

## BISPECIFIC ANTIBODIES NURSING PROCESS:

### CYTOKINE RELEASE SYNDROME (CRS) AND IMMUNE EFFECTOR CELL-ASSOCIATED NEUROTOXICITY (ICANS)

Bispecific antibodies can elicit dramatic host immune reactions such as CRS and ICANS. These reactions can cause serious and even life-threatening side effects. Early recognition and prompt intervention is essential to avoid progression of symptoms.

When a patient is not admitted to hospital post treatment, these assessments may be completed virtually or in person. The patient must be eligible to receive outpatient treatment per requirements in treatment protocol, and as determined by the provider.

**\*This document is a quick reference guide. Refer to individual BC Cancer bispecific antibody protocols and treatment handouts as your source of truth.**

#### Special Considerations Prior to Treatment

- Patient location – Distance to healthcare facility
- Patient health literacy level
- Ability and willingness to report symptoms in a timely manner
- Necessary home supports in place
- Blood product consent for bispecific antibodies prepared with albumin

#### Patient Education

Review and provide handouts:

- [Bispecific Antibodies Alert card](#)
- [Bispecific Antibodies patient letter](#)
- Drug/Protocol patient handout
- [CRS/ICANS patient handout](#)
- Discuss possible side effects and importance of **timely** reporting of symptoms
- Provide local helpline numbers
- Discuss tumour-flare and timeline of tumour response

A thorough assessment for CRS and ICANS will be completed as specified in the treatment protocol. The assessment is based on the treatment protocol, drug monograph, [SCCRS](#) and [SCICANS](#). [BC Cancer Symptom Management Guidelines](#) are to be used to guide the assessment and interventions. See page 2 for assessment.

If any symptoms are identified, escalate care to provider with low threshold for further assessment and inpatient admission. Complete ICE assessment when ICANS symptoms are present at any grade. Refer to SCCR, and SCICANS.

**Assess the following symptoms:**

\*In person assessment requires a complete set of vital signs

**Cytokine Release Syndrome (CRS)**

- **Fever\*** (temperature of 38C)
  - **Rigors**
  - Chills, signs of infection
- **Hypoxemia\***
  - Dyspnea, shortness of breath
- **Hypotension\***
  - Feeling dizzy or lightheaded
- Tachycardia
- Fatigue
- Malaise
- Nausea and or vomiting
- Diarrhea
- Muscle or joint pain
- Skin Rash
- Headache

**Immune Effector Cell-Associated Neurotoxicity (ICANS)**

- **Headache**
- **Confusion**
- **Disorientation**
- **Speech disturbances**
- **Altered level of consciousness**
- **Seizures**
- **Motor weakness**
- Lethargy
- Aphasia
- Difficulty concentrating
- Agitation
- Tremors
- Cerebral edema (rarely)

**If patient is required to attend Emergency, instruct the patient to present their Bispecific Antibodies alert card, patient letter, and any other relevant patient handouts.**

**Documentation**

All assessments should be documented by BC Cancer staff using NCI CTCAE grading. Include focus charting (DARP) as necessary per NCI CTCAE procedure.

Nurses at CON sites should document their assessments per local health authority standards.