



Starting Bispecific Antibody Therapy

This leaflet is for patients starting Bispecific Antibody Therapy in the Haematology Department at the Royal Berkshire Hospital. It explains the process of starting treatment; the doctors and specialist nurses looking after you will give you further details specific to your individual care.

What is Bispecific Antibody Therapy?

Bispecific antibody therapies are a group of treatments used to treat some blood cancers such as lymphoma and myeloma. They work by encouraging your immune system cells to attack the blood cancer.

What are the side effects of Bispecific Antibody Therapy?

Similar to other cancer treatments, Bispecific Antibody Treatments can cause side effects, such as infection and a low blood count. There are two particular risks with bispecific antibodies – CRS and ICANS – which can occur during the first doses.

These side effects happen soon after the first infusions so it is recommended that you start with small doses, gradually increasing in order to reduce the risks. Monitoring in hospital is recommended for this reason so patients are admitted for the first doses so that any side effects can be treated.

- 1) **CRS (Cytokine Release Syndrome):** CRS is when your own white cells are stimulated by the treatment and release chemicals in the body, similar to a response to infection. Many of the symptoms can be similar to severe infections, such as fever, low blood pressure or breathlessness, requiring oxygen treatment.
- 2) **ICANS (Immune effector-Cell Associated Neurotoxicity Syndrome):** ICANS is when you get symptoms from the infusion affecting the brain – commonly, difficulty thinking of words and writing, but in rarer severe cases, there may be confusion, drowsiness or seizures. ICANS is uncommon, affecting about 1 in 20 patients.

Contact your specialist team for advice and go to the nearest Emergency Department (A&E) if you have a fever or are unwell – telling them you have had Bispecific Antibody Therapy for lymphoma / myeloma.

How is the treatment delivered?

You will be admitted to Adelaide Ward and your blood, blood pressure and temperature will be checked. The doctors will ask you to do some straightforward memory and writing tests, for example knowing the year and month and being able to name common objects.

You will then be given medications to reduce the risk of a reaction, followed by the Bispecific Antibody Therapy treatment.

The nurses will continue to monitor your temperature and blood pressure and the doctors will repeat the memory checks after the treatment. You will stay in hospital for at least 24 hours after the dose is given, or longer if you are having more than one dose of treatment that week (or if you have a reaction to the treatment).

What happens after I go home?

After you go home, you should monitor your temperature three times per day, every day for the next week. We will contact you by telephone to check how you are doing the day after discharge.

A follow-up appointment will be arranged via West Ward and in clinic, and the clinical nurse specialists will be available to provide advice, if you need it.

What should I look out for at home?

It is important that you speak to a nurse as soon as possible if you develop any of the symptoms listed below once you leave hospital:

- **A temperature of 37.5 degrees or more**
- **Feeling shivery or cold and clammy**
- **Difficulty finding words or feeling confused or drowsy**
- **Bleeding or bruising**
- **Shortness of breath**
- **Dizziness**

Contacting us

- Contact your clinical nurse specialist by calling the hospital switchboard on 0118 322 5111 and asking for bleep 446 (lymphoma) or bleep 094 (myeloma), Monday to Friday 9am-5pm.
- Outside of these times, contact Adelaide Ward on 0118 322 7762.
- Explain that you have a blood cancer
- Give details of the treatment you have had – this can be found in your chemotherapy booklet or discharge summary.
- Explain the specific symptoms you are experiencing.
- If appropriate, the nurse will provide you with immediate advice. Or they may need to speak with the on-call haematology doctor before advising you further.
- If you need to be reviewed by a doctor out of hours, you will be directed to the Emergency Department. The triage team will make the Emergency Department aware that you are going to be attending so that you can be seen promptly.
- Please take your chemotherapy book or documentation of your diagnosis with you. Show this to the triage nurse and you will be fast-tracked through to see a doctor.

What to do in an emergency

An emergency is any urgent situation where you require immediate medical assistance, for example, if you feel very unwell like you are going to collapse or have severe chest pain, severe breathlessness or you lose consciousness (black out) or have a seizure.

- Call 999 immediately
- State the symptoms and that you or your relative has had chemotherapy
- Give your location
- If you have someone with you, ask them to call using the contact details on page 2 to let the Haematology Team know you are coming to hospital.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Haematology Department, June 2025

Next review due: June 2027