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 antibodies market is growing rapidly, it is important to train the healthcare professionals to good handling these adverse reactions.

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 with 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 **CRS-related symptoms**: 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.