Ipiilimumab, an anticytotoxic T-lymphocyte–associated protein (CTLA)-4 antibody, was approved in 2011 by the FDA for the treatment of advanced melanoma (1, 2). Our study aimed to evaluate the impact of immunosuppressants used for the treatment of immune-related adverse events (irAE) on outcome of patients treated with ipilimumab.

We retrospectively evaluated 113 patients with advanced melanoma after treatment at 3 mg/kg. Median age was 58 years before resolution of the diarrhea. The median time to use of infliximab from ipilimumab first infusion was 65 days (32–113).

Patients suffering any irAEs showed better outcomes, with a median OS (mOS): 10.7 months [95% confidence interval (CI), 3.2–18.3], versus patients with no irAEs, mOS: 4.3 months (95% CI, 3.4–5.2; P = 0.019; Fig. 1A).

The outcome in patients treated with infliximab was not significantly worse (mOS: not reached) compared with those treated with steroids only (mOS: 7 months; 95% CI, 3–11) but rather showed a trend to increased OS (P = 0.2; Fig. 1B). No differences were observed comparing patients treated with oral versus intravenous steroids.

It has been hypothesized that the use of immunosuppressants for management of irAEs would be detrimental by counteracting the beneficial effects of immunostimulatory drugs. However, recent data show that steroids do not adversely impact patient outcome (3–5), although their use, usually prolonged, causes toxicity in its own right. Importantly for clinical management, we identify here that ipilimumab-derived colitis can be safely treated with infliximab without adversely affecting outcome. This argues for an early administration of infliximab, both for irAE control and reduction of steroid toxicity.

**Disclosure of Potential Conflicts of Interest**

C.H. Ottensmeier reports receiving a commercial research grant from Bristol-Myers Squibb, speakers bureau honoraria from Bristol-Myers Squibb and MSD, and is a consultant/advisory board member for Bristol-Myers Squibb and MSD. No potential conflicts of interest were disclosed by the other authors.

**Grant Support**

This study was supported by Experimental Cancer Medicine Centre, UK.

Received October 14, 2015; accepted October 14, 2015; published online December 15, 2015.

**References**


Infliximab for IPILIMUMAB-Related Colitis—Letter

Edurne Arriola, Matthew Wheater, Ioannis Karydis, et al.


Updated version
Access the most recent version of this article at:
http://clincancerres.aacrjournals.org/content/21/24/5642

Cited articles
This article cites 5 articles, 3 of which you can access for free at:
http://clincancerres.aacrjournals.org/content/21/24/5642.full#ref-list-1

Citing articles
This article has been cited by 3 HighWire-hosted articles. Access the articles at:
http://clincancerres.aacrjournals.org/content/21/24/5642.full#related-urls

E-mail alerts
Sign up to receive free email-alerts related to this article or journal.

Reprints and Subscriptions
To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org.

Permissions
To request permission to re-use all or part of this article, contact the AACR Publications Department at permissions@aacr.org.