Sandya Subramaniam
Clinical Oncology Trainee, University of Malaya, Kuala Lumpur

Metastatic Melanoma with Pneumonitis
Disclosure of Interest

 Nil
Madam YKL, 49 year old lady with underlying Hypertension and Hepatitis B on lamivudine

Presented with altered bowel habit + per rectal bleeding

Colonoscopy showed a polypoidal tumour arising from the anal canal, protruding into rectum, with black discolouration over most of the tumour

Biopsy of anal tumour- **Malignant Melanoma**

CT Thorax, Abdomen, Pelvis – anorectal tumour with liver, nodal (abdomen + pelvis) and lung metastases

Started on IV Pembrolizumab 200mg, recycle 3 weekly
On Day 10 post cycle 1, she was admitted and subsequently intubated for respiratory distress.

She was started on IV Methylprednisolone and broad spectrum antibiotics.

CTPA – no PE, no significant disease progression, non specific ground glass opacities.

After consultation with Chest physician, she was started on Antithymocyte immunoglobulin (rabbit) x 3 days.

She was extubated 3 days later and started on tapering dose of oral prednisolone.
Due to persistent headache and dizziness, a Contrast Enhanced CT Brain was done showing multiple brain metastases and she was given Whole Brain Radiotherapy.
4 weeks after that she was restarted on IV Pembrolizumab and continued uninterrupted for 6 cycles so far with good clinical response.
Points for discussion

- Follow up protocol for patients on immunotherapy
- Timing of IO related pneumonitis
- How long to continue oral steroids
- Role of resuming immunotherapy after a Grade3-4 irAE