





Association Francophone des Soins Oncologiques de Support



Lille, FRANCE 2024

MASCC/AFSOS/ISOO ANNUAL MEETING JUNE 27-29 · SUPPORTIVE CARE IN CANCER

IMPACT OF IMMUNE CHECKPOINT INHIBITORS ON UNPLANNED EMERGENCY DEPARTMENT CONSULTATIONS IN NSCLC: MORE TOXICITIES OR LACK OF KNOWLEDGE OF THEIR MANAGEMENT TARABAY A., FOSTIER R., PAGES A., CHOUEF J., LE JANNIC T., ALDEA M., PLANCHARD D., SCOTTE F., ANTOUN S., MERAD M.

INTRODUCTION

Immune checkpoint inhibitors (ICIs) have revolutionized the landscape of non-small cell Lung cancer (NSCLC) treatment, alone or in association with chemotherapy, with a specific profile of toxicities that may require sometimes urgent medical attention.

METHODS AND MATERIALS

We conducted a retrospective analysis to evaluate the impact of treatment on emergency department consultations (ED-Cs) for patients with metastatic lung adenocarcinoma. We collected data for all patients treated at Gustave Roussy between January 2016 and December 2022. All unscheduled ED-Cs during the first-line metastatic treatment phase were assessed.

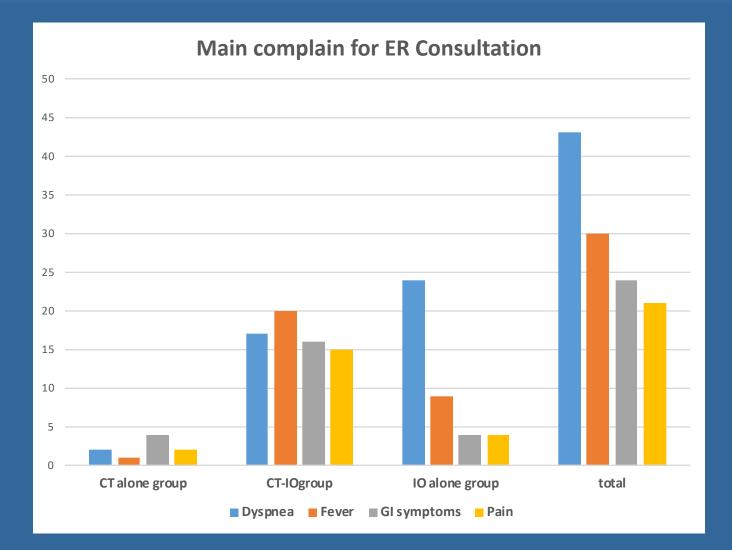
RESULTS

A total of 198 patients were included, most of them are men (58%) and smokers (90%). Forty four percent of patients received chemotherapy (CT) associated with ICI, 26% CT alone and 27% ICI alone.

Number of patients who had at least	n	198	
one ER consulting	No	110	56%
	Yes	88	44%
	1	57	65%
	2 or more	31	35%
At least one ER consulting	n	88	
	< 3 months	62	70%
	Between 3 and 6 months	17	19%
	> 6 months	25	28%

Table 1.Emergency department unplanned consultations in NSCLC patients during 1st line treatment

Forty four percent of patients had at least one ED-C during first line treatment, of whom 35% had more than 2 consultations, especially in ICI group (p=0.0465). Of note, late ED-Cs (>6 months) were observed more in this group (p=0.0399)



This study showed more unplanned ED-Cs with ICI monotherapy compared to chemotherapy or the combination, with more delayed events in this group. These surprising results could be explained by the long duration of response to ICI and the lack of accustomed management of ICI side effects during this period.

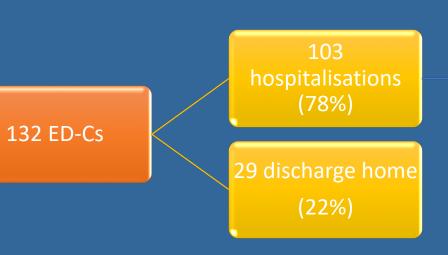




Figure 2. Medical decision for ED-Cs

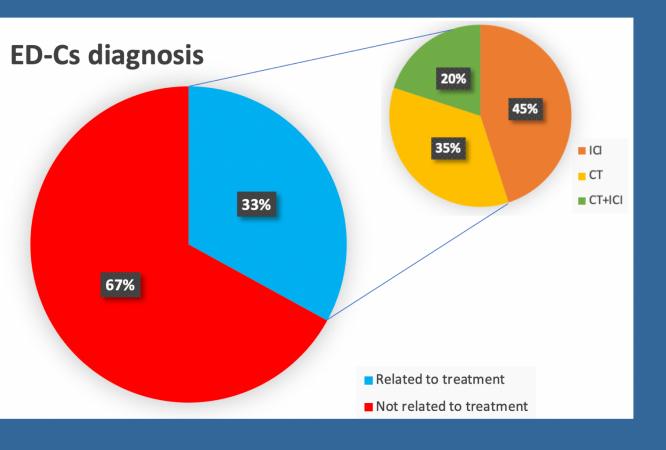


Figure 3. Final diagnosis for each ED-C.

CONCLUSIONS