

Use of Bispecific T-cell Engaging Antibodies (BsAbs) in Community Practices: Multidisciplinary Perspectives on Developing Logistics and Workflow for Cytokine Release Syndrome (CRS) Management

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OBJECTIVE

Real world experience was gathered from OneOncology community healthcare professionals to understand key steps, challenges, and best practices to establish workflows for CRS management

CONCLUSIONS

Use of BsAbs in the community setting requires thoughtful care coordination within and between the clinic and local hospitals

Keys to success include identifying practice champions to develop flexible, practice-specific workflows for managing CRS, transitioning patients efficiently between the outpatient and inpatient settings if needed, and continuous training of staff, patients, and caregivers

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INTRODUCTION

- Bispecific T-cell engaging antibodies (BsAbs) are expanding clinical options for patients with hematological malignancies
- One key factor impacting the ability of community practice settings to offer these treatments is the capacity to manage adverse events, including cytokine release syndrome (CRS)
- Creating coordinated health care staff practices, establishing practice network partnerships, and understanding patient support systems are essential to managing CRS associated with BsAbs in community settings, where a majority of patients with lymphomas are treated

RESULTS

Creating a coordinated workflow plan

Key workflow steps included defining a communication plan during and after practice hours, designating leads to oversee training, and creating practice-specific plans for cross-functional team coordination

A BsAbs champion and key care team members

- Champion:** Helps initiate and drive efforts, build advocacy, and overcome barriers; most often a hematologist focused oncologist, but can include other healthcare professionals
- Multidisciplinary team (physicians, pharmacists, nursing staff, formulary decision-makers, and financial managers):** Create practice-specific CRS standard operating procedures (SOPs)
- Extended clinical care team (front-office/chemotherapy schedulers, nursing staff, infusion nurses, advanced practice providers, and pharmacy staff):** Key roles for education and care coordination

Preparing care teams for after-hours needs

- Call or triage system can ensure a **heme specialist** is available
- Utilize **advanced practice providers** to fill gaps in **after-hours** hematology coverage, and provide non-hematology physicians with written care plans for CRS

Developing a site-specific plan

- Flexibility:** Guidelines from other sites may be useful, a site-specific "playbook" is highly recommended
- Lines of communication:** Plans including specific information, recipients, and method of contact can ensure effective communication when management of a patient with CRS is needed
- Training:** Manufacturer drug information can be a useful source of training; designation of a lead nurse responsible for overall staff education
- Consistent procedures:** Automated prompts in electronic medical records (EMR) help with standardization of practice-specific SOPs and playbook
 - A process for inpatient admission for moderate/severe CRS developed with hospital staff was fundamental for successful patient management and ensuring hospital staff training

METHODS

- Qualitative data were gathered via a 90-minute physician focus group (N=5) and an advanced practice provider focus group (N=7)
 - Participants were heme-oncology physicians along with advanced practice providers that included heme-oncology focused pharmacists, nurses, and nurse practitioners
 - All were in community physician-owned practices with 10-20 physicians

- As of January 2024, participants had treated >30 patients with commercially available BsAbs
- Theme matrix techniques were used to facilitate data analysis and group into 3 categories:
 - Creating a coordinated workflow plan
 - Building network partnerships
 - Understanding patient support

Building network partnerships

Communication processes among practice, pharmacy, and hospital staff before, during, and after BsAbs treatment were established, and methods to ensure availability of CRS treatment were identified

Establishing a network

- Support of hospital leadership and a commitment to training are essential for successful implementations of a BsAbs program
- Partnership is established by the Heme Practice Champion and the hospital CEO/CMO
- Once process and workflow are established, pharmacy, emergency department, intensive care unit, and other social/financial professionals are included



Communication best practices

- Provide **protocols, guidebooks, training resources, and risk assessment tools** and disseminate to network partners
- Notify front office staff/chemotherapy schedulers** of a new patient
- Pre-register patients, coordinate scheduling and sending of reports**, between clinic and hospital to ensure **availability of a bed** at the end of infusions and seamless transition of patient
- Utilize EMR systems** to highlight patients at risk of CRS and when to inform a heme specialist
- Share CRS and signature assessment tools** across clinic and inpatient caregivers to ensure that everyone uses the same tools
- Create hand-off reports** as patients transition from outpatient to inpatient and set expectations with the hospital care team detailing the patient's treatment plan
- Advanced practice providers** employed by the clinic may work in the hospital to coordinate inpatient care

Understanding patient support

Continuous patient and/or caregiver education on pre- and post-BsAbs treatment, particularly CRS symptoms, and how and when to access care were described

Good candidates for BsAbs

- Patient can monitor vital signs and other CRS symptoms
- Have social support
- Can access inpatient or emergency care, if needed

Strategies and tools for patient education

- Continuously **leverage existing education processes** for patients and caregivers who are generally already familiar with post-treatment protocols
- Direct communication** is often effective for educating patients about a new treatment
- Provide education and assessment tools in **languages other than English**
- Nurses, nurse navigator, or advanced practice providers **educate patients on their treatment regimens**, side effects, and when to contact their provider
- Important **at-home monitoring tools** that are regularly provided include a thermometer, directions for when and who to call, and a handwritten diary

Caregivers are considered important

- Particularly during step-up doses and are encouraged to attend appointments
 - In the absence of a caregiver, patients may be admitted to the hospital for step-up dosing

Empowering patients to advocate for themselves

- Written scripts and wallet cards with their treatment details can prepare patients to communicate with hospital providers, if necessary