Implementation and Safety of an Outpatient Bispecific T-Cell Engager (TCE) Program within a Community Oncology Network

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Background

Initiation of bispecific TCEs commonly includes hospital collaboration for the administration of or observation after step-up doses due to the risk of cytokine release syndrome (CRS) and immune effector cell–associated neurotoxicity syndrome (ICANS). This creates a barrier to implementation for community practices without inpatient services.

Objective

Determine if bispecific T-cell engagers may be administered safely in the outpatient setting by independent community oncology practices

References & Disclosures

The following relevant financial relationships from the past 24 months have been identified and disclosed for the following faculty of this CE activity: Melody Chang (J&J, Pfizer –advisory board member; Acrotech - speaker); Brooke Peters (J&J, Amgen, Regeneron, Pfizer - speaker; Regeneron, Genentech –advisory board member); Manale Maksour (Pharmacosmos, Gilead – advisory board member). There are no relevant conflicts of interest to disclose for this presentation for the following planners and reviewers of this CE activity:, Cassandra Perkey, Nicole McMullen, Robert Carr, Tahsin Imam, Daisy Doan

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Methods

A retrospective review of patients receiving bispecific TCEs through an outpatient-only approach (no planned hospital admission/observation at AON practices with therapy initiated between 1/1/2025 and 5/19/2026 was conducted to evaluate program adherence and safety.

Figure 1: Bispecific TCE Patient Count (n=66)

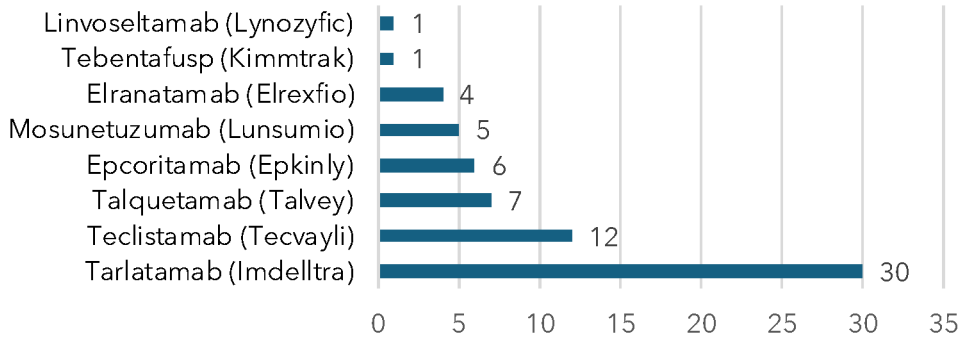


Table 1: Adherence to Program Treatment/Supportive Care Recommendations	N (%)
Provider visit on all SUD days	64 (97)
Provider visit on designated monitoring days	59 (89.4)
Antimicrobial prophylaxis ordered (hematologic malignancies) N=30	21 (70)
Pill-in-pocket dexamethasone ordered	41 (62.1)
IV fluids on designated post-dose monitoring days	57 (86.4)
IV dexamethasone on designated post-dose monitoring days	62 (93.9)

Results / Conclusion

Figure 2: CRS and Prophylactic Tocilizumab (ppx toci)

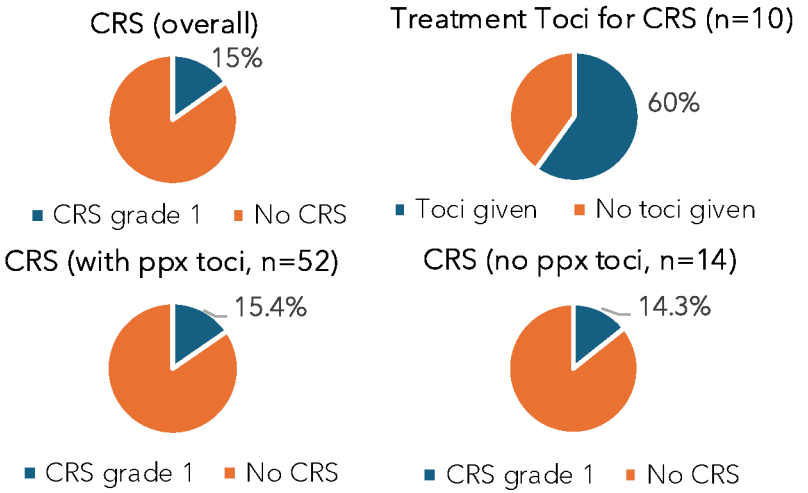
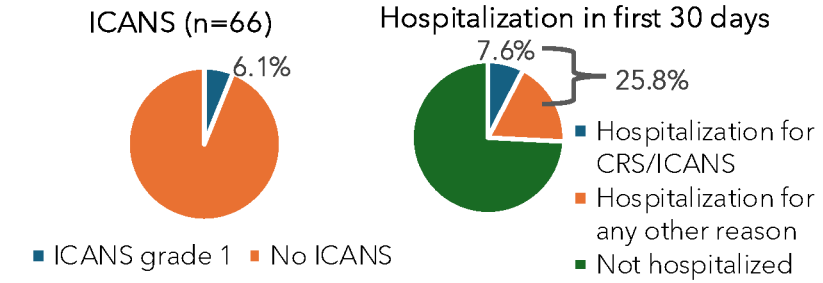


Figure 3: ICANS and Hospitalization in First 30 Days



Conclusion: This data supports that a fully-outpatient approach to administration and monitoring of bispecific TCEs can be implemented safely in the community setting.