

## Symptom Grade

### GRADE 1

Creatinine 1.5 x baseline  
or > ULN-1.5x ULN



### GRADE 2

Creatinine > 1.5 - 3x  
baseline or > 1.5 - 3x ULN



### GRADE 3

Creatinine > 3x  
baseline or > 3 - 6x ULN



### GRADE 4

Creatinine > 6x

## Management escalation pathway

Continue ICPI  
Repeat creatinine weekly  
When worsening, manage as per criteria below

Withhold ICPI; hydration and review creatinine in 48h-72h; if not improving, discuss with nephrologist and need for biopsy and if attributed to irAE, initiate steroid

Oral prednisolone 1mg/kg

When returning to Grade 1, or baseline: restart ICPI

If on steroids, only once < 10 mg prednisolone

If not attributed to irAE: continue ICPI

Withhold ICPI; admit patient for monitoring and fluid balance; repeat creatinine every 24h; early discussion with nephrologist and need for biopsy; when worsening, initiate i.v. (methyl)prednisolone 2 mg/kg

As per Grade 3; patient should be managed in hospital where renal replacement therapy is available

## Assessment and Investigations

Review hydration status, medications, urine test, culture if urinary tract infection symptoms

Dipstick urine and send for protein assessment UPCR

If obstruction suspected: renal US +/- doppler to exclude obstructions or a clot

As above  
Renal ultrasound +/- doppler to exclude obstructions or a clot

If proteinuria: 24h collection or UPCR

Advise patient to notify if oliguric

As for Grade 2  
Consider renal biopsy

As for Grade 2

### Abbreviations:

US = ultrasound  
ULN = upper limit of normal  
ICPI = Immune checkpoint inhibitor  
UPCR =urine protein to creatinine ratio  
ACPA = anticitrullinated protein antibody  
ANCA = antineutrophil cytoplasmic antibody  
CRP = C-reactive protein  
RF = Rheumatoid factor  
BSE = erythrocyte sedimentatio