5PSQ-112 RELATIONSHIP BETWEEN EFFECTIVENESS AND IMMUNE-MEDIATED TOXICITY OF IMMUNE CHECK-POINT INHIBITORS IN ADVANCED NON-SMALL-CELL LUNG CANCER

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Background and Importance According to some data, there is evidence suggesting correlation between immune-related adverse events (irAEs) and favorable clinical outcomes in several tumour types during the treatment with immune checkpoint inhibitors.

Aim and Objectives To asses the presence of irAEs and if it is associated with clinical benefit in patients diagnosed with non-small-cell lung cancer who are treated with immune checkpoint inhibitors.

Material and Methods Observational and retrospective study including patients with NSCLC treated with pembrolizumab, atezolizumab or nivolumab in first or second-line therapy (March 2018- August 2022). To assess treatment effectiveness, the overall survival (OS) and progression-free survival (PFS) were evaluated with Kaplan-Meier method. The survival curves were compared based on the presence of irAEs or not. The severity of irAES were graded based on National Cancer Institute´s Common Terminology Criteria for Adverse Events (CTCAE) version 5.0.

Results 133 patients were evaluated: 74% men, mean age of 66.84 ± 9.06, 58% adenocarcinoma, PD-L1 >50% 46% and 82.7% ECOG 1.

54.8% received pembrolizumab, 30.8% atezolizumab and 14.3% nivolumab.

The mean duration of treatment was 8.4 ± 10.4 months.

194 irAEs were recorded. 61.6% of the patients experienced almost one irAEs of any grade. Incidence of toxicity was more likely with pembrolizumab (59,8%). Severity of the irAEs were mild (grade 1) in most cases (78.3%), followed by moderate (grade 2) 15.4%, severe (grade 3) 5.6% and life-threatening (grade 4) 0.5%.

The most common irAE were gastrointestinal (36%), followed by cutaneous(22%), musculoskeletal (11%), haematological (9.3%) and endocrine (6.7%).

In 5.3% of patients the treatment had to be permanently retired due to toxicity, while 14,3% the treatment was temporarily discontinued until the irAE resolution. However, 2.2% needed a hospital admission until irAEs was released.

The median PFS was 8.2 months in patients who have an irAE and 2.2 months in those without it ($p<0.05$). The median OS was 10.9 months in patients who have an irAE and 3 months in those without i($p<0.05$).

Conclusion and Relevance In our cohort of patients, more than a half underwent at least one irAE, being pembrolizumab the drug that has produced most irAEs. The presence of irAE was significantly associated with improved PFS and OS.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-114 PERSISTENCE AND LEVEL OF CLEARANCE IN PATIENTS WITH MODERATE-TO-SEVERE PSORIASIS TREATED WITH GUSELKUMAB

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Background and Importance Recent publications indicate that there are currently certain unmet needs shown by patients, highlighting the rapid onset of action and the persistence of the drug related to the increase in quality of life and the decrease in the stigma of the pathology. The appearance of new therapeutic targets presents us with a hopeful future in the treatment of psoriasis. In this context, it is of interest to know the persistence of gulselkumab, the first anti-IL 23 marketed in 2017.

Aim and Objectives To evaluate the persistence and complete skin clearance of guselkumab in all patients with moderate-severe psoriasis in our hospital.

Material and Methods Retrospective descriptive study conducted from the first prescription of guselkumab, May 2019, to September 2022. The electronic clinical record and the Farmatools application were used to record the following variables: age, sex, previous biological treatments, duration of therapy, posology and Psoriasis Area and Severity Index (PASI). The guselkumab regimen was 100 mg subcutaneously at weeks 0 and 4, followed by a maintenance dose of 100 mg every 8 weeks, in some patients the dose interval is longer in maintenance adjusted for drug response.

Results Forty-four patients were included (52% men), aged 54 ± 13 years. 50% of the patients were treated with a previous line, 39% with 2 or more lines, and 11% were naive for monoclonal antibody (mAbs). Two patients discontinued during induction due to primary failure and one due to adverse reaction. There were 2 losses to follow-up. The overall mean persistence was 758 (± 312 days).

Currently 32 patients continue in treatment with guselkumab, 61% presented PASI 0 in the last clinical evaluation. 34% have an optimised schedule: 22% every 10–12 weeks, 9% every 16 weeks, and one patient takes it every 24 weeks.

Conclusion and Relevance High levels of persistence and level of clearance of guselkumab in our clinical practice, which 90% of patients have been previously treated with mAbs, are in line with the 5 year results presented by Reich K. et al.

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Conflict of Interest No conflict of interest