

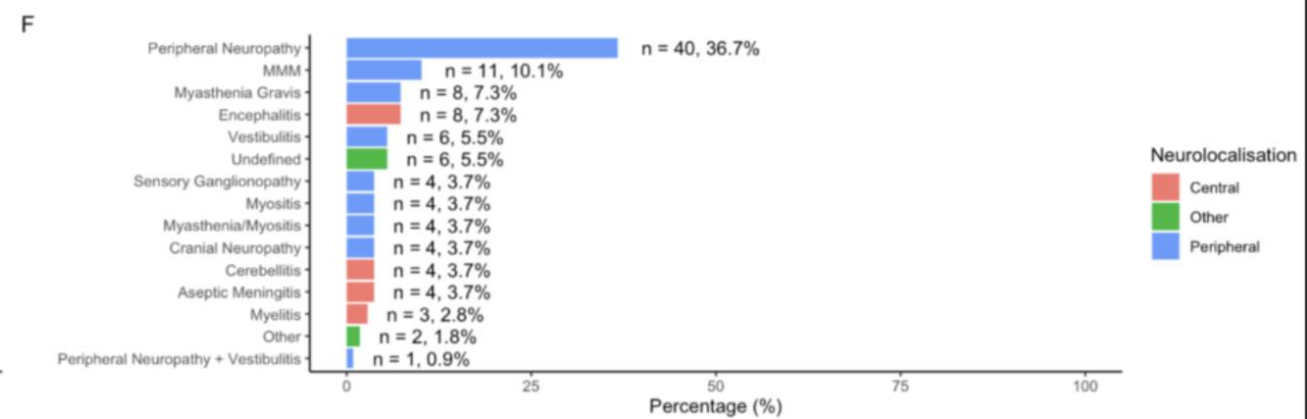
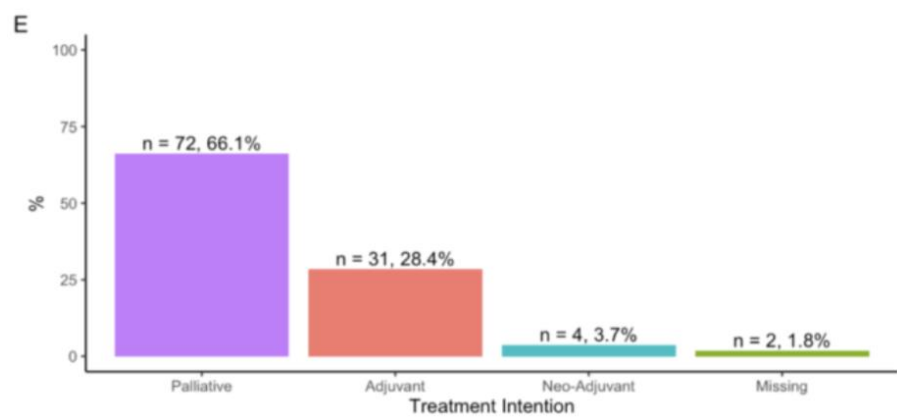
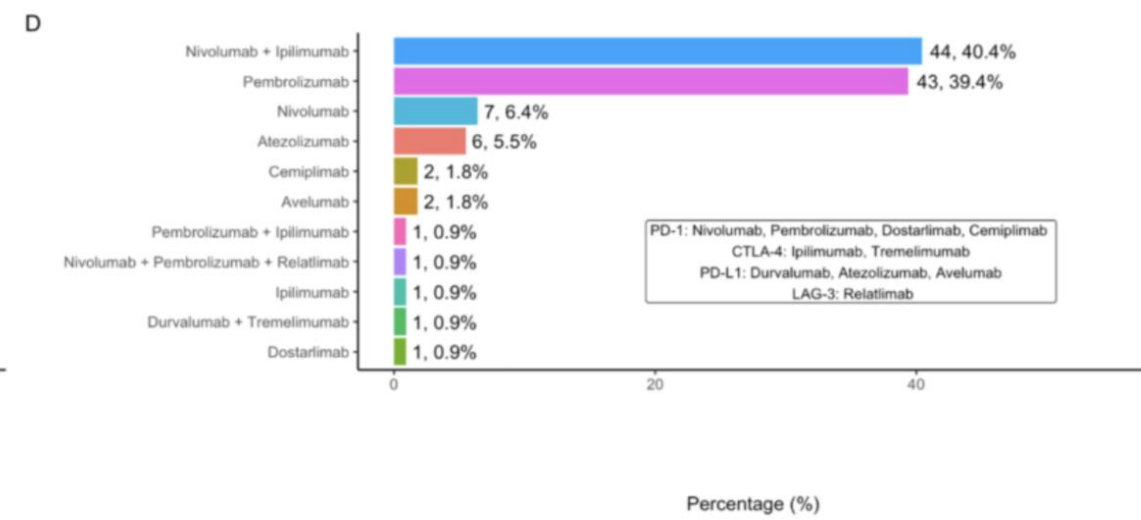
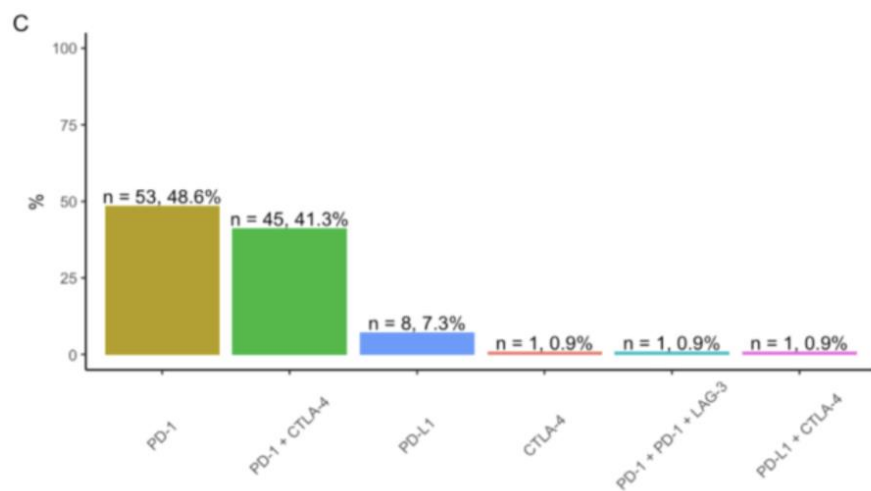
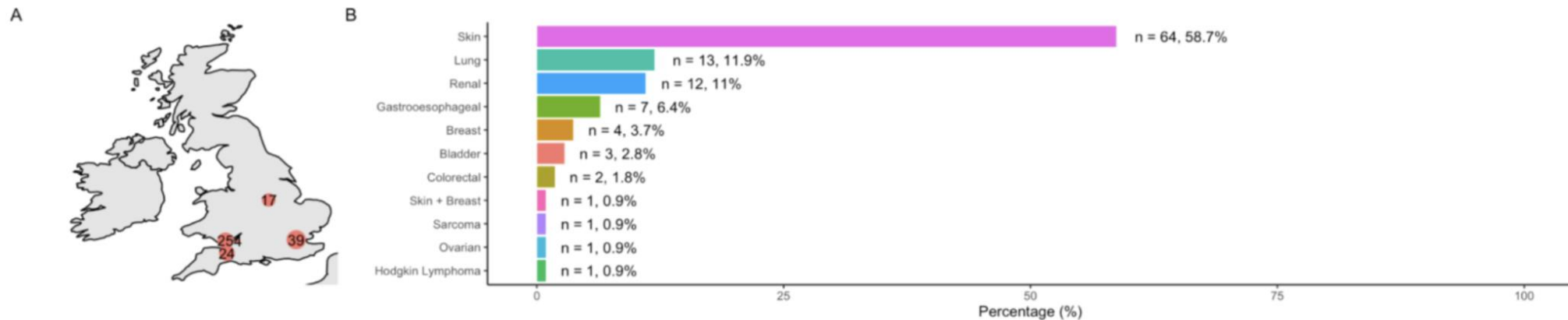
N-irAE case series & 3MERLIN

Dr Ben Schroeder (Neurology ST4 & WCAT Fellow)

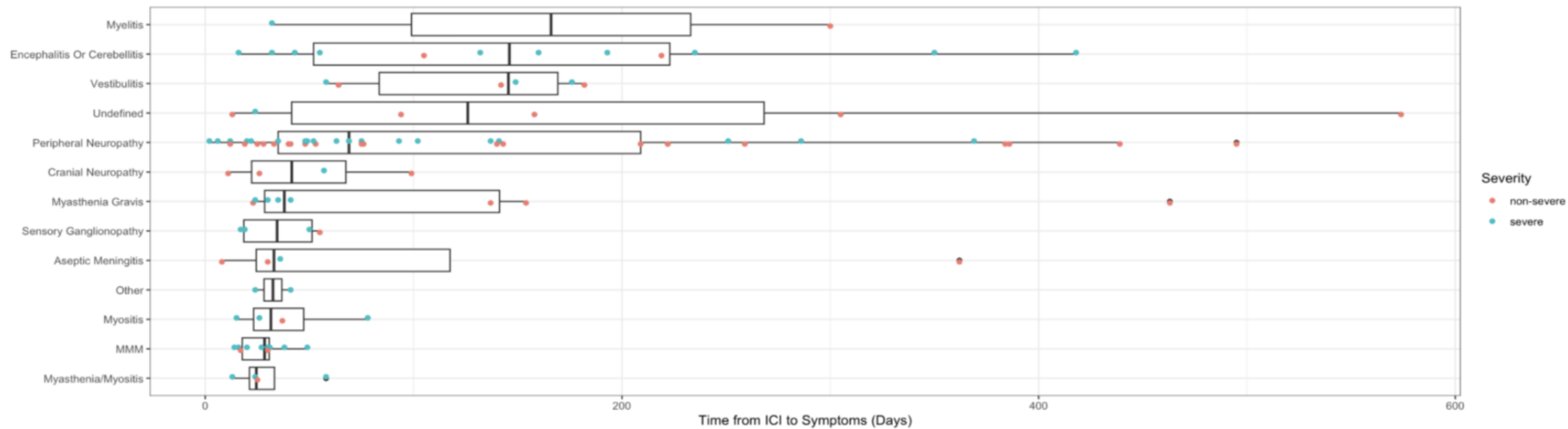
Dr Mark Willis (Consultant Neurologist)

N-irAE case series

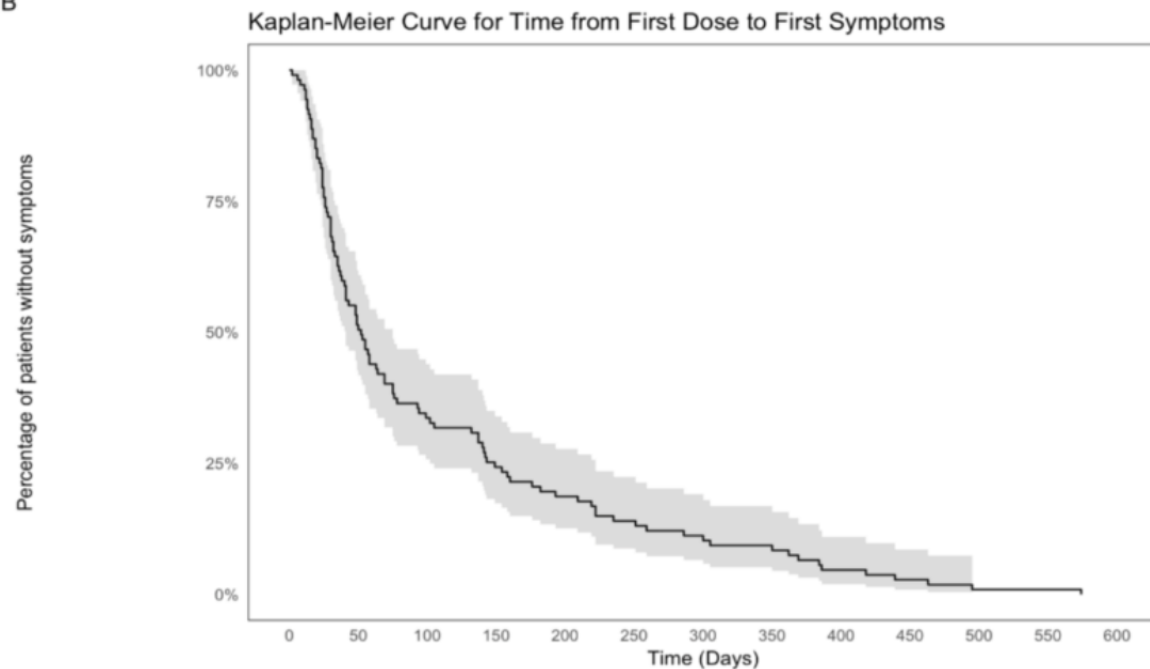
- Minor revisions submitted to *Cancers* journal
- N = 109, 5 centres
- Oncologist *ONLY* n = 22
- Neurologist *AND* oncologist, n = 87



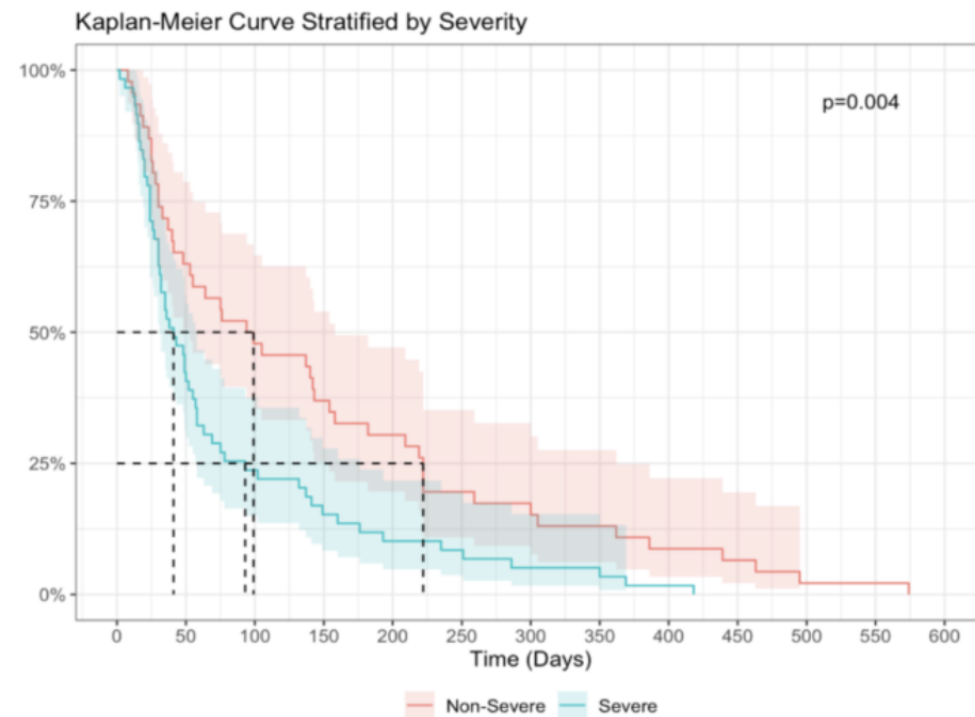
A



B



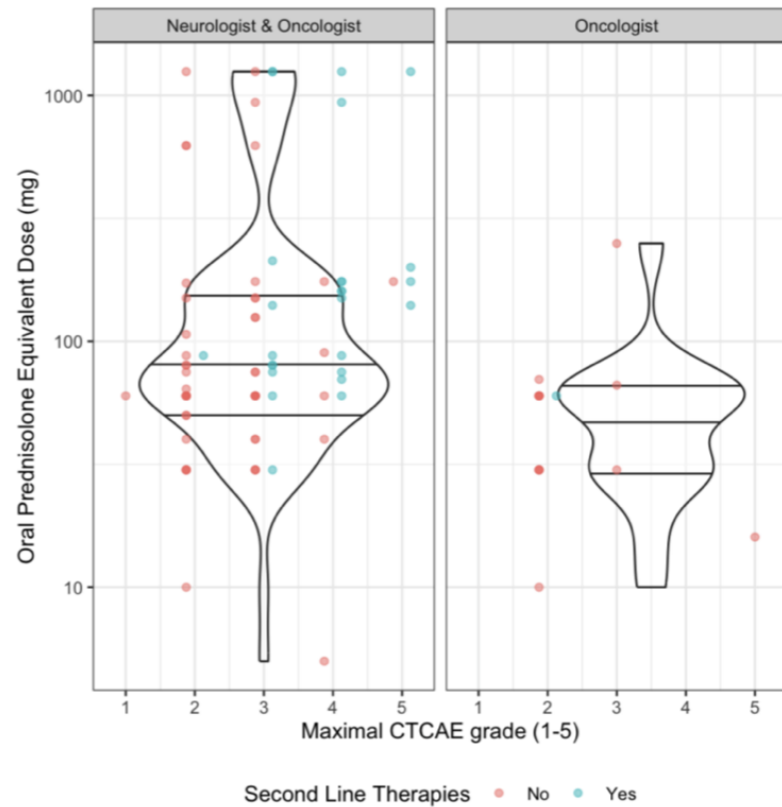
C



Neurologist AND oncologist vs Oncologist ONLY

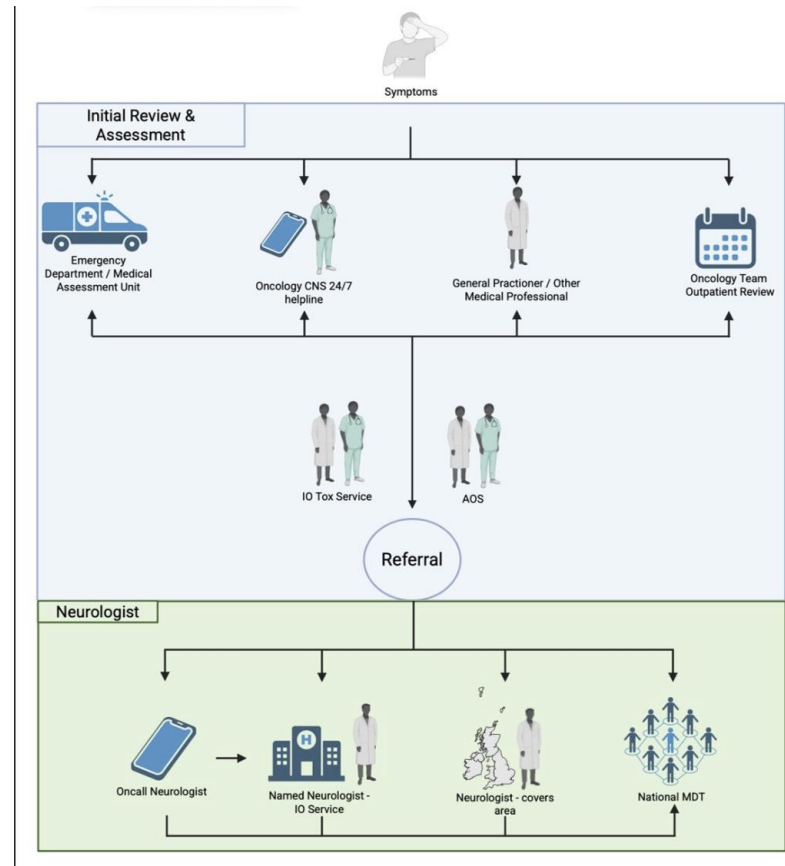
- Referral
 - Younger age (67.2 vs 72.8)
 - CNS > PNS
 - More severe (CTCAE)
- Investigations
 - MR, LP, neurophysiology (e.g. NCS/EMG)

Neurologist AND oncologist vs Oncologist ONLY



- Treatments
 - Steroids – more frequent and at higher doses with Neurologist involvement
 - IVIg – only with Neurologist
 - PLEX – 12/13 had Neurologist
- Steroid co-prescribing
 - Bone protection (54.4% vs 16.7%)
 - PPI (92% vs 71.4%)
 - PJP prophylaxis (92% vs 71.4%)

Case-series – models of care



Related London Cohort diagnoses

- N = 102
- 2019 – 2023
- 63.7% ***non-immune*** related neurological diagnoses
- Broad range of conditions:
 - e.g. migraine,
 - diabetic neuropathy,
 - SACT complications (e.g. taxane related peripheral neuropathy)

N-irAE case series – conclusions

- Associations with referral to a Neurologist
 - Younger age, higher severity (CTCAE), central localisation
- Associations with Neurologist's input
 - Higher steroid doses, more likely to have IVIg/PLEX, biologics
 - More likely to have had MR, LP, neurophysiology
- Benefits of Neurologist's input
 - Diagnosis –
 - update of diagnosis in 63.7% of London cohort
 - Management –
 - with knowledge of analogous autoimmune condition
- Suggestions
 - More standardised referral and pathways

3MERLIN - 3M Epidemiology, Registry founding, and Laboratory INsights



Closing

- **N-irAE Case-series**
 - Minor revisions
 - Need to develop pathways/guidelines for referral
- **3MERLIN**
 - Call for collaboration

Thanks – any questions/comments?

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