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October 20, 2024

Dr. Alex Adjei, MD, PhD, FACP
Editor, *Journal of Thoracic Oncology*

Dear Dr. Adjei:

We have enclosed our manuscript “Immune-Related Adverse Events After 2 Years in Patients with Advanced Non-Small-Cell Lung Cancer Receiving Extended Immune Checkpoint Inhibitor Therapy” for consideration as a Brief Report to the *Journal of Thoracic Oncology*.

The optimal duration of ICI therapy for NSCLC remains to be determined, with guidelines recommending ICI maintenance therapy for up to 2 years and only limited retrospective data available to guide treatment decisions. In clinical practice, many patients continue to be treated with ICIs beyond 2 years, but little is known about toxicities or outcomes in this population. We present a single-institution retrospective analysis of NSCLC patients receiving ICI therapy for >2 years, with a primary aim of describing incidence of late IRAEs and investigating their association with baseline characteristics and history of prior immune related adverse events (IRAEs).

Our primary finding was that late IRAEs were common in patients receiving >2 years of ICI (50%, 38/76 patients) and often occurred in patients without early IRAEs. Timing of late IRAE onset was variable and risk factors for late IRAE included female sex, White race, and prior Grade \geq 2 early IRAE. Late IRAE occurrence was not significantly associated with mPFS or mOS.

To our knowledge, this is the first report of incidence of and risk factors for late IRAEs occurring after 2 years on ICI therapy for mNSCLC. We believe that these data represent a valuable contribution to the literature that can help to guide increasingly prevalent shared decision-making conversations surrounding risks and benefits of ICI discontinuation at 2 years.

This research is original work and has not been published elsewhere. All authors have approved the manuscript for submission in its entirety.

Thank you for your consideration and please do not hesitate to reach out with questions.

Sincerely,

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