

# Patient experience and QoL considerations during bispecific therapy

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# Disclosures

Honorarium and conference travel support from Roche and AbbVie

*"I was more worried about whether I'd be well enough on treatment to take my granddaughter to school again."*



# Measuring What Matters: Patient-Reported Outcome Measures (PROMs)

## Clinician-reported

CTCAE

Grade 2 fatigue

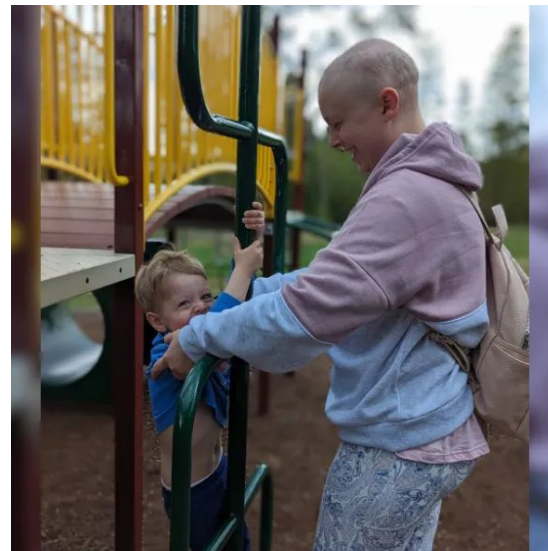
Grade 1 nausea

## Patient-reported

PRO-CTCAE

"Fatigue stopped me working."

"I couldn't eat dinner with my family."



# Improvements in Patient-Reported Outcomes in Relapsed or Refractory Large B-Cell Lymphoma Patients Treated With Epcoritamab

Tyrel Phillips,<sup>1,†</sup> Pieternella Lugtenburg,<sup>2</sup> Anupama Kalsekar,<sup>3</sup> Alex Mutebi,<sup>3</sup> Anthony Wang,<sup>4</sup> Julie Bladel,<sup>3</sup> Katherine Kosa,<sup>5</sup> Susan Martin,<sup>5</sup> Mariana Sacchi,<sup>3</sup> Nurgul Kilavuz,<sup>3</sup> Catherine Thieblemont<sup>6</sup>

Under each heading, please tick the ONE box that best describes your health TODAY.

## MOBILITY

- I have no problems in walking about ☒
- I have some problems in walking about ☐
- I am confined to bed ☐

## SELF-CARE

- I have no problems with self-care ☒
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

## USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☒
- I am unable to perform my usual activities ☐

## PAIN/DISCOMFORT

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☒

## ANXIETY/DEPRESSION

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☒
- I am extremely anxious or depressed ☐

**Figure 2** Mean change from baseline in (A) EQ-5D-3L index scores and (B) EQ-VAS scores. Abbreviations: C = cycle; D = day; DLBCL = diffuse large B-cell lymphoma; EOT = end of treatment; EQ-5D-3L = 3-level EQ-5D; EQ-VAS = EQ visual analog scale; LBCL = large B-cell lymphoma; MID = minimally important difference; SD = standard deviation; SE = standard error.

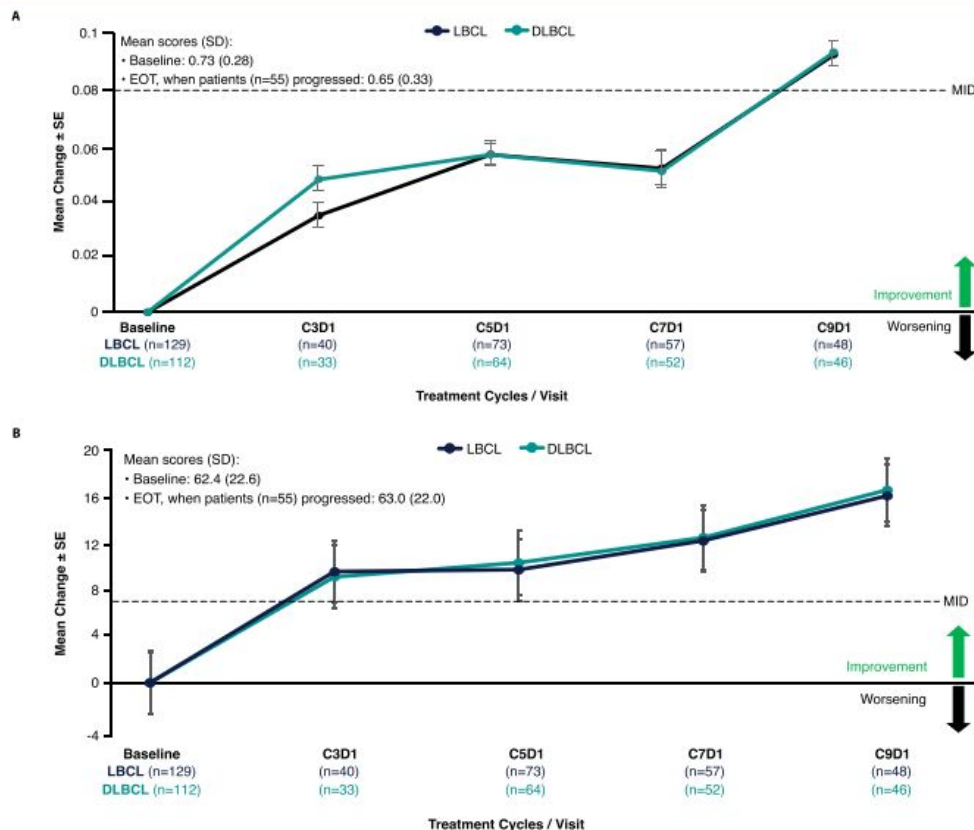
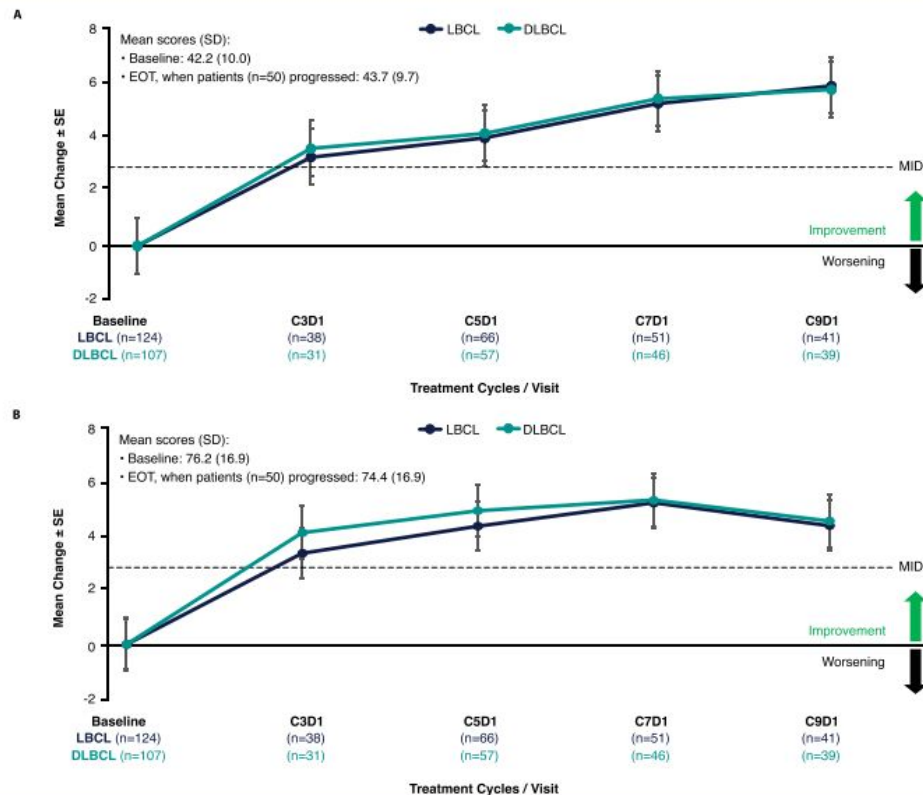


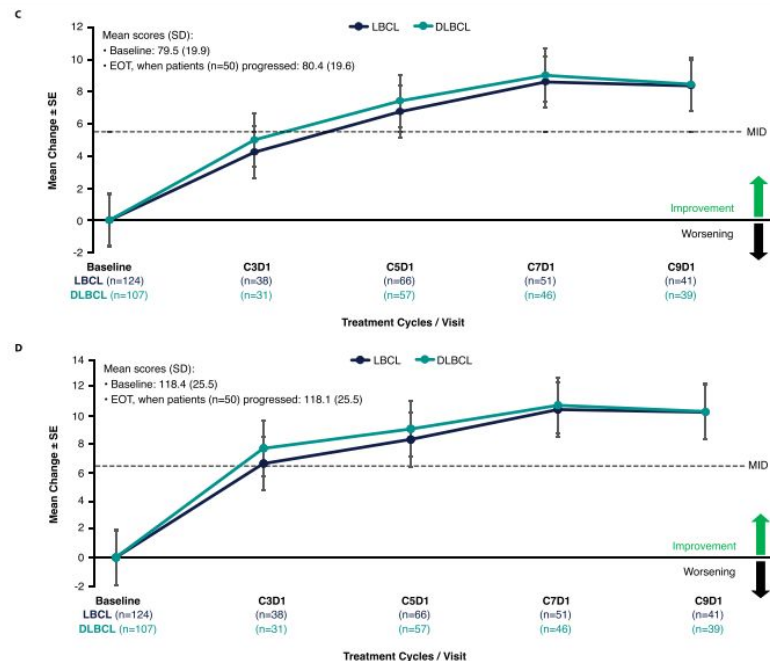
Figure 1

Mean change from baseline in (A) Lym S, (B) FACT-G, (C) FACT-TOI, and (D) FACT-Lym TS. MID line for each figure represents the lower bounds of previously published MID for the FACT-Lym. Abbreviations: C = cycle; D = day; DLBCL = diffuse large B-cell lymphoma; EOT = end of treatment; FACT-G = Functional Assessment of Cancer Therapy-General; FACT-Lym = Functional Assessment of Cancer Therapy-Lymphoma; FACT-Lym TS = Functional Assessment of Cancer Therapy-Lymphoma total score; FACT-TOI = Functional Assessment of Cancer Therapy-Trial Outcome Index; LBCL = large B-cell lymphoma; Lym S = Lymphoma subscale; MID = minimally important difference; SD = standard deviation; SE = standard error.



## Improvements in Patient-Reported Outcomes in Relapsed or Refractory Large B-Cell Lymphoma Patients Treated With Epcoritamab

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**Table 4** Qualitative Interviews: Patient-Reported Symptoms at Baseline and Improvements With Epcoritamab Treatment

| Symptom, n                        | Patients Who Completed Cycle 10 (N = 14) |             | Patients Who Terminated Early (N = 6) |                | All Patients (N = 20) |             |
|-----------------------------------|------------------------------------------|-------------|---------------------------------------|----------------|-----------------------|-------------|
|                                   | Baseline Symptom                         | Improvement | Baseline Symptom                      | Improvement    | Baseline Symptom      | Improvement |
| Fatigue/lack of energy            | 10                                       | 9           | 4                                     | 1 <sup>a</sup> | 14                    | 10          |
| Tumors that could be seen or felt | 5                                        | 5           | 2                                     | 0              | 7                     | 5           |
| Body pain                         | 3                                        | 3           | 4                                     | 2 <sup>a</sup> | 7                     | 5           |
| Weight loss                       | 3                                        | 2           | 1                                     | 0              | 4                     | 2           |
| Night sweats                      | 3                                        | 3           | 0                                     | 0              | 3                     | 3           |
| Sleep difficulties <sup>b</sup>   | 2                                        | 2           | 1                                     | 1              | 3                     | 3           |
| Lack of appetite <sup>b</sup>     | 2                                        | 2           | 0                                     | 0              | 2                     | 2           |
| Breathlessness <sup>b</sup>       | 2                                        | 2           | 0                                     | 0              | 2                     | 2           |
| Fever                             | 1                                        | 1           | 0                                     | 0              | 1                     | 1           |
| Nausea <sup>b</sup>               | 1                                        | 1           | 0                                     | 0              | 1                     | 1           |
| Weakness <sup>b</sup>             | 1                                        | 1           | 0                                     | 0              | 1                     | 1           |
| No symptoms                       | 2                                        | NA          | 1                                     | NA             | 3                     | NA          |

Abbreviation: NA = not applicable.

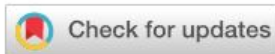
<sup>a</sup> One patient noticed improvement until cycle 3; then symptom worsened/returned; participant eventually terminated study early.

<sup>b</sup> Symptom was not systematically probed during interviews; instead, patient(s) spontaneously reported the symptom(s).

906.OUTCOMES RESEARCH: LYMPHOID MALIGNANCIES EXCLUDING PLASMA CELL DISORDERS | NOVEMBER 5, 2024

## **Primary Results of Patient-Reported Outcomes in Patients with Relapsed/Refractory Diffuse Large B-Cell Lymphoma Treated with Glofitamab Plus Gemcitabine and Oxaliplatin (Glofit-GemOx) Versus Rituximab Plus GemOx (R-GemOx) from the Phase III Starglo Study**

Gareth P. Gregory, Jeremy S. Abramson, Hui-Qiang Huang, Qing-Yuan Zhang, Matthew Ku, Dok Hyun Yoon, Christopher P. Fox, Haifaa Abdulhaq, William Townsend, Joan Ashby, Alana Harris, Victor Orellana-Noia, Stephen Simko, Martine Kallemeijn, Richard Ta, James Relf, Huang Huang, Linda Lundberg, Huilai Zhang



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902. HEALTH SERVICES AND QUALITY IMPROVEMENT: LYMPHOID MALIGNANCIES | NOVEMBER 3, 2025

## Differences in patient-reported time toxicity between bispecific antibody (BsAb) options: Impact of treatment duration and dosing frequency on patient-reported time burden in relapsed/refractory (R/R) follicular lymphoma (FL) and diffuse large B-cell lymphoma (DLBCL)

Ajay Major, Esprit Ma, Anthony Masaquel, Mazie Tsang, Mengyang Di, Supreet Kaur, Priyanka Pophali, Sally Werner, Rebecca Bungay, Dominick Latremouille-Viau, Annie Guerin, Carolina Reyes, Mei Wu, Lourenia Cassoli, Pallawi Torka


*Blood* (2025) 146 (Supplement 1): 6181.

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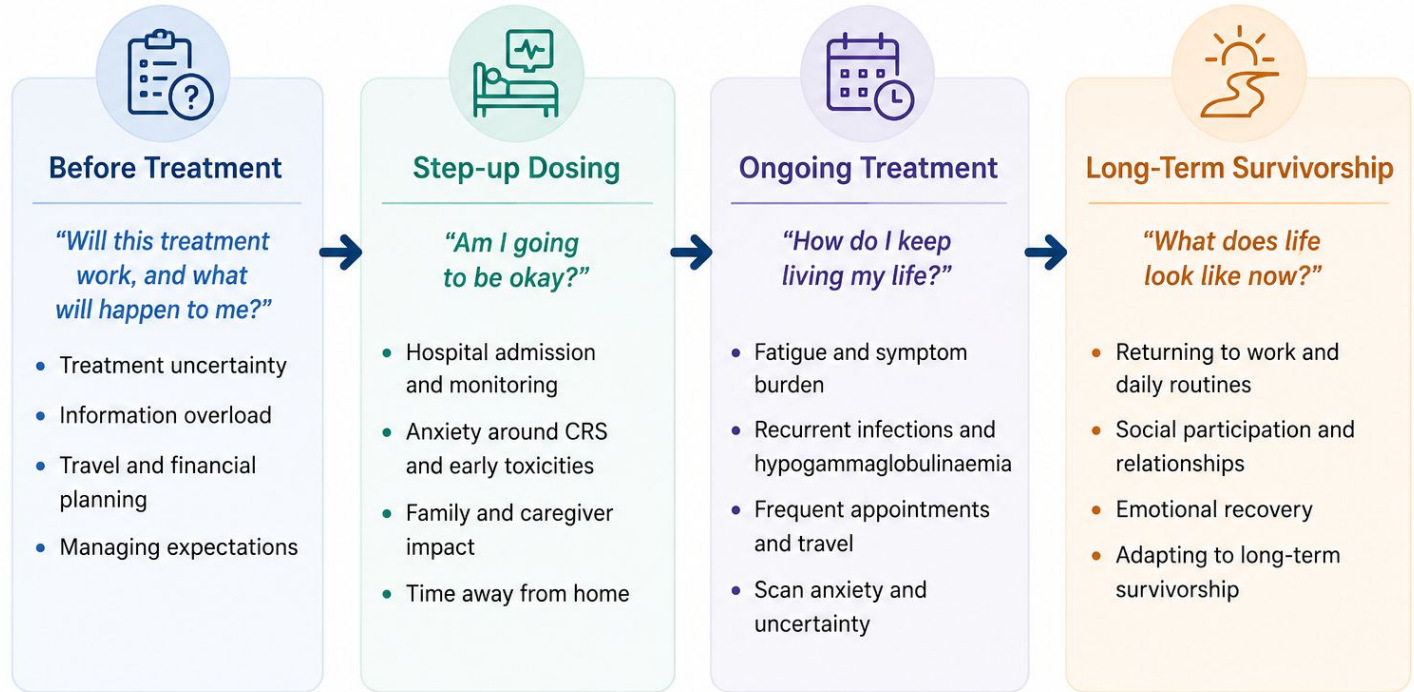
**FREE ACCESS** | Quality Care/Health Services Research | May 27, 2026


## Patient preferences regarding bispecific antibody (BsAb) treatment schedules and clinical profiles in second-line or later (2L+) diffuse large B-cell lymphoma (DLBCL).

**Authors:** [Zachary Froesch](#), [Anthony Masaquel](#), [Carolina M. Reyes](#), [Lourenia Cassoli](#), [Dominic Lai](#), [Andrea Lo-Rossi](#), [Kelley Myers](#), [Cooper Bussberg](#), and [Krish Patel](#) | [AUTHORS INFO & AFFILIATIONS](#)

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# The Patient Journey



The patient's priorities evolve throughout treatment, and supportive care should evolve with them.

# Future Directions



# Take-Home Messages

- ✓ Clinical outcomes and patient outcomes are both important.
- ✓ PROMs help us understand what matters most to patients.
- ✓ Improving quality of life requires multidisciplinary supportive care
- ✓ As bispecific therapies evolve, patient experience should become a routine endpoint in both clinical trials and everyday practice.

# References

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