

## Mo1318 Ipilimumab Colitis: A GETAID Multicentric Study

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**BACKGROUND:** Ipilimumab (ipi), an anti-CTLA4 monoclonal antibody developed in the treatment of melanoma, provokes immune-mediated colitis in 21% of treated patients. The aim of this study was to describe characteristics and outcomes of ipi-induced colitis (IC).

**METHODS:** From June 2011 to October 2012, patients from 5 French hospitals with an IC were included in a retrospective database. Clinical, endoscopic, histopathological data and outcomes were registered.

**RESULTS:** 18 patients were enrolled, 12 were male, the median age was 65 years (29-80). 16 patients had melanoma, 2 had prostate carcinoma. 7 immune disorders prior to ipi infusions were found in 6 patients. The median number of ipi infusions was 3 (1-8). Clinical characteristics of IC were: diarrhea (94%), abdominal pain (94%), hematochezia (61%), tachycardia (50%), vomiting (44%), and fever (44%). Median body weight loss was 8% (0-18%). One patient had colonic obstruction and another had anal fistulae with abscess. Median CRP was 100mg/l (6-622), median albumin was 24g/l (14-39) and median faecal calprotectin was 4208mg/g (932-12900). No patient had serum ASCA or ANCA. Stools searches for bacterial pathogens and C Difficile toxin were negative. One patient had an oral ulceration and another one had oesophageal ulceration. All patients had partial colonoscopy and 13 underwent ileocolonoscopy: 23% had ileitis, 86% had involvement of the right colon and 69% had pancolitis. 78% of patients had endoscopic ulcerations, 56% had a patchy distribution. Histopathological analyses of endoscopic biopsies showed mucosal inflammation with mononuclear cells infiltration, crypt dystrophy, cryptic abscesses and mucosal ulceration. No granuloma was observed. One patient had subtotal villus atrophy and intense mucosal inflammation on duodenal biopsies; anti-transglutaminase antibody and HLA DQ2/DQ8 were negative. 16 patients received steroids with a median dose of 65mg (40-120). Complete or partial responses of the IC occurred in 5 and 8 patients, respectively. 3 patients received infliximab (IFX) as 2nd line therapy. 1 had complete response and 2 had partial response. 8 responders relapsed: 6 had a new course of steroids and 4 had IFX (3 responded). Overall, 7/18 patients (39%) required IFX. 2/18 (11%) patients underwent colectomy because of perforation. 1 had total colectomy and 1 had partial colectomy but underwent total colectomy 24h later because of sepsis and severe colitis. Both patients had severe post-operative complications. No patient died of IC.

**CONCLUSION:** IC shares numerous characteristics with Crohn's disease (patchy distribution of inflammation, ileal and perianal involvement). Severe IC might require IFX (39%) or subtotal colectomy (11%) after steroid failure. Close collaboration between ipi prescribers and gastroenterologists is required for optimal management of IC.