

PEMBROLIZUMAB IMMUNE-MEDIATED







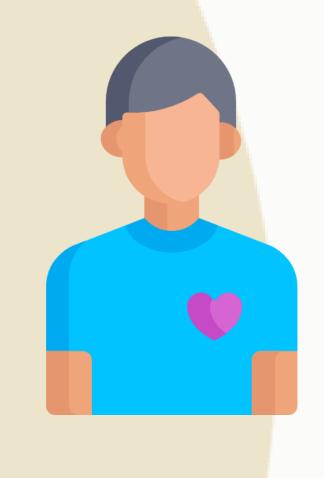
Nº: 5PSQ-120
LO1- ANTINEOPLASTIC
AGENTS

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- ✓ Checkpoint inhibitors (ICI) are used in several cancers but pose drug management challenges, specially adverse events (AE).
- ✓ Clinical benefits introduce a new rechallenge paradigm despite the risk of serious AE.
- The presented case is unique as it underscores the severe repercussions of immune-mediated toxicity of Pembrolizumab.



Physical parameters

Male
Age of 70's
Caucasian
Height 1,64m
Weight 58kg



Patient medical history

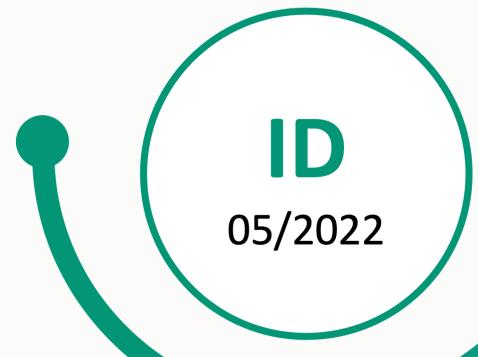
Type 2 diabetes
Hypertension
Nephrolithiasis
Benign prostatic hyperplasia
Pacemaker implant due to
bradycardia



Medication

Metformin
Amlodipine
Perindopril/indapamide
Acetylsalicylic acid
Dutasteride
Afluzosin
Lactulose
Sodium picosulfate

CHRONOLOGICAL EVOLUTION



OA09/2022

09/2022

ES 10/2022



Incidental Mappo appo

Clear cell renal cell carcinoma (ccRCC) in the right kidney with metastasis: pulmonary, left axillary, abdominal, mediastinal lymph node in imaging studies after multiple trauma due to a fall from a roof

appointment

ECOG PS 0-1

Good general condition, collaborative, autonomous

No urinary changes or perception of weight loss

Feeling/eating well, no nausea or vomiting

Post-surgical constipation controlled with laxatives

Treatment



1st line

Pembrolizumab IV 400mg (6/6 weeks) and Axitinib PO 5 mg 12/12h

Emergency service



Difficulties swallowing, imbalance and generalized muscle pain (2 weeks prior ES)

Suggestive scenery of **G3 Polymyositis**, with suspected immune-mediated toxicity (pembrolizumab myopathy)

Admission to intensive





10/2022 + 0

CONCLUSION

Acute AE: reasonable well treated by managing symptoms, ICI treatment and using high-doses of corticoids/immunosuppressants [1,2].



In this report it wasn't enough (off-label therapies)

- ✓ Avoid late detection of the relation between the AE and the therapeutics -> irreversible G3 and G4 myopathy.
- ✓ Highlight of the importance of managing immunomediated AE: patient empowerment and heath literacy.
- ✓ Importance of creating hospital circuits able to detect on time the AE in patient under ICI -> Red Flags

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1st treatment

Oncology treatment suspended

High-dose corticosteroid therapy (prednisolone 60mg > 40mg) - no therapeutic success

Probable reversible toxicity -> no interventions limits

Identification

of AE

Confirmed AE ICI related – Myocarditis
G4 with severe global dysfunction of left ventricular systolic function

2nd treatment

Human immunoglobulin 0,9mg/kg and abatacept 10mg/kg every 2 weeks (max 5 administrations) - no therapeutic success

Final evaluation

10/2022 + 2 weeks

Cardiorespiratory arrest
Death after 2 weeks

Final diagnosis: severe secondary immune-mediated toxicity to pembrolizumab