Ontario Health
Cancer Care Ontario

Organizational Readiness Recommendations for Delivering T-cell Engaging Antibodies

Background

T-cell engaging antibodies are a newer class of systemic treatment for patients with malignant hematologic or solid tumour cancers[1]. There are multiple new T-cell engaging antibody medications in the queue for public funding consideration in Ontario. A net influx of patients eligible for treatment in the inpatient and outpatient care settings in the coming years is anticipated. Cancer treatment facilities have started considering their need for processes and resources to deliver these therapies.

The T-cell Engaging Antibodies Implementation Working Group[2] has developed the *Organizational Readiness Recommendations for Delivering T-cell Engaging Antibodies* as a guide for facilities planning to provide treatment. It outlines elements that should be in place at facilities to support the delivery of high-quality, consistent care. Facilities are encouraged to implement recommendations in this document to establish the optimal system for delivering care across the province.

Intended Users

The recommendations apply to facilities delivering ambulatory systemic treatment in Ontario that will administer T-cell engaging antibodies. These facilities are expected to meet the standards listed in the *Regional Models of Care for Systemic Treatment: Standards for the Organization and Delivery of Systemic Treatment (2019)*[3].

Instructions for Use

This tool is intended for facilities to review their level of readiness for providing T-cell engaging antibodies. Whether a specific recommendation applies to a facility is dependent on its approach to administering T-cell engaging antibodies and treatment setting. The Appendix includes descriptions of types of facilities and explanation of the terminology in the recommendations.

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[1] "T-cell engaging antibodies" has replaced the "bispecific antibodies" term in Ontario Health (Cancer Care Ontario) communications and materials. Depending on the drug, this therapy could be referred to as "T-cell engaging bispecific antibodies."

[2] In February 2024, Ontario Health (Cancer Care Ontario) convened a working group of malignant hematologists, medical oncologists, nurses, pharmacists and hospital administrators to advise on the implementation of T-cell engaging antibodies in Ontario.

[3] Forbes L, Durocher-Allen LD, Vu K, Gallo-Hershberg D, Pardhan A, Kennedy K, et al. Regional models of care for systemic treatment: standards for the organization and delivery of systemic treatment. Program in Evidence-Based Care Guideline. 2019 Jul 5(12-10). Available at: www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/60086.

Glossary

Term	Definition
CRS	Cytokine Release Syndrome
EEG	Electroencephalogram
ICANS	Immune Effector Cell-Associated Neurotoxicity Syndrome
ICU	Intensive Care Unit
MRI	Magnetic Resonance Imaging

Organizational Readiness Recommendations

A) Admission

#	Recommendation
A1	The Centre **shall** have an ICU or readily available access to an ICU.
A2	The Centre **shall** have a plan to manage inpatient volumes when needed during ramp up phase.*
A3	The Centre **should** have pathways for admission and management for after hours care.

*Not applicable to sites planning to administer treatment in the outpatient setting

B) Outpatient Delivery of Care

#	Recommendation
B1	The Centre **may** establish guidance to identify patients eligible for outpatient treatment.
B2	The Centre **should** ensure the availability of a flex bed to allow for the direct, urgent admission of patients being managed on an outpatient basis.
B3	The Centre **should** ensure patients have access to equipment to support monitoring in the outpatient setting (e.g., pulse oximeter, blood pressure cuff, and thermometer).

C) Toxicity Management Preparedness

#	Recommendation
C1	The Centre **shall** have a plan for managing treatment-related toxicities (e.g., CRS, ICANS).
C2	The Centre **shall** have tocilizumab available 24/7 for CRS management.
C3	The Centre's providers **shall** receive education to identify and treat unique adverse events associated with T-cell engaging antibodies (i.e., ICANS and CRS).
C4	The Centre **should** provide specialists in the following departments with access to educational resources (e.g., guidance on CRS and ICANS management): • Emergency Department • ICU • Neurology • Nephrology • Respirology • Infectious Disease
C5	The Centre **should** be able to contact a hematologist, medical oncologist, or internist in the region to advise on management of afterhours complications.

D) Education for Health Care Providers and Patients

#	Recommendation
D1	The Centre **may** direct health care providers to the resources developed by Ontario Health (Cancer Care Ontario)*: • Clinical Guidance on CRS and ICANS management
D2	The Centre **may** direct patients and care partners to the resources developed by Ontario Health (Cancer Care Ontario)*: • Patient Information Sheet • Patient Wallet Card

*Questions concerning these materials can be directed to Ontario Health's Systemic Treatment Program at OH-CCO_STPInfo@ontariohealth.ca.

Appendix

Facilities

Any Level 1-3 facilities administering systemic treatment may provide T-cell engaging antibodies. Factors influencing a facility's decision may include HHR and bed capacity. At the time of the release of this document, centres are expected to adopt different models for providing treatment. Examples of the possible models:

- A centre may provide initial (ramp up) doses in the inpatient setting then administer subsequent (second and later treatment cycle) doses in the outpatient setting.
- A centre may provide the initial and subsequent (second and later treatment cycle) doses in the outpatient setting.
- Two centres may enter a shared-care partnership model, whereby:
    - The first centre will initiate treatment for a patient (e.g., in the inpatient or outpatient setting), and
    - The second centre will receive the stable patient to continue treatment in the inpatient or outpatient setting.

Terminology

The following terminology is used in the recommendations:

- "Shall" points to a recommendation that the T-cell Engaging Antibodies Implementation Working Group considers to be a necessity.
- "Should" indicates an activity that is recommended or advised, but for which there may be appropriate alternatives.
- "May" is permissive.