Demystifying the Delivery and Adverse Event Management of Bispecific Antibodies in the Community Setting

Authors: R. Kajdic Hodzic¹, J. Koff², A. Mehta³, E. Budde⁴, S. Devarakonda⁵, D. Moore⁶, J. Brody⁷, B. Wuthrich⁸, R. Mancini⁹; C. Martin¹⁰; C. Mangir¹¹; A. Harvey¹¹; N. Colwell¹; E. Plotkin¹; M. Kisiel¹; A. Lile¹ ¹The Association of Cancer Care Centers; ²Winship Cancer Institute of Emory University; ³University; ³University; ³University of Alabama at Birmingham, O'Neal Comprehensive Cancer Center at UAB; ⁴City of Hope; ⁵The Ohio State University Comprehensive Cancer Center; ⁶Levine Cancer Institute Atrium Cancer Center; ⁹St. Luke's Cancer Institute; ¹⁰Penn Medicine Lancaster General Health; ¹¹Rhizome, LLC

INTRODUCTION

After 2 decades of research, bispecific antibodies (BsAbs) are an emerging treatment option for several hematologic malignancies. BsAbs are administered in multiple care settings (ie, community, academic, inpatient, and outpatient). While clinical trials have shown that FDA-approved BsAbs are safe and effective, there remains a need for additional research to inform real-world implementation in community cancer centers, where most cancer care is provided (Ellis et al, J Rural Health 2022). Patients need to be monitored for adverse events such as cytokine release syndrome (CRS), which must be promptly recognized and managed appropriately.

METHODS

Semi-structured focus groups were facilitated to ascertain types of organizational resources needed for BsAbs implementation in the community setting. Topics addressed included effective delivery of high-quality care and patient safety considerations, with a particular focus on adverse event management. Multidisciplinary professionals (n=30) participated in 2 focus groups held in June 2024.



Participants had varying levels of experience with BsAbs (ie, already administering BsAbs, delivering maintenance doses only, currently exploring potential options). Predominant themes from the focus groups were identified by 2 co-investigators using Rigorous and Accelerated Data Reduction (RADaR), a robust technique utilized for qualitative research.

CONCLUSIONS

advanced practice providers 2 other health care professionals physician practices

The findings of this qualitative pilot study suggest that common fears and misconceptions may be ameliorated through education. Various models of care can support BsAbs delivery in the community setting.

Additional qualitative and quantitative health services research is warranted to provide practical guidance for BsAb delivery at community cancer centers, with a focus on patient safety and improved patient access.

AUTHOR CONTACT INFORMATION

Rifeta Kajdic Hodzic, CHPM

Senior Program Manager, Provider Education Association of Cancer Care Centers (ACCC) rhodzic@accc-cancer.org

Access the bispecific antibodies program page and other resources here:

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Lack of familiarity with BsAbs

In the community setting, BsAbs are often conflated with chimeric antigen receptor (CAR) T-cell therapy. Misconceptions persist regarding the frequency of adverse events during the maintenance phase of treatment, which typically present less often during BsAb therapy. These factors contribute to a lack of confidence among providers and organizations hesitant to administer BsAbs.

However, organizations that are currently delivering BsAbs believe they are ready for administration in the community, with multiple models of care available (eg, offering both ramp-up and maintenance or working with another program to provide maintenance closer to patients' homes). To identify the best model, community centers should assess internal capacity and regional capabilities (eg, hospital partnerships, home health).

E Importance of education and training

Focus group organizations that are emphasized the importance of provider and patient/ caregiver education to ensure safety (eg, internally housing recordings of provider education for easy reference, holding trainings with local emergency departments, and using EMR smart phrases to document delivery of patient education). Participants indicated the need for cross-organizational coordination (eg, sharing direct contact information and providing transition of care notes) to facilitate appropriate management of adverse events.

-<u>-</u>--+ ----+ Models of care

To ensure financial affordability and sustainability, participants acknowledged the importance of predetermining prior authorization structure and impact on BsAb delivery (ie, inpatient or outpatient). A community center should begin by selecting 1 or 2 BsAbs that best fit their institutional capacity. All participants emphasized the need for capacitybuilding resources (eg, staff needed to manage adverse events, selection criteria for patients/caregivers, and sample clinical workflows).





FINDINGS

Themes emerging from the qualitative analysis include: lack of familiarity with BsAbs, importance of education and training, models of care, financial affordability and sustainability, and need for capacity building.