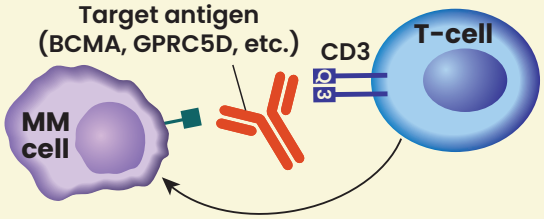
BISPECIFIC ANTIBODY THERAPY
A Guide to Navigating Your Myeloma Treatment Journey

What is a bispecific antibody?

These are drug-like molecules ("antibody") designed to pull 2 ("bi") unique ("specific") cell types together inside the body. In the case of myeloma, 1 target is on the outside of a myeloma cell and the other target is on the outside of the immune cell. Often with cancer, the immune system stops seeing the myeloma cells as a problem threatening the body. It is the goal of the bispecific antibody to change that by exposing myeloma cells and bringing the immune system to the problem.



Bispecific antibodies were created by scientists for 1 side to attach to the cancer cell and the other side to attach to the immune killer cell. The 2-sided antibody binding will bring the immune killer cell close to the cancer cell. Then the immune killer cell will recognize the cancer cell as a problem and take action to destroy it.

What specifically is on the outside of a myeloma cell that is identified by the bispecific antibody?

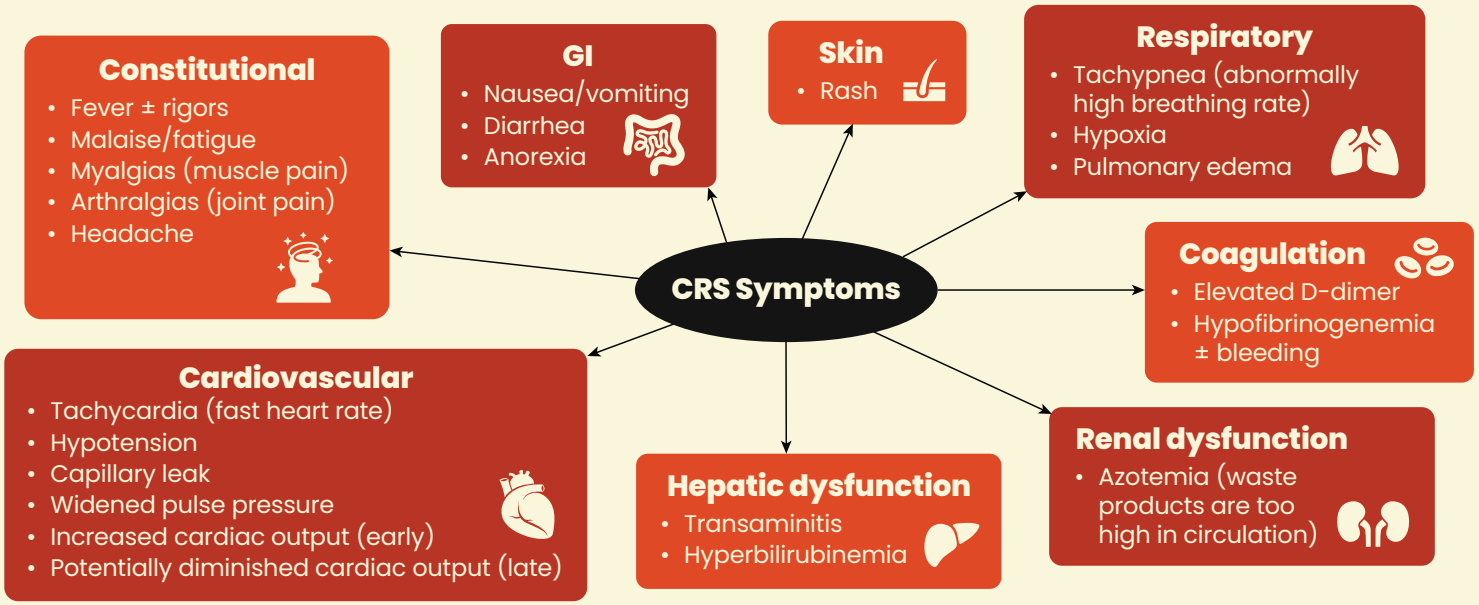
Therapeutic Targets of Bispecific Antibodies in Multiple Myeloma

Bispecific Antibody	Target	Site of Expression	Target	Site of Expression
Elranatamab	BCMA	Myeloma cell	CD3	T-cell
Linvoseltamab	BCMA	Myeloma cell	CD3	T-cell
Teclistamab	BCMA	Myeloma cell	CD3	T-cell
Talquetamab	GPRC5D	Myeloma cell	CD3	T-cell
Cevostamab*	FcRH5	Myeloma cell	CD3	T-cell

*Investigational.

What are 3 important side effects of these drugs?

Cytokine release syndrome or CRS: an inflammatory reaction that occurs when the body's immune system becomes overstimulated and reacts by releasing too many unnecessary "activate" signals into the bloodstream (analogous to one having an excessive reaction to a bee sting or peanuts when the individual is not allergic to these non–life-threatening substances).



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Immune Effector Cell–Associated Neurotoxicity Syndrome or ICANS: a syndrome that occurs when the body's immune system accidentally turns on and attacks the nervous system.

What patients might experience with ICANS:

- Agitation
- Cognitive impairment
- Confusion
- Delerium
- Dizziness
- Hallucination
- Nerve damage affecting movement and sensation
- Reduced reactions
- Seizures
- Slowed thinking
- Temporary difficulty with language (speaking, reading, or writing)
- Tremors
- Vertigo

Infection: a situation that occurs when a virus or bacteria enters the body and the immune system is unable to combat these tiny invaders, which cause problems for good health.

With bispecific antibody therapy, infections are an important long-term effect, particularly with those drugs that bind to BCMA (ie, elranatamab, linvoseltamab, and teclistimab). Your healthcare professional will discuss proactive infection prevention strategies with you. However, you also need **to inform your provider of signs of infection** (eg, fever, redness, warmth, swelling, etc) and **seek prompt medical attention before more serious problems develop**. Most of these side effects are mild, but they can be severe, which is why it is important to report them as soon as you notice them.

Medication dosing

Bispecific antibodies as drugs need to be introduced into your system slowly. For the first dose, you will not be given a full dose of the drug. You will receive a smaller dose to see how your body reacts to the medication. This process is called "step-up dosing," where the doses are split into smaller doses and administered over several days to avoid overstimulating the immune system.

Please see table on the next page

Things to keep in mind with outpatient step-up dosing

- You must live or stay within 30-45 minutes of a hospital
- You should come in for in-person visits
- You should receive a wallet card with important information
- Your healthcare professional should review the symptoms of CRS and ICANS

Things to keep in mind with outpatient step-up dosing

- A driver for treatment days
- A caregiver is available for 48 hours after each step-up dose
- Make sure you have a working thermometer at home
- More patient education materials:
  - International Myeloma Foundation: myeloma.org/emerging-therapies/bispecific-therapies
  - HealthTree Foundation for Multiple Myeloma: healthtree.org/myeloma/guides/bispecific-antibodies/bispecific-antibodies-myeloma-guide-fda-approved-bsab
  - American Association of Cancer Care Centers: accc-cancer.org/education-and-resources/clinical-practice-treatment/treatment/bispecific-antibodies

References

1. Barila. Pharmaceuticals (Basel). 2021;14:40.
2. Elranatamab-bcmm PI.
3. Linvoseltamab-gcpt PI.
4. Riegler. Ther Clin Risk Manag. 2019;15: 323.
5. Talquetamab-tgvs PI.
6. Teclistamab-cqyv PI.
7. van de Donk. Lancet Haematol. 2024;11:e693.

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Medication dosing

			First Treatment Cycle							Subsequent Cycles	
Bispecific Ab	**Route**	**Notes**	**Full Dose**	**Day 1**	**Day 3**	**Day 4**	**Day 7**	**Day 10**	**Day 15**		**Follow up**
Elranatamab	SC		76 mg	12 mg		32 mg				76 mg	
		Weekly	76 mg								1 week after first dose, once/week until Week 24
		Biweekly	76 mg								Every 2 weeks, Weeks 25-48
		Every 4 weeks	76 mg								Every 4 weeks, Week 49 thereafter
Linvoseltamab	IV		200 mg	5 mg					200 mg	200 mg	
		Weekly	200 mg								After Day 15, once/week from Week 4-Week 13 for 10 doses
		Biweekly	200 mg								Every 2 weeks, Week 14 thereafter
		Every 4 weeks	200 mg								Every 4 weeks, Week 24 thereafter
Talquetamab	SC										
		Weekly	0.4 mg/kg	0.01 mg/kg		0.06 mg/kg	0.4 mg/kg			0.4 mg/kg	1 week after first dose, once/week thereafter
		Biweekly	0.8 mg/kg	0.01 mg/kg		0.06 mg/kg	0.4 mg/kg	0.8 mg/kg		0.08 mg/kg	2 weeks after first dose, every 2 weeks thereafter
Teclistamab	SC	Alone (monotherapy)	1.5 mg/kg	0.06 mg/kg	0.03 mg/kg	0.03 mg/kg	1.5 mg/kg			1.5 mg/kg	1 week after first dose, once/week thereafter
		Combination - weekly (Weeks 2-8), then biweekly (Weeks 9-24)	3.0 mg/kg	0.06 mg/kg			1.5 mg/kg			1.5 mg/kg Weeks 2-8, then 3 mg/kg biweekly Weeks 9-24	Every 4 weeks from Week 25 onwards