
 **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


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 **Med-IQ®**

Produced in collaboration with

 **AAPA**

 **HealthTree
Foundation**


 **ASPAO**
Association of PAs
in Oncology

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Faculty

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Patient Advocate
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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; Bumba 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

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.

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



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 ± 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

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.

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



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

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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 ± 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%)

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.

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



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

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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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