Management of toxicities from Immunotherapy in cancer patients

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Background:

Monoclonal antibodies targeting cytotoxic T lymphocyte-associated antigen 4 (CTLA4) and the programmed death-1 receptor (PD-1) are increasingly being used in the treatment of cancer. However , management and recognition of toxicities (Immune related adverse events) have been a problem for junior doctors in Ed and on acute medical take. irAEs could be potentially life threatening if not anticipated and managed appropriately.

Aim:

Improving recognition, documentation and early management of toxicities from immunotherapy .

Methods:

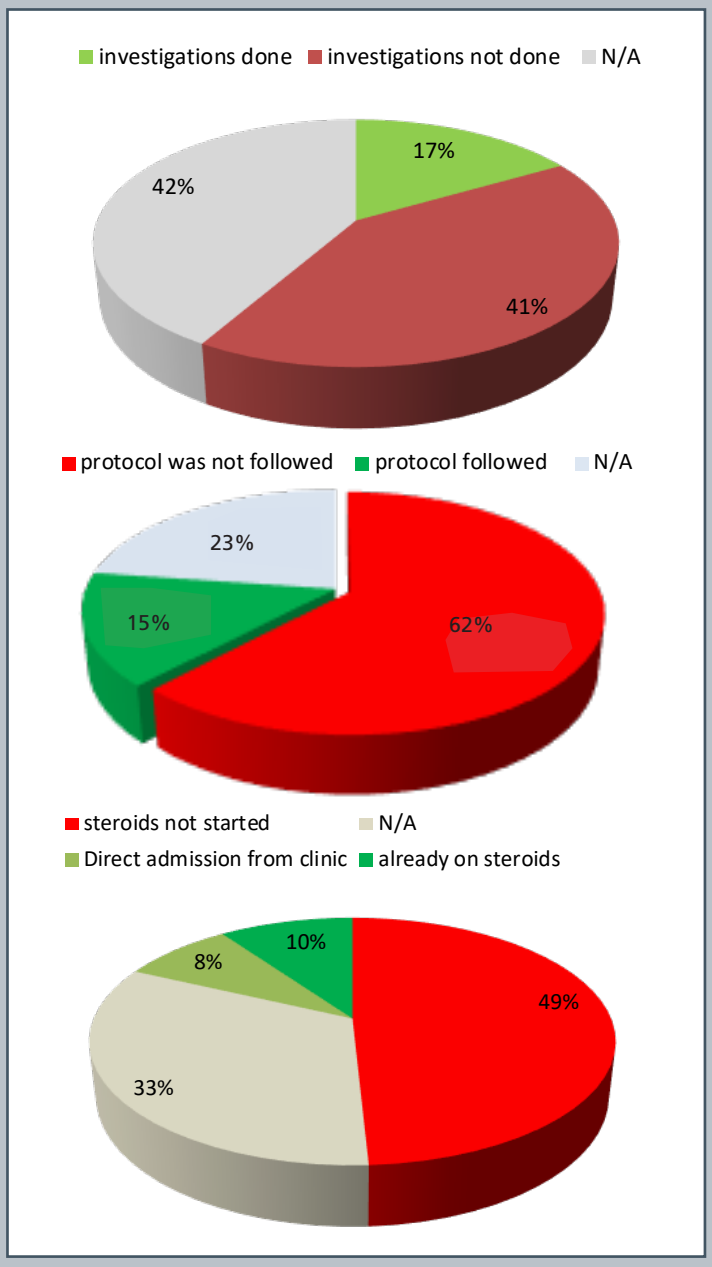
Data was collected retrospectively for the period of June to September 2019 (4 months period). Relevant information was extracted from Ice, EDMS , Symphony, discharge summaries and clinical letters.

Results:

34% patients admitted with diarrhoea, 9% were admitted with mucostis and 8% were admitted with rash and likely hypophysitis.
One case of OHCA was reported whereas in 25 % cases there was no documentation and also grade of toxicity was not documented in the initial clerking notes.

In most of the cases , steroids were started either on the same day or either within 24 hours by the AOS team.

General guidelines on management of toxicities of immunotherapy
Discuss with the senior if unsure about the management .
Admit the patient with grade 3-4 toxicity and consider holding the immunotherapy
Manage the patient according to the local guidelines (link is given at the end).
Liaise with the relevant speciality. For example , Dermatology in case of skin toxicity.
Refer To AOS
Start high dose steroids (methylprednisolone 1-2mg /kg/day ot Prednisolone 1-2mg /kg/day.
Discuss with oncologist if no improvement in 48-72 hours after starting steroids.



Conclusion:

Improvement needed in documenting and assessing grade of toxicity as it impacts the treatment.
Also, education sessions needed to familiarise juniors in ED and on acute medical take about the management of irAEs and how to access guidelines (which are currently on intranet).
We will assess again in 3 months time for improvement.

Recommendations
Teaching session for Juniors
How to find local guidelines
Poster on general steps of management

References:

1. Thames Valley Immuno-oncology agent immune-related adverse event clinical guideline, v1.0- April 2017 http://tvscn.nhs.uk/networks/cancer/cancer-topics/chemotherapy/
2. Esmo clinical practical guidelines