

KCMS TOXICITY CHECKLIST

For Early Recognition and Management of Immunotherapy and Targeted Therapy Side Effects

Purpose: Support oncology teams in identifying, documenting, and managing treatment-related toxicities during every patient visit.

General Guidance

- **Assess before each cycle:** Ask about new or worsening symptoms.
- **Document grade (CTCAE v5.0) for all reported effects.**
- **Act early:** Mild toxicities can progress rapidly without intervention.
- **Collaborate:** Engage specialists (GI, pulmonary, dermatology, ophthalmology) as needed.

Skin & Mucosal

- **Common:** Rash, itching, mucositis
- **Assess:** Extent (% body surface area)
- **Action:** Grade 1-2 → topical steroids, antihistamines; Grade ≥3 → hold therapy, start systemic corticosteroids

Pulmonary

- **Common:** Cough, dyspnea, new infiltrates
- **Assess:** Pulse oximetry, chest imaging
- **Action:** Grade 1 → monitor; Grade ≥2 → hold therapy, initiate corticosteroids, pulmonary consult

Gi / Hepatic

- **Common:** Diarrhea, abdominal pain, elevated LFTs
- **Assess:** Frequency, stool count, AST/ALT/bilirubin
- **Action:** Grade 1 → hydration, diet adjustments; Grade ≥2 → hold therapy, start prednisone 1-2 mg/kg/day, GI consult

Neurologic

- **Common:** Numbness, tingling, weakness, headaches
- **Associated with:** ADCs, checkpoint inhibitors
- **Action:** Grade 1 → monitor closely; Grade ≥2 → hold therapy, neurology referral, dose reduction if persistent

Ocular

- **Common (with ADCs):** Dryness, pain, blurred vision, redness
- **Action:** Start lubricating eye drops with first dose
- **Grade ≥2 → hold therapy, ophthalmology evaluation**

Endocrine

- **Common:** Fatigue, weight change, mood swings
- **Check:** TSH, cortisol, glucose
- **Action:** Replace deficient hormones: Continue immunotherapy if clinically stable

When to Pause or Stop Therapy

- **Hold:** Any Grade 2+ toxicity not improving within 7 days
- **Discontinue:** Grade 3+ toxicity affecting vital organ function
- **Rechallenge:** Only after full resolution and multidisciplinary review

Quick Tip

Post this checklist in every exam room or infusion chair for rapid team reference.

Sources: NCCN Guidelines: Cervical Cancer, 2025;
ASCO Immunotherapy-Related Toxicity Management Guidelines, 2024.