

Immune-related adverse events with PD-1 vs PD-L1 inhibitors: a meta-analysis of 8730 patients from clinical trials



Authors

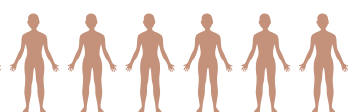
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A trial-level meta-analysis investigating potential differences in immune-related adverse events reported in phase I-IV trials of anti-PD-1 (nivolumab and pembrolizumab) and anti-PD-L1 antibodies (atezolizumab, avelumab, durvalumab)



Data analyzed from **8730 patients** treated with anti-PD-1/PD-L1 monotherapy

Meta-analysis explored 5 anti-PD-1 and PD-L1 antibodies that have been administered to the highest numbers of patients in clinical trials: atezolizumab, avelumab, durvalumab, nivolumab and pembrolizumab

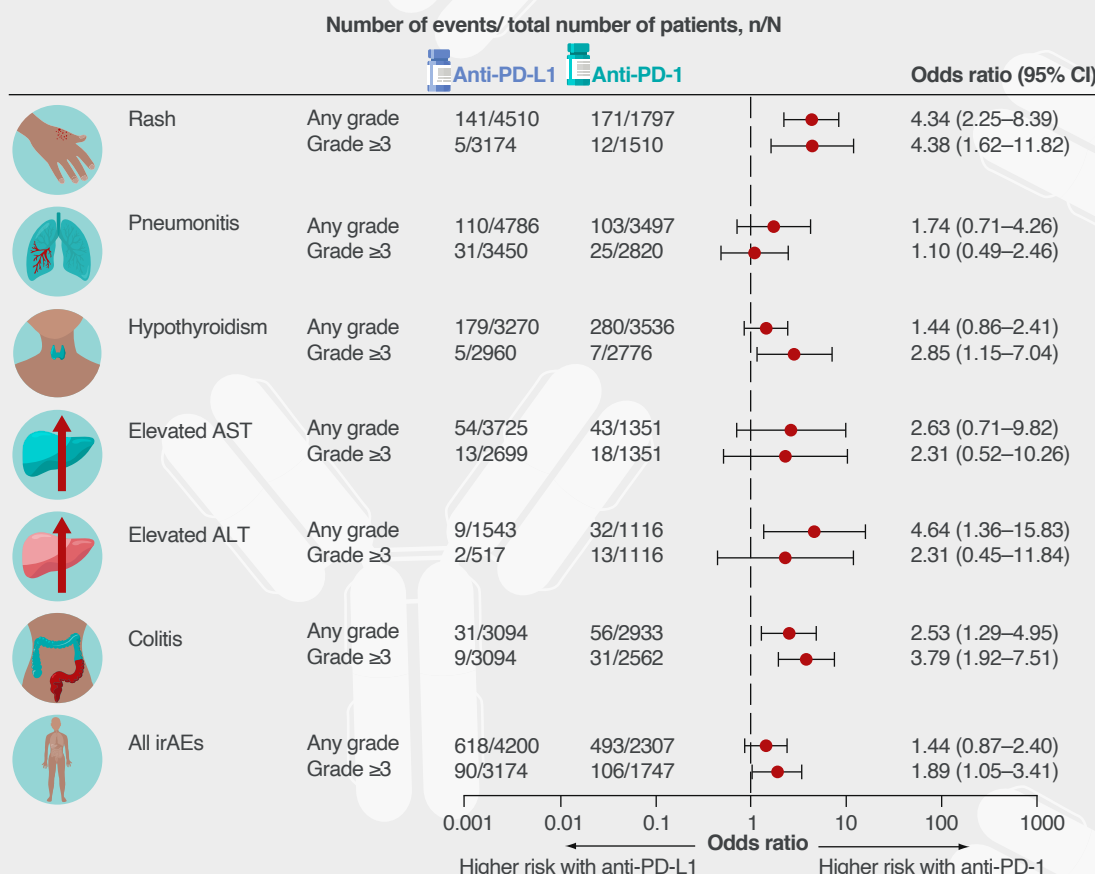
For anti-PD-L1 vs anti-PD-1 antibodies, we identified trends for a lower risk of rash: any-grade and grade ≥ 3 , colitis: any-grade and grade ≥ 3 , elevated ALT: any-grade, hypothyroidism: grade ≥ 3 .



Anti-PD-1 antibodies:
nivolumab and pembrolizumab



Anti-PD-L1 antibodies:
atezolizumab, avelumab and durvalumab



Incidence and odds ratios were calculated for irAEs overall, selected individual irAEs for individual agents, and pooled estimates for anti-PD-1 PD-L1 antibodies.

For individual agents, we found potential trends for a reduced risk of overall any-grade irAEs for atezolizumab vs pembrolizumab and grade ≥ 3 irAEs for avelumab vs pembrolizumab

Overall, these hypothesis-generating findings from this large meta-analysis suggest that safety profiles for irAEs may differ among individual anti-PD-1 and anti-PD-L1 antibodies

Glossary:

ALT: Alanine aminotransferase; irAE: Immune-related adverse event; PD-1: Programmed cell death 1 protein; PD-L1: Programmed cell death 1 ligand 1.