

GRADE 2-4

Symptom Grade

Grade 2 = 4-6 stools/day, abdominal pain, blood or mucus in stool

Grade 3 or 4 > 7 stools/day, Peritoneal signs consistent with bowel perforation, Ileus, fever

Management escalation pathway

Withhold administration of ICPI

Perform anamnesis, physical examination, blood analysis (H, S, CRP), coproculture

Assessment and Investigations

Low Risk

- Normal BP and pulse
- Body temperature <37°C
- Weight loss <2kg
- No anemia (Hb >9g/dl) or drop of Hb by >2g/dl as compared to previous value)
- No or minor abdominal discomfort
- Normal kidney function (CrCl >40 ml/min)
- No other indications of severity or comorbidities that increase the risk for complications (e.g. diabetes mellitus, cardiopathy)

Medium Risk

- Low BP (<100/60) and tachycardia (>100/min)
- Body temperature >37°C
- Weight loss >2kg
- Anemia (Hb <9g/dl) or drop of Hb by >2g/dl (as compared to previous value)
- Moderate or severe abdominal pain
- Decreased kidney function (CrCl <40 ml/min)
- Other indications of severity or comorbidities that increase the risk for complications (e.g. diabetes mellitus, cardiopathy)

High Risk

Hemodynamic shock
Severe abdominal pain suggestive of digestive perforation

Hospitalize

Consult with abdominal surgeon and ICU physician
Manage shock
Perform CT-scan
Start Solumedrol 125 mg iv 1x/day x3 consecutive days
Consider laparotomy in case of bowel perforation

Continue as in **B**

Treat ambulatory
Initiate oral methylprednisolone at a dose of 2x 32 mg per day, start first dose in hospital. Initiate oral antibiotics (e.g. ciproxin 250 mg BID) in case of suspected infectious origin and adapt according to result of coproculture

Hospitalize
Perform CT-body and rectosigmoidoscopy. Check CMV or biopsy
Start iv methylprednisolone at a dose of 125 mg iv 1x/day x3 consecutive days.
Control of H/S every day. Initiate oral antibiotics (e.g. ciproxin 250 mg BID) in case of suspected infectious origin and adapt according to result of coproculture.
Manage dehydration, malnutrition and anemia according to standard practice.

Did the diarrhea stop within 72h and no recurrence on day 4 and 5?

Yes No

A

Taper steroids every 5 days (provide taper plan on paper to the patient)
Control blood tests weekly until normal or return to baseline
In case of recurrence, treat according to medium risk management guidelines

Treat according to medium risk management guidelines

Resume ICPI >1 week after stopping steroid therapy and in the absence of diarrhea/colitis recurrence

Did the diarrhea stop within 72h

Yes No

C

Initiate oral methylprednisolone (medrol 32 mg comp) at a dose of 2x 32 mg per day.
Continue as for **A**

Administer infliximab 5 mg/kg + methylprednisolone 40mg iv BID (consult Gastroenterologist)

Did the diarrhea stop within 72h

Yes No

Initiate oral methylprednisolone* at a dose of 2x 32 mg per day
Continue as for **A**

Consider repeat colonoscopy with biopsy and coproculture
Administer a second dose of infliximab 5mg/kg +
Continue methylprednisolone 40mg iv BID in the absence of any indication for infection

Did the diarrhea stop within 72h

Yes No

Continue as for **C**

Consider repeat colonoscopy with biopsy and coproculture
Consider starting mycophenolat mofetyl in case of persistent lymphocytic colitis without evidence for infection

Abbreviations:
H = Hematology
C = Chemistry
ICPI = immune checkpoint inhibitor
Hb = Hemoglobin
CRP = C-reactive protein
Bp = Blood pressure