

Immune-related adverse events up with checkpoint inhibitors

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(HealthDay)—Although patients with pre-existing autoimmune disease

who receive checkpoint inhibitors (CPIs) are at risk for exacerbation of their disease, immune-related adverse events (irAEs), or both, events can often be managed without discontinuing CPIs, according to a review published online Jan. 2 in the *Annals of Internal Medicine*.

Noha Abdel-Wahab, M.D., Ph.D., from the University of Texas MD Anderson Cancer Center in Houston, and colleagues conducted a systematic review to summarize the evidence on [adverse events](#) associated with CPIs in patients with cancer and pre-existing autoimmune disease. Data were included from 123 patients identified in 49 publications.

The researchers found that 75 percent of the patients had exacerbations of pre-existing autoimmune disease, irAEs, or both. Patients with active and inactive disease did not differ in terms of adverse events. Fewer adverse events seemed to occur among patients receiving [immunosuppressive therapy](#) at initiation of CPI therapy than in those not receiving treatment. Most of the flares and irAEs were managed with corticosteroids; other immunosuppressive therapies were required by 16 percent. In more than half of the patients, adverse events improved without discontinuation of CPI therapy. Three [patients](#) died because of adverse events.

"Prospective longitudinal studies are needed to establish incidence of adverse events and evaluate risk-benefit ratios and patient preferences in this population," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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