Immune related adverse events in cancer patients treated with control point inhibitors


**Background and Importance**
Despite the clinical benefits of control point inhibitors therapy in several malignancies, this inhibition is closely linked to a series of immune-related adverse events (irAEs). The early detection and management of them is of vital importance.

**AIM AND OBJECTIVES**
To identify and describe irAEs with Programmed Cell Death Protein 1 (PD-1) Inhibitors and Programmed Death-Ligand 1 (PD-L1) Inhibitors, in clinical practice.

**Materials and Methods**
Retrospective, descriptive, observational study

- 400-bed hospital
- 1st Jan → 30th Oct 2018
- Patients treated with immunotherapy (IT)

**Results**

- **Age**: 65 years (36-88)
- **Gender**: 75% women
- **Type of tumor**: 76% NMLC, 7% H-N, 6% bladder, 5% breast, 4% renal, 2% melanoma and colorectal
- **Stage**: 67% stage IV, 27% stage III, 4% stage II, 2% stage I
- **IT**: Nivolumab 54%, Pembrolizumab 26%, Atezolizumab 13%, Durvalumab 7%
- **irAE**: 52 irAE
- **Grade of irAE**: 64% grade I, 25% grade II, 12% grade III
- **Cycles until irAE**: 3.25 cycles (1-57)
- **Type of irAE**: Cutaneous 37%, gastrointestinal 23%, pneumonitis 14%, endocrinological 8%
- **irAE treatment**: Oral corticoid 52%, topical corticoid 17%, antihistamine 12%, HRT 5%
- **IT suspension**: 83% resumed IT, 17% suspension (10% irAE)

**Conclusion and Relevance**
The most frequent irAEs in the patients receiving IT studied have been cutaneous and gastrointestinal, mostly transitory and grades I-II. They were mostly overcome with corticotherapy and antihistamine. Management of irAEs is presented on the basis of clinical experience; cooperation of patients, caregivers and healthcare professionals is required to watch over their safety in order to obtain the maximum efficacy with the lowest irAEs possible.