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**Abstract Title :** Effectiveness of remote patient monitoring in enabling outpatient step-up dosing for bispecifics at a large academic cancer center in the USA

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## Abstract Body

### Background

Teclistamab (Tec) and talquetamab (Tal) are the two first approved T-cell engaging bispecific antibodies (BsAbs) for the treatment of relapsed/refractory multiple myeloma (RRMM), which are initiated using step-up dosing (SUD), usually in an inpatient (IP) setting to mitigate the risk of adverse events (AEs) such as cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS). However, institutions are transitioning to outpatient (OP) SUD models to reduce healthcare resource utilization (HCRU). Remote patient monitoring (RPM) during OP-SUD may enable timely detection of CRS to help improve patient (pt) safety, reduce IP HCRU and improve pt experience. This real-world study evaluated the safety outcomes and HCRU of patients with RRMM initiating Tec or Tal SUD in an OP-RPM setting at a large academic cancer center in the USA.

### Methods

This retrospective, observational study included adult pts with RRMM who initiated Tec or Tal between May 2024 – Jun 2025 in an OP-RPM setting. Pts selected for OP-RPM SUD were required to have a caregiver, stay <1.5 hrs of main campus, have ECOG 0-1, and be without high disease burden, cognitive or neurological impairments, or complex co-morbidities. The institutional protocol was amended in Dec 2024 to administer prophylactic tocilizumab before the first SUD for all OP-RPM pts initiating Tec or Tal. Pts were provided with RPM devices for the entirety of OP-SUD. They captured continuous pulse rate, oxygen saturation, respiratory rate from the upper arm, continuous temperature from the axilla and intermittent blood pressure 4x daily. Results were summarized descriptively.

### Results

This study included 13 pts with RRMM who received a total of 14 treatments with Tec or Tal in an OP-RPM setting (Tec=10, Tal=4). The median age was 67 years, 61.5% male, 53.8% White, 23.1% Asian, 15.4% Hispanic; 46.2% had high-risk cytogenetics per IMWG criteria. Pts lived a median of 19 miles away from main campus (range 1-55 miles) and treatments were given at both main campus and regional sites. OP-RPM pts had received a median of 5 prior lines of therapy (range 3-11), including prior CAR-T (50%), prior antibody drug conjugate (7.1%), and prior BsAbs (35.7%).

About 43% of OP-RPM pts received prophylactic tocilizumab, none of whom experienced CRS or ICANS events. Most OP-RPM pts (n=12, 86%) completed SUD, of whom 8 completed in OP setting entirely while 4 completed in OP+IP setting (3 Tec related AEs and 1 non-Tec/Tal related). Two pts did not complete SUD (1 pt was hospitalized for non-Tec related reasons while 1 pt refused IP care despite having grade 1 CRS).

During the SUD phase, the CRS rates observed were 57% (all grade 1), and all CRS events were identified via RPM. Recurrent grade 1 CRS was observed in the 2 pts who did not receive prophylactic tocilizumab and did not complete SUD. Only 2 pts experienced ICANS during SUD, with 1 pt having grade 2 as the highest severity and required hospitalization. No recurrence of ICANS or discontinuation due to CRS or ICANS was observed.

Pts wore the RPM device for a median of 8.6 (IQR: 6.3 – 10.6) days during the SUD period, and median adherence to the wearable device was 85.2% (IQR: 79.0% – 92.1%). The RPM devices triggered alarms for 8 pts who required care for CRSs, which led to appropriate same day intervention at urgent care clinics (n=4) and hospitalizations (n=3), while 1 pt declined IP care. Conversely, pts who did not require care did not have any clinical alarms requiring contact from the clinical monitoring team.

Overall, 4 all-cause hospitalizations (29% incidence of hospitalizations; 1 not Tec/Tal related) were observed among the OP-RPM pts, which was a 71% reduction in incidence of hospitalizations compared to the conventional IP SUD model. Among pts who completed SUD, 3 cases of hospitalization during SUD period resulted in a median length of hospital stay of 5 days (range 2-6).

## Conclusions

Prophylactic use of tocilizumab resulted in no CRS events for patients treated in OP-RPM. OP-RPM enabled a safe OP-SUD initiation of Tec/Tal by identifying CRS and escalating to appropriate care in a timely manner, thus reducing HCRU. This study shows the feasibility of initiating Tec/Tal SUD in OP setting, utilizing RPM and prophylactic tocilizumab to reduce CRS rates and severity and HCRU.

**Keywords:** Value, Clinical Practice (Health Services And Quality), Quality Improvement, Practice Models, Health Economics, Patient Safety

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