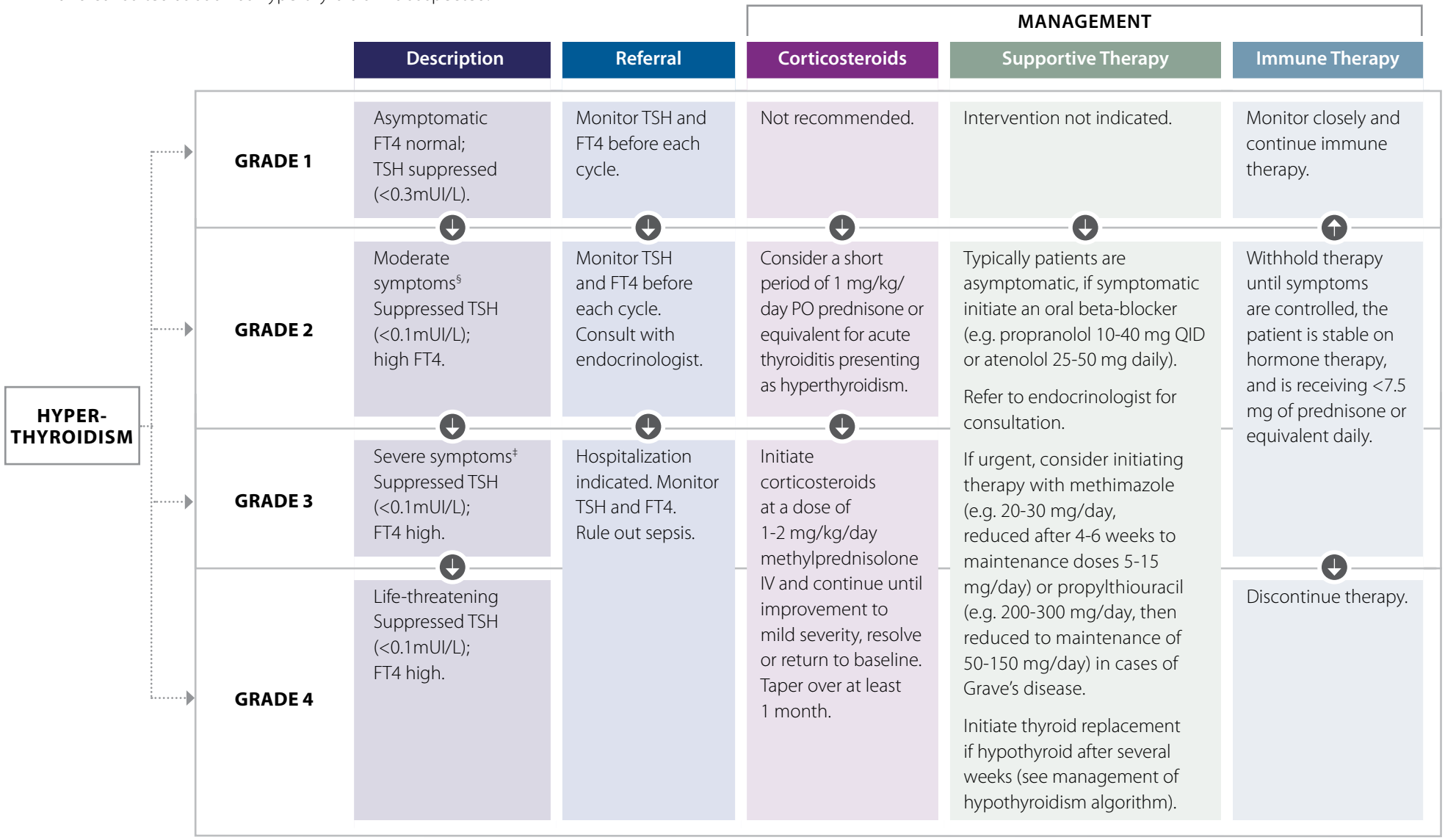
FIGURE 4

Management of Immune-Related Hyperthyroidism[6,10,14,21]

Background: Around 5-10% of patients receiving CLTA-4 and anti-PD-1/PD-L1 antibodies are likely to develop an endocrine adverse event of any grade. Patients with thyroid disorders may be asymptomatic. Detection of hyperthyroidism is through laboratory testing of TSH and T4 levels. The incidence of hyperthyroidism has been lower than hypothyroidism with a time of onset ranging from 24 days to 12 months. Hyperthyroidism is characterized by high or normal levels of free T4 in the body and presents with low TSH. Most patients later become hypothyroid due to autoimmune thyroiditis and require thyroid hormone replacement. An endocrinologist should be involved and consulted as soon as hyperthyroidism is suspected.



§ weight loss, increased appetite, anxiety and irritability, muscle weakness, menstrual irregularities, fatigue, tachycardia
‡ arrhythmia, atrial fibrillation, tremor, sweating, insomnia, diarrhea