Several studies have attempted to quantify adverse events secondary to ICIs, yet evidence on the risk of ocular adverse events with these drugs is scant. The purpose of this study is to quantify the risk of ocular adverse events with immune checkpoint inhibitors as reported to the Food and Drug Administration (FDA). We performed a disproportionality analysis using data from U.S. FDA’s Adverse Events Reporting System Database 2003 to 2018. All cases of uveitis, dry eye syndrome, ocular myasthenia and eye inflammation with use of the following immune checkpoint inhibitors: atezolizumab, avelumab, cemiplimab, durvalumab, ipilimumab, nivolumab and pembrolizumab, were included. Reported odds ratios and corresponding 95% confidence intervals were computed for all drugs as a group or as individual agents. We identified 113 ocular adverse events for all ICI drugs of interest including uveitis, dry eye, ocular myasthenia and eye inflammation. Nivolumab had the highest number of adverse events (N=68) associated with use of the ICI. Nivolumab had the highest association with ocular myasthenia (ROR = 22.82, 95% CI [7.18 ñ 72.50]) followed by pembrolizumab (ROR = 20.17, 95% CI [2.80 ñ 145.20]). Among all ICIs approved in North America, atezolizumab had the highest association with eye inflammation (ROR = 18.89, 95% CI [6.07 ñ 58.81]). The results of this study suggest use of ICIs is associated with an increase risk for ocular adverse reactions. Future epidemiological studies are needed to better quantify these adverse events.

Themes:
Check (highlight) the most applicable theme according to the abstract.

<table>
<thead>
<tr>
<th>Innovation and Technology</th>
<th>Health and Wellness</th>
<th>Culture and Society</th>
<th>Sustainability and Conservation</th>
</tr>
</thead>
</table>

Comments:
Jargons that should be explained when they are first introduced in the abstract: ICI (acronym was in the first sentence and the full term appeared later on) and ocular adverse events. It will be helpful to explain what immune checkpoint inhibitors are, in addition to just providing examples, and provide an explanation of why we should care about their adverse effects (e.g., what are they for? Is it something many people take?). I would appreciate a more explicit discussion of the implication of the finding (e.g., why and how does this finding address the inconsistency in the previous literature?). Other than that, the abstract is clear and easy to understand.