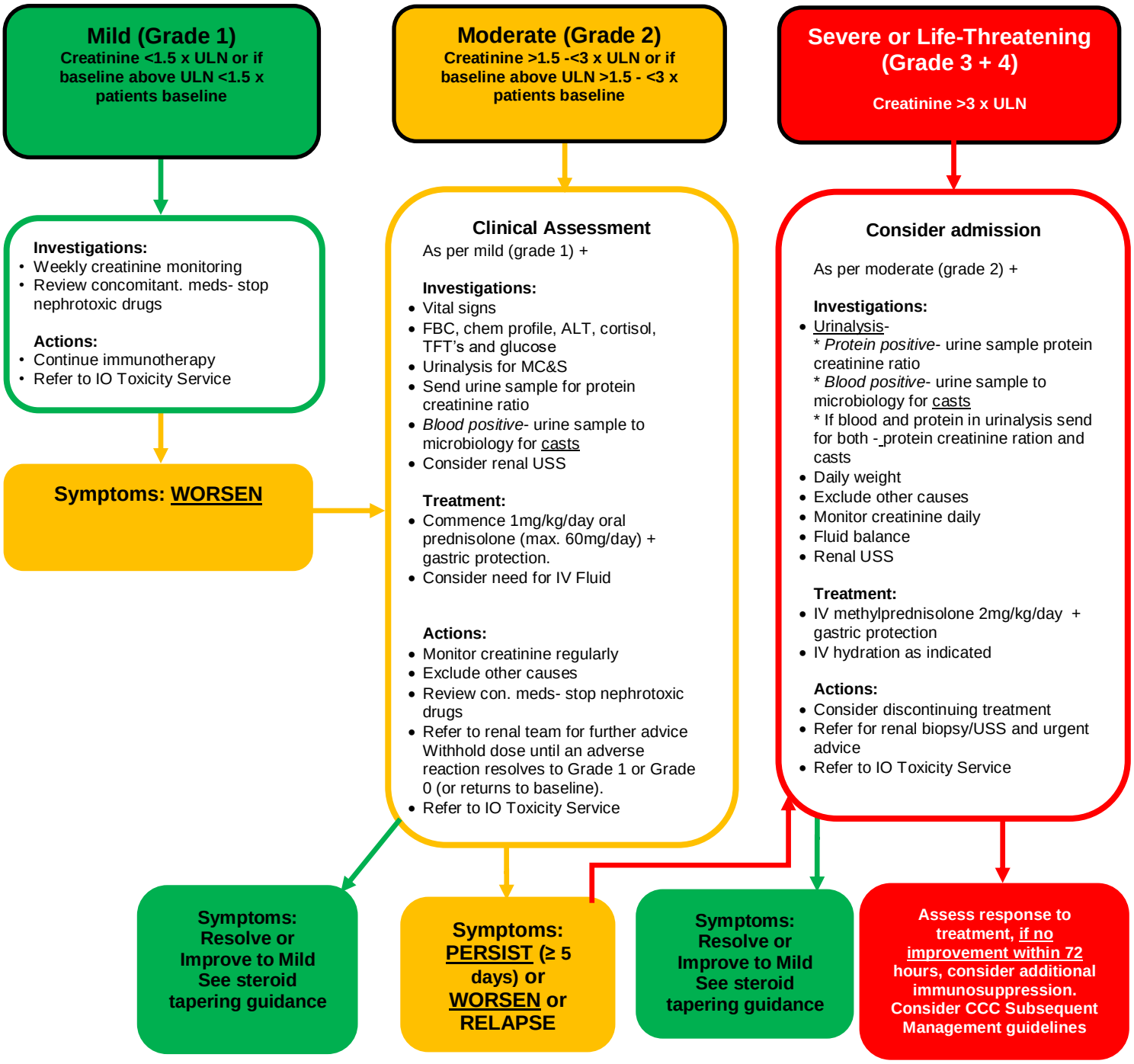
NHS
The Clatterbridge Cancer Centre
NHS Foundation Trust

Immune-Related Adverse Event: Renal Toxicities

Renal function (urea and creatinine) must be evaluated before each dose of immunotherapy, as early laboratory changes may indicate emerging immune-related nephritis. Elevations in renal function may develop in the absence of clinical symptoms. This guidance should be used in context of baseline renal function and presence of known renal impairment. No dose adjustment is required for renal impairment but should be used in caution as per below in the presence of nephritis. Various histological nephritides have been identified in patients with IO induced nephritis. Patients should be closely monitored for elevation in U&Es from baseline. Patients with renal transplants receiving IO should be monitored closely for deterioration in renal function. Prior to commencement of immunotherapy all patients should have renal function checked.



Interrupt SACT immunotherapy until discussed with Acute Oncology Team. Please contact on-call oncology/haematology team for advice. Ensure that the patient has monitoring/follow up planned with their oncology/immuno-oncology team.