ICI group, and 63% vs 25% vs 10% in non-ICI group). 5.16% of patients in the ICI group had ACs while only 4.17% of patients in non-ICI group had ACs (p<0.0001). The hazard ratio (HR) of having ACs was higher in ICI group as compared to non-ICI group (HR = 1.96, 95% confidence interval (CI), 1.889-2.024, p<0.0001). After propensity score matching, both groups had 72,865 patients. 5.16% patients in the ICI group had ACs, while only 4.46% of patients in the non-ICI group had ACs. HR was 1.925 (95% CI, 1.831-2.025, p<0.0001).

As shown in the graph below, the incidence of autoimmune disorders increased from 0.79% in 2015 to 2.16% in 2021 in ICI group. Similarly, prevalence also increased from 2.97% in 2015 to 8.06% in 2021.

Conclusion: Although ICI transformed the cancer management landscape, it is important to be aware of its effects on autoimmune disorders. Incidence and prevalence of ACs have increased in patients with neoplasm treated with ICI over the years. It can also be seen that HR of having outcome of ACs is higher in ICI group. There is a need for a prospective study to correlate the causality of development of AC with use of ICI.

REFERENCES:

Osteoporosis

Keywords: Real-world evidence, Osteoporosis, Inflammatory rheumatic diseases, Glucocorticoids, Anti-osteoporotic treatment.