

# Some key differences between immunotherapy options, such as CAR-T therapy and Bispecific Antibodies (BsAb) therapy

CAR-T therapy, like BsAb, is a T-cell redirection approach to MM treatment.<sup>1</sup> There are differences between the two therapy classes generally worth understanding.





Administration	
Single IV infusion 7,8,12,14,15	Weekly or biweekly SC administration until disease progression <sup>4-6,9-12</sup>
Account for personalised manufacturing turnaround time (during which bridging therapy is recommended) and administered exclusively at certified treatment centres <sup>3,13</sup>	Immediate availability at local healthcare facilities, but requires step-up priming doses where patients need to be in proximity of the healthcare facility for monitoring <sup>3-6,9-11</sup>
Safety Profile	
CRS and ICANS were more common and more severe than with BsAbs in clinical trials <sup>4-11,14</sup>	CRS and ICANS were less common and less severe than with CAR-T therapy in clinical trials <sup>4-11,14</sup>
Risk of HLH/MAS, prolonged cytopenia, and secondary haematological malignancies <sup>7,8,14,15</sup>	
May have a less persistent infection risk and a lower incidence of severe infections compared with BsAbs <sup>16</sup>	May have a more persistent infection risk and a higher incidence of severe infections compared with CAR-T therapy <sup>16</sup>
Indication	
Indicated for RRMM use as early as the second or third line of therapy (among other requirements) <sup>7,8,14,15</sup>	Indicated for RRMM use at the fourth or fifth line of therapy(among other requirements) <sup>4-7,9-11</sup>

This table is for illustrative purposes. Direct comparison between different therapeutic drugs is not intended and should not be inferred in the absence of head-to-head prospective studies.

# **Patient Journey**

### Selection for CAR-T therapy

Some factors to consider when identifying patients suitable for CAR-T therapy



## Is the patient

clinically stable?<sup>2</sup> Consider ECOG-PS, disease biology factors, will the patient be able to wait during manufacturing time with appropriate bridging

Is the patient sufficiently robust to withstand any adverse effects?<sup>2</sup>

Consider the bone marrow reserve, tumour burden, organ function, and co-morbidities for example



## **Treatment-free period**

To avoid possible detrimental effects of anti-MM drugs on the number and health of T-cells, therapy is typically held for >2 weeks as a washout period prior to

#### Leukapheresis



### **Bridging phase**

disease burden and improving clinical outcomes<sup>2</sup>

Selection and activation

CAR-T cell expansion



Is the patient willing and able to meet the logistical requirements?<sup>2</sup>

Patients need to remain near the CAR-T centre for  $\geq$ 4 weeks after the infusion with the support of a caregiver

# Lymphodepletion

Lymphodepletion regimens may need modification in patients with renal insufficiency<sup>2</sup>

Infusion

### Follow-up care

• Patients must be monitored for signs and symptoms of CRS and neurotoxicity by the CAR-T centre for >4 weeks,<sup>2</sup> after which referral centres should continue monitoring patients and select effective treatments post-CAR-T relapse • Collaboration between treating and referring physicians is essential for the transition back to primary care<sup>2</sup>, which could potentially include regular communication, multidisciplinary team meetings, and/or or the provision of specific education/guidance from the CAR-T centre



Start thinking about CAR-T therapy at an early stage of RRMM<sup>3</sup>

# **Conclusion/Key Learnings**

Collaboration between treating and referring centres is potentially critical to patient outcomes from CAR-T therapy



Having multiple treatment options
 enables tailored treatment and may
 benefit patient outcomes<sup>17</sup>

#### Abbreviations

BCMA: B-cell maturation antigen; BsAb: bispecific antibody; CAR-T: chimeric antigen receptor T-cell; CD3: cluster of differentiation 3; CRS: cytokine release syndrome; ECOG-PS: Eastern Cooperative Oncology Group performance status; HLH: haemophagocytic lymphohistiocytosis; HRQoL: health-related quality of life; ICANS: immune effector cell-associated neurotoxicity syndrome; MAS: macrophage activation syndrome; MM: multiple myeloma; RRMM: relapsed/refractory multiple myeloma. IV: intravenous SC: subcutaneous

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