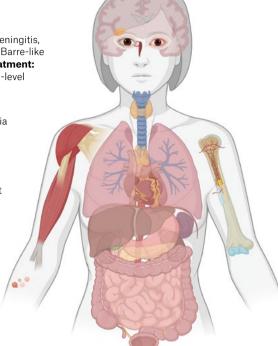
**Neurological:** encephalitis, aseptic meningitis, myelitis, myasthenia gravis, Guillaine-Barre-like syndrome, peripheral neuropathy. **Treatment:** might require hospitalisation and high-level immunosuppression.

**Musculoskeletal:** arthritis, polymyalgia rheumatica, myositis. **Treatment:** corticosteroids. For resistant manifestations: Tocilizumab.

**Heart:** myocarditis. **Treatment:** might require hospitalisation and high-level immunosuppression.

**Liver:** hepatitis. **Treatment:** corticosteroids. Mycophenolate mofetil for resistant forms.

**Skin:** rash, pruritus, vitiligo, lichenoid reactions, bullous diseases. **Treatment:** antihistamines, topical or systemic steroids.



Eyes: uveitis, Sjogren-like syndrome.

**Endocrinopathies:** thyroiditis (hyper/hypo), hypophisitis, adrenal insufficiency, autoimmune pancreatitis (with/without diabetes) gonadic insufficiency. **Treatment:** hormone replacement.

**Blood:** thrombocytopenia, anaemia, neutropenia.

**Lungs:** pneumonitis. **Treatment:** corticosteroids (with or without antibiotic cover).

Kidney: nephritis.

**Gastrointestinal tract:** gastritis, enterocolitis. **Treatment:** corticosteroids. Infliximab or Vedolizumab for resistant forms.

**Figure 2.** Overview of irAEs and their management. This figure illustrates the spectrum of potential irAEs affecting various organ systems in patients undergoing immune checkpoint inhibitor therapy. Key adverse events are depicted along with their respective treatments, ranging from corticosteroids to specific immunosuppressive agents.

The visual representation emphasises the importance of multidisciplinary management for the diverse and potentially serious side effects associated with immunotherapy. Created with BioRender. com (BioRender, Toronto, Ontario, Canada).

irAEs, immune-related adverse events.