

HEPATIC IMMUNE-MEDIATED-ADVERSE-EFFECTS OF IMMUNE CHECKPOINT INHIBITORS: A RETROSPECTIVE ANALYSIS OF REAL-LIFE EXPERIENCE AT A SINGLE INSTITUTION

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INTRODUCTION

IMMUNE CHECKPOINT INHIBITORS (ICI) have shifted the paradigm of cancer therapy treatment. Despite their efficacy, ICIs occasionally induce **IMMUNE-RELATED ADVERSE EVENTS (irAE)**, which can affect various organs, namely the liver.

THE AIM OF THIS STUDY IS TO PERFORM A COMPREHENSIVE CLINICAL DESCRIPTION OF THE HEPATIC IFAES ASSOCIATED WITH ICI IN A POPULATION OF A

TERTIARY HOSPITAL CENTRE.

METHODS

Retrospective analysis of development of **IMMUNE MEDIATED LIVER INJURY (IMLI)** among a cohort of **151 PATIENTS.**

We used both COMMON TERMINOLOGY CRITERIA FOR ADVERSE EVENTS (CTCAE) AND DRUG-INDUCED LIVER INJURY NETWORK (DILIN) criteria to define liver

injury to define **LIVER INJURY**, excluding other reasons for its occurrence, namely hepatic metastasis.

RESULTS

Among 151 patients treated with ICI:

- the majority were men (76,8%)
- median age at the beginning of treatment of 64 years (IQR 16)

<u>Eight (5,3%) patients developed liver injury grade \geq 3, of which 5 had hepatic</u> <u>metastasis</u>.

- All IMLI presented with CHOLESTASIS PATTERN
- The median duration from ICI initiation to IMLI was 84 days and/or 4 cycles of ICI;
- One patient registered IMLI one month after nivolumab suspension;
- All were treated with **STEROIDS**
- One was successfully submitted to ICI **RE-CHALLENGE**
- <u>A favorable outcome was seen in all patients</u>

ONLY 3 CASES WERE CLASSIFIED AS IMLI

AMONG 10 PATIENTS WITH PREVIOUS HEPATIC CONDITIONS, ONLY ONE DEVELOPED LIVER INJURY GRADE 2.

CONCLUSION

- The median time to hepatic biochemistries normalization was. **150 days**
- One patient presented with common bile duct dilation without obstructive cause.

Immune-mediated liver injury is an **uncommon event.**

It may present a **cholestatic pattern** predominance.

There was a low rate of liver injury of any kind in patients with previous hepatic disease while on ICI.

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