All Wales Colitis Management Guideline

GIG CYMRU NHS WALES | Rhwydwaith Canser Cancer Network

Mild (Grade 1)

- <4 stools/day over baseline *or*
- Mild increase in ostomy output in the absence of abdominal pain, mucus/ blood in stools.

Management Plan

Investigations
- Baseline bloods (FBC, U&Es, LFTs TFTs, Cortisol & CRP).
- Stool Microscopy and Culture.
- C. Difficile toxin.
- Faecal calprotectin.

Treatment
- Encourage fluids.
- Avoid high fibre and lactose in diet.
- Avoid Loperamide (some patients can be on combination therapies).

Actions
- Telephone assessment within 3 days (triage).

Consider withholding immunotherapy (if on combination anti-PD1/CTLA4 withhold immunotherapy)

Symptoms: PERSIST (≥5 days) or WORSEN or are associated with deranged U&Es

Moderate (Grade 2)

If **any** of the following symptoms are present:

- 4-6 stools/day over baseline or moderate increase in ostomy output.
- Moderate abdominal pain/cramps/ discomfort.
- Mucus or blood in stool.

Management Plan

Investigations
- As per mild (Grade 1).
- CMV viral load + PCR
- Faeces CMV.
- Faecal calprotectin.
- Abdominal X-Ray (consider CT abdo/pelvis).
- Biologics (e.g. Infliximab) screen as per Grade 3-4. Other biologics can be considered.

Treatment
- Prednisolone 0.5-1mg/kg/day (max 60mg) + PPI cover.
- Fluid balance and replacement as appropriate.

Actions
- Omit next dose of immunotherapy.
- Consider Gastroenterology advice/ review (+/- endoscopy).

If admitted, refer to ACUTE ONCOLOGY SERVICE (refer to IO TOX SERVICE if available)

Withhold immunotherapy

Assess response to treatment within 72 hours

Symptoms: resolve or improve to mild See Steroid Tapering Guidance

PERSIST or WORSEN or RELAPSE

Severe or Life Threatening (Grade 3 + 4)

If **any** of the following symptoms are present:

- ≥7 stools/day over baseline *or* significant increase in ostomy output.

Management Plan
Admit Patient Through Defined Ambulatory Pathway

Investigations
- As per moderate (Grade 2).
- Screen for biologics (e.g. Infliximab) administration suitability on admission (to include – TB Eli spot test, Hepatitis screen, HIV, Varicella Zoster Antibodies (IgG Antibody), Chest X-Ray (if Chest CT not already performed).
- Refer for endoscopy with biopsies on day 1 of admission (urgent).
- Daily bloods (FBC, U&Es, LFTs & CRP).
- CT Abdomen/Pelvis.

Treatment
- IV hydration and fluid balance.
- IV Methylprednisolone 1-2mg/kg/ day + PPI cover and continue for a minimum of 3 days.
- Antibiotics are not required as standard.

Use analgesia with CAUTION

Actions
- Daily stool chart.
- Refer and consider transfer to Gastroenterology Team.
- Dietician review.
- Consider permanent discontinuation of immunotherapy based on individual patient circumstances.

Withhold immunotherapy

PERSIST ≥3 days IV corticosteroids

Management Plan
Under guidance of Gastroenterology Team

If symptoms persist after 3 days of IV steroid treatment, consider IV Infliximab 5mg/kg (unless evidence of concomitant Hepatitis in which case consider MMF (Mycophenylate Mofetil) or other biologicals i.e. Vedolizumab as Infliximab may worsen hepatitic picture).

If the patient is admitted to A&E, the General Medical or General Surgical Wards, please ensure referral to the ACUTE ONCOLOGY TEAM IF AVAILABLE OR THE TREATING TEAM ON ADMISSION.