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Delayed Asymptomatic ICI-Related Colitis in Renal Cancer

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Clinical Image

A 47-year-old male patient with metastatic clear cell renal cells carcinoma with sarcomatoid features underwent a restaging CT scan while on second-line systemic treatment with Sunitinib. The disease had already spread to lungs, bones, muscles and right adrenal gland.

The patient received first-line treatment with Immune-Checkpoint-Inhibitors (ICI), Nivolumab and Ipilimumab, which were discontinued around 8 months earlier because the development of severe (Grade 3 according to CTCAE v5.0) immune mediated hepatitis. This occurrence was treated and resolved with high dose steroids. The CT scan showed a progressive disease on the right adrenal gland and a pathological thickening of the ascending colon (Figure A). A pancolonoscopy was performed (Figure B) and the biopsy showed severe chronic active inflammation in keeping with inflammatory bowel disease (IBD)-like colitis [1]. The patient was completely asymptomatic; he did not report any past medical history of IBD or recent bowel issues. Stool sample with cultures ruled out an infectious issue.

According to the aforementioned findings, a diagnosis of immune-checkpoint inhibitors related- colitis was therefore made. Sunitinib was discontinued and the patient was started on high dose steroids with a 6-weeks titration period [2, 3]. After 8 weeks, the repeated pancolonoscopy and biopsy described a dramatic improvement of the overall picture.

A further line of treatment for kidney cancer was considered.

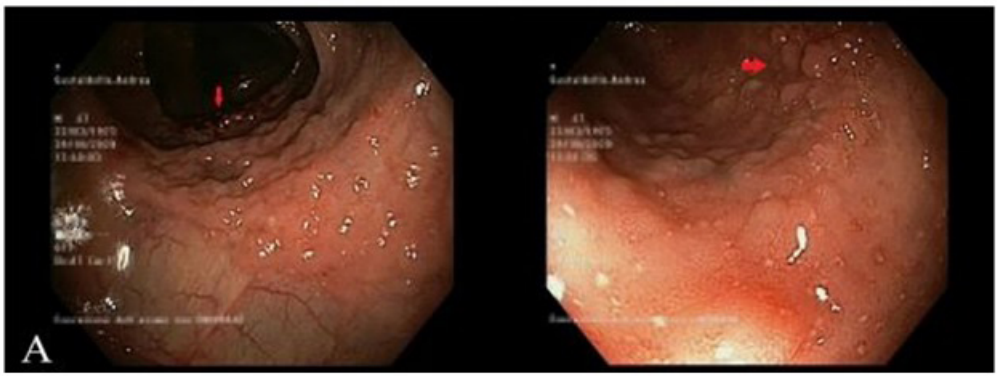

Figure A: Pathological thickening of the ascending colon

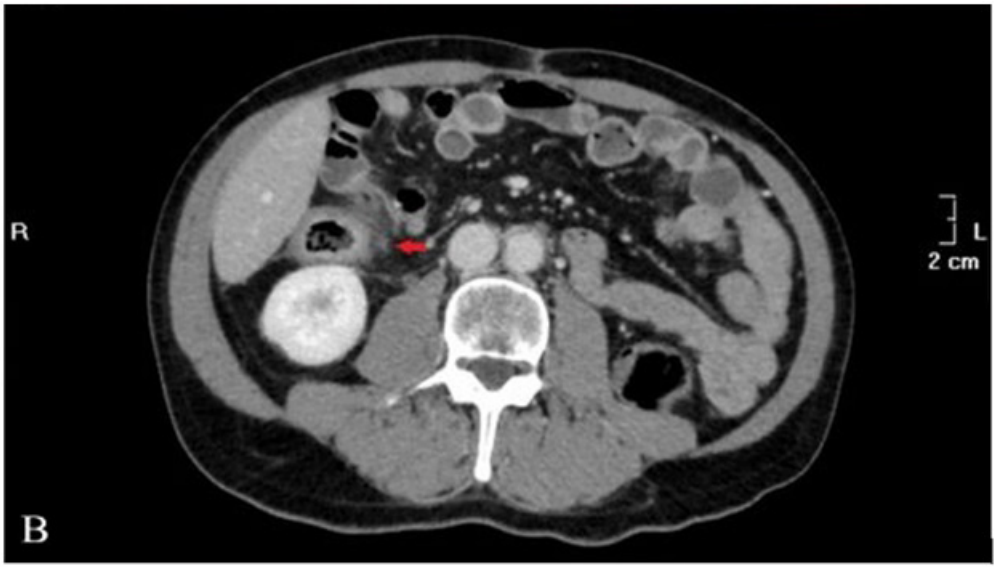

Figure B: chronic active inflammation

Symptomatic colitis is one of the most common side effects associated to ICI therapies. It usually occurs after 6 weeks of treatment. Late (i.e. within 3 months) post-discontinuation ICI-related colitis is not usual and very late post-discontinuation ICI-related colitis are extremely rare [4].

Nevertheless, this diagnosis should be taken into consideration in the differential diagnosis of unexplained and/or asymptomatic colitis in patients who were exposed to immunotherapies.

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