SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

This case study covers the clinical progress and management of a patient who developed an immune related adverse event secondary to immunotherapy treatment (see Part 1 (195kb pdf) and Part 2 (196kb pdf)).

Background

Brian is a 59 year old independent male with resected Stage IIIc melanoma. He completed 1 year of treatment with ipilimumab plus nivolumab immunotherapy as part of a clinical trial just 3 weeks ago.

Other comorbidities include gout and obstructive sleep apnoea and his only other regular medication is allopurinol 100mg daily.

Presentation

Brian visits your pharmacy, you are concerned that his diarrhoea has worsened over the past 2 weeks. He reported large volume green stools up 6 to 8 times a day with associated abdominal pain. His usual bowel frequency was 1 to 2 motions per day. You advise he seeks medical attention.

His weight on admission was 87kg.

Progress

Brian presents to hospital. After excluding other causes including infection, Brian was diagnosed with *Grade 3 immune-related colitis* in the context of being on a high risk combination immunotherapy treatment.

Management

- Initial management included IV fluid replacement and methylprednisolone 90 mg (1 mg/kg) IV twice daily. After four days, there had been minimal reduction in frequency of bowel motions.
- Following current guidelines, a single dose of infliximab 480 mg (5 mg/kg) IV was given on day 5, with reduction in frequency of bowel motions in the following days.
- The methylprednisolone dose was reduced to 90mg daily from day 7 and then switched to oral prednisolone 80mg daily from day 10 (~1mg/kg daily)
- Brian was discharged on day 12 of admission.

Discharge & Follow up plan

Brian brings in the following scripts:

- Prednisolone 75mg daily for 2 weeks then wean 5mg per week if ongoing clinical improvement and GP to monitor blood glucose levels.
- Pantoprazole 40mg po daily as gastroprotection
- Trimethoprim/sulfamethoxazole 160mg/800mg three times per week as PJP prophylaxis

You counsel Brian on these medicines and provide a steroid tapering chart.

Thanks to Maddy Hamden for preparing this update

Further reading

- eviQ guidelines
- ESMO clinical practice guidelines (1.69MB pdf)

For more information

Contact the Lead Palliative Care Pharmacists:

- **Josephine To, Northern**
  josephine.to@sa.gov.au
  (08) 8161 2499
- **Michaela del Campo, Central**
  Michaela.delcampo@sa.gov.au
  (08) 8222 6825
- **Paul Tait, Southern**
  Paul.tait@sa.gov.au
  (08) 8404 2058

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.