4CPS-158 RELAPSED/REFRACTORY MULTIPLE MYELOMA AND NEW THERAPEUTIC OPTIONS: EXPERIENCE IN A PHASE I CLINICAL TRIALS UNIT

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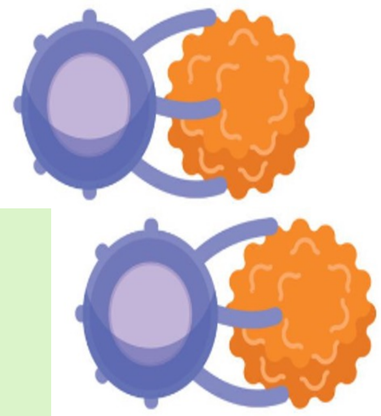
BACKGROUND AND IMPORTANCE



Immunotherapy for Relapsed/Refractory Multiple Myeloma (RRMM) has changed treatment landscape of the disease:

1) Phase I clinical trials (CT) → allow early access to new drugs.

2) CT highly complex → Increasing need for Pharmaceutical Integration in the Clinical Team.

AIM AND OBJETIVES

- Phase I Unit patient´s profile.
- Describe efficacy and adverse effects (AE).
- **Pharmaceutical interventions**

MATERIALS AND METHODS

- **Observational**, retrospective study.

- Main data -> demographics, type of investigational treatment received, Aes, medication-related problems (MRPs)…

RESULTS

42 patients: 71,4% women, Ecog 1 and 67,6 years mean.

Average previous lines: 5

Most frequent treatment:

Bispecific antibody ($_{antiGPRC5D-CD3}$) + Bispecific Ab ($_{antiBCMA-CD3}$) **(26.2%),**

and Bispecific Ab ($_{antiBCMA-CD3}$) + anti-CD38 Ab **(26.2%).**

- **36 PIs → mainly MRPs (44%) and Drug interactions (39%)**

CONCLUSION AND RELEVANCE

Participation in Phase I CT enriches treatment options.
Interactions and prescription errors were in a high percentage.
Bispecific Abs seem to be a promising treatment but also complex.
Pharmacist´s figure proves to be essential in the clinical team.