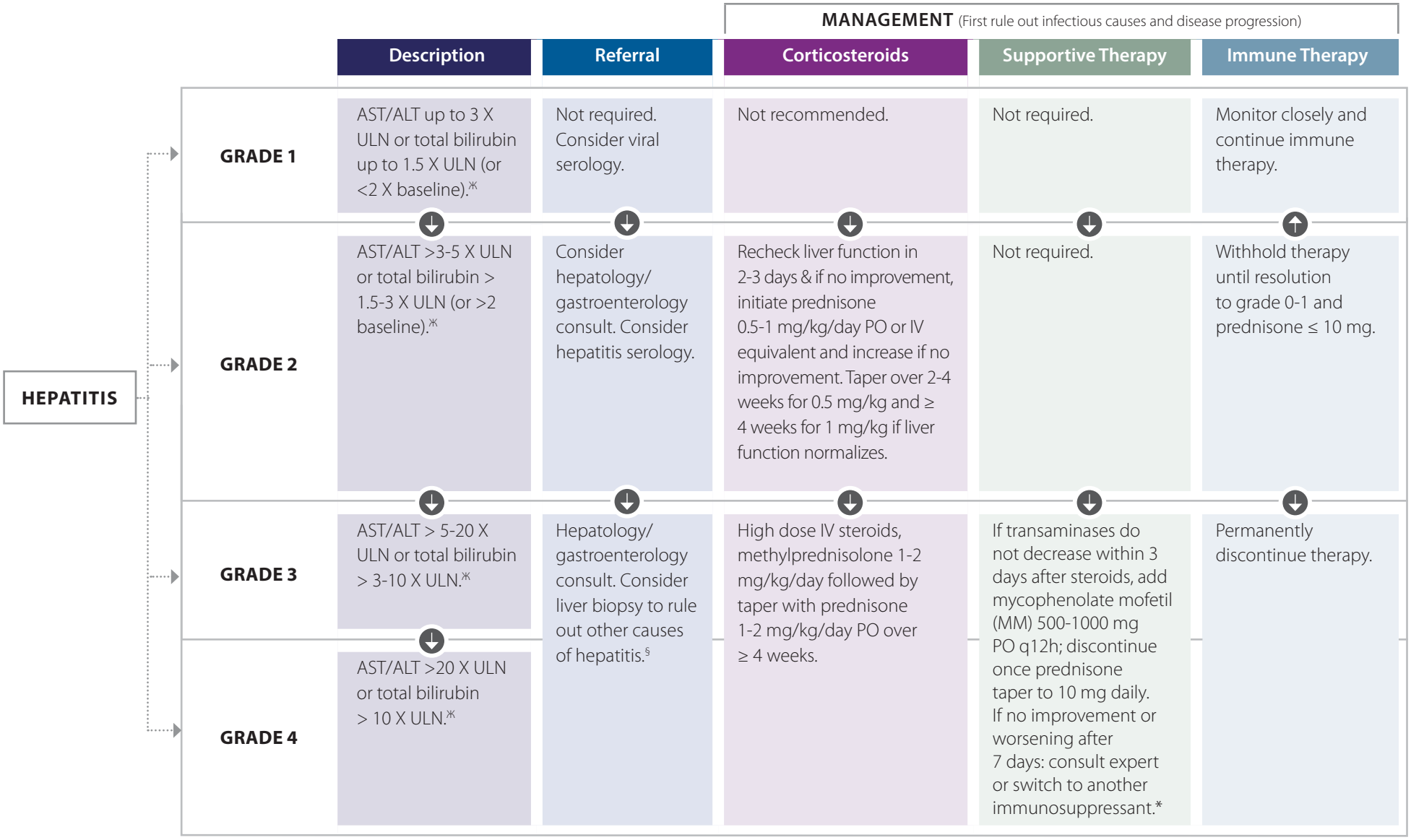
FIGURE 7

Management of Immune-Related Hepatic Toxicities[1,4,5,7,8,11,13,14,23,31]

Background: Hepatotoxicity related to immune-therapy typically presents as elevated LFTs mainly AST, ALT, GGT and rarely bilirubin. The patient is usually asymptomatic and onset is variable with average 8-12 weeks after start of therapy. Rarely, patients present with fever, fatigue, nausea and abdominal pain. Monitoring LFTs are recommended at baseline and prior to each dose. Hepatic adverse events are usually grade 1-2 and occur in approximately 1-6% of patients on PD-1 inhibitors and more frequently in patients on CTLA-4 inhibitors but still <10%.



§ Hepatitis A, C, CMV

* Tacrolimus 0.10-0.15 mg/kg/day; in the case of severe hepatotoxicity, the decision to use infliximab should be made after careful consideration of risk and benefit, and discussion with the patient.

⁂ For patients being treated with ICIs for hepatocellular carcinoma, these values may differ. Refer to the ICI product monograph.