Treatment Selection and Sequencing Preferences for Bispecific Antibodies in Relapsed/Refractory Multiple Myeloma: A Comparative Survey of Advanced Practice Providers and Physicians

Poster # MM-608

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Introduction

- The treatment landscape for relapsed/refractory (R/R) multiple myeloma (MM) continues to evolve with the incorporation of newer immune-based approaches, including bispecific antibodies (BsAbs).
  - BsAbs are increasingly being used in earlier lines of therapy for the treatment of R/R MM, supported by emerging clinical data from studies such as the MajesTEC-3 trial (NCT05083169) that investigated the combination of teclistamab and daratumumab for the treatment of patients with R/R MM who received 1–3 prior lines of therapy.[1]
  - However, optimal sequencing of BsAbs relative to chimeric antigen receptor T cell (CAR T) therapy remains unclear.
  - Although advanced practice providers (APPs) and physicians both contribute to oncology care, published evidence suggests that practice patterns may differ by provider type.[2,3]
- Given uncertainty regarding optimal BsAb sequencing, differences in care-delivery roles, prescribing scope, and exposure to emerging data between APPs and physicians may influence treatment selection and sequencing preferences in R/R MM.

Objective

- To compare APP and physician attitudes and decision-making regarding BsAb use in R/R MM, including practice readiness, preferred line of therapy, sequencing relative to CAR T therapy, perceived deterrents, and third-line (3L) treatment selection before and after review of the MajesTEC-3 clinical data.

Methods

- In February and April 2026, U.S.-based hematology/oncology APPs and physicians attending live meetings were surveyed regarding treatment preferences for BsAbs in R/R MM before and after presentation of the MajesTEC-3 clinical data, including study design and key efficacy and safety findings.
- Respondent characteristics and demographics were collected via an online survey ahead of the meeting.
- Outcomes included practice readiness to administer BsAbs, preferred line of therapy for BsAb use, sequencing preferences relative to CAR T therapy, perceived deterrents to BsAb utilization, and 3L treatment selection in a vignette about a patient with R/R MM before and after review of the MajesTEC-3 clinical data. Statistical comparisons were conducted using Fisher's exact test. Statistical significance was defined as $p<0.05$.
- Responses were captured via audience response system (ARS) technology during the live meetings; not all participants answered every question.

Results

- A total of 219 unique MM-treating participants attended the live meetings, comprising 45 APPs and 174 physicians.
- The majority of respondents identified practicing in the community setting (74.4%), including 62.2% of APPs and 77.6% of physicians.
- Mean years in practice were 16.9 overall (range, 1–42), including 13.4 years among APPs and 17.9 years among physicians.
- APPs and physicians reported spending 83.1% and 85.3% of their time in direct patient care, respectively (**Table 1**).

Table 1. Participant Demographics.

Participant Demographics	Total N=219	APP N=45	Physician N=174
US region of practice[a], n (%)			
Midwest	**47 (21.5)**	**8 (17.8)**	**39 (22.4)**
Northeast	**39 (17.8)**	**12 (26.7)**	**27 (15.5)**
South	**76 (34.7)**	**17 (37.8)**	**59 (33.9)**
West	**57 (26.0)**	**8 (17.8)**	**49 (28.2)**
Practice setting, n (%)			
Community	**163 (74.4)**	**28 (62.2)**	**135 (77.6)**
Academic	**56 (25.6)**	**17 (37.8)**	**39 (22.4)**
Years in practice			
Average (min–max)	**16.9 (1–42)**	**13.4 (2–42)**	**17.9 (1–40)**
Patients seen per clinic day			
Average (min–max)	**18.4 (3–80)**	**13.0 (5–22)**	**19.8 (3–80)**
Allocation of time, %			
Direct patient care	**84.9**	**83.1**	**85.3**
Teaching	**3.9**	**6.3**	**3.3**
Research	**7.4**	**4.3**	**8.2**
Administration	**3.9**	**6.3**	**3.3**
Other	**0**	**0**	**0**

Figure 1. APPs were more likely than physicians to report prescribing BsAbs in-house or as an outpatient therapy.

*Question: Which of the following most aligns with your practice's readiness to administer bispecific antibody therapy for patients with MM?**

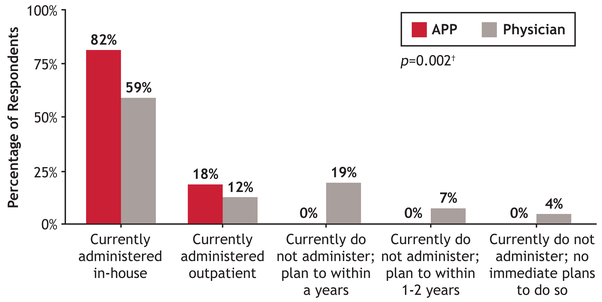


Figure 2. BsAb use was most commonly reported in the 3L for both APPs and physicians; however, APPs more often reported later-line use and physicians more often reported non-use.

*Question: In what line of therapy do you typically use bispecific antibody therapy for patients with R/R MM? Please select up to 2.**

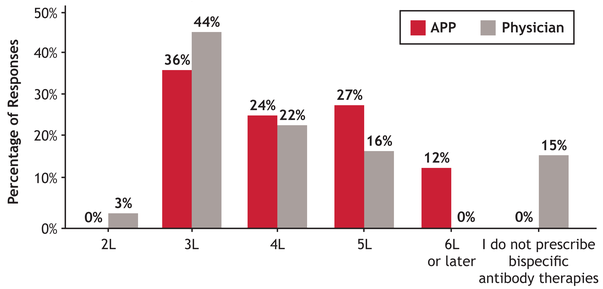


Figure 3. Physicians were more likely than APPs to report sequencing BsAbs after CAR T therapy, while APPs were more likely to report sequencing BsAbs prior to CAR T therapy or prior to CAR T as a bridging therapy.

*Question: In your practice, how do you typically sequence bispecific antibody therapy for your patients with R/R MM in relation to CAR T therapy?**

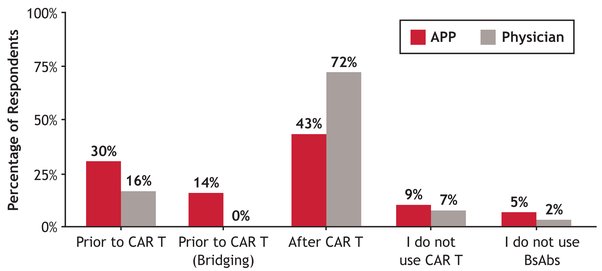


Figure 4. Perceived deterrents to BsAb utilization did not differ significantly overall between APPs and physicians with administrative logistics being the most frequently cited deterrent in both groups.

Question: Which of the following factors would most deter you from using a bispecific-based regimen for patients with MM? Please select up to 3.

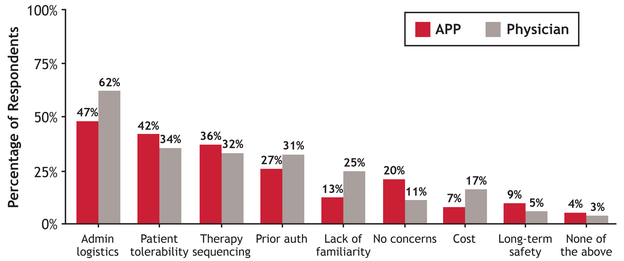


Figure 5. Before the MajesTEC-3 trial presentation, APPs recommended a BsAb-based regimen for a hypothetical patient with R/R MM whereas physicians recommended CAR T therapy.

Question: Monica is a 65-year-old woman with R/R MM and an ECOG PS 1. She has previously received a PI, an anti-CD38, and lenalidomide and is now lenalidomide-refractory. Which of the following regimens would you recommend for Monica in the 3L?

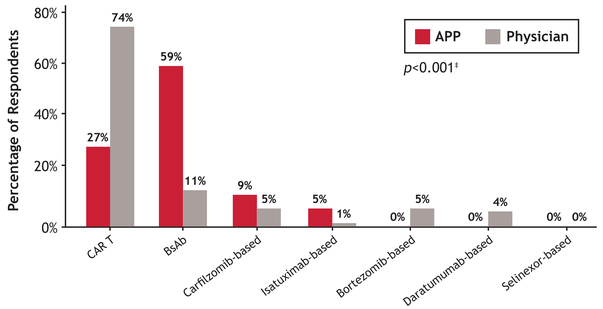
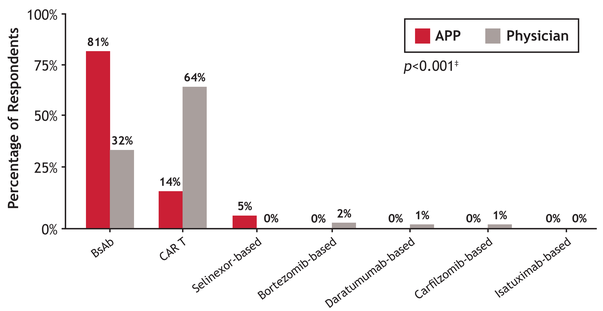


Figure 6. After the MajesTEC-3 trial presentation, APPs more frequently recommended a BsAb-based for a hypothetical patient with R/R MM whereas physicians continued to favor CAR T therapy.

Question: After reviewing the MajesTEC-3 trial, consider Monica, a 65-year-old woman with R/R MM and an ECOG PS of 1 who has received a PI, an anti-CD38, and lenalidomide and is now lenalidomide-refractory. Which of the following regimens would you recommend for her in the 3L?



Conclusions

- **APPs were more likely than physician respondents to report prescribing BsAb therapy in-house or as an outpatient prescription.**
- **Although the use of BsAb therapy in the 3L was most commonly reported by both APPs and physicians, physicians more often reported not using BsAb therapy for their patients with R/R MM.**
- **Physicians were more likely to report sequencing BsAbs after CAR T therapy, while APPs more often reported sequencing BsAbs prior to CAR T therapy or as a bridge to CAR T therapy.**
- **Administrative logistics were the leading deterrent to BsAb use across provider types.**
- **Before reviewing the MajesTEC-3 trial data, reported treatment preferences in the vignette for the patient with R/R MM differed between groups; physicians more commonly favored CAR T therapy in the 3L, whereas APPs most often favored BsAb-based therapy.**
  - **After review of the MajesTEC-3 trial data, APPs demonstrated a further shift toward BsAb-based therapy, while physicians largely continued to favor CAR T therapy.**
- **These findings suggest that emerging clinical data may influence BsAb adoption differently by provider type; however, this could be equally influenced by their practice setting (i.e., academic vs. community).**
- **Future research should evaluate whether these differences in stated preferences translate into real-world treatment patterns and whether improved operational support and additional clinical evidence can facilitate more consistent integration of BsAbs into R/R MM care.**

References

1. Costa LJ et al. *N Engl J Med*. 2026;394(8):739-752.
2. Johnson D et al. *Am J Med*. 2019;132(11):e778-e785.
3. Rotenstein et al. *JAMA Netw Open*. 2023;6(6):e2318061.

Abbreviations

2L, second-line; **3L**, third-line; **4L**, fourth-line; **5L**, fifth-line; **6L**, sixth-line; **admin**, administrative; **auth**, authorization; **APP**, advanced practice provider; **BsAb**, bispecific antibody; **CAR T**, chimeric antigen receptor T cell; **CD38**, cluster of differentiation 38; **ECOG**, Eastern Cooperative Oncology Group; **max**, maximum; **min**, minimum; **MM**, multiple myeloma; **PI**, proteasome inhibitor; **PS**, performance status; **R/R**, relapsed/refractory; **US**, United States.

Footnotes

[a]**Midwest**: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI; **Northeast**: CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT; **South**: AL, AR, DC, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, WV; **West**: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY.

†*P* value from Fisher's exact test comparing respondents selecting current in house or outpatient administration (combined) versus all non-administering categories.

‡*P* value from Fisher's exact test comparing respondents selecting a BsAb-based regimen versus respondents selecting any other regimen.

*Percentages do not sum to 100 due to rounding.

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