

Immunotherapy for Primary Care

10 top tips

- 1** Immunotherapy is increasingly being used in cancer treatment. Immunotherapy can provide long-term survival benefits for many people, even if the cancer has spread. Typically, they have an 'L' in the middle of the word and 'MAB' at the end. For example, Nivolumab, Pembrolizumab.
- 2** Immunotherapy works by stimulating the patient's own immune system to treat the cancer. It is typically given via a drip, or more recently subcutaneously. Immunotherapy has very different side effects to chemotherapy. Immunotherapy can cause inflammation or autoimmune conditions that can affect any part of the body. The most commonly affected areas are the skin, colon, endocrine organs, liver, joints and lungs. The heart, neurological system and kidneys can also be affected. The toxicities range from mild to life-threatening.
- 3** When a practice receives notification that a person is receiving immunotherapy as part of their cancer treatment, it should be coded on the primary care clinical record using the code Immunotherapy 5A86. An alert should be placed on the clinical record stating that the person is at risk of immunotherapy toxicities for at least 18 months following completion of treatment.
- 4** A person with immunotherapy toxicity may present with vague, non-specific symptoms or no symptoms at all. Blood tests (FBC, U&E, LFT, TFT, 9 am cortisol, random glucose) can identify biochemical abnormalities, so have a low threshold for requesting tests.
- 5** Mild symptoms can progress rapidly. Ensure the person is aware that any deterioration in their condition needs immediate assessment.
- 6** Immunotherapy toxicities are unlikely to resolve spontaneously, even when the drug is stopped. Treatment, usually with high dose steroids, is often required.
- 7** If you are concerned a patient has immunotherapy toxicity, contact your local immunotherapy advice line. Patients will often have the number on a medication alert card.
- 8** People may receive immunotherapy for several years. Patients should continue to have all non-live vaccinations as normal but avoid on the day of treatment.
- 9** People receiving immunotherapy often live with uncertainty — how long will they be on treatment? Will they develop toxicities? What happens if the drugs stop working? Prognosis is very difficult to estimate in someone who has started immunotherapy. An understanding of the psychological impact of cancer and its treatment is really important. Screening for anxiety and depression and referral for further emotional and psychological support for the patient and their loved ones may be needed.
- 10** We know regular exercise, a healthy lifestyle and a varied high fibre diet can help improve treatment outcomes in patients receiving immunotherapy.

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