

## IMMUNOTHERAPY AND TOXICITY: EXPERIENCE IN A THIRD LEVEL HOSPITAL

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### BACKGROUND

Use of immunotherapy in the oncological environment has meant a revolution in the management of this pathology. Its effectiveness is based on activating the patient's immune system through various mechanisms of action. Good safety profile makes its use attractive to oncologists, but there are patients in whom toxicities of relevance can appear.

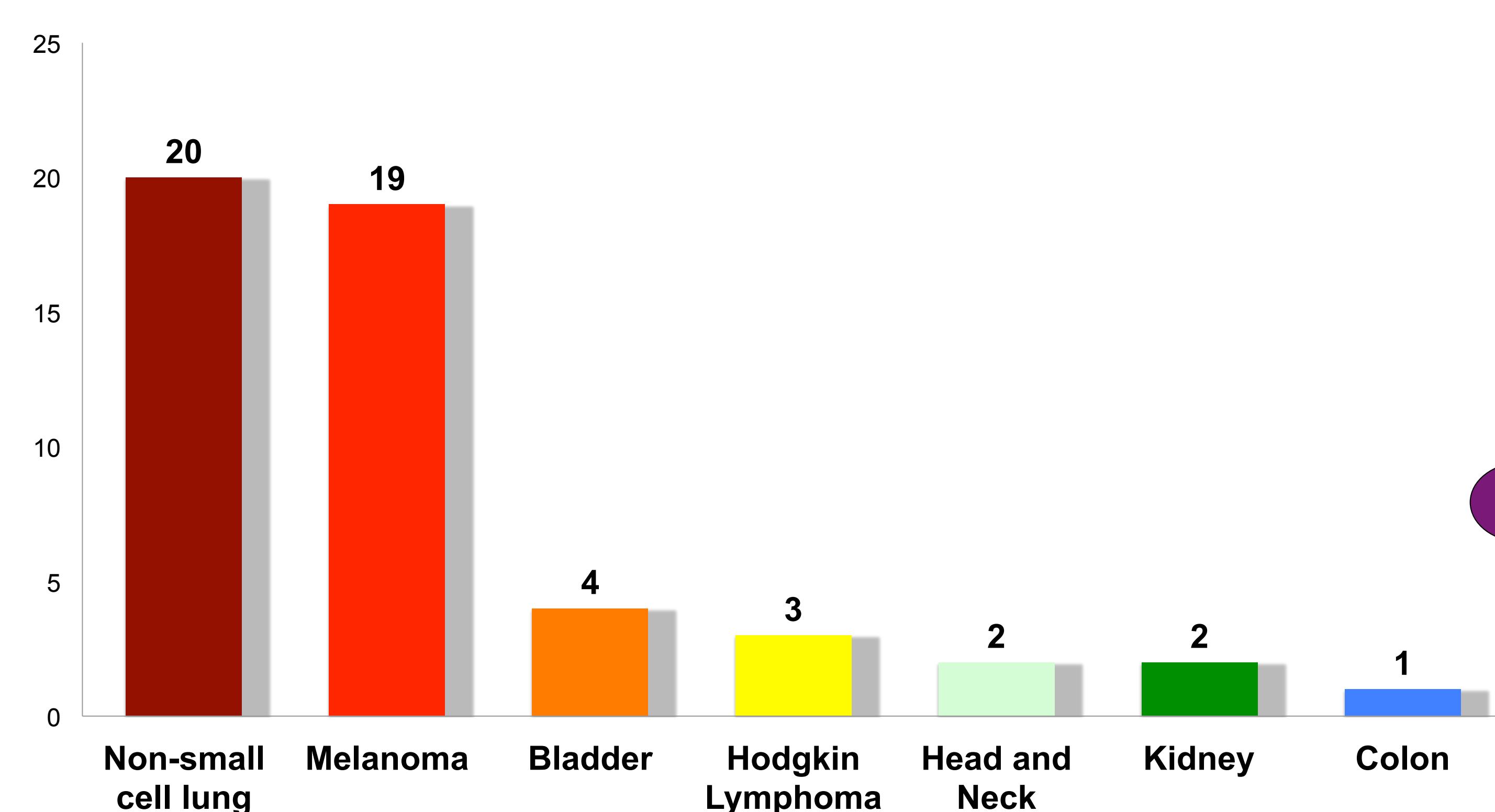
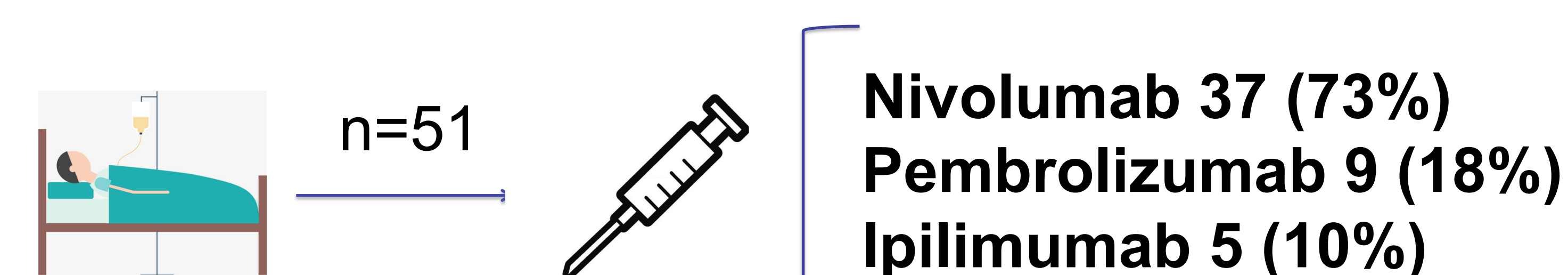
### PURPOSE

To describe the toxicity profile developed by patients in whom some type of immunotherapy has been administered for the treatment of their neoplastic process in a tertiary hospital

### MATERIAL AND METHODS

78 months retrospective study (January 2012 - June 2018) in which we analyzed all patients who had been prescribed immunotherapy (Ipilimumab, Nivolumab and Pembrolizumab). The following variables were collected: age, gender, neoplastic process, prescribed drug, time of treatment and toxicities experienced.

### RESULTS



The median time of treatment was 3.05 months (0.7-18.9).

The toxicities considered as immuno-related (Postow et al., N Engl J Med 2018; 378: 158-68) were the following:

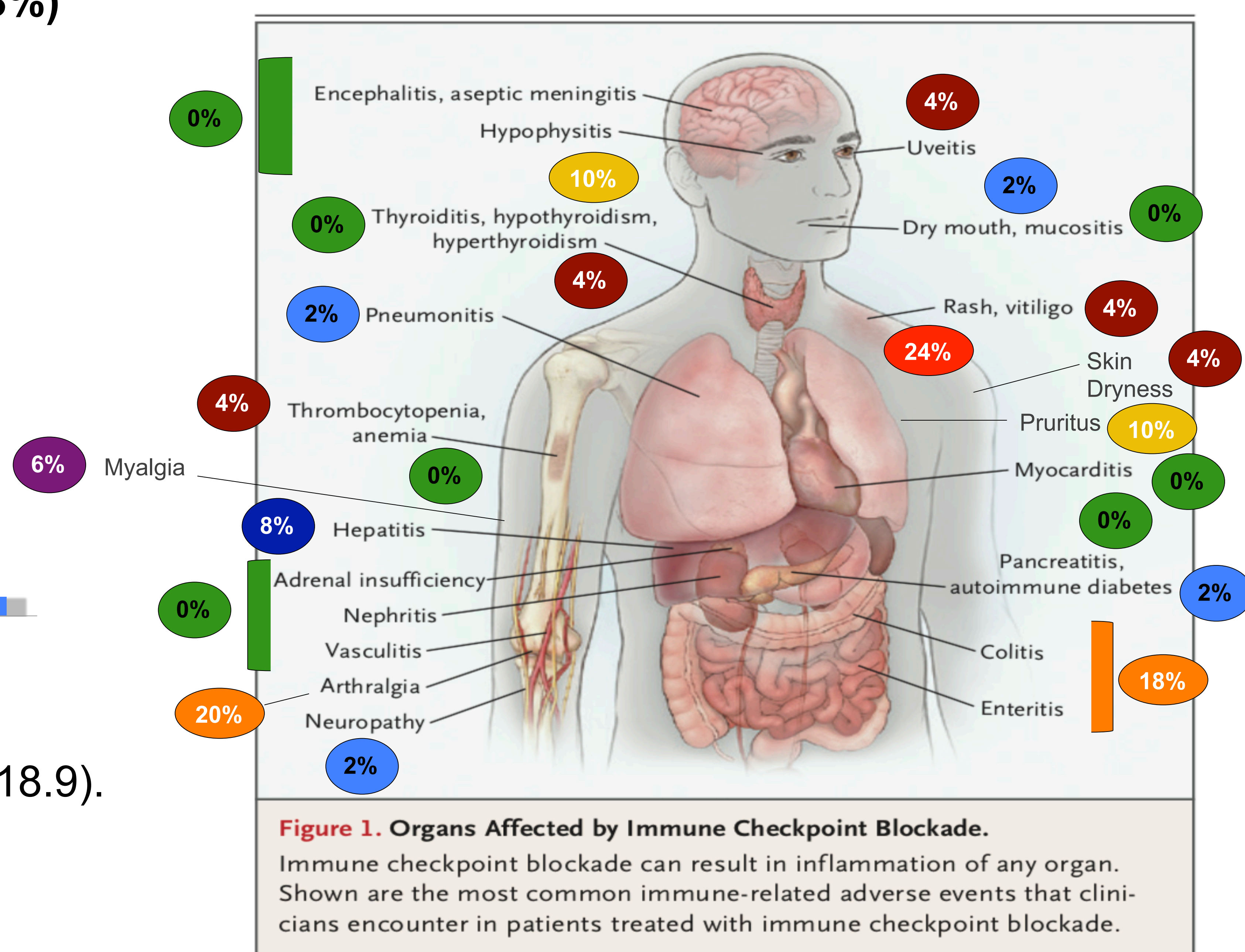


Figure 1. Organs Affected by Immune Checkpoint Blockade.

Immune checkpoint blockade can result in inflammation of any organ. Shown are the most common immune-related adverse events that clinicians encounter in patients treated with immune checkpoint blockade.

### CONCLUSIONS

Immunotherapy is considered a good safety profile treatment, however, its use is not toxicity-free. We wanted to show our experience and to indicate the need to familiarize ourselves with the toxicity that they can produce to maximize the benefit of the treatment.

