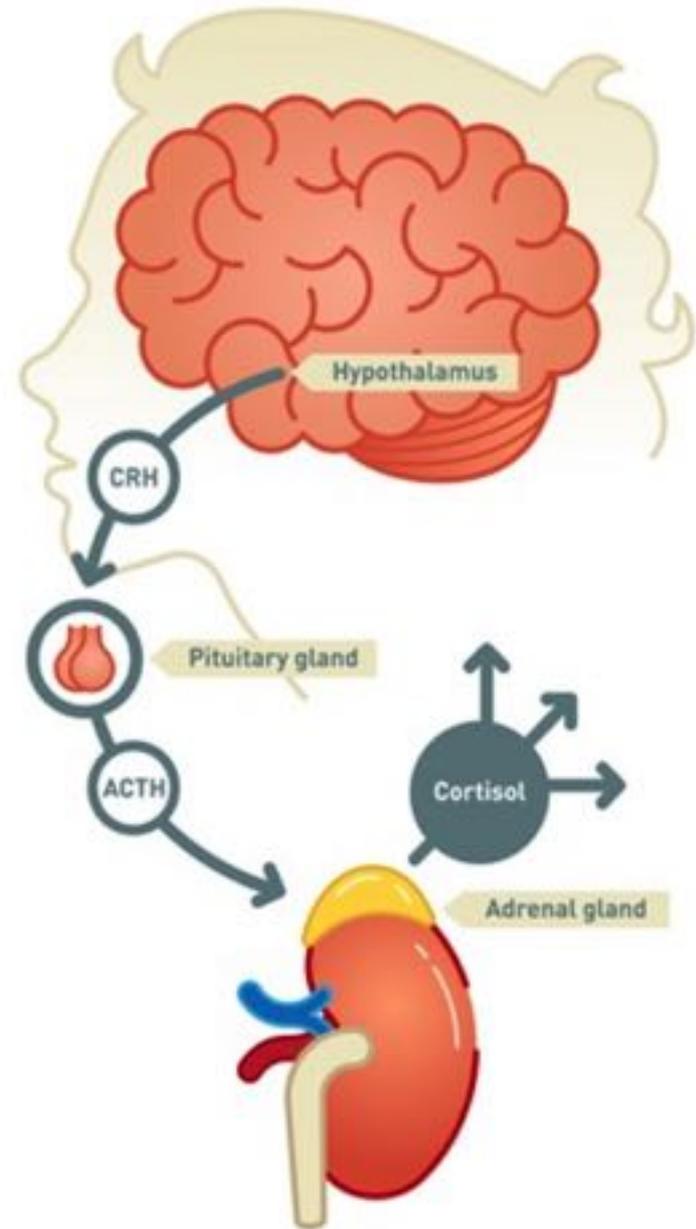


HIPOFISITIS

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R2-Endocrinología y Nutrición



Varón 65 años

**AP: Exfumador
e hipotiroidismo
subclínico**

**Adenocarcinoma de pulmón
estadio IV (febrero 2017)**

Quimioterapia

HIPOFISITIS SECUNDARIA A INMUNOTERAPIA CON INSUFICIENCIA SUPRARRENAL AISLADA

TRATAMIENTO:
HIDROALTESONA 20
MEJORÍA CLÍNICA

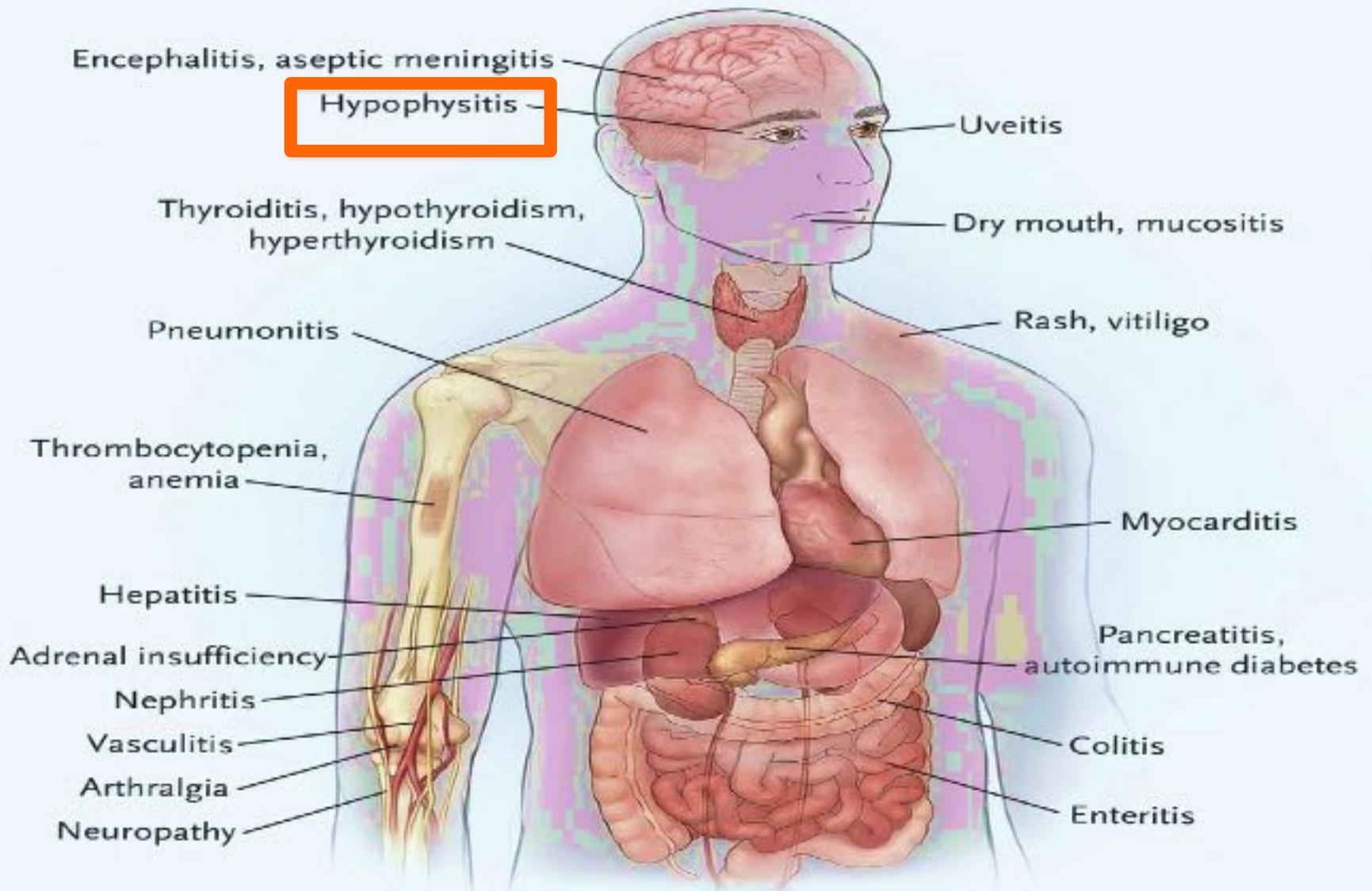
de masa ni
alteración
intracraneal

Avances en inmunoterapia

Table 1. Immune check point inhibitors and their Food and Drug Administration approved indications

Category	Drug	FDA approved indications
Anti-CTLA4	Ipilimumab [6,7*]	Unresectable or metastatic melanoma, Adjuvant therapy for high-risk melanoma [8]
	Tremelimumab [9]	Activity in malignant mesothelioma (not FDA approved) [9]
Anti-PD1	Nivolumab [10*]	Unresectable or metastatic melanoma, metastatic metastatic NSCLC, advanced RCC [11] Refractory classical Hodgkin lymphoma, locally advanced or metastatic urothelial carcinoma, recurrent or metastatic HNSCC [12]
	Pembrolizumab [13]	Metastatic melanoma [11], PDL1 positive metastatic NSCLC, recurrent or metastatic HNSCC, refractory classical Hodgkin lymphoma [12]
	Pidilizumab (Medivation, Inc. San Francisco, CA USA) [14]	Activity in DLBCL (not FDA approved) [14]
Anti-PDL1	Atezolizumab (Genentech, Inc. South San Francisco, CA USA) [15*]	Metastatic NSCLC, locally advanced or metastatic urothelial carcinoma [12]
	Avelumab (EMD Serono, Inc. Rockland, MA, USA) [16*]	Metastatic Merkel cell carcinoma [12]
	Durvalumab (AstraZeneca. Cambridge, England) [17]	Locally advanced or metastatic urothelial carcinoma [12]

CTLA4, cytotoxic T lymphocyte antigen-4; DLBCL, diffuse large B-cell lymphoma; FDA, Food and Drug Administration; HNSCC, head and neck squamous cell carcinoma; NSCLC, nonsmall-cell lung cancer; RCC, renal cell carcinoma.



HIPOFISITIS SECUNDARIA A INMUNOTERAPIA

- Complicación potencialmente mortal
- Incidencia variable 1-17%
- **SOSPECHA CLÍNICA**
- Más común con la terapia **anti-CTLA4**
- La combinación de varias terapias aumenta la frecuencia y severidad de las endocrinopatías.

LA AUSENCIA DE SIGNOS
RADIOLÓGICOS NO
INVALIDA EL
DIAGNÓSTICO

HIPOFISITIS SECUNDARIA A INMUNOTERAPIA

SÍNTOMAS:

Derivados de las deficiencias hormonales y del efecto de masa

APARICIÓN:

Durante el periodo de tratamiento
Tras suspender tratamiento

Hipotiroidismo central e hipogonadismo hipogonadotropo

- Transitorio

Insuficiencia suprarrenal

- Permanente

Table 2. Grading System of Specific Endocrine Toxicities as Defined by the National Cancer Institute CTCAE, Version 5.0 (148)

Endocrine Toxicity and Definition	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Hypophysitis: A disorder characterized by inflammation and cellular infiltration of the pituitary gland	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local, or noninvasive intervention indicated; limiting age-appropriate instrumental ADL ^a	Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL	Life-threatening consequences; urgent intervention indicated	Death
Hypopituitarism: A disorder characterized by a decrease in production of hormones from the pituitary gland	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local, or noninvasive intervention indicated; limiting age-appropriate instrumental ADL ^a	Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of existing hospitalization indicated; limiting self care ADL ^b	Life-threatening consequences; urgent intervention indicated	Death
Hypothyroidism: A disorder characterized by a decrease in production of thyroid hormone by the thyroid gland.	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; thyroid replacement indicated; limiting instrumental ADL ^a	Severe symptoms; limiting self care ADL ^b ; hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death
Hyperthyroidism: A disorder characterized by excessive levels of thyroid hormone in the body. Common causes include an overactive thyroid gland or thyroid hormone overdose.	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Symptomatic; thyroid suppression therapy indicated; limiting instrumental ADL ^a	Severe symptoms; limiting self care ADL ^b ; hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death
Hyperglycemia: A disorder characterized by laboratory test results that indicate an elevation in the concentration of blood sugar. It is usually an indication of diabetes mellitus or glucose intolerance.	Abnormal glucose above baseline with no medical intervention.	Change in daily management from baseline for a diabetic; oral antidiabetic agent initiated; workup for diabetes	Insulin therapy initiated; hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death
Adrenal insufficiency: A disorder characterized by the adrenal cortex not producing enough of the hormone cortisol and in some cases, the hormone aldosterone. It may be due to	Asymptomatic; clinical or diagnostic observations only; intervention not indicated	Moderate symptoms; medical intervention indicated	Severe symptoms; hospitalization indicated	Life-threatening consequences; urgent intervention indicated	Death

Incidence (%)

hypophysitis
incidence of
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incidence of
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/ and meta-
illustration

Fig. Multidisciplinary Care of the Patient Receiving Immunotherapy



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CONCLUSIONES

El uso de inhibidores del punto de control pueden relacionarse con **toxicidad endocrinológica**

Las endocrinopatías más frecuentes son **hipofisitis y disfunción tiroidea**

Alto índice de **sospecha**

Diagnóstico y tratamiento **precoz**

No contraindican el uso de la inmunoterapia

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MUCHAS GRACIAS

