

Title: Immune check point inhibitors in transplant

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Learning Objectives:

1. Describe why use of ICI in SOT recipients vital
2. Discuss risk associated with immune checkpoint inhibitors use in transplant patients.
3. Discusses risk mitigation strategies.
4. Review ICI use in transplant recipients.
5. Describe approach to patients centered decisions making.

Abstract:

Immune check point inhibitors therapy revolutionized the field of oncology. ICI, as signal agents, or in combination with chemotherapies are used as first or second line treatment for about 50 cancer types. Transplant recipients often face complex challenges related to cancer specifically skin cancer such as cutaneous skin carcinoma cancer, Merkel cell carcinoma, melanoma, which can significantly impact graft survival and overall outcomes. ICI represents a promising therapeutic avenue for addressing these risks. By highlighting the latest evidence and practical considerations surrounding the use of ICI in SORTs population, this presentation aims to empower healthcare providers with the knowledge and tools to optimize post-transplant care.

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Response Questions:

1. Which ICI is currently approved for cSCC , should be regarded as first line when surgery and RT (radiation therapy) have failed or are not appropriate?

- A. Cemiplimab (anti-programmed cell death protein - {PD-1})
- B. Pembrolizumab
- C. Nivolumab
- D. Pembrolizumab

2. What is the median time for rejection after initiation of ICI?

- A. 14 weeks
- B. 1 week
- C. 3 weeks
- D. 28 weeks

3. Which factors are associated with lower risk of rejection?

- A. 1. higher number of IS
- B. 2. No IS
- C. Least number of IS