

Immune Checkpoint Inhibitors in Early Stages of Cancer: A Guide for Counseling Patients



Below are recommended key points from a healthcare professional (HCP) who cares for patients with early stages of cancer who are receiving immunotherapy, along with additional information on useful resources for patients with early stages of cancer who are receiving immune checkpoint inhibitor (ICI) therapy and their oncology nurses

Note



- ✓ This checklist is intended to guide oncology nurses in communicating with and counseling patients who are being treated in the early stages of cancer
- ✓ The checklist also addresses known gaps in communication between patients and HCPs

ICIs: What You Need to Know

ICIs work to enhance the body's ability to recognize and destroy tumor cells

ICIs act by blocking checkpoint proteins such as PD-1, PD-L1, and CTLA-4 from binding to their protein partners

- By so doing, they inhibit the “brake” signal and allow the patient's T-cells to kill the malignant tumor cells

Benefits of ICIs in Early Stages of Cancer



In early stages of cancer, ICI-based therapy is advantageous because:

Patients may have a more intact immune system

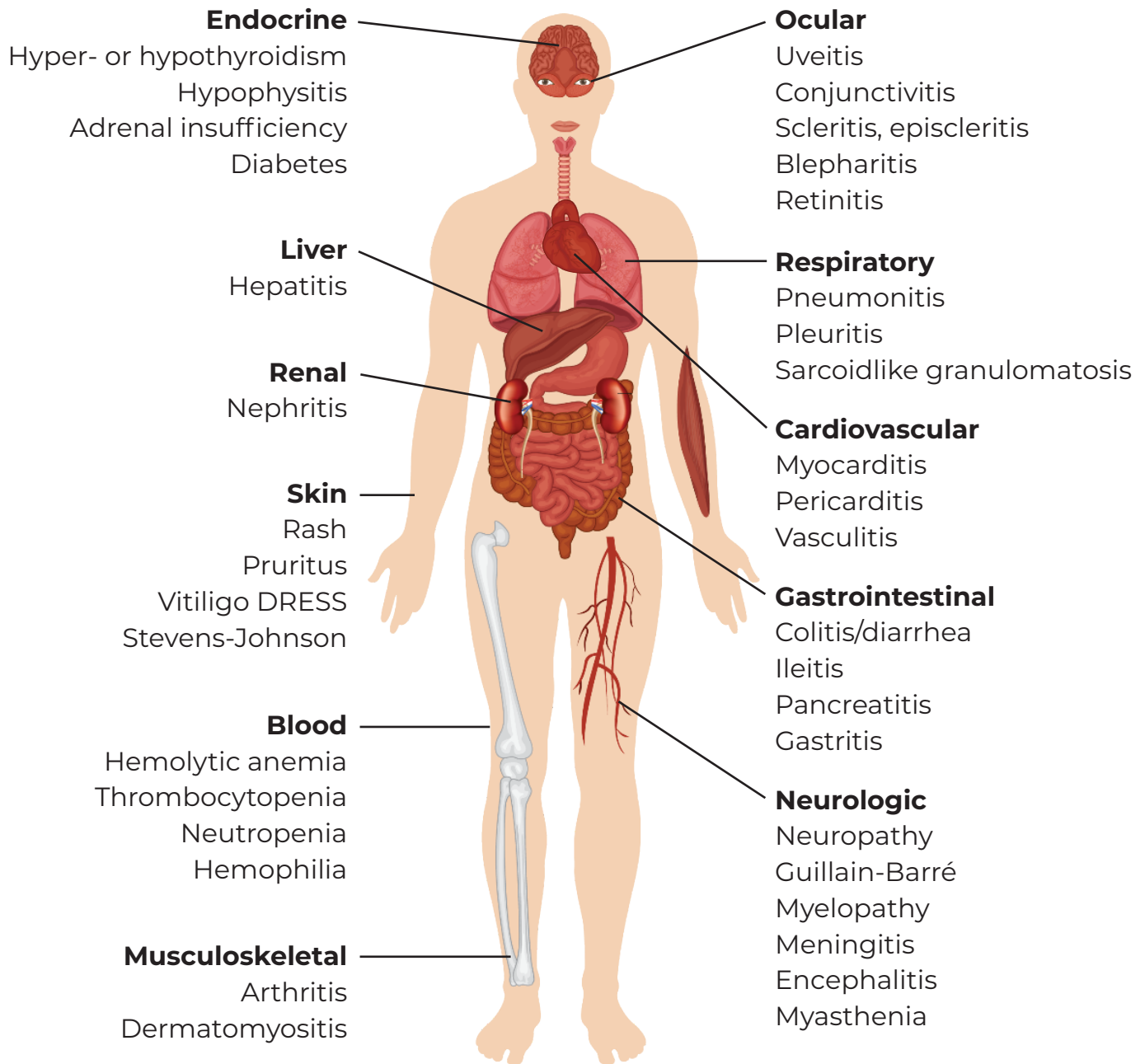
In the preoperative setting, the draining lymph nodes are still in situ

There is the potential for long-lasting immune priming against the occurrence of micrometastases

It presents an ideal opportunity for translational science in the preoperative setting

Risks Associated With ICI Therapy

Immune-Related Adverse Events (irAEs) Can Affect Any Organ System



➤ Because ICIs enhance T-cell activation and expansion, and because these cells have the ability to infiltrate most organs, they can induce a spectrum of irAEs that can affect any organ system

➤ Currently, there is no way to predict who will develop irAEs, which differ from adverse events seen with other therapies for cancer



All Patients Should Be Made Aware of These Key Factors



Onset of irAEs

~2-3 months after treatment initiation, but they can occur for up to 2 years after therapy completion

Communication

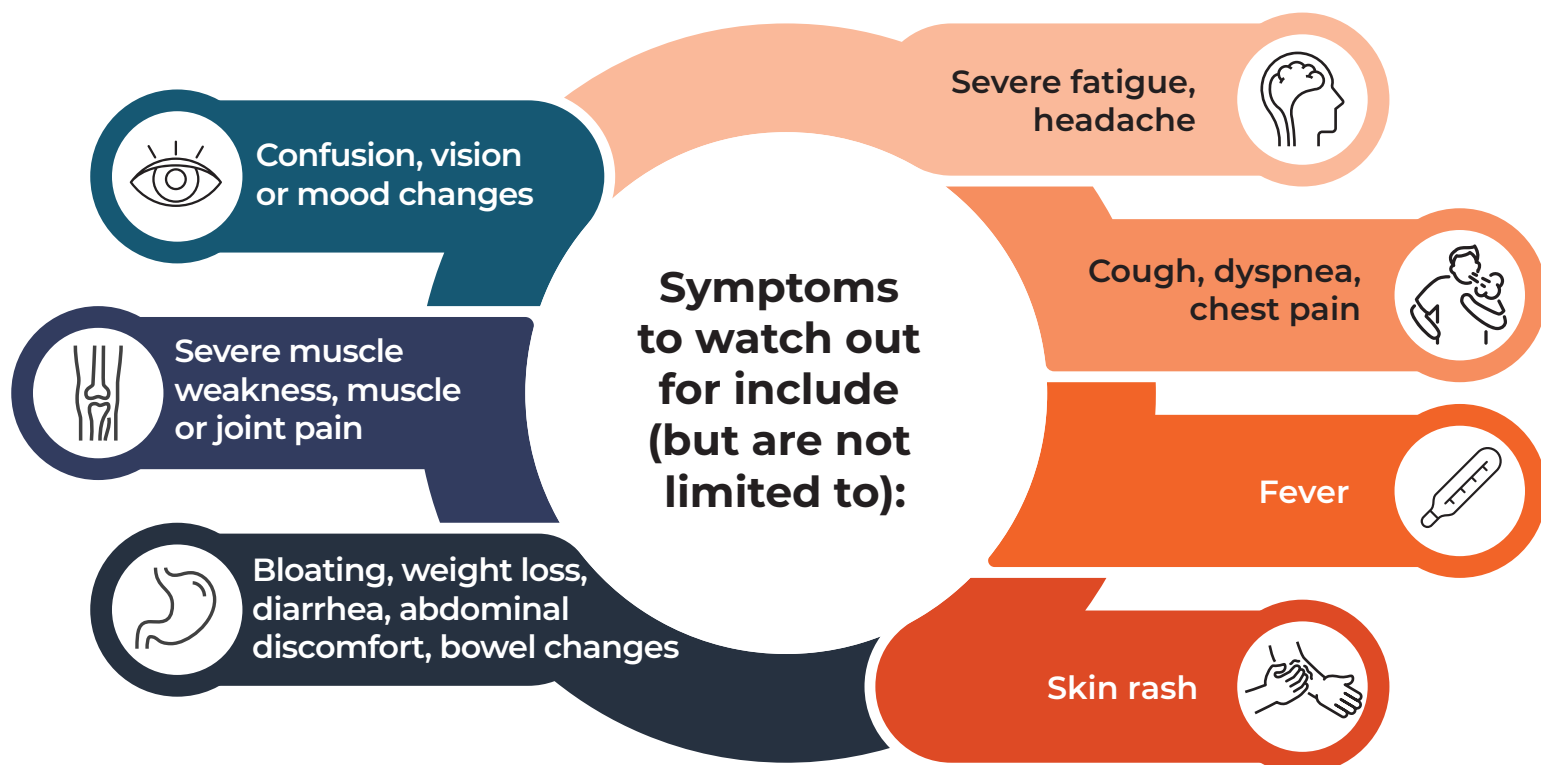
Patients need to contact their oncology team if any symptoms develop, if any new symptom is treated by another HCP or in the emergency room, if they are admitted to the hospital, or if they begin any new medications



- ✔ Patients should notify other HCPs that they are receiving ICI therapy
- ✔ Before starting any new medications—including over-the-counter drugs, herbal medications, or immune stimulants or suppressors—patients should notify their oncology team so these medications can be reviewed, as they may interfere with response to treatment
- ✔ Communication between all HCPs will help ensure that the most appropriate care is received



A wallet card can help patients share information with other HCPs about the immunotherapeutic agent being received



Important Checklist for Oncology Nurses

- ✓ Monitor and track any new signs or symptoms
- ✓ Any new signs or symptoms developed should be reported to the oncology team
- ✓ Prompt evaluation and management of symptoms are very important
- ✓ Note that irAEs can occur at any time after the start of therapy



After
just 1 dose

After
several doses

Up to 2 years
after treatment
discontinuation

- ✓ Most irAEs are mild to moderate in severity but are reversible if detected early and promptly addressed
- ✓ Patients in childbearing years should use effective birth control during ICI treatment and for at least 4-5 months after the final dose of ICI therapy
- ✓ Breastfeeding is contraindicated during ICI therapy and for at least 4-5 months after the final dose of ICI therapy

General Management of irAEs

Persistent or serious irAEs generally are treated with corticosteroids

Tapering of steroids should be carried out under the direct supervision of the oncology team

Early or abrupt discontinuation of steroids may increase the risk of relapse or progression of symptoms

Reinitiation of ICI therapy may be possible with optimal management

Vaccinations for patients receiving immunotherapy

Inactivated (nonlive) vaccines generally are safe and may be administered during treatment with ICIs

Live vaccines should not be administered to patients with cancer receiving ICIs

For additional available educational resources and a more in-depth review of how ICIs work and potential adverse events:



Be sure to ask your oncology team for recommendations



Visit sitcancer.org/patient

