

A Community-Based Model for Safe Bispecific Therapy Administration

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Southcoast Health Cancer Care

Background

- Bispecific therapies are transforming cancer treatment, with expanding indications across hematologic malignancies and solid tumors.
- These therapies have a high risk of cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS) which requires specialized assessments and rapid intervention.
- Historically, patients were sent to academic medical centers in Boston for treatment, which can be up to two hours of driving each way. This can create increase stress and burden on the patient and caregiver.
- To improve access to treatment, Southcoast Health Cancer Care developed a community-based model that allows patients to receive bispecific therapy within our system while maintaining appropriate safety and monitoring standards.

Project Aim

To safely implement a hybrid outpatient/inpatient model to administer bispecific therapy while providing access to treatments for patients closer to home through interdisciplinary collaboration and patient-centered care

Program Workflow

Outpatient Administration (Cancer Center)
- Treatment administered
- 4-hour post-treatment observation

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Planned Direct Admission (Inpatient Unit)
- Post-treatment monitoring during step-up dosing
- Nursing assessment q8h (minimum)
- Supportive care per procedure and order set
- Monitoring by oncology team

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Ongoing Outpatient Care
- Continued doses per protocol
- Monitoring and toxicity assessment
- Patient and caregiver support and education

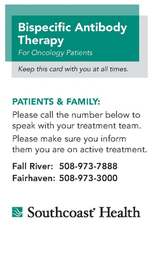
Methods

A multidisciplinary team evaluated inpatient and outpatient treatment models and developed a hybrid approach. Implementation included the following key elements:

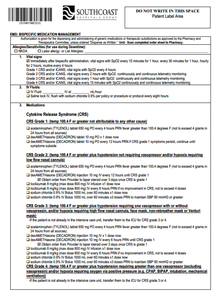
Method	Key Activities
Interdisciplinary Collaboration	Oncology, pharmacy, hospital medicine, emergency medicine, neurology, critical care, nursing, education, and information technology
Standardized Clinical Processes	Workflows for scheduling, treatment, monitoring, toxicity assessment, and escalation of care
CRS and ICANS Assessment	ASTCT grading criteria Immune Effector Cell-Associated Encephalopathy (ICE) assessment
Education and Training	Provider, nursing and multidisciplinary education Patient and caregiver education with early symptom recognition
EHR Build	Order sets, flowsheets, documentation tools, patient ID flags, communication tools
Patient Support Tools	Home monitoring equipment, educational materials, wallet cards
Escalation Pathways	Formal procedure across all impacted areas

Examples of Tools

Patient Emergency Wallet Card



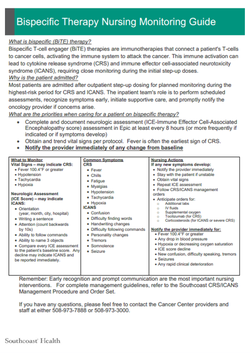
CRS/ICANS Order Set



Epic Toxicity Documentation



Inpatient Nursing Handout



Results

Implementation was rescheduled for October 2026 to allow completion of the electronic order set, clinical protocols, staff education, and operational readiness activities. Before go-live, the multidisciplinary team established and finalized:

- Standardized workflows for treatment administration and post-treatment monitoring, including CRS and ICANS
- Escalation of care pathways
- Provider and nursing education sessions (including ED, ICU, and hospitalists)
- Patient educational materials, home-monitoring tools, handouts
- Operational strategies for coordination of care

Clinical outcomes, patient experience, treatment-related toxicities and operational performance will continue to be evaluated.

Conclusions

- Development of the bispecific therapy program identified a need for broader education and stronger communication between outpatient oncology and inpatient clinical teams.
- A hybrid inpatient/outpatient model may allow community cancer programs to expand local access to bispecific therapies while maintaining standardized monitoring and coordinated care.
- Following implementation, the program will evaluate clinical safety, treatment-related toxicities, operational outcomes, patient experience, and travel burden.
- KEY TAKEAWAY: Implementing a bispecific therapy program in a community setting requires more than just a treatment plan. It requires coordination with a multidisciplinary team to design outpatient/inpatient clinical workflows, EHR infrastructure, education, and clear escalation pathways.

References

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