The Clatterbridge Cancer Centre NHS Foundation Trust

Subsequent Management Guidelines Pneumonitis

** IMPORTANT **Subsequent management of patients with pneumonitis that is either not improving or worsening should always be discussed with a respiratory team, Immunotherapy team and the patient's oncologist

Outpatient Management

Following on from Initial Management Guidelines or Discharge

To commence oral prednisolone 60mg/day and taper 10mg prednisolone every 5 days, with bi-weekly telephone monitoring.
Send IO team referral via Meditech to commence outpatient toxicity follow up.
Referral Form
ccf-tr.Iotox-referral@nhs.net

Assess clinical status

- Improving → Extend to weekly calls until completion of prednisolone taper as per steroid tapering guidelines. Follow outpatient follow up guidelines
- Clinical status not improving /deterioration (Admission not indicated) → Increase to preceding dose of prednisolone (i.e. if now on 20mg and breathlessness worsening increase to 30mg daily).
  Ensure chest imaging (preferable HRCT complete)
  Consider referral to ILD
  Exclude other causes I.e. PCP, disease progression or infection.
  Consider further investigations e.g. sputum sample.
  If unable to taper off steroids consider slow taper of 1mg every 7 days. After discussion with IO team consider discharging back to team if unable to wean.
- Clincal status worsening (admission indicated) → Consider admission and start IV methylprednisolone 2mg/kg/day. Follow Initial Management guidelines for Pnemonitis for the first 24-48 hours. Discuss ceiling of care with oncology team. Inform immunotherapy team / local respiratory team of admission
  Exclude other causes of breathlessness e.g. infection/ disease progression/ PCP.

Inpatient Management

Following on from Inital Management Guidelines

Day 3

If clinically worsening- Contact Immunotherapy team or local respiratory team for advice consider additional immune- suppression
Consider i n c r e a s e methylprednisolone to 4mg/kg/day. Continue IV steroids.
Ensure up to date chest imagaing.

Day 5

Respiratory observations and clinical status worsened → Discuss with the immunotherapy team/ respiratory team. Methylprednisolone can be increased but SHOULD be discussed with the immunotherapy team/ respiratoty team as the need to increase signifies steroid resistance and additional immunosuppression may be started in addition or as alternative. Review results of all investigations.

Bloods and clinical status improved → If IV methylprednisolone > 2mg/kg/day reverse sequence of escalation every 3 days, once down to 2mg/kg/day convert to oral prednisolone 1mg/kg/day (not a flat dose of 60mg).
Follow outpatient subsequent management pathway: bi-weekly bloods and taper 10mg every 5 days as per outpatient pathway.
If on additional immune-suppression, continue this at the same dose whilst the steroids are being reduced, once prednisolone discontinued, wean off immunosuppression as long as clinical status remains stable

ADDITIONAL IMMUNOSUPRESSION ONLY COMMENCE FOLLOWING DICUSSION WITH THE IMMUNOTHERAPY TEAM

Tacrolimus
-Starting Dose-3mg then level dependant.
-Therapeutic trough levels 7-10
-Trough Tac levels daily during initiation (blood levels to be taken and sent to LUHFT/Wythenshawe dose to be given immediately after).
- Next dose to be based upon level. Once stable levels not necessary
- See Tacrolimus Guidelines

Mycholphenalate Mofitil (MMF)
Starting dose is 500mg BD increasing to 1g BD after a week.
In certain cases MMF can be increased to 1.5g BD.
Regular full blood count blood monitoring required as MMF is an immunosuppressant.

Stopping Immunosuppression
Once respiratory picture is stable/ back to baseline for 2 weeks MMF can be reduced by 500mg BD and reduced by 500mg every 2 weeks until complete.

Points to consider

Discuss with IO Team regarding need for ILD MDT discussion
ILD Referral Form
(N.B- please ensure this is a word document).

Dr Spenser at Aintree is the regional respiartory advisor for CPI-induced Pneumonitis and may be contacted by local teams for discussion/advice