

Dear Colleague,

\_\_\_\_\_ has been put under the following immuno-oncology drugs:  
(Mr./Mrs. Name, Family name)

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Immuno-oncology therapy may increase the risk of immune-related toxicities, which may be life-threatening and require urgent management.

These adverse events are different from those encountered with standard chemotherapy or targeted therapy, and can occur during or following treatment.

Any organ system is at risk including, but not limited to:

- Lungs (pneumonitis, pleuritis, sarcoidosis)
- Gastrointestinal (colitis, ileitis, pancreatitis)
- Liver (hepatitis)
- Skin (rash, Stevens-Johnson syndrome)
- Endocrine (hypophysitis, adrenal insufficiency, hypo/hyperthyroidism, type 1 diabetes mellitus)
- Renal (interstitial nephritis)
- Blood (hemolytic anemia, thrombocytopenia, neutropenia)
- Neurologic (encephalitis, Guillain-Barré syndrome, meningitis, myasthenia gravis, neuropathy)
- Musculoskeletal (myositis, arthritis)
- Cardiovascular (pericarditis, myocarditis, vasculitis)
- Ophthalmologic (uveitis, scleritis, episcleritis, conjunctivitis, retinitis)

Management of immune-related toxicities requires prompt coordination with a medical oncologist and may require **initiation of high dose corticosteroids**.

Referral to the appropriate subspecialty may be required.

For further information or in case of emergency, please contact: \_\_\_\_\_

Name of Oncologist/Oncology Nurse/Cancer Centre: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Thank you for assisting in the care of this patient.