

# TOXICITY OF IMMUNOTHERAPY TREATMENT IN CLINICAL PRACTICE

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## BACKGROUND

Immunotherapy has broken newground in the treatment of oncological disease. However, it is not exempt from Adverse Events (AE)

## OBJECTIVES

To analyze and describe the toxicity profile of immunotherapy in clinical practice.

## MATERIAL AND METHODS

➤ Multicenter descriptive observational retrospective study of patients who initiated immunotherapy treatment (June 2018-June 2023).

➤ Clinical data were obtained from the computerized clinical histories (Doctoris®) and the eOncology® database.

➤ The following variables were collected: demographic data (sex and age), smoking status, comorbidities, history of autoimmune disease, oncological diagnosis and stage, treatment line, treatment regimen used, number of administered cycles, and toxicity assessed according to the CTCAE v5 (Common Terminology Criteria for Adverse Events) criteria of the NCI (National Cancer Institute).

## RESULTS

**N=40 (65% Male)**  
**Median age 67 years [39-87]**

**35% active smokers**  
**47% former smokers**

- 63% in first-line Immunotherapy treatment
- 27% second-line
- 10% third-line.

20 patients (50%) experienced at least one immune-mediated AE.

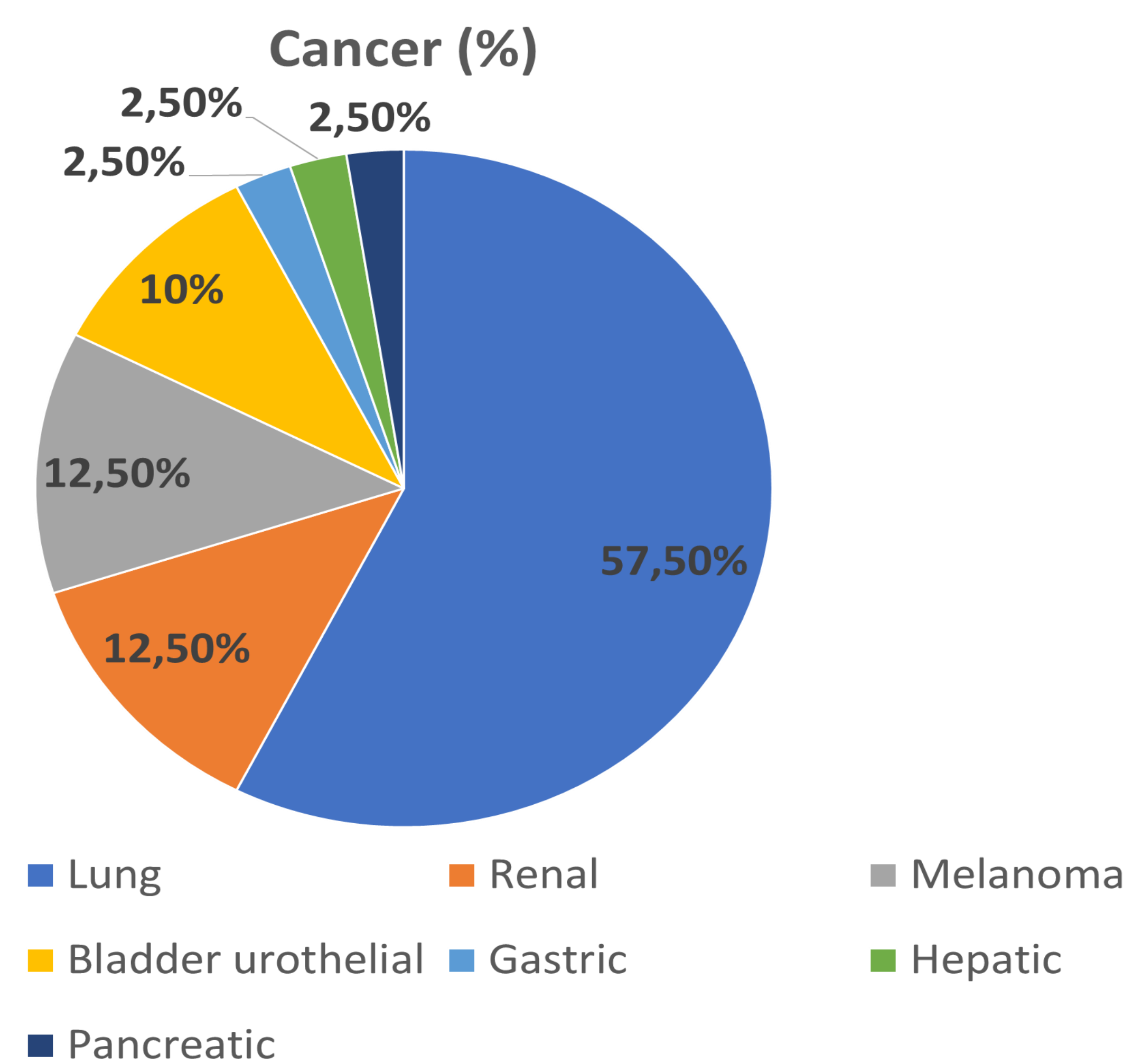
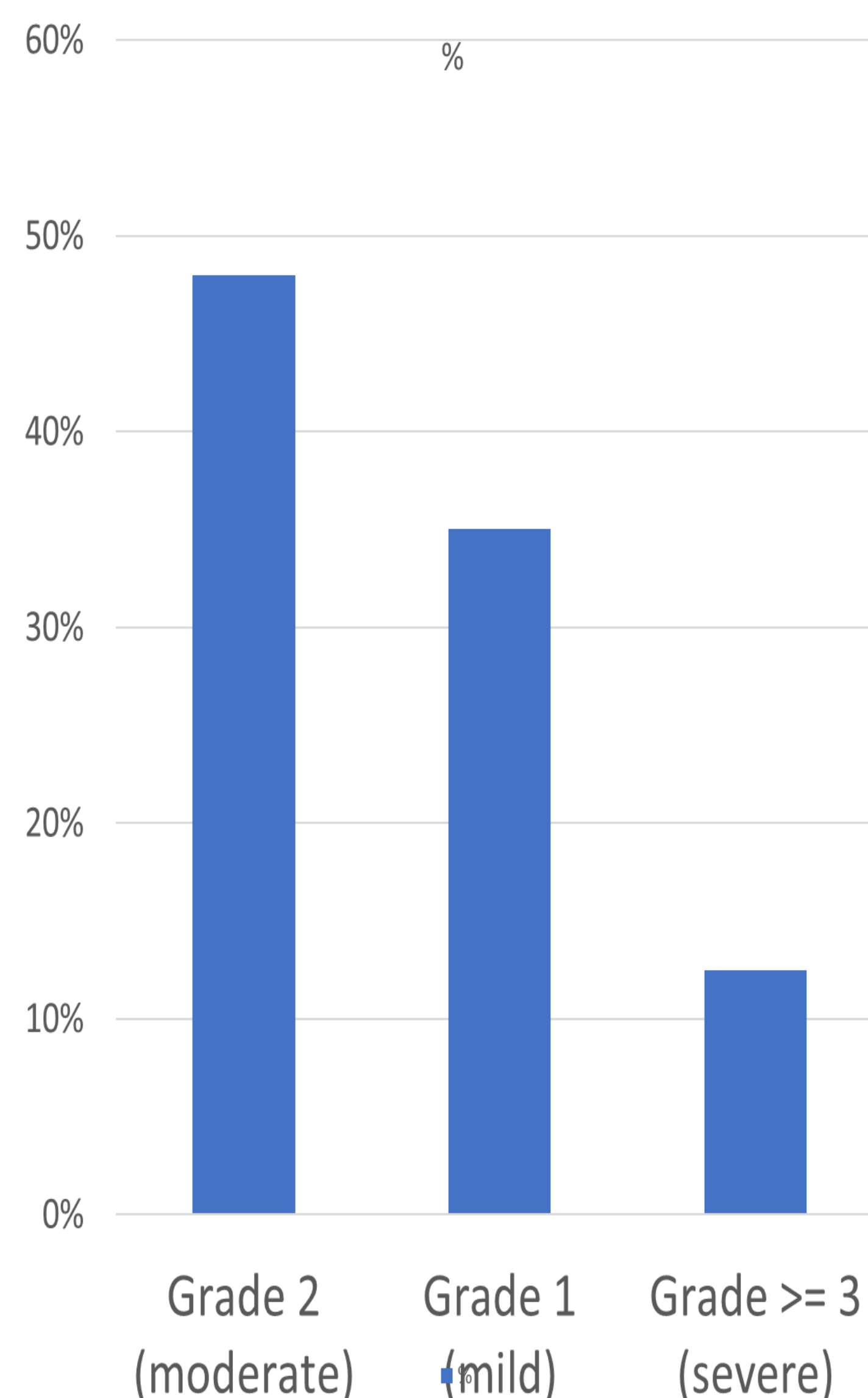
**Corticosteroids** were used in 63%.

### AEs:

- Digestive AEs (29,6%)
- Cutaneous AEs (22.2%)
- Musculoskeletal AEs (18,5%)
- Pulmonary AEs (14,8%)

### Comorbidities:

- hypertension 47%
- dyslipidemia 42%
- diabetes mellitus 27%
- psychiatric illness 17%



DRUG	TOXICITY (%)	SEVERE (%)
Nivolumab	80	20
Durvalumab	50	0
Avelumab	50	0
Pembrolizumab	35	10
Atezolizumab	16	0

## CONCLUSIONS

- Immunotherapy is becoming a first-line treatment for several tumors.
- Our real-world clinical experience shows that immunotherapy has been reasonably well tolerated, with most immune-mediated AEs being moderate or mild.
- Corticosteroids were the most widely used drugs to treat this type of toxicity.
- Severe immune-mediated reactions have required hospitalization and discontinuation of treatment.
- A larger sample size and an extended study period are needed to confirm the correlation between treatment response and toxicity.

## REFERENCES and/or ACKNOWLEDGEMENTS

No conflict of interest.

