MULTIPLE MYELOMA
Frequently Asked Questions?

RELAPSED/REFRACTORY MULTIPLE MYELOMA:
New Therapies

Can multiple myeloma patients receive both CAR T-cell therapy and bispecific antibody treatment?

Clinical trial data suggests that patients with relapsed/refractory multiple myeloma who are treated with bispecific antibodies after CAR T therapy (or vice versa) can have an effective response.

If someone has been on Blenrep, is he or she also a candidate for CAR T-cell therapy, given that both these therapies target BCMA?

Most patients continue to express BCMA after progression, which suggests the possibility that these patients may respond to subsequent BCMA-targeted treatment. Some patients have been shown to benefit from treatment that involves one anti-BCMA therapy following another (for example, Blenrep followed by Abecma). But there is not yet enough information from clinical trials for this to be an accepted treatment approach.

Which treatment is preferred for patients with relapsed/refractory multiple myeloma: CAR T-cell therapy or bispecific antibody therapy?

Most patients will respond to either treatment. There are, however, risks of certain side effects associated with both of these therapies, such as cytokine release syndrome and neurotoxicity.

The main difference between these two therapies is in how long of a wait is required before a patient can receive the treatment: CAR T-cell therapy can take several weeks to prepare, whereas bispecific antibodies can be given “off the shelf”—that is, without any delay. Patients for whom waiting a few weeks is not possible might be better candidates for a bispecific antibody.

It is important to note that getting one of these treatments does not mean you can’t get the other. And as with other treatments for patients with relapsed/refractory multiple myeloma, treatment selection is based on several considerations and is part of a conversation with your oncologist to determine which will best meet your unique circumstances.