The Clatterbridge Cancer Centre NHS Foundation Trust

Immune-Related Adverse Event: Mucositis

Immunotherapy (Immune checkpoint inhibitors) have been recognised to cause immune-related adverse events affecting multiple organ/ systems. This includes sites that were previously considered to be rare and are increasingly recognised as being involved as the usage of ICIs and ICI combinations increase, one of which is mucositis. In this setting mucosits required treatment with immunosuppression in addition to supportive care management. It is important to note that in this setting the use of corticosteroids is beneficial and are often used as part of the management process

Mild (Grade 1)

Erythema of the mucosa

Clinical Assessments & O2 SATS

Investigations:

- Swabs for MC&S and a viral PCR.
- Assess for superadded infection and consider the addition of antimicrobial therapy.
- IO Blood Panel incl. CRP, B12 & Folate.
- Assessment of oral intake and nutritional status.

Treatment:

- Pain management and supportive care in oral mucositis secondary to immunotherapy, use analgesic ladder

Actions:

- Monitor regularly to determine if there is progression of mucositis to Grade 2.
- Consider delay of Immunotherapy.
- Encourage good oral hygiene.
- Complete referral to IO Toxicity Service for information purposes.

IF SYMPTOMS WORSEN

Moderate (Grade 2)

Patchy Ulcerations or pseudomembranes

Clinical Assessments & O2 SATS

As per mild (grade 1) +

Treatment:

- Commence 10mg soluble prednisolone (used as a mouthwash then ingestion) TDS
- Continue for 7 days then reduce to 10mg BD for 7 days, and then reduce to 10mg OD for 7 days, then 5mg OD for 7 days.
- If there is minimal/no improvement but no significant deterioration with 10mg TDS prednisolone as a mouthwash, add a further 30mg oral prednisolone to the main dosing.
- After 5 days wean the oral prednisolone before weaning the soluble prednisolone mouthwashes (as above)
- Consider nystatin prophylaxis if no evidence of active thrush

Actions:

- Hold immunotherapy.
- Monitor symptoms regularly.
- Complete follow-up referral to IO Toxicity Service

Assess response to treatment within 72 hours

Symptoms: Resolve or Improve to Mild See steroid tapering guidance

Severe/Life-Threatening (Grade 3)

Confluent ulcerations or pseudomembranes; bleeding with minor trauma

Clinical Assessments & O2 SATS
Consider Admission

As per moderate (grade 2) +

Treatment:

- Commence on 2mg/kg IV methylprednisolone for 3 days.
- If evidence of improvement then deescalate to 30mg oral pred and 30mg Mouthwash (10mg TDS) and wean as per Grade 2.
- If no evidence of improvement consider adding mycophenylate mofetil (500mg BD for 3 days then increase to 1g BD
- Consider IV Hydration if unable to eat and drink
- Consider enteral feeding if patient unable to eat.
- Consider nystatin prophylaxis if no evidence of active thrush

Actions:

- Consider discontinuing Immunotherapy.
- Monitor symptoms daily
- Complete follow-up referral to IO Toxicity Service

PERSIST or WORSEN or RELAPSE

Severe/Life-Threatening (Grade 4)

Tissue Necrosis; significant spontaneous bleeding; life-threatening consequences

Clinical Assessments & O2 SATS
Consider Admission

As per moderate (grade 2) +

Investigations:

- Consider oral biopsy

Treatment:

- Commence on 2mg/kg IV methylprednisolone for 5 days.
- If no improvement after 48 hours add in tacrolimus (3mg BD then assess trough levels prior to dose at 72 hours; aim trough level 7-10; titrate as per trust policy)
- If evidence of improvement then deescalate to 30mg oral pred & 30mg Mouthwash (10mg TDS) & wean as per Grade 2.
- If no evidence of improvement consider adding mycophenolate mofetil (500mg BD for 3 days then increase to 1g BD)
- Consider IV Hydration if unable to eat & drink
- Consider enteral feeding if patient unable to eat.
- Consider nystatin prophylaxis if no evidence of active thrush

Actions:

As Per Grade 3 +

- Consider dietician review
- Review patient daily, if no improvement within 72 hours, seek further advice & management.

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.

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