Investigating sex differences in cancer immunotherapy treatment effects: the INSITE study Deanne Tibbitts^{1,2}, Eric Roeland¹, Sarah Lowry¹, Amy Moran^{1,3}, Quin Denfeld⁴, Nathan Dieckmann⁴, Kerri Winters-Stone^{1,2}

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BACKGROUND

- Immune checkpoint inhibitors (ICIs) exhibit impressive clinical response rates for a subset of patients with cancer.
- ICIs can induce side effects called immunerelated adverse events (irAEs) that may affect any organ system and can be life-threatening.
- Retrospective evidence suggests female patients may be at greater risk of irAEs than male patients.
- However, prospective studies designed to investigate sex differences, including in patientreported outcomes (PROs) related to irAEs, are lacking.

STUDY AIM

- Characterize sex differences in patient-reported symptomatic irAEs.
 - Hypothesis 1a: Female patients will report a greater variety and more severe symptoms than males.
 - Hypothesis 1b: Female patients will report a greater symptom burden over time than males.

STUDY DESIGN

- Prospective study of symptomatic irAEs during the first 6 months of immune checkpoint inhibitor treatment for cancer
- IrAEs assessed using 1) weekly PROs, and 2) clinician-graded irAEs (at selected timepoints; see Figure 1)
- Sample size: N=90 (45 females, 45 males)



TABLE 1. CURRENT STUDY SAMPLE

Characteristic

Female sex Mean age **Race**/ethnicity Non-Hispani Non-Hispani

Cancer type Melanoma Bladder/Kidr Other

Stage IV ICI agent PD-1 inhibit PD-L1 inhibi CTLA-4 + PI

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STUDY MEASURES AND ANALYSIS

• NCI PRO-CTCAE symptom questionnaire: cutaneous, cardio/circulatory, gastrointestinal, fatigue/sleep, mood, neurological, pain, and respiratory symptoms PROMIS-29 symptom questionnaire Cancer history, ICI treatment, irAEs & management abstracted from the electronic health record.

Symptom quantity and severity by sex and change in symptoms over time will be analyzed with linear regression and linear mixed-effects models.

C	# of participants N=34 (%)
	14 (41%)
	62.1 years
y ic White ic Black	33 (97%) 1 (3%)
ney/Urethra	19 (56%) 7 (21%) 8 (24%)
	7 (21%)
or Itor D-1 inhibitor	29 (85%) 1 (3%) 4 (12%)

FUTURE DIRECTIONS

Results will inform symptom monitoring strategies in clinical practice by providing a comprehensive,

patient-centered picture of symptom onset, severity, and timing by patient sex

Future work will investigate female-specific risk factors and modifiable risk factors for irAEs.