



Toxicity management in severe and refractory cases – what we have learned

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In this issue of the *Magazine of European Medical Oncology (MEMO)*, we provide a series of articles summarizing data and discussing illustrative patient cases concerning the management of adverse events across oncological indications and affected organ systems.

Drs. Scheiner and Pinter present a case of immune-related hepatitis and dermatitis in a patient with hepatocellular carcinoma treated with nivolumab [1]. Based on this case report, they discuss the incidence and time of onset of immune checkpoint inhibitor (ICI)-associated autoimmune hepatitis, the choice of immune-modulating medication, and the implications for patient outcome.

Dr. Wass et al. discuss ICI-associated pneumonitis, a relatively rare immune-related adverse event, which may however substantially endanger patient's quality of life and survival prognosis [2]. The authors provide a concise review on the topic and present a case report that illustrates the clinical management of ICI-associated pneumonitis.

Dr. Bergler-Klein reviews contemporary guidelines for prevention and treatment of cardiotoxicity from oncological therapies [3]. The article provides an overview of recommended strategies for baseline individual risk assessment, cardiovascular surveillance, echocardiography and blood-based biomarkers. In addition, a case vignette is discussed.

Finally, *Drs. Wolf and Scherer* summarize aspects on the clinical management of endocrine immune-related adverse events including thyroiditis, hypophysitis, diabetes mellitus, primary adrenal insufficiency and primary hypoparathyroidism [4].

Overall, the current collection of articles provides insights and clinically relevant information on adverse event management in oncological practice that may help to improve patient outcomes.

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