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Reducing Hospitalization During Bispecific Antibody Initiation in Relapsed/Refractory Multiple Myeloma: A Systematic Review and Pooled Analysis of Outpatient, Step-Up, and CRS-Mitigation Strategies

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BACKGROUND & METHODS

Background

Bispecific antibody initiation in RRMM is commonly associated with hospitalization because of CRS, ICANS, and step-up dosing logistics.

Methods

Systematic search:

PubMed/MEDLINE, ClinicalTrials.gov, ASH, ASCO, EHA/HemaSphere, and SOHO.

Core strategy studies:

Outpatient or hybrid initiation; condensed or accelerated inpatient step-up schedules; prophylactic CRS-mitigation approaches.

Primary outcomes

Hospitalization, inpatient transition or readmission, LOS, CRS, and ICANS. Pooled descriptive estimates were generated for outpatient core cohorts.

STUDY SELECTION

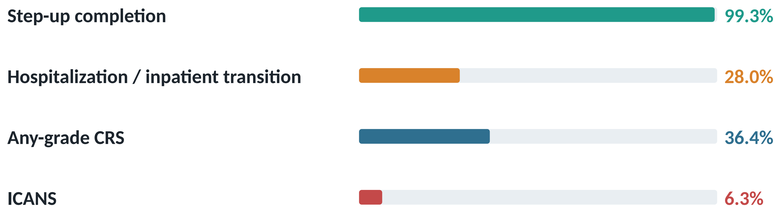
77	16
Screened records	Studies included
6	10
Core strategy studies	Supportive studies

16 studies were included, comprising 6 core strategy studies and 10 supportive studies.

OUTPATIENT CORE COHORTS

99.3%	28.0%	36.4%
Step-up completion	Hospitalization / transition	Any-grade CRS
143/144	40/143	52/143

Outpatient core cohort outcomes



Across three outpatient core cohorts, outpatient step-up dosing was highly feasible.

These findings suggest that routine inpatient initiation may not be necessary for carefully selected patients with RRMM.

STEP-UP SCHEDULES

9 to 6 days	9.2 to 7.6 days
Median LOS	Mean LOS
shorter LOS	shorter LOS

Condensed or accelerated step-up strategies were associated with shorter LOS.

Reductions included median LOS from 9 to 6 days and mean LOS from 9.2 to 7.6 days.

CRS MITIGATION & TIMING

Prophylactic tocilizumab-based approaches

Prophylactic tocilizumab-based approaches were associated with low CRS-related readmission burden.

Supportive studies

Supportive studies consistently showed that CRS clustered during early step-up dosing, supporting protocolized monitoring and risk-adapted management during initiation.

Early safety outcomes in outpatient core cohorts

CONCLUSION

Hospitalization-reduction strategies during bispecific antibody initiation in RRMM appear feasible and clinically meaningful.

Outpatient or hybrid initiation, step-up schedule optimization, and prophylactic CRS-mitigation approaches may reduce inpatient burden while maintaining acceptable early safety in selected cohorts.

These findings support risk-adapted outpatient implementation at experienced centers and suggest that routine inpatient initiation may be avoidable for selected patients, although prospective comparative studies are needed.

Abbreviations: CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome; LOS, length of stay; MM, multiple myeloma; RRMM, relapsed/refractory multiple myeloma.