

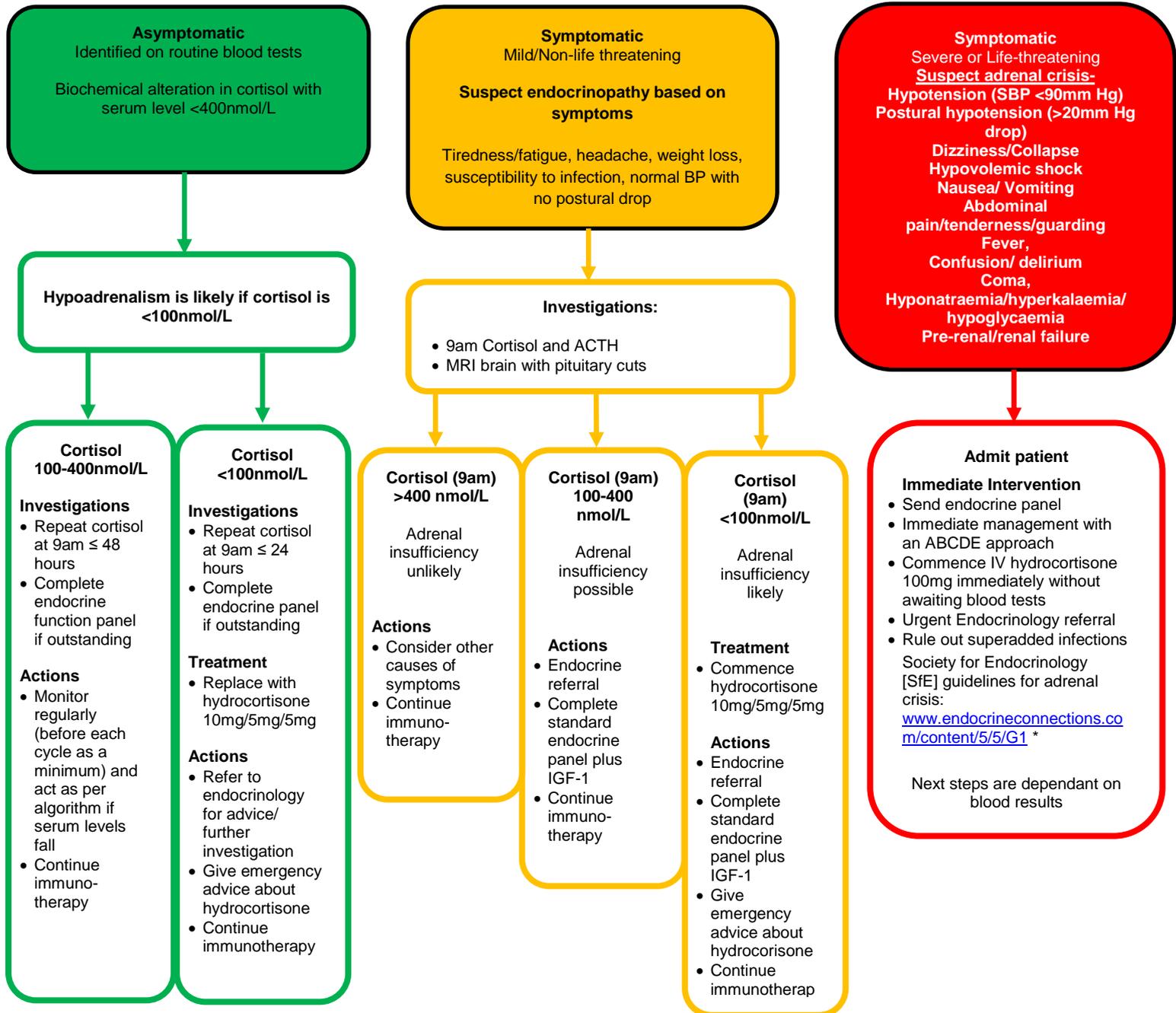
Immune-Related Adverse Event: Endocrinopathies- Adrenal Crisis

Immunotherapy has been causatively associated with a number of endocrinopathies that may present with nonspecific symptoms, which may resemble other causes such as brain metastasis or underlying disease.

Endocrine function panel:

U&E, LFT, TSH, Free T4, free T3, ACTH, LH, FSH & cortisol (between 9-11am if possible), prolactin, blood glucose +/- testosterone/oestrogen

CAUTION If the patient is on steroids (prednisolone/dexamethasone) then serum cortisol will likely be suppressed – please discuss with endocrinology team before commencing replacement



Emergency advice regarding hydrocortisone is outlined in the **SfE guidance***

If thyroid function is also compromised within a hypopituitary picture ensure cortisol is replaced prior to commencement of thyroid replacement (for which the grade 1 hypothyroidism guidelines should be instituted)

Interrupt SACT immunotherapy until discussed with Acute Oncology team. Please contact on-call oncology/haematology team for advice. Ensure that Acute Oncology/Haematology team are informed of admission