ICI need not be withheld in those with autoimmune disease

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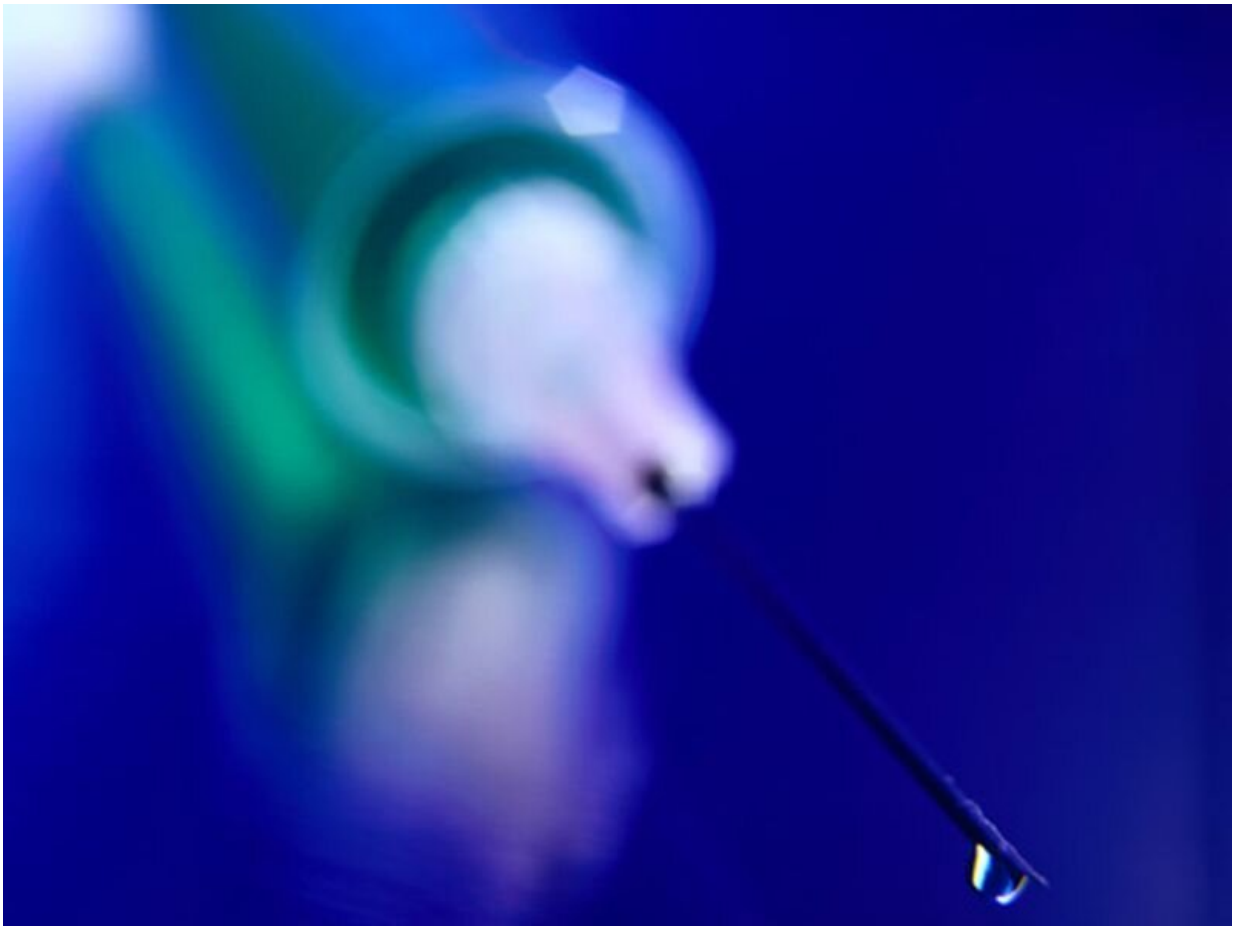

(HealthDay)—For patients with advanced melanoma, response to

immune checkpoint inhibitors (ICIs) is similar for those with and without preexisting autoimmune disease (AID), according to a study published online Feb. 16 in the *Annals of Internal Medicine.*

Monique K. van der Kooij, M.D., from Leiden University Medical Center in the Netherlands, and colleagues conducted a nationwide cohort study in the Netherlands to examine the safety and efficacy of ICIs in 4,367 patients with advanced melanoma with and without AID; 9.5 percent had AID.

The researchers found that for patients with AID, the incidences of immune-related adverse events of grade 3 or higher were 30, 17, and 44 percent for those treated with anti-cytotoxic T lymphocyte-associated protein 4 (CTLA-4), anti-programmed cell death 1 (PD-1), and combination therapy, respectively; for patients without AID, the corresponding incidences were 30, 13, and 48 percent. Compared with patients without AID, those with AID more often discontinued anti-PD-1 treatment because of toxicity (17 versus 9 percent). Anti-PD-1-induced colitis occurred more often in patients with inflammatory bowel disease. Patients with versus without AID who were treated with anti-CTL-4, anti-PD-1, and combination therapy had similar objective response rates (10 versus 16 percent; 40 versus 44 percent; and 39 versus 43 percent, respectively). No difference was seen in survival for those with and without AID (median, 13 versus 14 months).

"We encourage physicians not to withhold ICI in most common AIDs," the authors write.

More information: Abstract/Full Text (subscription or payment may be required)

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