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Summary

Drug-induced liver injury: new treatment strategies

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Mechanisms & Personalised Medicine | Hepatobiliary

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The speaker reported that immune checkpoint inhibitors now cause almost one-third of drug-induced liver injury cases in European registries and presented evidence that up to 70% of patients with grade 3 hepatitis improved without immunosuppression in a prospective Barcelona study, challenging current oncology guidelines that recommend steroids for all.

KEY POINTS

- In the Barcelona prospective study, patients with grade 3 and 4 checkpoint inhibitor hepatitis were observed for three days before liver biopsy, and almost 70% of those who would typically receive IV methylprednisolone improved without any immunosuppression.
- Retrospective data showed high-dose steroids do not improve biochemical remission compared to low-dose but increase infection and hospitalization risk three-fold, and in a UK cohort of 535 cases almost 1 in 5 steroid-treated patients experienced adverse events including seven cases of sepsis with five deaths.
- Around 2% of checkpoint inhibitor liver injury cases develop cholangiopathy with MRCP changes, respond poorly to steroids, and the speaker recommends ursodeoxycholic acid as safer than immunosuppression for this phenotype.
- The speaker recommends waiting seven days if there is no jaundice or coagulopathy before starting treatment, and suggests 40 mg oral prednisolone as a reasonable starting dose rather than high-dose IV steroids.
- About 50% of patients in the UK cohort were re-challenged with immunotherapy, predominantly monotherapy, with a recurrence rate of around one-quarter managed conservatively or with oral steroids, and no cases progressed to worse outcomes.
- Hepatologist involvement within the first week was associated with better biochemical response in one American study, and the speaker emphasized the importance of multidisciplinary collaboration between hepatologists and oncologists.

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