|  |
| --- |
| **Immune checkpoint inhibitor in lung cancer with thick-walled cystic lesions** |
| Minoru Inomata1, Haruka Chin1, Takashi Maeda1, Kyujiro Nibuya1, Yu Ito1, Keita Sakamoto1, Nobuyasu Awano1, Naoyuki Kuse1, Takehiro Izuomo1 |
| *1Department of Respirology, Japanese Red Cross Medical Center* |
| **Introduction/Aim:**  Immune checkpoint inhibitors (ICIs) are frequently utilized in the treatment of advanced lung cancer. Risk of immune-related interstitial lung diseases (ILD) is elevated, particularly in patients with interstitial pneumonia (IP). Additionally, thick-walled cystic lesions (TWCLs) serve as distinctive indicators of combined pulmonary fibrosis and emphysema (CPFE). However, there is a paucity of data pertaining to the efficacy and safety of ICIs in lung cancer patients exhibiting TWCLs.  **Methods:**  A retrospective analysis was conducted on 33 patients with IP among a cohort of 175 lung cancer patients who underwent ICIs treatment at our medical institution.  **Results:**  Within the group of IP patients, 22 received a diagnosis of CPFE, and 12 manifested TWCLs. A significant increase in pack-years of cigarette smoking was evident, along with a significant reduction in the number of patients receiving radiation therapy, in the subgroup with TWCLs compared to those without.  The median survival time (MST) were as follows: 645 days for IP patients, 492 days for CPFE patients, and 616 days for those with TWCLs. Overall survival (OS) was significantly reduced, and the incidence of immune-related ILD was significantly heightened in patients with IP or CPFE relative to those without these conditions. Among IP patients, no significant disparities emerged in OS and the incidence of immune-related ILD between those with TWCLs and those without.  **Conclusion:**  Of significance is the finding that the presence of TWCLs does not appear to augment the risk associated with ICIs. Consequently, it is plausible that patients afflicted with lung cancer, who present with TWCLs, may represent suitable candidates for ICIs therapy.  **Grant Support**: None |