

Ipilimumab-related toxicity: Management of Endocrinopathy

Kent and Medway Network Transition Team – Cancer

Assessments

Management

Signs of adrenal crisis
Symptom history: Signs of adrenal crisis
(severe dehydration, hypotension, shock)

Omit Ipilimumab
Treat immediately with Hydrocortisone 100mg IV every 6 hours,
and aggressive fluid replacement.
Refer to endocrinologist.
Evaluate for infection or sepsis

Signs of adrenal insufficiency

Consider further investigations to assess level of endocrine function. (Suggested tests: TSH, T4, T3, ACTH, cortisol, LH, FSH, testosterone, prolactin)
If pituitary imaging or laboratory tests of endocrine function are abnormal, start a short course of high dose steroid (eg dexamethasone 4mg every 6 hours) to attempt to reverse the gland dysfunction.
Omit any scheduled dose of ipilimumab.
Refer to endocrinologist and initiate appropriate hormone replacement. Long term hormone replacement therapy may be necessary.
Once symptoms are controlled and patient has improved, ipilimumab may be resumed at the next scheduled dose. (Any dose omitted must not be replaced)
The dose of steroid may be gradually tapered over a period of at least one month.