

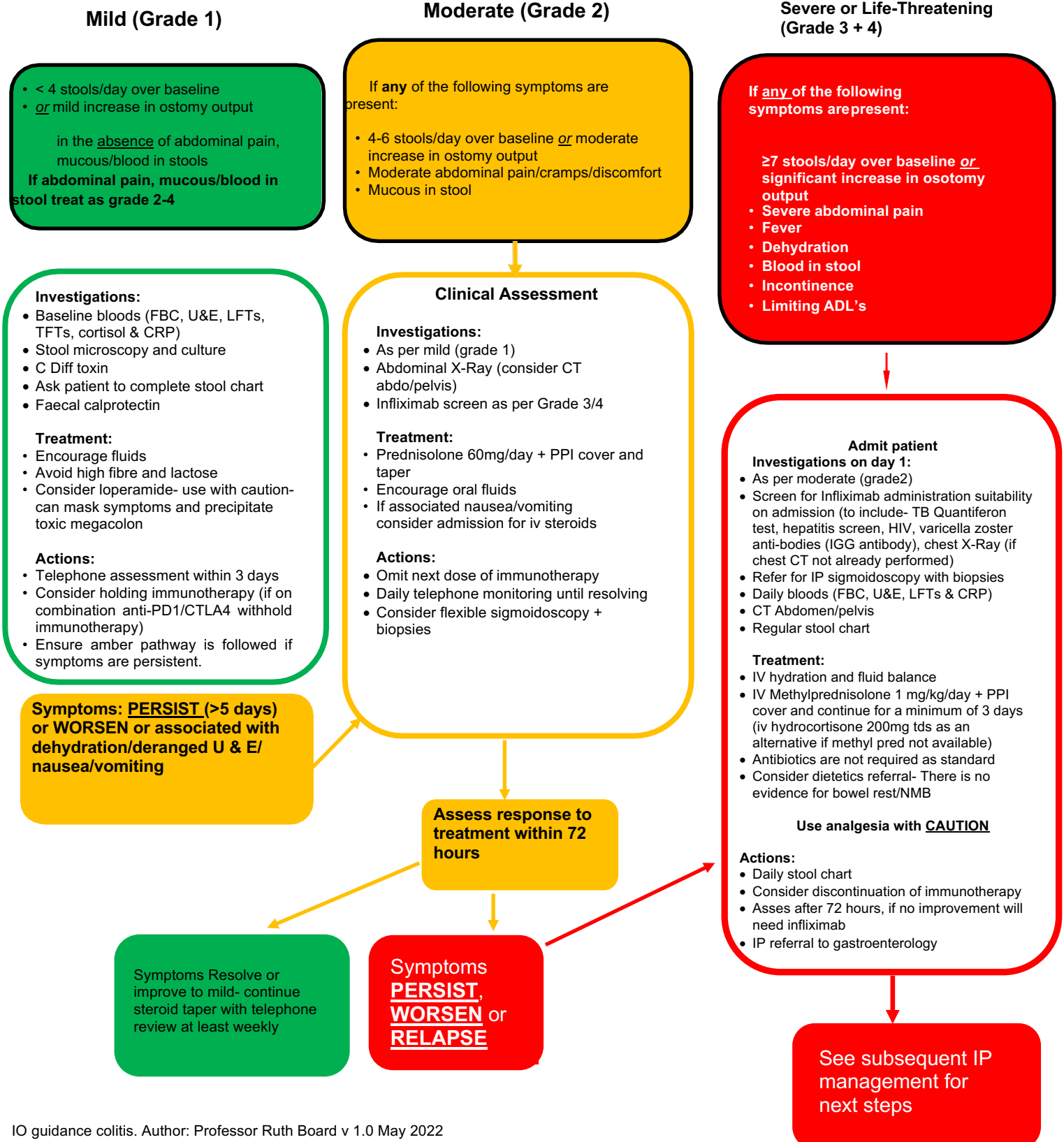
# Immune-Related Adverse Event: Diarrhoea/Colitis

Gastrointestinal (GI) irAEs are common and although they are typically mild to moderate in severity, if they are left unrecognised or untreated, they can become life-threatening.

Grading of irAE diarrhoea needs to be accurately assessed to determine treatment. Patients should be fully screened for other irAEs which can occur simultaneously. Side effects can occur many months after stopping treatment

**Loperamide should be used with caution as this can mask the true severity of the symptoms and can precipitate toxic megacolon.**

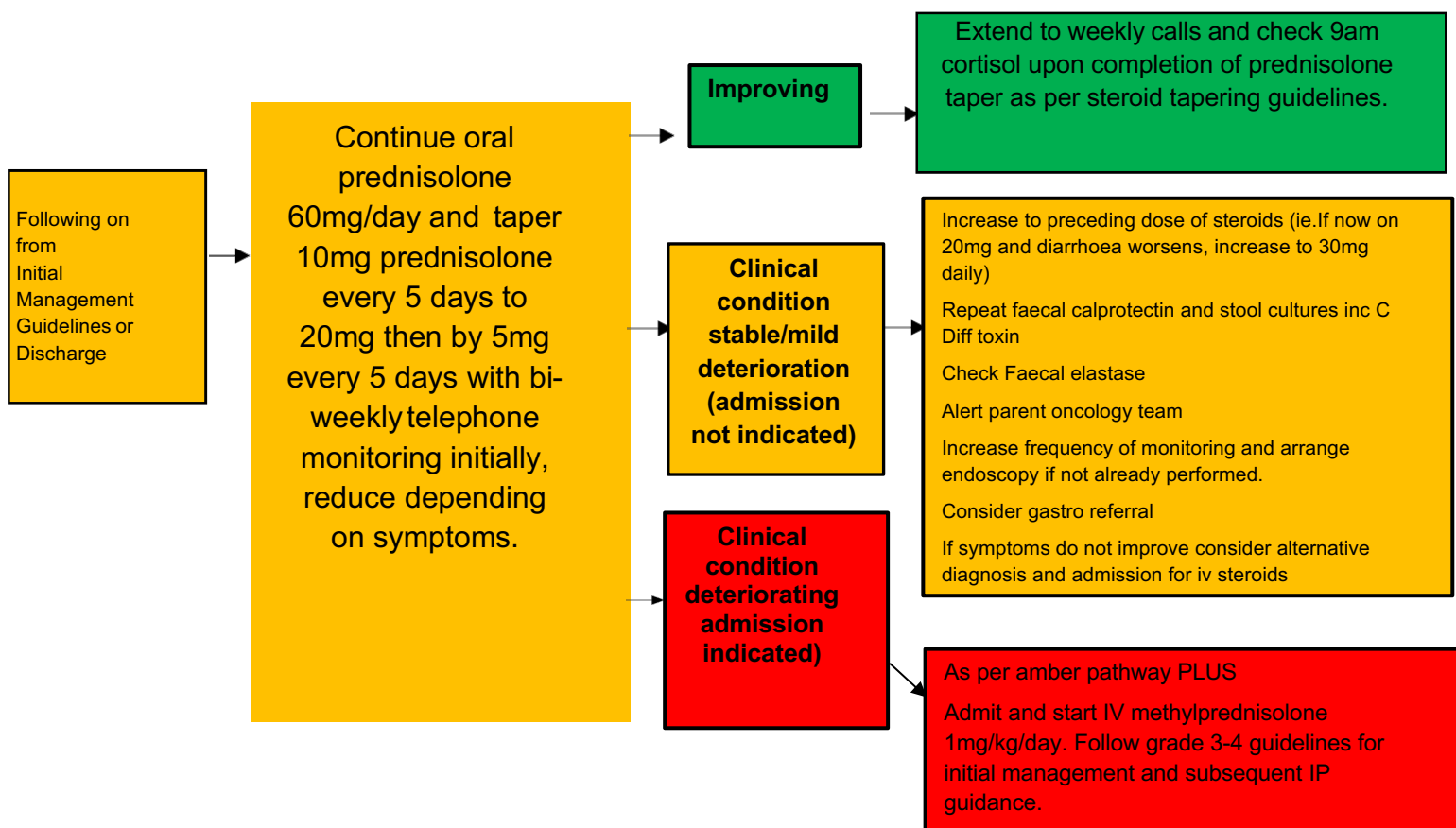
Patients often complain of 'watery' diarrhoea, often need to get up in the night and may have associated frequency and tenesmus.



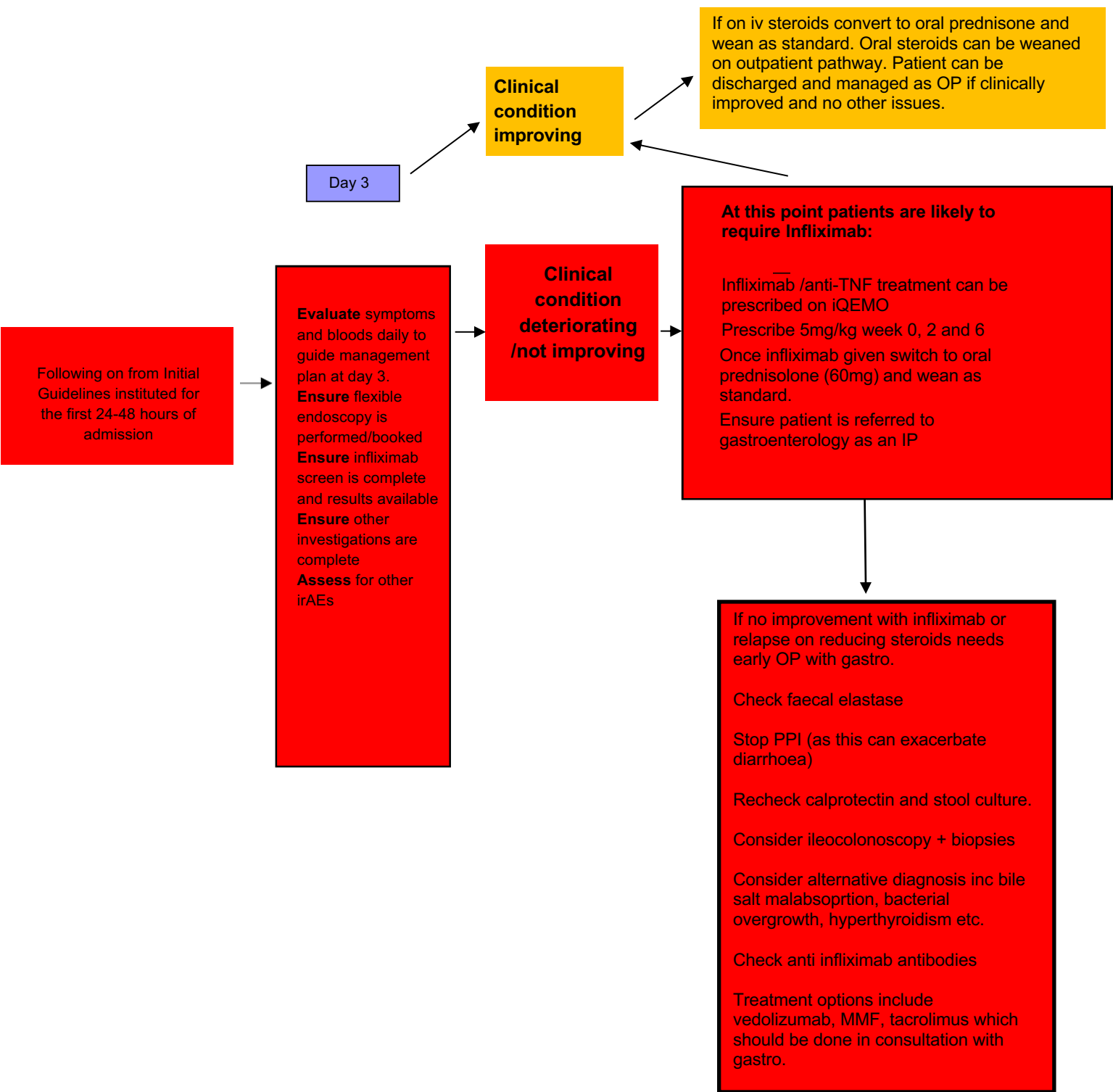
**\*\* IMPORTANT \*\***Subsequent management of patients with colitis that is either not improving or worsening should always be discussed with a gastroenterologist and the patient's oncologist

## Subsequent management– Diarrhoea/Colitis

### Outpatient management



# Inpatient Management



**References:**

British Society of Gastroenterology endorsed guidance for the management of immune checkpoint inhibitor-induced enterocolitis. Powell et al., Lancet Gastroenterol Hepatol 2020; 5: 679–97  
 UKONS Acute Oncology Initial Management Guidance v2.0