Multidisciplinary Provider Insights to Promote Adoption of Bispecific Antibodies to Treat Cancer in the Community

Limaya Atembina, MSW, Leigh Boehmer, PharmD, BCOP, Kelly Terrell, MBA, BSN, RN, BMTCN, Rima Koka, MD, PhD, Murali Janakiram, MD, MS, Axel Grothey, MD, Amy L. Morris, PharmD, Srinivas Devarakonda, MD, Barbara Rogers, CRNP, MN, AOCN, ANP-BC, Ronan J. Kelly, MD, MBA, Jesus G. Berdeja, MD, Firas El Chaer, MD

Background & Methods

Bispecific antibodies (BsAbs) are an emerging class of novel immunotherapy agents that have led to major breakthroughs in the treatment of hematologic malignancies. By targeting two separate antigens at the same time, BsAbs can bridge tumor cells to cytotoxic immune cells and bypass several limitations of conventional monoclonal antibody treatment (Fan et al., 2015).

In 2020, the Association of Community Cancer Centers (ACCC) launched an ongoing education program to identify and address barriers to awareness, preparedness, adoption, and use of BsAbs to treat cancer. As part of this program, ACCC developed a survey with an expert Advisory Committee to gain an understanding of multidisciplinary cancer providers’ experiences with BsAbs. The survey primarily assessed experiences with blinatumomab, the first FDA-approved bispecific antibody for the treatment of malignancy (Newman & Benani, 2016).

ACCC built the survey using Qualtrics online survey software and administered it via an eblast to ACCC members, specifically targeting oncologists, advanced practice providers, nurses, and pharmacists.

Results

1. Survey Respondents (n=129)
   - 60% Reported prescribing, dispensing, and administering blinatumomab and/or caring for patients being treated with blinatumomab (n=78)
   - 40% Reported never prescribing, dispensing, and administering blinatumomab and/or caring for patients being treated with blinatumomab (n=51)

2. Disciplines of respondents reporting experience with blinatumomab (n=78)
   - Medical oncologists/hematologists (n=34)
   - Pharmacists (n=16)
   - Nurses (n=12)
   - Other (n=6)

3. Differences in experience with blinatumomab across disciplines
   - Oncologists
     - Medical oncologists/hematologists (n=34) - 64%
     - Pharmacists (n=16) - 56%
     - Nurses (n=12) - 50%
     - Other (n=6) - 66%
   - Advanced practice providers
     - Medical oncologists/hematologists (n=34) - 55%
     - Pharmacists (n=16) - 56%
     - Nurses (n=12) - 58%
     - Other (n=6) - 70%

4. Cancer program setting for respondents reporting experience with blinatumomab (n=78)
   - Community Cancer Program (n=31)
   - Academic/HCCL Cancer Program (n=28)
   - Private/Physician Practice (n=14)
   - Other (n=2)
   - Veterans Affairs Cancer Program (n=1)

5. Respondents’ use of blinatumomab (n=78)*
   - To treat relapsed or refractory acute lymphoblastic leukemia (ALL) (n=42)
   - To treat ALL with measurable residual disease (MRD) positivity (n=12)
   - To treat post-transplant ALL (n=24)
   - To treat post-transplant other than ALL (n=24)
   - For bridge to transplant (either than MRD positivity) (n=24)
   - For bridge to transplant (other than MRD positivity) (n=24)
   - For bridge to MRD positivity (n=24)
   - For maintenance therapy (n=10)

6. Oncologists’ preferred sequence of treatment when considering both blinatumomab and chimeric antigen receptor (CAR) T-cell therapy for patients with ALL (n=34)
   - Blinatumomab before CAR T therapy (n=20)
   - Blinatumomab after CAR T therapy (n=14)

7. Respondents’ challenges when using blinatumomab (n=78)*
   - 59% of respondents identified barriers when caring for patients being treated with blinatumomab (n=46)

8. Opportunities to promote smooth adoption of blinatumomab
   - Blinatumomab (80%)
   - CAR T-Cell Therapy (82%)
   - Bone Marrow Transplant (70%)

Specific desired provider resources include:
   - A list of home health pharmacies and agencies familiar with the drug
   - Care coordinators or navigators
   - Best practices on transitioning from inpatient to outpatient administration; information on how to address problems that may occur with outpatient administration
   - In-house or onsite expertise from either the drug manufacturer or someone within the organization

Conclusion

Using blinatumomab as an example, this survey highlighted challenges to the use of BsAbs and identified opportunities to overcome these obstacles. Translation of best practices for use in the community must be established to reach all eligible patients with cancer who may benefit from these therapies. With this survey data, ACCC is positioned to offer this support. Through its education program, ACCC will build on the survey results to develop content and resources that prepare multidisciplinary providers to welcome BsAbs into the community to treat cancer.

Learn more about precision medicine:

Copies of this poster obtained through Quick Response (QR) Code are for personal use only and may not be reproduced without permission from ASH and the author of this poster.

Disclosure: ACCC received research funding from Amgen for this work.