

Handling an Intricate Case of R/R MM With BCMA/GPRC5D Bispecific Antibodies

A multidisciplinary care team from the Huntsman Cancer Institute at the University of Utah in Salt Lake City considered the proper way to handle a complex case of relapsed/refractory multiple myeloma and ultimately decided to treat with talquetamab-tgvs (Talvey) during a Training Academy event hosted by CancerNetwork. Here are their takeaways.

Patient Case

A 76-year-old woman who was diagnosed with Revised International Staging System stage unknown oligosecretory IgG-κ light chain multiple myeloma in 2010 is on her eighth line of treatment and has been on single-agent talquetamab for over 1 year.

- The patient was previously treated with autologous hematopoietic stem cell transplant; bortezomib (Velcade), thalidomide (Thalomid), and dexamethasone; bortezomib, lenalidomide (Revlimid), and dexamethasone; daratumumab (Darzalex), bortezomib, and dexamethasone; and daratumumab, pomalidomide (Pomalyst), and dexamethasone, among others.
 - She handled treatment well despite neuropathy and recurrent infections.
 - On each line of treatment, she achieved the expected progression-free survival.
- The patient experienced progression after a clinical trial, and the care team opted to start her on talquetamab as she was determined to have disease that was B-cell maturation agent (BCMA) refractory.
 - The change was made because of the power of switching to GPRC5D.

- The dosing process is as follows:
 - Day 1: 0.01 mg/kg subcutaneous injection
 - Day 3: 0.06 mg/kg
 - Day 5: 0.4 mg/kg
 - Patients are monitored in the hospital for 48 hours.
 - If the patient is released to the outpatient setting, then the dose is 0.8 mg/kg.
 - If the patient is still admitted, the care team will meet to discuss appropriate dosing strategies.
- The care team reduced dosing due to suspicion of a complete response.
- The patient was admitted for inpatient treatment after day 1 of talquetamab for cytokine release syndrome and immune effector cell–associated neurotoxicity syndrome observation.
 - The patient elected not to undergo another bone marrow biopsy.
 - Adverse effects (AEs) forced dose holds, and data show that reduced dose frequency of talquetamab should maintain responses while reducing AEs.
 - The patient experienced skin, nail, and oral toxicities.

Key Takeaways

- How do you prioritize treatment goals given the patient's age and comorbidities?
 - Through shared decision-making. Always discuss the pros and cons of treatment options with the patient.
- How do you assess the risks and benefits of continuing vs switching therapies?
 - Abiding by a low threshold for holding the drug and reducing the frequency of drug dosing once a patient achieves a response.
- What role does supportive care play in managing chronic symptoms?
 - Spaced-out dosing of talquetamab gave her time to improve her other comorbidities by enrolling in a better exercise program and having closely managed nutrition to watch out for oral toxicities as well as weight loss.

Meet the Experts



Douglas W. Sborov,
MD, MS



Mary Steinbach, NP



Kelley Julian,
PharmD, BCOP