

Immune Checkpoint Inhibitors



National
Comprehensive
Cancer
Network®

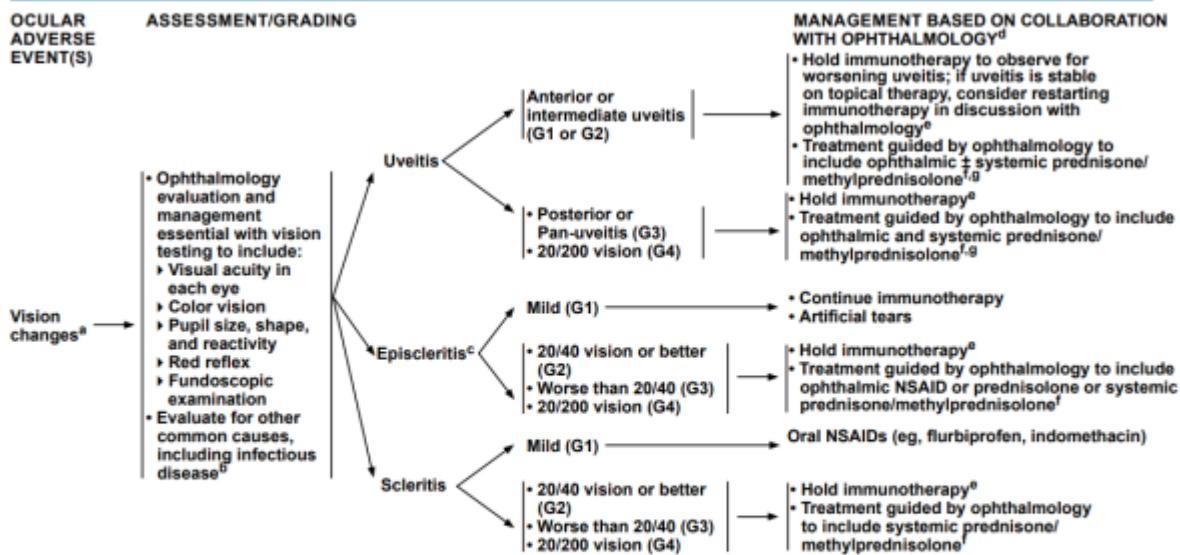
NCCN Guidelines Version 1.2022

Management of Immune Checkpoint Inhibitor-Related Toxicities

[NCCN Guidelines Index](#)

[Table of Contents](#)

[Discussion](#)



^aPatients experiencing ocular AEs may present with any of the following symptoms: blurred/distorted vision, blind spots, change in color vision, photophobia, tenderness/pain, eyelid swelling, and proptosis. Both uveitis and episcleritis can be associated with eye redness but slit lamp examination is essential to rule out anterior chamber inflammation.

^bEtiologies such as HLA-B27, syphilis, toxoplasmosis, and tuberculosis can cause uveitis and therefore should be evaluated for and ruled out prior to stopping ICI therapy and/or initiating other local therapies.

^cTreat blepharitis per the episcleritis algorithm.

^dSee Principles of Immunosuppression (IMMUNO-A).

^eSee Principles of Immunotherapy Rechallenge (IMMUNO-C).

^fTreat with 1 mg/kg/day, not to exceed 60 mg/day until symptoms improve to Grade ≤1, then taper over 4–6 weeks.

^gIf refractory to high-dose systemic steroids, consider adding infliximab, FDA-approved biosimilar, or antimetabolites (eg, methotrexate) for pan-uveitis.

Note: All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

Version 1.2022, 03/08/22 © 2022 National Comprehensive Cancer Network® (NCCN). All rights reserved. NCCN Guidelines® and this illustration may not be reproduced in any form without the express written permission of NCCN.

ICI_OCUL-1

drugs

From:

<https://www.childrenseye.org/wiki/> - Children's Eye Wiki



Permanent link:

https://www.childrenseye.org/wiki/doku.php?id=immune_checkpoint_inhibitors

Last update: 2022/07/29 13:32