

International panel classifies immunotherapy side effects for the first time

April 4 2023 Natural History of irAEs **Patterns of irAEs Response to irAE Treatment Recurrent irAEs:** Multisystem irAEs: Steroid-unresponsive irAEs: Occur in the same organ Occur concomitantly with · No clinical improvement after another irAE or during a standard timeframe of Occur at least twice after IO treatment for the first irAE guideline-based irAE-directed discontinuation steroid therapy irAEs occurring in the same or different organ system Steroid-refractory irAEs derived Delayed/late-onset irAEs: no clinical benefit from steroids If occurring in the same system, Occur > 3 months after ICI affect different tissues discontinuation Steroid-resistant irAEs: Derived some clinical benefit without resolution of the event **Chronic irAEs:** • Persist beyond 3 months of ICI discontinuation Steroid-dependent irAEs: Two subtypes: · Some improvement with 1) Chronic + active: Ongoing guideline-based irAE-directed inflammation, requires ongoing steroid therapy, however a taper immunosuppression is not possible. 2) Chronic + inactive: Absence irAEs requiring ongoing steroids of ongoing inflammation, for ≥12 weeks are "chronically not requiring ongoing steroid-dependent" immunosuppression

Consensus definitions for irAE terminology. ICI, immune checkpoint inhibitor; IO, immuno-oncology; irAE, immune-related adverse event. Credit: *Journal for ImmunoTherapy of Cancer* (2023). DOI: 10.1136/jitc-2022-006398



An international panel of oncology and immunotherapy experts led by RCSI's Professor Jarushka Naidoo, has developed standardized definitions of the side effects of cancer immunotherapy to assist clinicians in treating patients.

Immunotherapies have revolutionized the treatment of solid tumor cancers, improving outcomes for patients globally. However, the antitumor mechanisms of these therapies are known to cause side effects called immune-related adverse events (irAEs).

The paper, published in the *Journal for Immunotherapy of Cancer* is the first set of consensus expert definitions relating to the diagnosis and management of side effects caused by immunotherapy, specifically immune checkpoint inhibitors. They provide a shared vocabulary for clinicians which will help standardize the application of clinical practice guidelines and support clinicians in offering the <u>best treatment</u> to patients.

Commenting on the publication, first author Professor Jarushka Naidoo, Academic Professor of Medical Oncology in the RCSI Department of Medicine, said, "This set of guidelines will prove an important resource in cancer immunotherapy <u>clinical trials</u> as well as enabling more research into the biomarkers that help us predict adverse effects in patients."

Professor Naidoo and co-author Dr. Catherine Murphy, Oncology Specialist Registrar, Beaumont RCSI Cancer Centre assembled an <u>expert</u> <u>panel</u> with the Society for Immunotherapy of Cancer (SITC) to develop the definitions, addressing the unmet need for uniform terminology for different types of immune-related adverse events.

These had previously been inconsistently documented in literature and vary widely from short term inflammation to damage to organs. Over twenty oncology and immunotherapy specialists from academic



medicine, industry, patient advocacy and <u>regulatory agencies</u> were involved.

Immunotherapy helps the body to find and destroy <u>cancer cells</u>. It can treat many different types of cancer and can be used alone or in parallel with other cancer treatments such as chemotherapy.

More information: Jarushka Naidoo et al, Society for Immunotherapy of Cancer (SITC) consensus definitions for immune checkpoint inhibitor-associated immune-related adverse events (irAEs) terminology, *Journal for ImmunoTherapy of Cancer* (2023). DOI: 10.1136/jitc-2022-006398

Provided by RCSI

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