

Questions asked in the everyday practice: immune checkpoint inhibitors



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Immunotherapy has been approved for several indications in Oncology, resulting in an increasing number of physicians who use it to treat their patients. In this podcast, Teresa Amaral, member of the ESMO Young Oncologists Committee, interviews Professor John Haanen (Head of the Division of Medical Oncology and Staff Scientist in the Division of Immunology at The Netherlands Cancer Institute; Professor of Translational Immunotherapy of Cancer at Leiden University Medical Centre, the Netherlands) on the topic: 'Questions asked in everyday practice: Immune Checkpoint Inhibitors'. Currently, there is no consensus about how long we should treat patients with immunotherapy and the optimal duration might also be different considering the tumour type (eg, melanoma versus non-small cell lung cancer). In some patients, stopping early due to adverse events does not seem to be detrimental, but the follow-up time is still short to make definitive assumptions. When treating a patient with a concurrent autoimmune disease, several aspects need to be considered, namely, whether the patient is receiving immunosuppressive drugs, which drugs, in which dosage

and how long the autoimmune disease has been stable. Patients who received a solid organ transplant pose an extra challenge. For patients who develop grade 4 immune-related adverse events, retreatment with immunotherapy should depend on the type of irAE and be extensively discussed. In case of severe immune-related toxicity that does not respond to the treatments referred to in the guidelines, and if the treating physician is not experienced with escalating immunosuppressive therapy, consultation with other centres with more familiarity and expertise on this topic should be considered.

Competing interests None declared.

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