Immune-related adverse events up with checkpoint inhibitors

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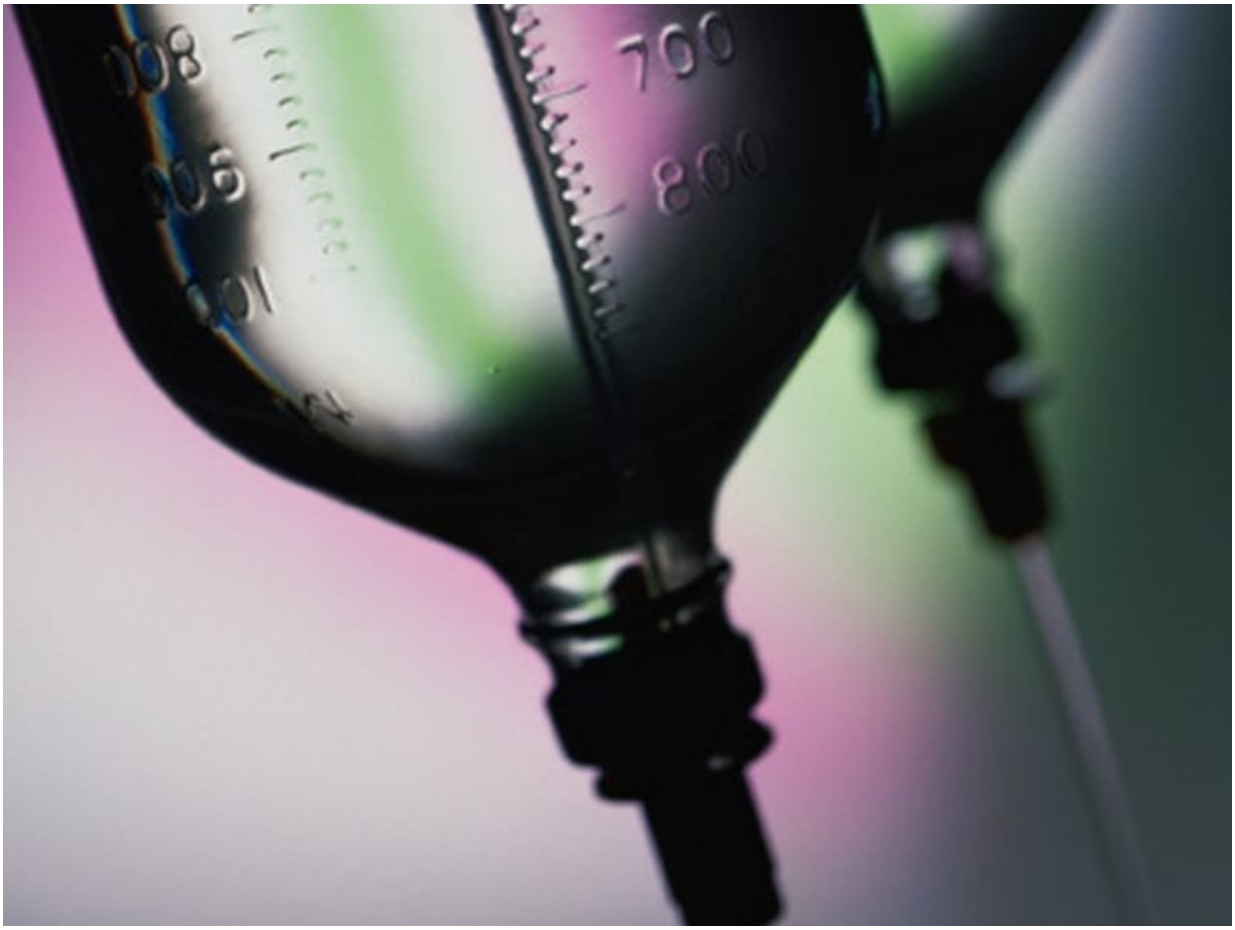

(HealthDay)—Although patients with pre-existing autoimmune disease

who receive checkpoint inhibitors (CPIs) are at risk for exacerbation of their disease, immune-related adverse events (irAEs), or both, events can often be managed without discontinuing CPIs, according to a review published online Jan. 2 in the *Annals of Internal Medicine*.

Noha Abdel-Wahab, M.D., Ph.D., from the University of Texas MD Anderson Cancer Center in Houston, and colleagues conducted a systematic review to summarize the evidence on adverse events associated with CPIs in patients with cancer and pre-existing autoimmune disease. Data were included from 123 patients identified in 49 publications.

The researchers found that 75 percent of the patients had exacerbations of pre-existing autoimmune disease, irAEs, or both. Patients with active and inactive disease did not differ in terms of adverse events. Fewer adverse events seemed to occur among patients receiving immunosuppressive therapy at initiation of CPI therapy than in those not receiving treatment. Most of the flares and irAEs were managed with corticosteroids; other immunosuppressive therapies were required by 16 percent. In more than half of the patients, adverse events improved without discontinuation of CPI therapy. Three patients died because of adverse events.

"Prospective longitudinal studies are needed to establish incidence of adverse events and evaluate risk-benefit ratios and patient preferences in this population," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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