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THE OTHER SIDE OF IMMUNOTHERAPY: SAFETY AND TOXICITY MANAGEMENT IN CLINICAL PRACTICE.

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OBJECTIVES

- **Nivolumab** and **pembrolizumab** are monoclonal antibodies that blocks PD-L1 and its receptor (PD-1) respectively, inhibiting immune checkpoint. They have demonstrated their efficacy and safety in the treatment of different solid tumours.
- Aim of this study was to evaluate the incidence of adverse events (AE) associated to immune checkpoint inhibitors (ICI) and to analyse the management of the toxicity.

STUDY DESIGN

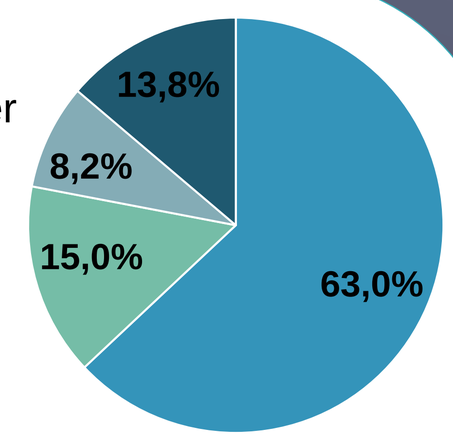
- Descriptive and retrospective study which include every patient treated with Nivolumab or Pembrolizumab between April 2015 and September 2018 in a third level hospital.
- Demographics and clinical variables were collected from the electronic medical records: sex, age, type of tumour, number of cycles, causes of treatment suspension, AE and its severity, as well the need of referral to other specialist, pharmacological treatment or hospitalization in order to its handling.

RESULTS AND DISCUSSION

N = 71

- 74,6% males
- Average age: 67,6 years (SD: 10.3)
- Median numer of cycles: 8 (1 – 70)
- 60,6% treated with Nivolumab (39,4% with Pembrolizumab)

Most frequent types of tumours



74,7% of patients presented ≥ 1 AE

NIVOLUMAB = **79,1%** (8,9% grade 3)

PEMBROLIZUMAB = **71,4%** (22,5% grade 3)

Most common AE

	Nivolumab	Pembrolizumab
Asthenia	53,5%	32,1%
Skin toxicity	37,2%	25,0%
Diarrhoea	14,0%	21,4%

	Referral to other specialist	Pharmacological treatment	Hospitalization
Nivolumab	20,9%	32,6%	7,0%
Pembrolizumab	25,0%	39,3%	25,0%

Permanent treatment suspension due toxicity

15,1%

- **Hepatitis (45,5%)**
- Pneumonitis (18,2%)
- Others (36,3%)

CONCLUSIONS

- Despite being less frequent, there are certain AE which, due to their clinical relevance, lead to the permanent suspension of treatment. The incidence of grade 3 EA was higher in patients treated with Pembrolizumab, as well as hospitalization needed.
- The role of a multidisciplinary team is essential to handle possible related EA, achieving an adequate treatment optimization.

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