

CYTOKINE RELEASE SYNDROME FOLLOWING NIVOLUMAB IN A PATIENT WITH METASTATIC GASTRIC ADENOCARCINOMA: A RARE AND RECURRENT IMMUNE-RELATED ADVERSE EVENT IN A SOLID TUMOUR CONTEXT

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Poster

Oesophagus

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An 86-year-old woman with metastatic gastric adenocarcinoma developed suspected checkpoint inhibitor-related cytokine release syndrome after nivolumab and FOLFOX chemotherapy, with symptoms resolving after nivolumab discontinuation.

KEY POINTS

- Following both the third and fourth cycles of nivolumab plus FOLFOX chemotherapy, the patient developed acute systemic illness within 24 hours, characterised by acute confusion, fever, lymphadenopathy, pronounced leukocytosis with neutrophilia ($WCC > 30 \times 10^9/L$), elevated C-reactive protein ($> 200 \text{ mg/L}$), and acute kidney injury requiring hospital admission.
- Comprehensive septic screens including blood, urine cultures, and viral PCR panels were negative, and the second reaction occurred without the patient having taken G-CSF.
- Checkpoint inhibitor-related cytokine release syndrome was considered the most likely diagnosis based on consistent temporal association with nivolumab administration and complete resolution of severe systemic symptoms following nivolumab discontinuation from the fifth cycle onwards.
- Chemotherapy was continued at reduced dose (75% FOLFOX) and was well tolerated without recurrence of systemic inflammatory episodes.
- This case may be relevant to clinicians managing elderly patients with solid tumours receiving PD-1 inhibitors in combination with chemotherapy.

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