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Increased reporting of fatal pneumonitis associated with immune checkpoint inhibitors: a WHO pharmacovigilance database analysis

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There was an increased reporting of immune checkpoint inhibitor (ICI)-pneumonitis over the past few years with earlier time to onset of fatal ICI-pneumonitis, which was associated with more respiratory failure and tumour progression <http://bit.ly/32GW51a>

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To the Editor:

The discovery of immune checkpoint inhibitors (ICIs), which include anti-programmed cell death protein-1 (PD-1), its ligand (PD-L1) and anti-cytotoxic T cell lymphocyte-associated protein-4 (CTLA-4), has transformed the field of oncology, with indications continuing to increase. For example, anti-PD1 and anti-CTLA-4 ICIs, which include nivolumab, pembrolizumab and ipilimumab, are US Food and Drug Administration/European Medicines Agency approved for a variety of cancers, such as melanoma and non-small cell lung carcinoma (NSCLC) [1]. Considered the Achilles' heel of ICIs, however, are immune-related adverse events (irAEs) (10–60% high grade) that represent an inflammatory response that can affect multiple organ systems, which can be fatal (0.3–1.3%) [2].