Johnson & Johnson Innovative Medicine

Hematology Request for Proposals (RFP)

Increasing Awareness of Trispecific Antibody Therapy Targeting BCMA and GPRC5d in Multiple Myeloma: Understanding the Science and Potential Clinical Implications

BACKGROUND

The treatment landscape for multiple myeloma (MM) has advanced substantially, moving from conventional chemotherapy to increasingly sophisticated combinations that include proteasome inhibitors, immunomodulatory agents, anti-CD38 monoclonal antibodies, CAR T-cell therapies, and bispecific antibodies. Although these advances have improved survival and broadened treatment options across the disease continuum, relapse remains, and refractory disease, treatment resistance, cumulative toxicity, and access barriers continue to constrain durable disease control. As care becomes more individualized and sequencing decisions more complex, there remains a clear need for novel treatment strategies that can deepen responses, overcome resistance mechanisms, and extend meaningful benefit to patients with heavily pretreated or high-risk disease. Within this context, emerging trispecific antibodies (TsAbs) may represent a next-generation immunotherapeutic approach designed to simultaneously engage multiple tumor antigens and immune effector pathways, with the potential to enhance efficacy while addressing key limitations of existing T-cell–redirecting therapies.

Early clinical data suggests that trispecific antibody approaches may offer meaningful clinical activity in heavily pretreated relapsed/refractory MM, with investigational agents designed to target both BCMA and GPRC5D while engaging CD3-positive T cells. Although these findings remain early and require continued evaluation, they underscore the scientific rationale for BCMA and GPRC5D dual-antigen targeting as a strategy to address tumor heterogeneity, antigen escape, and acquired resistance (van de Donk et al., ASCO 2025 Abstract 7505; Popat et al., EHA 2025 Abstract S100).

At the same time, the rapid pace of innovation is widening educational gaps for hematology/oncology HCPs who must interpret emerging data, anticipate evolving practice implications, and translate novel mechanisms into patient-centered decision-making.

J&J is looking to support independent medical education that will help prepare clinicians to recognize limitations of current MM care, and evaluate emerging trispecific data critically, recognize the unique MOA and scientific rationale for BCMA and GPRC5D dual-antigen targeting, understand where these agents fit in the evolving MM paradigm, create awareness of new and enrolling clinical trials with TsAbs, and support safe, evidence-informed adoption if and when these therapies enter clinical practice.

EDUCATIONAL NEED

J&J has determined, through literature searches, insights, and outcomes the following areas of educational needs of healthcare providers:

- Understanding the scientific rationale and mechanistic differentiation of trispecific antibodies in MM, including how BCMA and GPRC5D dual-antigen targeting may overcome disease heterogeneity and

resistance mechanisms, enabling greater depth and durability of response relative to existing therapeutic approaches
- Interpreting early-phase efficacy and safety data with appropriate clinical context, including response depth (including MRD), durability, patient population, and limitations of immature evidence.
- Assessing potential implications for treatment sequencing, patient selection, toxicity monitoring, and integration into multidisciplinary care pathways as the evidence base matures.

AREAS OF INTEREST

Based on the identified needs, educational programs may address one or more of the following:

Scientific Rationale and Mechanism of Action

- Differentiation of mono-, bi-, and trispecific antibodies
- Biological rationale for BCMA x GPRC5D x CD3 engagement
- Mechanisms to overcome tumor heterogeneity and antigen escape
- Limitations of currently available MM therapies
    - How BCMA x GPRC5D x CD3 trispecific antibodies address unmet needs across currently available MM therapies

Interpretation of Emerging Clinical Evidence

- Critical appraisal of early-phase data (e.g., ORR, MRD, durability limitations)
- Knowledge of open and enrolling clinical trials and ability to communicate with patients the importance of clinical trial participation
- Translation of investigational findings into future MM landscape and treatment paradigms
- Understanding limitations of current evidence base

Treatment Sequencing and Clinical Integration

- Positioning of BCMA x GPRC5d x CD3 trispecific antibodies relative to:
    - CAR T-cell therapy
    - Bispecific antibodies
    - Antibody Drug Candidates (ADC)
    - CELMoDs
    - Standard regimens (Anti-CD38 triplet and quad therapies)
- Sequencing considerations in the context of different drug classes and patient populations

Safety and Toxicity Management

- Recognition and management of:
    - Cytokine release syndrome (CRS) and prophylaxis strategies, including feasibility for outpatient dosing
    - Immune effector cell–associated neurotoxicity (ICANS)
    - Infection risk and prophylaxis strategies
- Comparison of safety profiles across immunotherapy classes

TARGET AUDIENCE

Education should be created to meet the educational needs of academic hem/oncs physicians and community hem/oncs physicians. Please be sure to describe the methods applied for reaching the target audience and

previous successes. Preferences will be given to CME providers who can show previous success in reaching the target audience and engaging them through a defined participation funnel (e.g. Outcomes Standardization Project participation funnel).

EDUCATIONAL FORMATS/TACTICS

Preference will be given to proposals that intentionally apply the science of learning and physician behavior change to instructional design, using formats shown to strengthen knowledge acquisition, retention, and clinical competence.

Proposals should describe the processes that will be applied to allow for accurate and unbiased evidence of relevant data discussed in the activity. Proposals should also explain how educational content will be monitored and updated, as appropriate, throughout the program period to maintain scientific accuracy and alignment with the evolving evidence base.

Programs should prioritize practical application of knowledge to clinical decision-making, patient management, and real-world scenarios.

EXPECTED OUTCOMES AND MEASUREMENT

Grant applicants must be willing to adhere to our impact reporting timelines, expecting reports every 90 days.

Outcomes plan must include details of the methodology used for determining the impact of the program and should clearly link to the identified practice gap that the educational activity is designed to address. Outcomes methodology must be appropriate to the proposed activity and the intended goals of the project.

EVALUATION CRITERIA

Proposals will be evaluated based on:

- Alignment with identified educational gaps and strategic priorities
- Scientific rigor and independence
- Innovation in educational design and learner engagement
- Strength of outcomes framework and measurable impact

BUDGET

Grants request must be under $150,000. Priority will be given to lower cost programs that can deliver the education in a timely manner.

TIMELINES

Grant Application Deadline: August 31, 2026

Program Start dates should be after October 31, 2026

SUBMISSION INSTRUCTIONS

Submission link: https://www.cybergrants.com/JJ/grantsandgiving

In the grant submission, please be sure to select “yes” to the question, “is this request in response to an RFP”

and choose **“2026 TsAb CME”** in the drop down. In the RFP title, please use “**2026 TsAb CME**” in the title of your program. In the secondary disease state setting, please select RRMM.

Eligibility Criteria

CME/CE applicants must fall into one of the following categories with a bona fide interest in managing and or treating patients with RRMM: Academic institutions (medicine, pharmacy or nursing), Teaching hospitals, Medical Societies, Professional Associations, Government agencies, medical education companies. Requests must be certified for CME/CE credit(s). Individual physicians or physician owned entities are ineligible to apply. Grants will not be awarded to ex-US entities. This is for US only organizations. **APPLICATIONS MUST BE SUBMITTED BY THE ACCREDITED PROVIDER.**

It is understood that the accredited provider will comply with all applicable accreditation standards and governing CME/CE requirements, including those of the relevant accrediting body or bodies, as well as applicable federal and state laws and regulations. Applicants will have to identify the accrediting organization(s), credit type(s), and processes that will be used to ensure ongoing compliance throughout the activity lifecycle. You will be required to show proof of accreditation in the required upload section.

About Johnson & Johnson Innovative Medicine Grants

For all independent medical education grants, the grant requestor is solely responsible for the design, implementation, and conduct of the independent initiative supported by the grant. Johnson & Johnson cannot have any control or influence of educational planning, faculty selection, content development, content reviews, and activity implementation.

Applicants must describe their process for identifying, disclosing, and mitigating relevant financial relationships and potential conflicts of interest for all individuals in control of educational content, including planners, faculty, authors, reviewers, moderators, and any educational partners. The proposal should include the applicant’s approach to ensuring that educational content remains fair, balanced, scientifically rigorous, and free from commercial influence.

Educational grants awarded through Johnson & Johnson’s grants can only be used solely for the approved independent educational activity. Grant funds may not be used for personal expenses, gifts, entertainment, or other benefits to learners or attendees.