Bispecific Antibody Treatment in the Community Cancer Center Setting
Michelle L. Wehbe, Steven R. Schuster, MD

Bispecific antibodies are a novel therapy that use two different binding sites to engage effector cells and/or cytokines to tumors. In 2014 the first bispecific agent received accelerated approval from the FDA as a breakthrough therapy for B-cell acute lymphoblastic leukemia. Only nine bispecific agents are FDA approved today. They are primarily used for the treatment of hematologic malignancies, though there is emerging evidence for efficacy with solid tumors. These agents have been shown to be highly effective, though they carry a unique and potentially severe side effect profile. We aim to demonstrate that despite the side effect profile, patients can receive bispecific antibody treatment in the community infusion center setting without an increase in adverse effects. In this study, we will compare adverse effects between patients who receive full duration of treatment at academic/tertiary cancer centers and those who receive the second portion of their treatment at a community infusion site via retrospective chart review and EHR data analysis. Our analysis will be limited to patients who received blinatumomab, tebentafusp, or teclistamab and the adverse effects of cytokine release syndrome, immune effector cell-associated neurotoxicity syndrome, infections, tumor lysis syndrome, and elevated liver enzymes.