6354. Patient Perspectives and Preferences for Step-up Dosing and Treatment with Teclistamab and Talquetamab: Insights from a Patient Survey

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BACKGROUND

- Teclistamab (Tec) and Talquetamab (Tal) are first-in-class FDA approved bispecific antibodies (BsAb) indicated for the treatment of patients with relapsed/refractory multiple myeloma (RRMM) who have received at least four prior lines of therapy including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody.
- Per US label, Tec and Tal should be initiated with step-up dosing (SUD) in an inpatient (IP) setting to mitigate the risk of cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS).[1,2]
- However, in real-world settings an increasing number of patients are receiving SUD in an outpatient (OP) or hybrid setting (IP and OP) to reduce healthcare resource utilization and improve patient experience.
- This study aims to understand patient perspectives and preferences on the process of receiving Tec and Tal treatment.

METHODOLOGY

- HealthTree (HT) Foundation is a multiple myeloma patient advocacy group which provides patients with information on treatments, community groups, and research participation.
- Adult patients with RRMM who received a standard-of-care (SOC) BsAb therapy for MM & are enrolled in the HT Foundation were invited to participate in the treatment-experience survey (May 2024 to June 2025). This study reports on the survey respondents who were treated with Tec or Tal and had at least 4 months of follow-up after starting BsAb.
- The survey aimed to gain a comprehensive understanding of patient-reported experiences with bispecific treatments, providing valuable insights into SUD settings, treatment logistics and patient preferences during maintenance therapy.
- Data collection followed Institutional Review Board-exempt protocols with informed consent.

CONCLUSIONS

- Most patients (66%) preferred a single planned IP visit for BsAb initiation.
- While OP SUD patients prioritize convenience, patients who prefer IP dosing often value the added security provided by IP monitoring.
- As Tec/Tal SUD expands in the OP setting, this study underscores the need to consider patient preferences during treatment planning and consider providing SUD options closer to community clinics.
- Prophylactic options (prophylactic tocilizumab and “pocket dexamethasone”) and education on OP SUD safety protocols may enhance patient confidence in OP SUD and improve patient convenience.

RESULTS

- 61 patients completed the survey. Of these, 19 patients received Tal, and 42 patients received Tec. A total of 32 patients had at least 4 months of follow up and are included here (n=24 Tec, n=8 Tal) (**Table 1**).

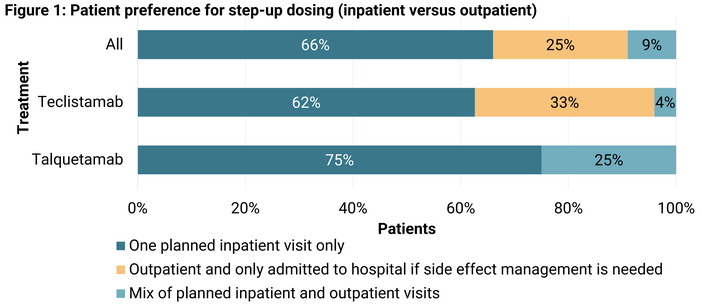
Table 1: Patient characteristics

Characteristics	Overall cohort (N=32)	Talquetamab (N=8)	Teclistamab (N=24)
Age, median (IQR)	70 (66, 75)	71 (68, 74)	70 (65, 75)
Gender, n (%)			
Female	16 (50)	5 (63)	11 (46)
Male	16 (50)	3 (38)	13 (54)
Race, n (%)			
Non-Hispanic White	27 (84)	7 (88)	20 (83)
Non-White/mixed race/Hispanic	4 (13)	1 (13)	3 (13)
Other/unknown	1 (3)	0 (0)	1 (4)

IQR, interquartile range.

- Most patients (n=24; 75%) received SUD at their primary oncology clinic and 8 (25%) at an academic center which was not their primary oncology clinic (all later transitioned to their local community clinic post-SUD).
- Median length of hospital stay was 8 days. Patients transitioning reported being satisfied (n=2; 25%) or very satisfied (n=6, 75%) with their transition of care experience.
- Most patients (n=27; 84%) received their entire SUD in an IP setting, 4 (13%) received all SUD in an OP setting, and 1 (3%) received SUD in a hybrid setting.
- Patient preference for SUD is shown in **Figure 1**. Although 84% (n=27) of the patients received IP SUD, 66% (n=21) would have preferred IP SUD in one hospitalization, while the remaining 34% (n=11) would have preferred OP or hybrid SUD (**Figure 1**).

Figure 1: Patient preference for step-up dosing (inpatient versus outpatient)



- The main factor influencing patient preference was feeling more secure with IP monitoring (78%) for the IP SUD and convenience for patients preferring OP SUD (50%) (**Table 2**).

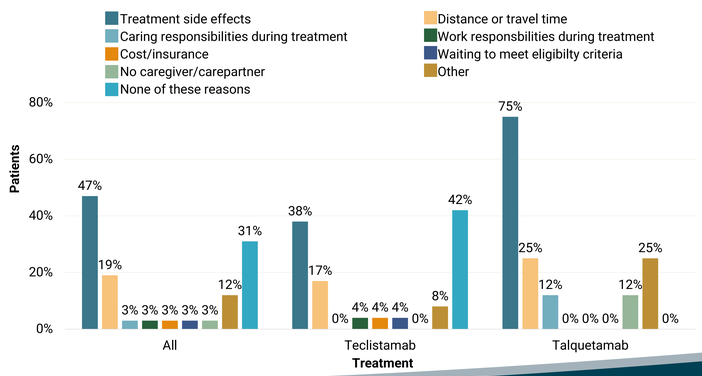
Table 2: Factors influencing step-up dosing preferences, in patients receiving care in the inpatient, outpatient, and hybrid settings

Factor, n (%)*	All (N=32)	Inpatient (N=27)	Outpatient (N=4)	Hybrid (N=1)
Feel more secure with inpatient monitoring	22 (69)	21 (78)	1 (25)	0 (0)
Convenience	10 (31)	7 (26)	2 (50)	1 (100)
Not having to worry about places to stay near healthcare centers	4 (12)	4 (15)	0 (0)	0 (0)
Being able to stay with my local physician	3 (9)	3 (11)	0 (0)	0 (0)
Being able to stay closer to home	2 (6)	2 (7)	0 (0)	0 (0)
Lower costs to patient	2 (6)	1 (4)	1 (25)	0 (0)
Poor health conditions or comorbidities that can be better managed inpatient	1 (3)	1 (4)	0 (0)	0 (0)
More flexible dosing schedule	1 (3)	0 (0)	1 (25)	0 (0)

*Patients could choose multiple factors as influencing step-up dosing preference

- Although Tec and Tal are subcutaneous injections, when patients were asked to compare the options of BsAbs with comparable efficacy and safety profile, most favored subcutaneous injection (n=22; 69%) over intravenous infusion (n=3; 9%).
- The challenges that impacted pt experience with Tec or Tal were treatment side effects (Tal patients: n=6, 75%; Tec patients: n=9, 38%) and distance or travel time to the treatment facility (Tal patients: n=2, 25%; Tec patients: n=4; 17%) (**Figure 2**).

Figure 2: Challenges experienced during bispecific antibody treatment



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