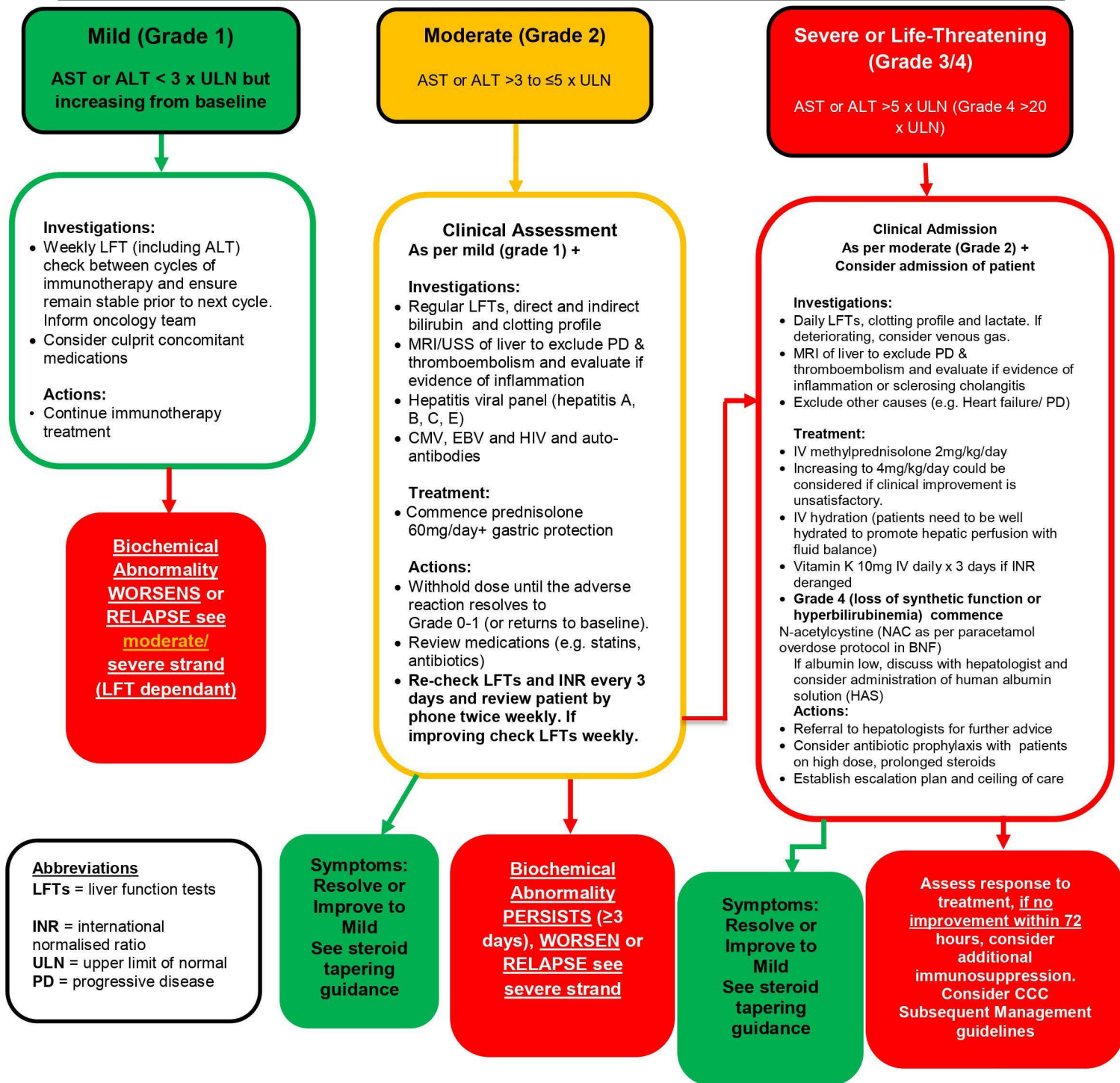


## Immune-Related Adverse Event Guideline: Hepatotoxicity

Hepatic transaminases (ALT/AST) and bilirubin must be evaluated before each dose of immunotherapy, as early laboratory changes may indicate emerging immune-related hepatitis. Elevations in LFTs may develop in the absence of clinical symptoms. This guidance should be used in context of baseline LFTs and presence of known liver metastases. No dose adjustment is required for mild hepatic impairment but data is limited for use of these drugs in moderate/severe hepatic impairment and patients should be closely monitored for elevation in LFTs from baseline. Prior to commencement of immunotherapy all patients should have LFTs checked



Interrupt SACT immunotherapy until discussed with Acute Oncology Team. Please contact on-call oncology/haematology team for advice. Ensure that the patient has monitoring/follow up planned with their oncology/immuno-oncology team.

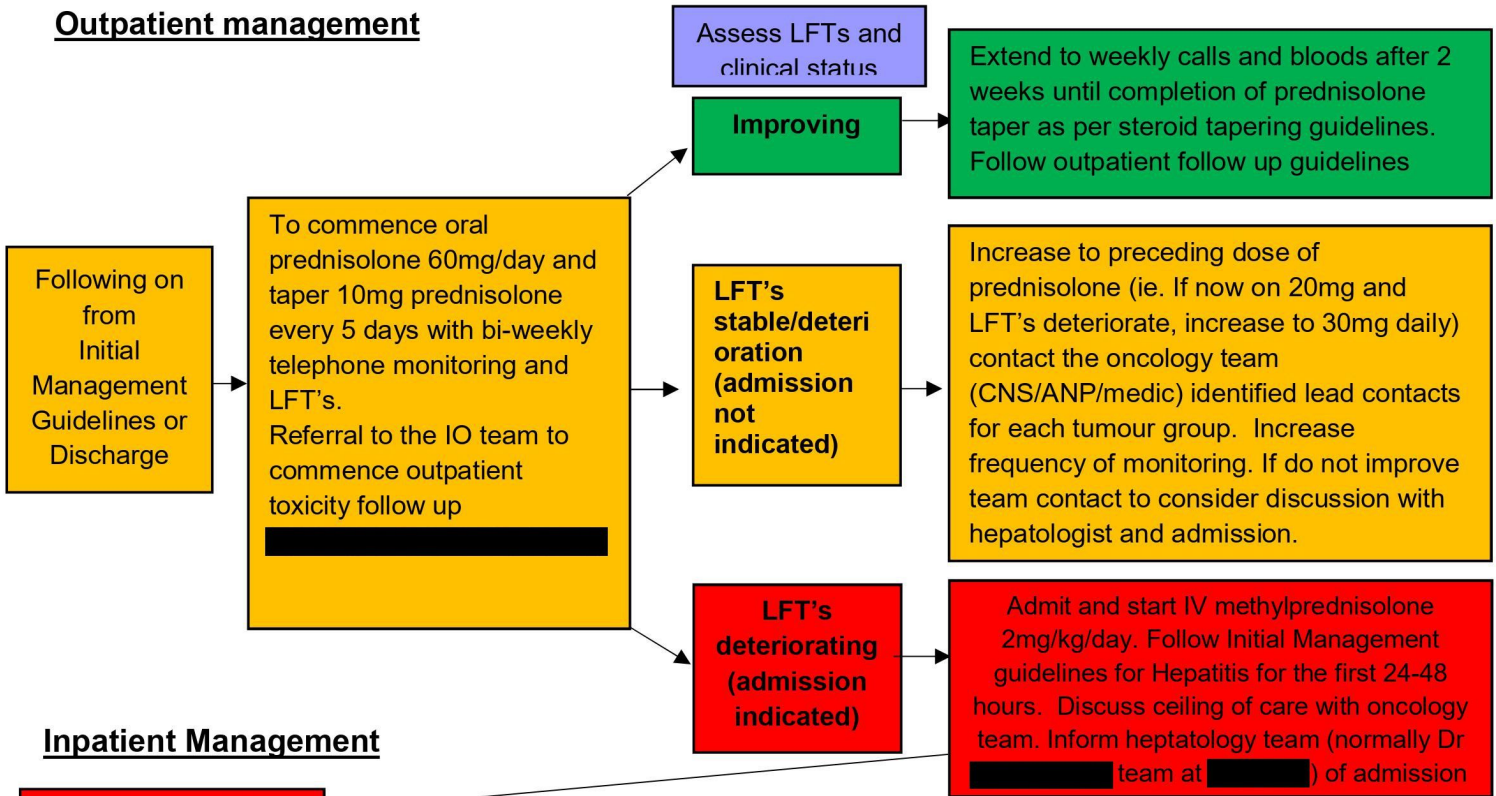
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Author: [REDACTED]	Authorised by: Supportive Care SRG	Copy No:	



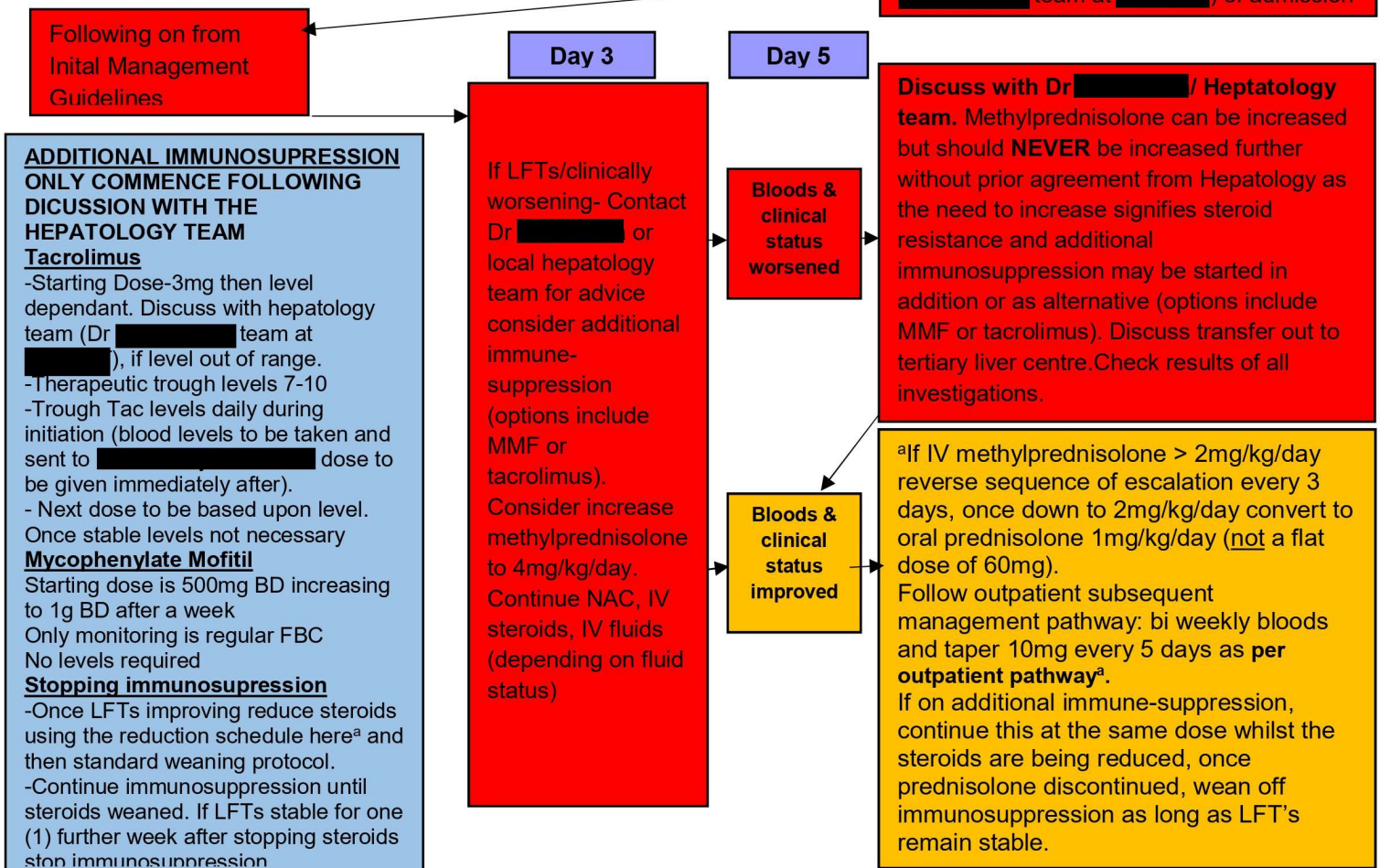
**\*\* IMPORTANT \*\*** Subsequent management of patients with hepatitis that is either not improving or worsening should always be discussed with a gastroenterologist and the patient's oncologist

## Subsequent management guideline– Hepatitis

### Outpatient management



### Inpatient Management



Dr [redacted] at [redacted] is the regional hepatology advisor for CPI-induced hepatitis and may be contacted by local teams for discussion/advice