylaxis, monitoring, and grading**
 - ASTCT consensus guidelines
 - Train all sites
 - Embed flowsheets
- **Infection risk and hypogammaglobulinemia**
 - Share and adopt institutional algorithms for IVIG, vZV prophylaxis, PJP prophylaxis, vaccination, and antibiotic use
- **Step-up dosing logistics**
 - Premedication
 - Observation period
 - Outpatient/hybrid feasibility and when to hospitalize
 - When and how to restart after delays



Lee DW, et al. *Biol Blood Marrow Transplant*. 2019;25:625-38; Garfall AL, et al. *Front Oncol*. 2025;15:1630146; Yee AJ. *Blood Cancer J*. 2024;14:110; Banerjee R, et al. *Blood Adv*. 2025;9:4720-6.

7

Why CoPs Matter



Wenger-Trayner E, et al. 2015. <https://www.wenger-trayner.com/introduction-to-communities-of-practice>; Fingrut W, et al. *Curr Oncol*. 2018;25:378-83.

8

CoPs: The Academic–Community Bridge

Core component: *Shared standards*

- **Shared care agreements**

- Roles of medical and ancillary staff
- After-hours coverage
- Escalation of care

- **Standard order sets**

- Premedication
- Step-up calendar
- Lab monitoring
- Prophylaxis: IVIG, zoster, PJP
- Reaction medication order set
- Cytopenia management



Rodriguez-Otero P, et al. *Lancet Oncol.* 2024;25:e205-16; Garfall AL, et al. *Front Oncol.* 2025;15:1630146; EMMBRACE Project. https://www.ucl.ac.uk/life-sciences/sites/life_sciences/files/consensus_framework_for_the_optimal_delivery_of_bispecific_antibodies_for_patients_with_multiple_myeloma_v1_oct_2024.pdf.

9

CoPs: The Academic–Community Bridge

Core component: *Logistics*

- **CRS/ICANS monitoring and management**

- ASTCT-based algorithms
- EHR pathways

- **Infection bundle**

- Screening for infections
- Vaccination plan
- IVIG*

- **REMS and payer navigation checklists**



Lee DW, et al. *Biol Blood Marrow Transplant.* 2019;25:625-38; Tecvayli and Talvey REMS. Janssen Biotech, Inc. Updated 2024. <https://www.tec-talrems.com/#Main>; Elrexfio REMS. Pfizer Inc. Updated 2024. <https://www.elrexfiorems.com/#Main>; Lynozyfic REMS. Regeneron Pharmaceuticals. Updated 2025. <https://www.lynozyficrems.com/#Main>.

10

CoPs: The Academic–Community Bridge

Core component: *Communication and feedback loops*

- **Hand-off communication**

- Patient and disease information
- Treatment summary, including prophylaxis, adverse events and tolerance
- Disease evaluation and response
- Monitoring and follow up recommendations
- Key contacts

- **Case conferences**

- Monthly
- **24/7 consult line**
- Rapid-referral slots



Rodriguez-Otero P, et al. *Lancet Oncol.* 2024;25:e205-16; Garfall AL, et al. *Front Oncol.* 2025;15:1630146; EMMBRACE Project. https://www.ucl.ac.uk/life-sciences/sites/life-sciences/files/consensus_framework_for_the_optimal_delivery_of_bispecific_antibodies_for_patients_with_multiple_myeloma_v1_oct_2024.pdf.

11

CoPs: The Academic–Community Bridge

Core component: *Learning while doing*

- **Quality dashboard**

- CRS grade ≥ 2 rate
- Unplanned admits
- Time-to-treatment
- Infection rate

- **Education**

- Micro-bursts for ED, infusion RNs, ICU RNs, pharmacy
- REMS training



Rodriguez-Otero P, et al. *Lancet Oncol.* 2024;25:e205-16; Garfall AL, et al. *Front Oncol.* 2025;15:1630146; EMMBRACE Project. https://www.ucl.ac.uk/life-sciences/sites/life-sciences/files/consensus_framework_for_the_optimal_delivery_of_bispecific_antibodies_for_patients_with_multiple_myeloma_v1_oct_2024.pdf.

12

Case 1

Community Start With Academic Backup

- **64-year-old**, triple-class exposed, moderate COPD, lives 90 minutes from academic center
- **Decision:** Community start in **hybrid model**
 - Step-up #1 inpatient at academic center
 - Step-up #2 and first treatment dose at community center with 24-hour observation and a pre-arranged escalation line
- **Key orders:**
 - Zoster prophylaxis, PJP prophylaxis
 - IVIG pathway
 - ASTCT grading card, tocilizumab availability, and fever algorithm
- **Outpatient/hybrid feasible with proper safeguards and prophylaxis**



Tabbara N, et al. *J Clin Oncol*. 2024;42:11146; Yee AJ. *Blood Cancer J*. 2024;14:110; Garfall AL, et al. *Front Oncol*. 2025;15:1630146.

13

Practical Checklist for Initiation of BsAbs at CoPs

- **Identify clinical champions at community sites**
 - Hematologist/medical oncologist
 - Infusion RN
 - ICU RN
 - Pharmacy
 - ED
 - ID
- **Select key performance indicators (KPIs)**
- **Finalize workflows**
 - Order sets
 - Algorithms
 - REMS/payer regulatory documents



Hennein R, et al. *Implement Sci Commun*. 2022;3:27.

14

Practical Checklist for Initiation of BsAbs at CoPs

- **Setting readiness**

- Crash cart
- Tocilizumab and siltuximab availability
- Pharmacist and ICU RN education
- ED alert and 24/7 coverage

- **Patient education materials**

- Wallet card (therapy, CRS/ICANS symptoms)
- Fever instructions
- Local ED letter
- CoP hotline

- **Shared documentation**

- Note templates for step-up completion



Garfall AL, et al. *Front Oncol.* 2025;15:1630146; Association of Community Cancer Centers. https://www.accc-cancer.org/docs/projects/bispecific-antibodies/checklist-for-bispecific-antibodies-jan-2022.pdf?sfvrsn=ad2f3ee4_2; Hennein R, et al. *Implement Sci Commun.* 2022;3:27.

15

Practical Checklist for Initiation of BsAbs at CoPs

- **Training and practice**

- CRS/ICANS assessment and response
- After-hours transfer

- **Launch cadence**

- Weekly case huddle
- Monthly case conferences
- Quarterly KPI review



Liang EC, et al. *Hematology Am Soc Hematol Educ Program.* 2023;2023:348-56; Devasia AJ, et al. *Blood Cancer J.* 2024;14:158.

16

Practical Checklist for Initiation of BsAbs at CoPs

- **At initiation:**

- Eligibility and consent
- Baseline infections workup
- Vaccination and IVIG plan
- Step-up setting decision



Garfall AL, et al. *Front Oncol.* 2025;15:1630146; Noar AP, et al. *PLoS One.* 2023;18:e0292343.

17

Case 2

Transition From Academic Hub to Community Site

- **58-year-old** post CAR T-cell (12 months prior), recurrent sinopulmonary infections, IgG 350 mg/dL
- **Decision:** Start linvoseltamab or elranatamab at academic hub; **immediate IVIG** then scheduled monthly; aggressive antimicrobial prophylaxis
- **Transition to community site:** Close telemonitoring from academic hub
- ***IMWG immunotherapy committee consensus guidelines and recommendations for optimal use of T-cell-engaging BsAbs***



Banerjee R, et al. *Blood Adv.* 2025;9:4720-6.

18

Practical Checklist for Transition to Community Sites

- **Maintenance:**

- Response assessment cadence
- Guidance on dose-spacing where permitted

- **Transitions:**

- Clear “hand-back” notes
- ED letters
- Restart rules after delays
- Regular communication
- Monthly case conferences



Noar AP, et al. *PLoS One*. 2023;18:e0292343.

19

Summary

- CoPs expand access to BCMA-directed BsAbs in RRMM—**but require disciplined programs**
 - Identify clinical champions and KPIs at community sites
 - Finalize workflows
 - Assess setting readiness
 - Launch cadence
- Transitions from academic hubs to community sites are feasible with proper safeguards and prophylaxis
 - Shared documentation
 - Regular communication



20