

Adverse Effect Management for Bispecific Antibodies in Multiple Myeloma

During a recent CancerNetwork® Training Academy program, experts in multiple myeloma discussed adverse effect (AE) management in patients being treated with bispecific antibodies.

Meet the Experts



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Common AEs

- B-cell maturation antigen treatments can cause severe gastrointestinal (GI) AEs such as nausea, vomiting, dysgeusia, and anorexia.
 - Dysgeusia is more commonly associated with chemotherapy treatment vs a bispecific antibody.
- Treatments targeting GPRC5D may cause skin and nail changes, which may lead to neuropathy and further affect patients who have preexisting low-grade neuropathy.
- Cytomegalovirus and other gut infections may be common but are typically seen in patients who have had multiple lines of therapy and transplants.
 - An endoscopy should be performed to take a biopsy and stain for the virus in the GI tract.
- Treatment with a FcRH5 bispecific antibody may induce neuropathy, specifically if patients are more predisposed by having received other agents in the past.
- When an anti-CD38 antibody is incorporated into treatment, hypogammaglobulinemia may be observed, and intravenous immunoglobulin should be given prophylactically to mitigate the AE.

Key Takeaways

- Patients should weigh themselves regularly and monitor their appetite to determine whether AEs are affecting their quality of life.
- Clinicians should consider spacing out dosing to alleviate neurocognitive-sensitive neuropathy.
- Longitudinal follow-up is needed to see how AEs are fully affecting a patient over time.
- A multidisciplinary approach is suggested when neuropathies are being experienced to help improve the patient's quality of life. ■