



SESSION 154

Cancer Immunotherapy and its Complications

The prevalence of cancer is increasing, mainly due to increased survival. A major cause for this has been the development of new drugs. One of the latest is the class of immunotherapy agents. Since the development and approval of the use of ipilimumab for melanoma, monoclonal antibodies directed against immune checkpoints are increasingly used in the first line or relapsed setting for a rapidly expanding list of indications, including melanomas, lung cancers, renal cell cancers, and more! While there are stories of spectacular success in significantly extending survival, their use has also been marked by the emergence of a wide range of immune-related adverse events affecting nearly every organ system. These side effects may occur during or after treatment, and their timely diagnosis and treatment can spare considerable morbidity and even mortality. This session is partially based on a Learning Module developed by CancerCare Manitoba. It is applicable to all physicians providing care to patients that might receive, are receiving, or have received immunotherapy as part of their cancer treatment. While therapy is delivered in, or coordinated through cancer units in or outside of rural communities, patients return to their home communities, and may develop adverse effects at home, and present to family physicians in clinics or local rural hospitals.

1. Describe the basics of the immune system's involvement in tumour control.
2. Recognize the constellation of signs and symptoms for which immune-related adverse events (irAE) should be considered in the differential diagnosis.
3. Explain the work up of suspected irAEs of the endocrine system, skin, GI tract, lung and liver.
4. Describe those circumstances in which the primary care clinician should initiate urgent communication with the medical oncologist of a patient who is being or has been treated with an immune checkpoint inhibitor.