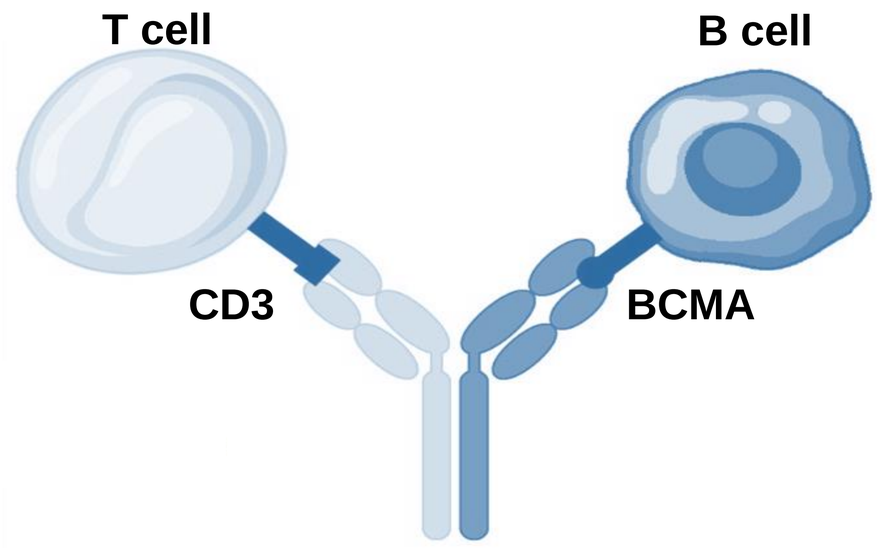
CYTOKINE RELEASE SYNDROME RELATED TO THE TREATMENT WITH TECLISTAMAB: A CASE REPORT

Torralba-Fernández L, Labrador-Andújar N, Toledo-Davia MA, Jiménez-Méndez C, Prieto-Galindo R, Rubio-Salvador AR, Domínguez-Barahona A, Moya-Gómez P. Pharmacy, Hospital Universitario de Toledo, Spain

BACKGROUND AND IMPORTANCE

- **Indication:** relapsed or refractory multiple myeloma (RRMM)
- **Posology:** two set up-doses of 60 µg/kg (day 1) and 300 µg/kg (day 3) and treatment doses of 1500 µg/kg administered weekly
- **Hospitalization** is required for at least 48 hours from the start of administration of the two set-up doses and the first treatment dose
- Teclistamab might cause the **cytokine release syndrome (CRS)**. CRS is a potentially life-threatening, systemic inflammatory response
- Given the bispecific antiboidies market is growing rapidly, it is important to **train the healthcare professionals** to good handling these adverse reactions.



TECLISTAMAB
Bispecific antibody

AIM AND OBJECTIVES

To describe the **CRS produced by Teclistamab** in one patient with RRMM and the management of this adverse reaction.

METHODS

A case report identified in a tertiary hospital in 2022. Clinical data were collected through the electronic medical record.

RESULTS

A 76-year-old man **hypertension history** and diagnosed **with RRMM**, is admitted to hospital to be treated with **Teclistamab**.

Just 24 hours after the first set-up dose, the patient experienced **<u>CRS-related symptoms</u>: chills and a hypertensive crisis (300/140 mmHg)**

He received a dose of **Tocilizumab 600 mg**, **corticosteroids**, **antipyretics** and **oral antihypertensives**, without clinical improvement

The patient was transferred to the **Intensive Care Unit (ICU)** for the management of his hypertension.

At the ICU, he received **two more doses of Tocilizumab 600 mg** every 8 hours.

The hypertension **was controlled** with **oral antihypertensive** drugs and the patient was discharged from the ICU the following day

The subsequent doses of Teclistamab were **well tolerated** and the patient did not experience any other adverse reaction

CONCLUSIONS

Although CRS is predictable in patients who receive bispecific antibodies and it is well controlled with Tocilizumab, it **is important to monitor the patients** within the 24-48 hours after the first administration of Teclistamab. This monitoring is particularly crucial for patients with history of arterial pressure alterations.

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