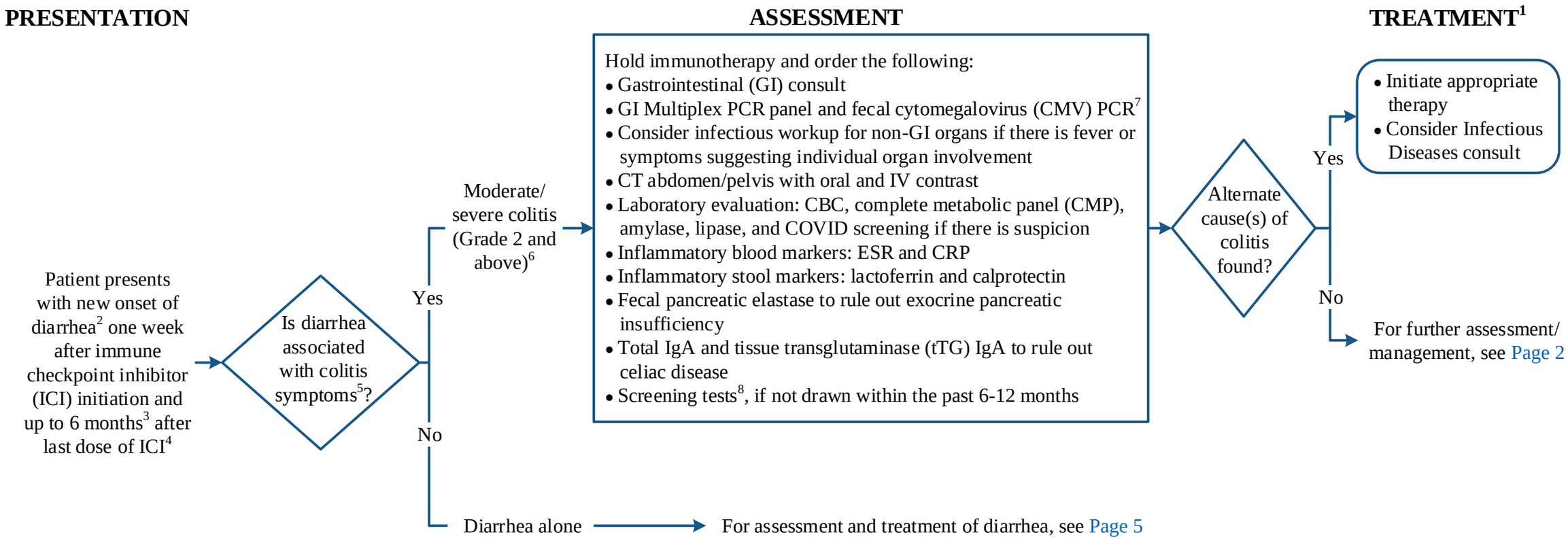
Evaluation and Management of Suspected Immune-Mediated Colitis/Diarrhea

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

GENERAL EVALUATION



For recurrent colitis/diarrhea assessment and treatment, see Page 6

[1] No specific prophylaxis or change in treatment strategy is indicated for management during the COVID pandemic besides the routine precaution
[2] Diarrhea is defined as the presence of 3 or more unformed stools a day
[3] On rare occasions, GI toxicities may develop beyond the typical 6 month window
[4] PD-1 inhibitors (pembrolizumab, nivolumab, cemiplimab), PD-L1 inhibitors (atezolizumab, avelumab, durvalumab), CTLA-4 inhibitor (ipilimumab, tremelimumab)
[5] Colitis symptoms include abdominal pain, rectal bleeding, and blood or mucus in stools
[6] Refer to Appendix A for Modified Common Terminology Criteria for Adverse Events (CTCAE)
[7] Fecal CMV PCR has low sensitivity and poor negative predictive value for the diagnosis of CMV colitis. Consider early colonoscopy in immunosuppressed patients to exclude CMV colitis and perform colonoscopy in patient with positive fecal CMV by PCR.
[8] Screening tests include HIV, T-spot tuberculosis, and hepatitis B and C. Consider screening for fungal infections, if indicated.

Continued on next page

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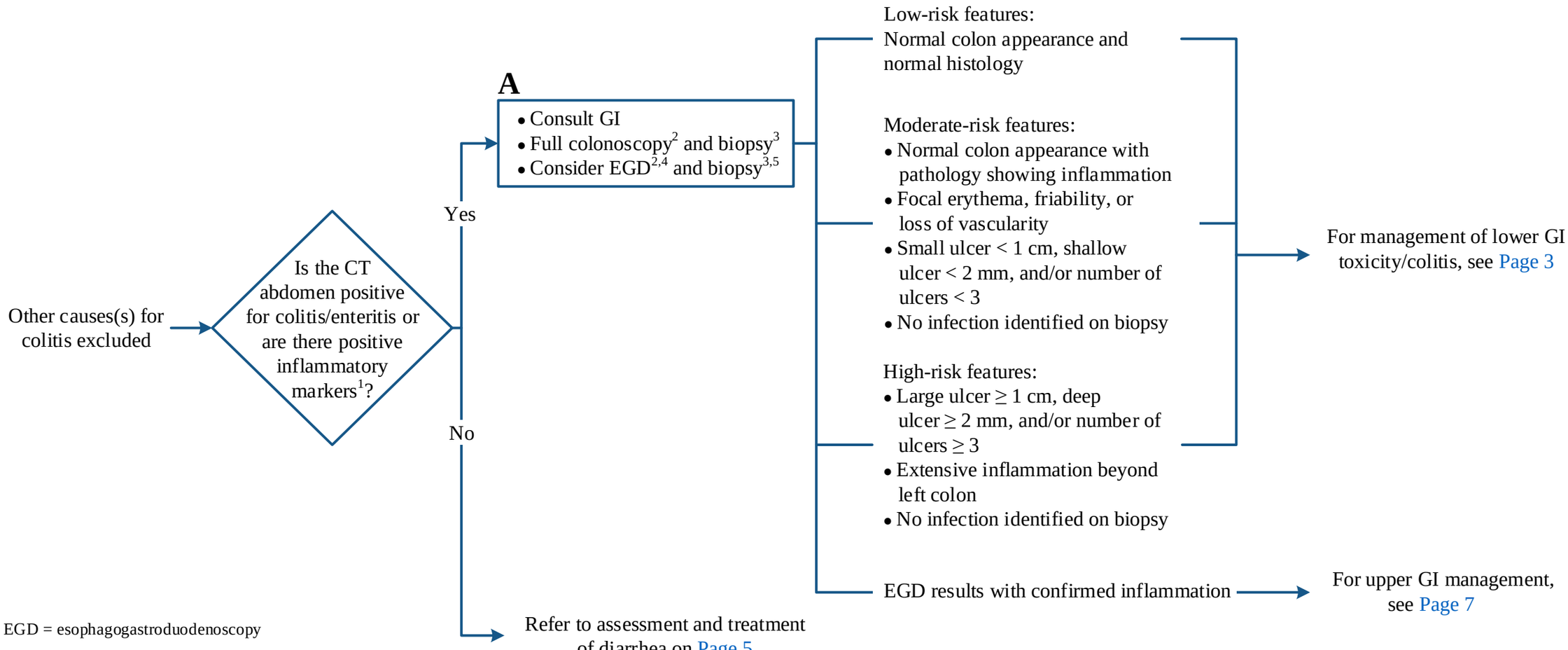
GENERAL EVALUATION - continued

PRESENTATION | **ASSESSMENT** | **ENDOSCOPY FINDINGS**



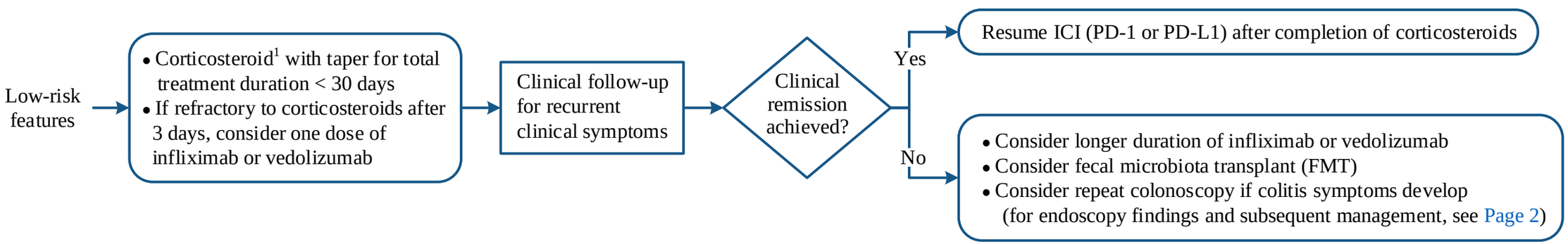
EGD = esophagogastroduodenoscopy

[1] Stool: lactoferrin and calprotectin; blood: ESR and CRP
[2] Perform colonoscopy and EGD only if ANC > 0.5 K/microliter
[3] Examine biopsies for the presence of CMV and other opportunistic infections in immunosuppressed patients
[4] Order EGD if there are signs and symptoms of concurrent nausea/vomiting and/or epigastric pain
[5] Esophageal biopsies are strongly recommended if there is visible evidence of esophageal inflammation on endoscopy

Evaluation and Management of Suspected Immune-Mediated Colitis/Diarrhea

LOWER GI/COLITIS MANAGEMENT

ENDOSCOPY FINDINGS



[1] May consider budesonide as an additional option

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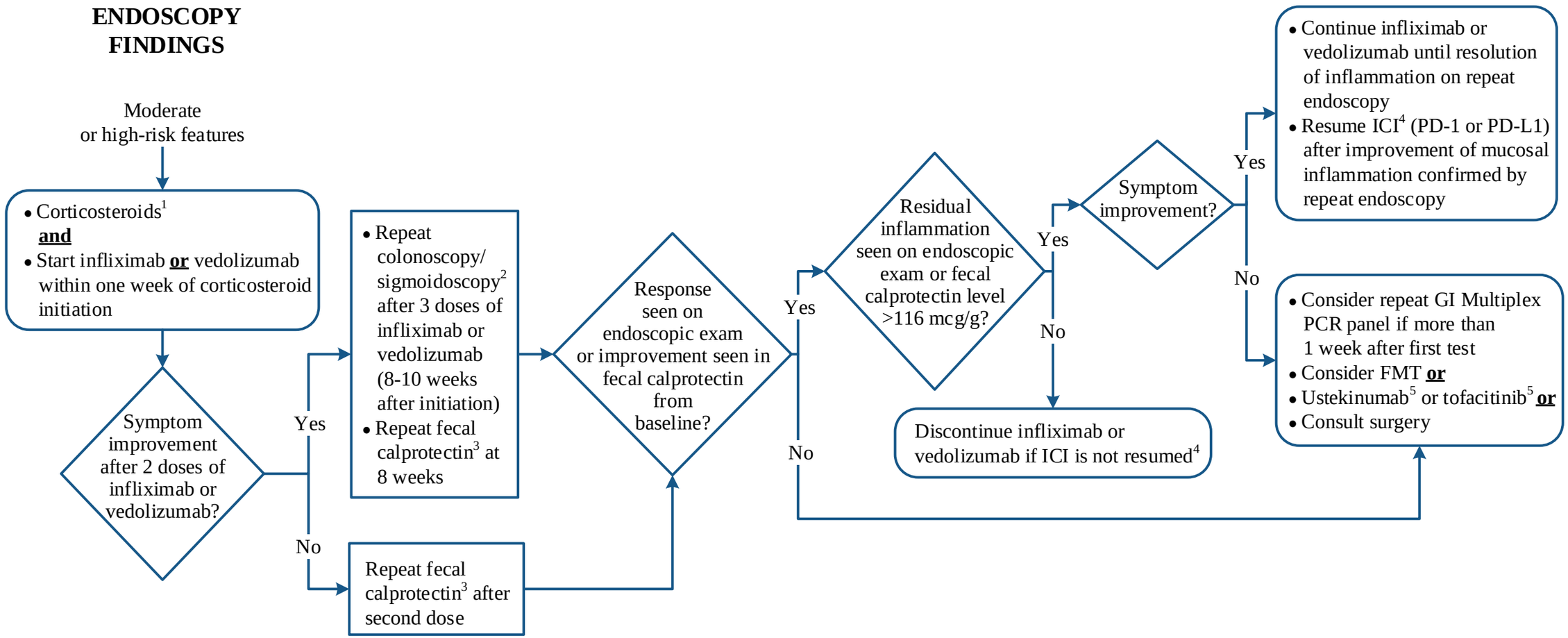
Note: Consider Clinical Trials as treatment options for eligible patients.

LOWER GI/COLITIS MANAGEMENT

ENDOSCOPY FINDINGS



[1] Start steroid taper over 2 weeks after starting infliximab or vedolizumab (total corticosteroid treatment duration should be < 30 days)
[2] Consider early repeat colonoscopy/sigmoidoscopy after 2 doses of infliximab or vedolizumab if symptoms persist
[3] Fecal calprotectin can be used as an alternative measure to replace repeat endoscopy
[4] If resuming ICI, continue long-term vedolizumab concurrently
[5] Non-formulary at MD Anderson

Department of Clinical Effectiveness V3
Approved by the Executive Committee of the Medical Staff on 09/21/2021

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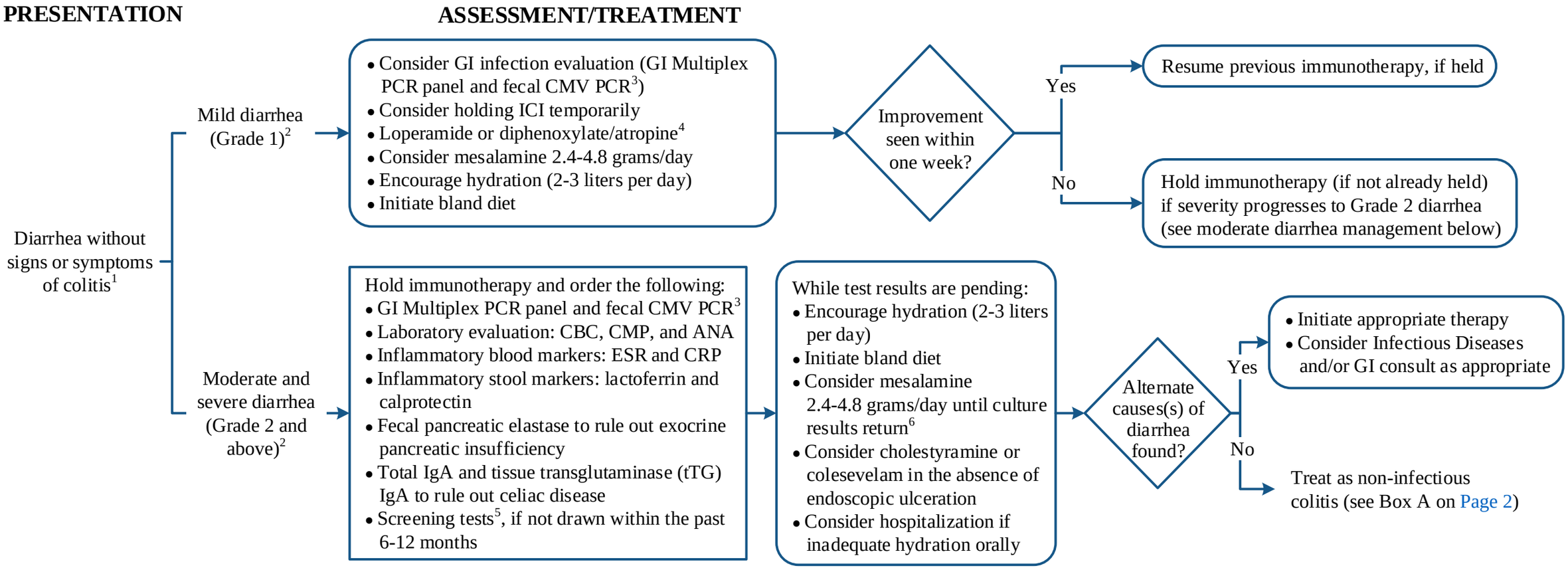
DIARRHEA MANAGEMENT



[1] Colitis symptoms include abdominal pain, rectal bleeding, and blood or mucus in stools
[2] Refer to Appendix A for Modified Common Terminology Criteria for Adverse Events (CTCAE)
[3] Fecal CMV PCR has low sensitivity and poor negative predictive value for the diagnosis of CMV colitis. Consider early colonoscopy in immunosuppressed patients to exclude CMV colitis and perform colonoscopy in patients with positive fecal CMV by PCR.
[4] Consider anti-motility agents only if non-invasive pathogens have been excluded
[5] Screening tests include HIV, T-spot tuberculosis, hepatitis B and C. Consider screening for fungal infections, if indicated.
[6] If cultures return negative and/or no improvement is seen after 2 days of treatment, discontinue mesalamine and consider starting corticosteroids. If patient has symptom improvement with mesalamine, continue treatment regardless of culture results.

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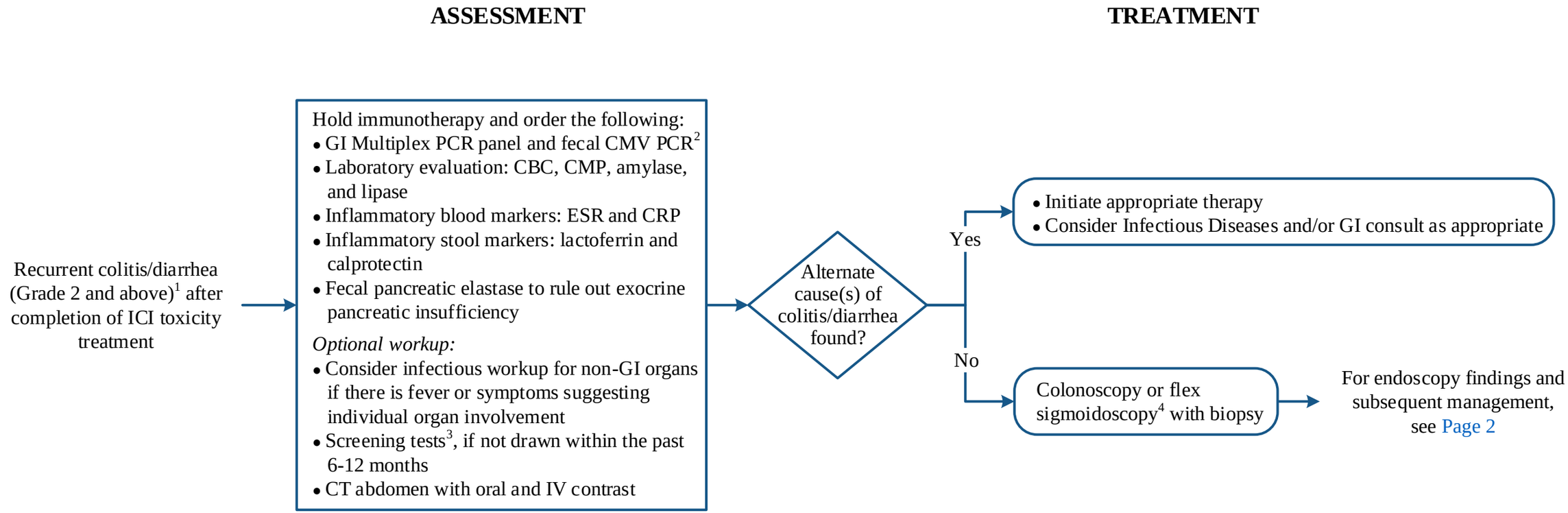
Evaluation and Management of Suspected Immune-Mediated Colitis/Diarrhea

Note: Consider Clinical Trials as treatment options for eligible patients.

RECURRENCE MANAGEMENT

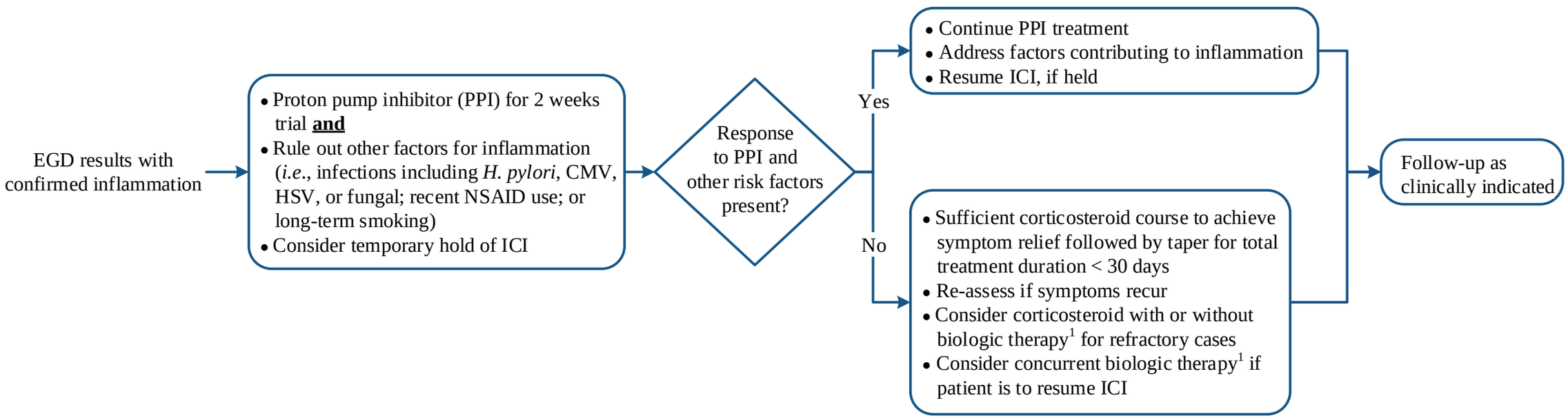


[1] Refer to Appendix A for Modified Common Terminology Criteria for Adverse Events (CTCAE)
[2] Fecal CMV PCR has low sensitivity and poor negative predictive value for the diagnosis of CMV colitis. Consider early colonoscopy in immunosuppressed patients to exclude CMV colitis and perform colonoscopy in patients with positive fecal CMV by PCR.
[3] Screening tests include HIV antibody; T-spot tuberculosi; hepatitis A, B and C panel; and urine *Histoplasma* antigen. Consider screening for fungal infections, if indicated.
[4] If initial colonoscopy confirmed left colon involvement, then consider flex sigmoidoscopy on follow-up

Evaluation and Management of Suspected Immune-Mediated Colitis/Diarrhea

UPPER GI MANAGEMENT

ASSESSMENT/TREATMENT



HSV = herpes simplex virus
NSAID = non-steroidal anti-inflammatory drugs

[1] Vedolizumab is the preferred biologic therapy

Evaluation and Management of Suspected Immune-Mediated Colitis/Diarrhea

APPENDIX A: Modified[1] Common Terminology Criteria for Adverse Events (CTCAE)

Gastrointestinal Disorders					
Adverse Effect	**Grade 1**	**Grade 2**	**Grade 3**	**Grade 4**	**Grade 5**
Diarrhea	Increase of < 4 stools per day over baseline; mild increase in ostomy output compared to baseline	Increase of 4-6 stools per day over baseline; moderate increase in ostomy output compared to baseline; limiting instrumental activities of daily living (ADL)	Increase of > 7 stools per day over baseline; hospitalization indicated; severe increase in ostomy output compared to baseline; limiting self-care ADL	Life-threatening consequences; urgent intervention indicated	Death
Colitis	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Abdominal pain; mucus or blood in stool	Severe abdominal pain; peritoneal signs	Life-threatening consequences; urgent intervention indicated	Death

[1] Modified version includes elements of version 4 and version 5

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