

## Infliximab for immune checkpoint inhibitor- induced enterocolitis

### Disclaimer

This guideline is registered at North Central London (NCL) Joint Formulary Committee (JFC) and is intended solely for use by healthcare professionals to aid the treatment of patients within NCL. However, clinical guidelines are for guidance only, their interpretation and application remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Clinicians are advised to refer to the manufacturer's current prescribing information before treating individual patients.

The authors and NCL JFC accept no liability for use of this information from this beyond its intended use. While we have tried to compile accurate information in this guideline, and to keep it updated in a timely manner, we cannot guarantee that it is fully complete and correct at all times. If you identify information within this guideline that is inaccurate, please report this to the [admin.ncl-mon@nhs.net](mailto:admin.ncl-mon@nhs.net). If a patient is harmed as a consequence of following this guideline, please complete a local incident report and inform [admin.ncl-mon@nhs.net](mailto:admin.ncl-mon@nhs.net).

This guideline should not be used or reproduced for commercial or marketing purposes.

NCL JFC is funded by and provides advice to Acute Trusts and NCL Clinical Commissioning Group.

## Document control

Date	Version	Amendments
20/01/2022	1.0	New document

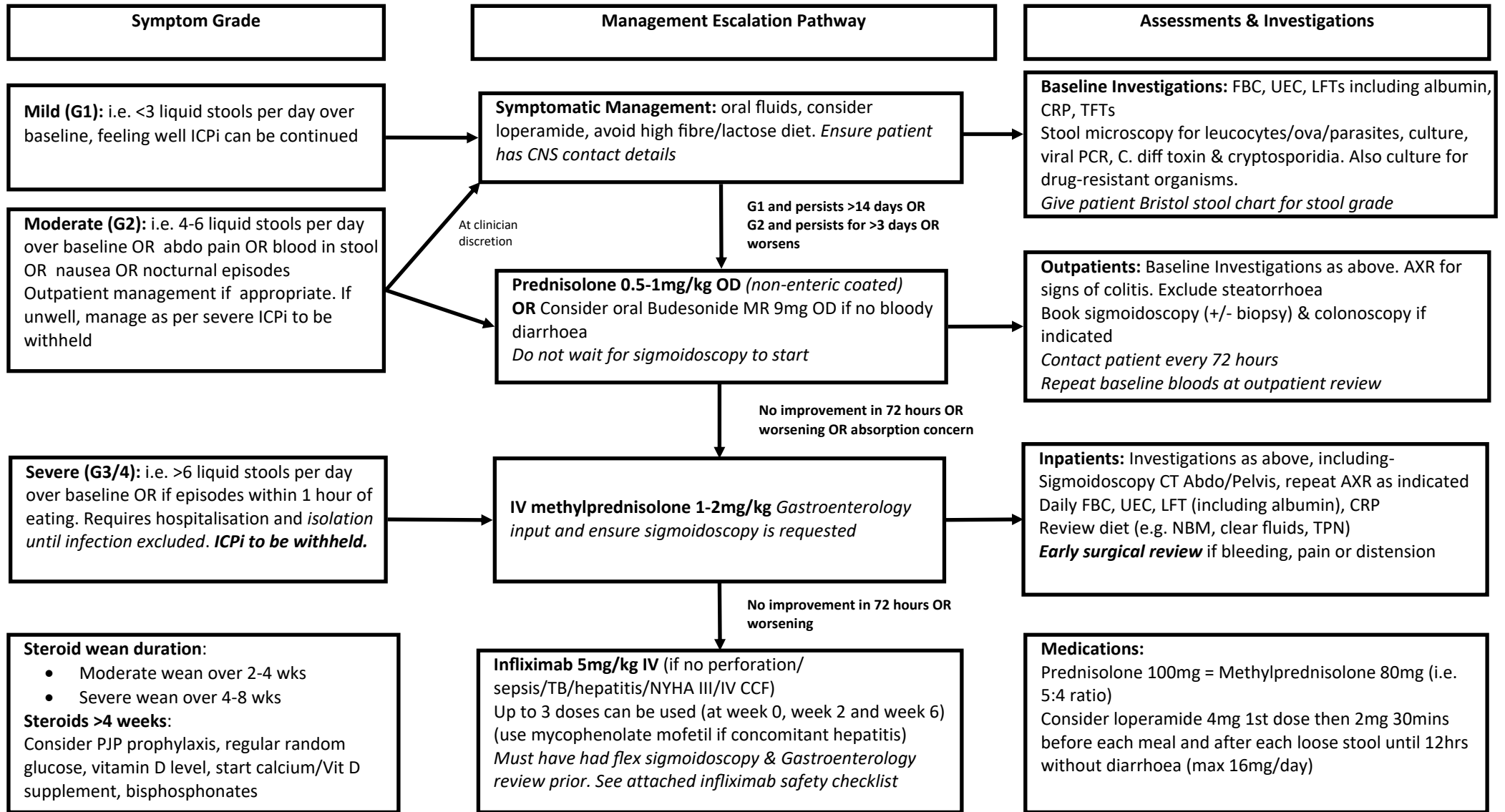
Groups / Individuals who have overseen the development of this guidance:	Ms A Sheri (RFL) Mr S Jenkinson (RFL) JFC Support Pharmacists Adapted from: Royal Free London – Guidelines on the Management of Cancer Immunotherapy Toxicity With thanks to: The Royal Marsden Hospital
Groups which were consulted and have given approval:	NCL Joint Formulary Committee
File name:	Infliximab for immune checkpoint inhibitor-induced enterocolitis
Version number:	1.0
Available on:	<a href="http://www.ncl-mon.nhs.uk">www.ncl-mon.nhs.uk</a>
Disseminated to:	NCL Formulary Pharmacists and Commissioners
Equality impact assessment:	Nil identified
NCL Joint Formulary Committee Approval date:	20 January 2022
Review date:	20 January 2025

## Introduction

Immune checkpoint inhibitor (ICPi)-induced colitis is a disease state which may present in a similar fashion to Inflammatory Bowel Disease (IBD). Infliximab is a licensed medicine in the treatment moderate to severe IBD. The NCL Joint Formulary Committee (JFC) reviewed evidence for the use of infliximab for immune checkpoint inhibitor-induced colitis in April 2021, and approved the use of infliximab for patients who have demonstrated no improvement or worsening following intravenous corticosteroids. This treatment will be funded by the CCG in line with the clinical guidance within this document.

For any additional information or advice on the management of diarrhoea and colitis, please contact your local colorectal/gastroenterology consultant.

## Management of immune checkpoint-inhibitor (ICPi) related diarrhoea and enterocolitis



## Infliximab for persistent or worsening enterocolitis: pre-assessment and safety checklist

### INFLIXIMAB

#### Check prior to administration:

- **TB infective/exposure history and perform Quantiferon test (if positive, referral to TB specialist indicated);**
- **CXR (or CT) to exclude granulomas**
- **Baseline LFTs including albumin (if moderate derangement – seek advice prior to administration)**
- **Baseline Hepatitis B & C, HIV, VZV , CMV, EBV serology**
- **Check vaccination history: seek advice if live vaccine received in last 4 weeks**
- **CT abdomen**

### Safety Checklist

#### Key side effects for patient consent:

- Increased risk of infection for 6 months – including TB & HBV reactivation
- Hepatitis
- Hypersensitivity reaction
- Small increased risk of malignancy (lymphoma)

#### Absolute\* and relative\*\* contraindications:

- \*Active severe infection/sepsis (including active TB)
- \*Bowel perforation
- \*\*Prior severe hypersensitivity
- \*\*Moderate to severe heart failure
- \*\*Past history of TB– need to d/w Microbiologist re prophylaxis
- \*\*Demyelinating CNS disorders (risk of exacerbation)
- \*\*Pregnancy

Previous exposure increases risk of hypersensitivity reactions and premedication is recommended

#### Monitoring and follow-up:

- Alert GP to use of infliximab in discharge summary
- Monitor for infections for 6 months following use
- Monitor for hepatitis