All Wales Pneumonitis Management Guideline

GIG CYMRU NHS WALES | Rhwydwaith Canser Cancer Network

Mild (Grade 1)

Clinically asymptomatic with Radiographic changes only (e.g. focal ground glass opacities, patchy infiltrates).

Management Plan

Clinical Assessment & O2 SATS

Investigations:
- Sputum sample for MC&S.
- Baseline bloods (FBC, U&Es, LFTs, CRP, bone profile).

Actions:
- Monitor symptoms weekly and re-image if worsening.

Consider delay of immunotherapy

Symptoms: WORSEN

Moderate (Grade 2)

Mild to moderate new onset of symptoms, limiting instrumental ADL (e.g. dyspnoea, cough, fever, chest pain).

Management Plan

Clinical Assessment & O2 SATS

Investigations:
- Sputum sample for MC&S.
- Baseline bloods (FBC, U&Es, LFTs, bone profile, CRP).
- CT imaging (HR CT/ CXR if out of hours).

Treatment:
- Prednisolone 0.5-1mg/kg/day (max. 60mg/day Prednisolone) + PPI.
- If evidence of infection consider antibiotics as per local protocol.

Actions:
- Consider hospital admission.
- Consider referral to chest physician.
- Monitor symptoms daily with clinical examination review if symptoms worsening (with repeat imaging).

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)

Severe new onset of symptoms limiting selfcare ADL; *or* Hypoxia (new *or* worsening); or **ARDS.**

Management Plan

Clinical Assessment & O2 SATS

Investigations:
- As per moderate (grade 2).
- +/- pulmonary function test.

To exclude atypical infections:
- Beta-D-glucan.
- Urine legionella and pneumococcal antigen.
- Mycoplasma serology.

Treatment:
- IV Methylprednisolone 2-4mg/kg/day + PPI. Consider increasing to 4mg/kg/day or consider pulse Methylprednisolone if clinical improvement is unsatisfactory. Consider risk vs benefit when increasing methylprednisolone dose as advised by chest physician.
- Oxygen therapy and procalcitonin.
- If evidence of infection consider antibiotics as per local protocol.
- Discuss the role of antibiotics with local respiratory team.

Actions:
- Consider discontinuing immunotherapy based on individual patient circumstances.
- Refer to a chest physician.
- Monitor symptoms daily with clinical examination and repeat imaging as indicated. If symptoms worsening, repeat imaging is required.
- Consider second line Immunosuppressant.

Withhold immunotherapy

PERSIST/ WORSEN
≥3 days IV corticosteroids

Persistent / Worsening

Review patient daily

If symptoms persist or no improvement after 3 days of IV steroid treatment seek chest physician advice.

Consider other biologicals i.e (MMF (Mycophenolate Mofetil, Infliximab, Tocilizumab).

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.