Differences in AEs Between Chemotherapy and ICI

	Chemotherapy	ICI
Incidence of moderate/severe AEs	Almost all patients	Majority without
Safety profile	Well described	Evolving
Affected systems/organs	Few organs affected	Any organ
Time course	Well established	Variable (even after end of tx)
	Predictable	**Relatively unpredictable**

Hoffner. Cancer Treat Rev. 2020;85:101979. Madden. Clin J Oncol Nurs. 2017;21:30.

Differences in AEs Between Chemotherapy and ICI

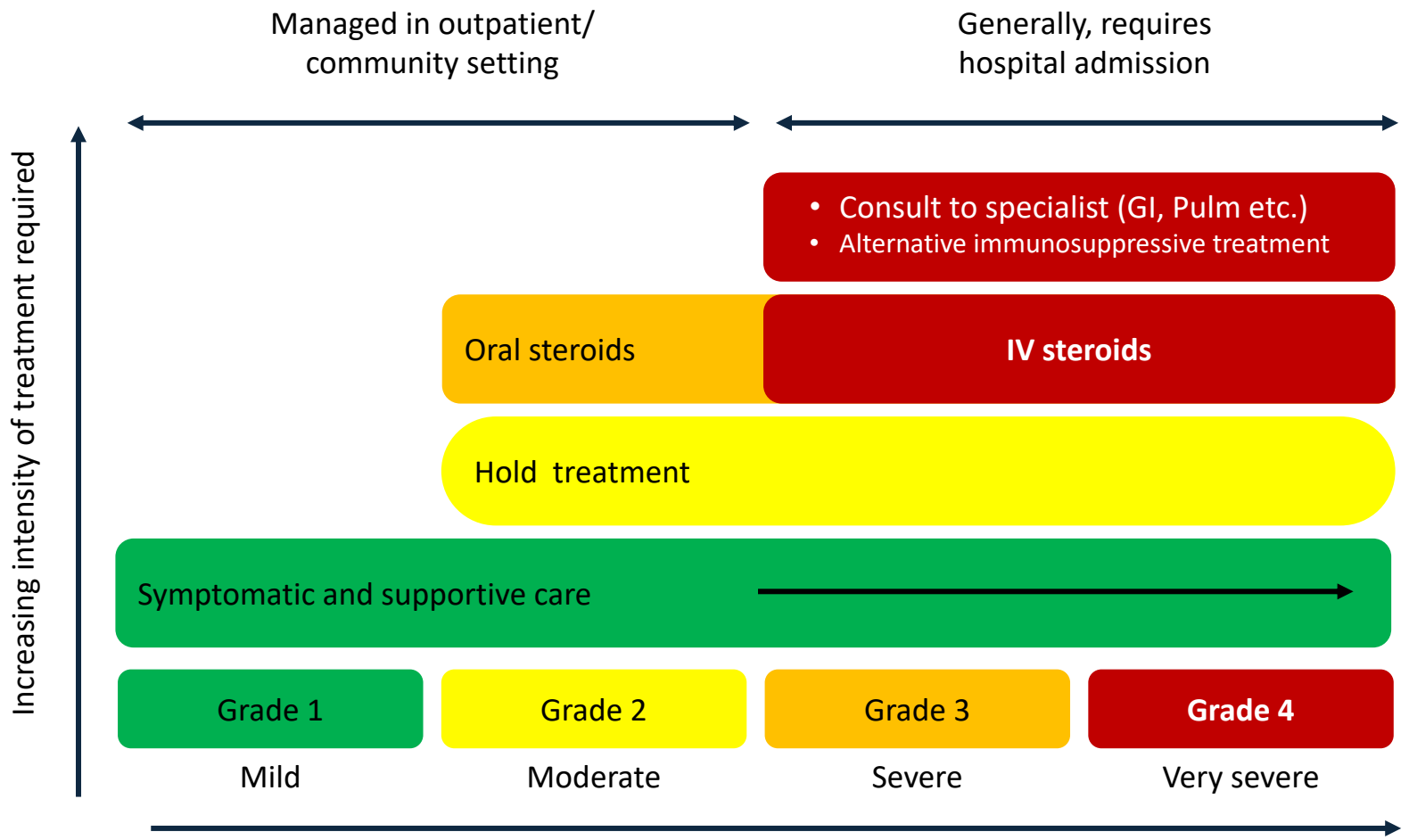
Counsel patients: “Report all your symptoms and let the provider figure out what’s causing it”

Management depends on determining cause of AE → **timing is critical!**

Parameter	Chemotherapy	ICI
Kinetics	▪ Rapid onset after administration ▪ Cyclical onset/recovery	▪ Onset after several cycles ▪ Persists/worsens over time
General management strategies		
▪ Hold dose	**Yes**	**Yes**
▪ Reduce dose	**Yes**	**No**
▪ Switch to less toxic agent	**Yes**	**No**
▪ Steroids	**Maybe (depends on toxicity)**	**Yes**
▪ Permanently discontinue	**Yes (if severe)**	**Yes (if severe)**

Hoffner. Cancer Treat Rev. 2020;85:101979. Madden. Clin J Oncol Nurs. 2017;21:30.

General Recommendations for Treatment of irAEs



- **<u>Early recognition and initiation of treatment is key!</u>**
- **Steroids (PO/IV):** 0.5-2 mg/kg/day prednisone or equivalent; slow taper over 4-6 wks
- For some irAEs, ICI can be restarted
- **Endocrinopathies:** ICI can generally be continued with management
- **Keep DDX broad**

Haanen. Ann Oncol. 2022;33:1217. NCCN. Clinical practice guidelines in oncology: management of immunotherapy-related toxicities. v.2.2023.