



Project
ECHO

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

**Quality of Life and Patient Experience With
BCMA-Directed Therapies in Multiple Myeloma**

Led by

BU Chobanian & Avedisian School of Medicine

Med-IQ

Produced in collaboration with

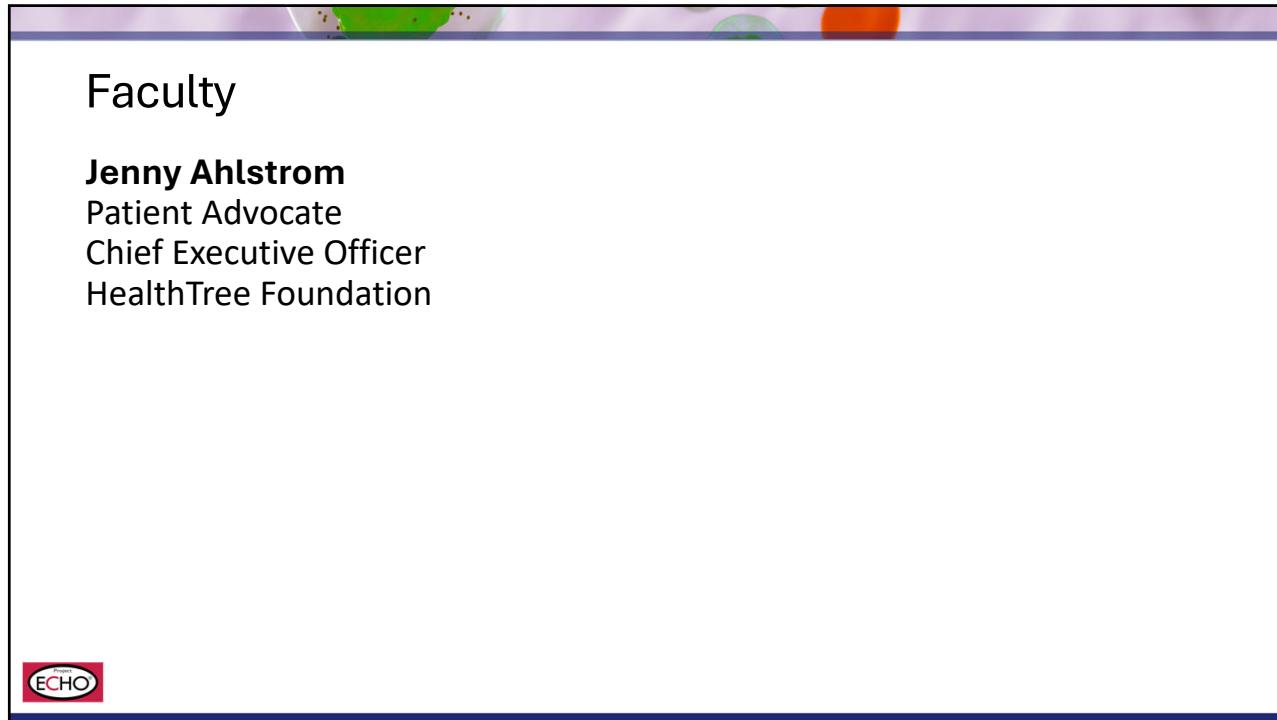
AAPA

HealthTree Foundation

APAO
Association of PAs
In Oncology

This activity is supported by educational grants from Pfizer Inc., AbbVie Inc., and Janssen Biotech, Inc., administered by Janssen Scientific Affairs, LLC.

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Faculty

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ECHO

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Learning Objectives

Upon completion, participants should be able to:

- Recognize the physical, emotional, and social quality of life of patients treated with BCMA-targeting BsAbs
- Develop personalized support plans that integrate multidisciplinary resources
- Establish and follow workflows and lines of communication for monitoring and managing BCMA-directed BsAb treatment-related adverse events



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HealthTree Patient Study



Patient Cohort

Total participants: 112 MM patients

Demographics: Mean age, 68.3 years; 95% White; 79% College educated

Status: 75% on continuous therapy; 23% discontinued



Treatments Used

Three different BCMA-directed BsAbs

Access: 60% commercial; 31% clinical trial



Hydren J, et al. *Clin Lymphoma Myeloma Leuk.* 2025;25:S322.

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Key Emotional, Social, and Physical QOL Experiences

Efficacy

- BsAbs are an efficacious drug class with 60%-70% ORR

Administration

- 64% of respondents completed step-up dosing in a single hospitalization
- 68% of respondents preferred inpatient dosing** (safety and monitoring)

Dosing Frequency

- 69% of patients started with **weekly dosing, which was associated with the highest dissatisfaction** (29% reported feeling "unhappy" or "terrible")

- Satisfaction rises dramatically as intervals lengthen; 75%-100% of patients on monthly/biweekly schedules reported positive sentiment**

Post Treatment

- 18% infection rate, managed proactively with IVIG (75%) and antivirals**
- Although overall QOL improved, 69% reported "severe" or "very severe" fatigue, highlighting a persistent challenge



Moreau P, et al. *N Engl J Med.* 2022;387:495-505; Lesokhin AM, et al. *Nat Med.* 2023;29:2259-67; Bumma N, et al. *J Clin Oncol.* 2024;42:2702-12; Hydren J, et al. *Clin Lymphoma Myeloma Leuk.* 2025;25:S322.

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Overall QOL (4 Months Post Treatment)

QOL	During relapse	4 months
Responses	100 2.8 ± 1.2	31 3.5 ± 1*
Excellent	7 (7%)	4 (13%)
Very Good	23 (23%)	14 (45%)
Good	32 (32%)	6 (19%)
Fair	23 (23%)	7 (23%)
Poor	15 (15%)	NA

Note:
"Very Good" or "Excellent" nearly doubled, from 30% to 58%

Fisher Statistical Comparison

Fisher Statistical Comparison (categorical) - NS

Note: Data are mean ± standard deviation (SD) and n (%). Percentage calculated by column totals. QOL scale: 1 = Poor, to 5 = excellent. T-test compares paired continuous values between relapse and 4 months, *indicating $P < .05$. Fisher's exact test compares paired categorical responses across timepoints.



Hydren J, et al. *Clin Lymphoma Myeloma Leuk.* 2025;25:S322.

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Overall QOL Improvements (4 Months)

Physical Health: QOL	During relapse	4 months
Responses	100 2.8 ± 1.2	31 $3.4 \pm 1^*$
Excellent	7 (7%)	3 (10%)
Very Good	20 (20%)	13 (42%)
Good	31 (31%)	8 (26%)
Fair	26 (26%)	7 (23%)
Poor	16 (16%)	NA

Note:

“Very Good” or “Excellent” physical health ratings nearly doubled, from 27% to 52%

Fisher Statistical Comparison

Fisher Statistical Comparison (categorical) - NS

Note: Data are mean \pm standard deviation (SD) and n (%). Percentage calculated by column totals. QOL scale: 1 = Poor, to 5 = excellent. T-test compares paired continuous values between relapse and 4 months, *indicating $P < .05$. Fisher's exact test compares paired categorical responses across timepoints.



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Overall QOL Improvements (4 Months)

Mental Health (Mood and Ability to Think): QOL	During relapse	4 months
Responses	100 3.2 ± 1.1	31 $3.8 \pm 1.2^*$
Excellent	13 (13%)	9 (29%)
Very Good	25 (25%)	15 (48%)
Good	39 (39%)	3 (10%)
Fair	17 (17%)	1 (3%)
Poor	6 (6%)	3 (10%)

Note:

“Very Good” or “Excellent” mental health ratings doubled from 38% to 77%.

Fisher Statistical Comparison

Fisher Statistical Comparison (categorical) - NS

Note: Data are mean \pm standard deviation (SD) and n (%). Percentage calculated by column totals. QOL scale: 1 = Poor, to 5 = excellent. T-test compares paired continuous values between relapse and 4 months, *indicating $P < .05$. Fisher's exact test compares paired categorical responses across timepoints.



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Overall QOL Improvements (4 Months)

Satisfaction With Your Social Activities and Relationships:		
QOL	During relapse	4 months
Responses	100 2.8 ± 1.1	31 3.7 ± 1.1*
Excellent	6 (6%)	7 (23%)
Very Good	25 (25%)	15 (48%)
Good	30 (30%)	4 (13%)
Fair	25 (25%)	4 (13%)
Poor	14 (14%)	1 (3%)

Fisher Statistical Comparison

Fisher Statistical Comparison (categorical) - NS

Note: Data are mean ± standard deviation (SD) and n (%). Percentage calculated by column totals. QOL scale: 1 = Poor, to 5 = excellent. T-test compares paired continuous values between relapse and 4 months, *indicating $P < .05$. Fisher's exact test compares paired categorical responses across timepoints.

Hydren J, et al. *Clin Lymphoma Myeloma Leuk*. 2025;25:S322.

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Develop Personalized Support Plans That Integrate Multidisciplinary Resources: **Education**

Community patients need **basic education** about BsAbs:

- What are BsAbs? Can I receive a BsAb?
- What are the pros and cons of BsAb therapy?
- What are the most common side effects of BsAb therapy? What side effects can I expect?
- Do I need a caregiver?
- What is step-up dosing?
- How can I receive this therapy in my local clinic?



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Develop Personalized Support Plans That Integrate Multidisciplinary Resources: **Education**

- Use teach-back method to ensure understanding
- Ask patients how they prefer to get patient educational material (eg, written, audio, video resources)
- For written material, provide at a fifth-grade reading level (or less)
- Reinforce teachings at consecutive visits



Magallanes S, et al. *Clin J Oncol Nurs.* 2025;29:400-8.

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Develop Personalized Support Plans That Integrate Multidisciplinary Resources: **Education**

Educational Resources:

- **Bispecific Antibody Guide:** <https://healthtree.org/myeloma/guides/bispecific-antibodies/introduction>
- **Bispecific Antibody Video Course: What Are Bispecific Antibodies?**
<https://healthtree.org/myeloma/university/courses/Gm7HKyNXTCoamoYXsCZE>
- **Resources From the International Myeloma Foundation:**
<https://www.myeloma.org/videos/infection-management-bispecific-antibodies-patients-guide>;
<https://www.myeloma.org/videos/coordinating-bispecific-antibodies-multiple-myeloma-patients-guide>
- **Caregivers need training too—33% of patients required a caregiver during step-up dosing, but only 25% of those caregivers received formal training**
- AHRQ has a Health Literacy Universal Precautions Toolkit to help providers make health information easier to understand: <https://www.ahrq.gov/sites/default/files/publications2/files/health-literacy-universal-precautions-toolkit-3rd-edition.pdf>



Hydren J, et al. *Clin Lymphoma Myeloma Leuk.* 2025;25:S322.

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Develop Personalized Support Plans That Integrate Multidisciplinary Resources: **Financial**

Financial

- Only **46%** of respondents stated that costs of BsAb therapy were discussed prior to treatment
- Travel assistance (23% [stated travel costs were covered]) and lodging support (11% [stated that lodging was covered]) are inconsistent

Financial Resources

- Your facility's social worker or financial advisor
- HealthTree Financial Coach Diahanna Vallentine—
<https://healthtree.org/myeloma/coach>
- Pharmaceutical company financial co-pay programs
- Travel expenses—
<https://healthtree.org/myeloma/community/financial-helpful-resources>



Hydren J, et al. *Clin Lymphoma Myeloma Leuk*. 2025;25:S322.

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Develop Personalized Support Plans That Integrate Multidisciplinary Resources: **Community**

Connecting Patients to One Another

- **HealthTree Coach Program**—one-on-one mentoring with experienced patients and caregivers with BsAb experience <https://healthtree.org/myeloma/coach>
- **HealthTree Connect (Social Media Myeloma Groups)**—
<https://healthtree.org/myeloma/connect/group/general>



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Establish and Follow Workflows and Lines of Communication for Monitoring and Managing BCMA-Directed BsAb Treatment-Related Adverse Events

Many communications to coordinate:

- Clinician to patient and caregiver
- Patient to clinician and care team
- Community provider (and care team) to academic center (and care team)

Communication is important; among the HealthTree patient study respondents who transitioned to local care (n = 11):

- 27% reported communication lapses between care teams
- 18% reported that issues included coordination for side effect prevention



The good news:

- Lower rates of CRS and ICANS with BsAbs compared to CAR T-cell therapy
- No ICU transfers reported; 71% avoided any further hospitalization after the step-up phase

Other news:

- Infections over time are a concern; limited-duration treatment is being studied in clinical trials

Garfall AL, et al. *Front Oncol.* 2025;15:1630146;
Vandenboom H, et al. *Blood.* 2024;144:6911;

Hydren J, et al. *Clin Lymphoma Myeloma Leuk.* 2025;25:S322.

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Establish and Follow Workflows and Lines of Communication for Monitoring and Managing BCMA-Directed BsAb Treatment-Related Adverse Events

Be Specific

- Patients and caregivers should know **who** to call and **when** there is an issue
- Provide wallet cards to patients to alert the ED team (or other providers) that the patient is receiving a BsAb
- Encourage your patients to become **educated** and **empowered**
- Encourage your patients to **connect** with other myeloma patients

Establish an Academic Center Relationship

- Text relationships are common to coordinate care
- Find an expert friend near you



Garfall AL, et al. *Front Oncol.* 2025;15:1630146.

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