## Atezolizumab

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### Drug-induced immune haemolytic anaemia: case report

A 73-year-old man developed drug-induced immune haemolytic anaemia (DIIHA) during treatment with atezolizumab for lung adenocarcinoma.

The man, who had stage 4 lung adenocarcinoma, had received initial treatment with eight cycles carboplatin/pemetrexed and stereotactic radiosurgery for brain metastases. Thereafter, he started receiving second-line atezolizumab [*route and dosage not stated*] for 29 cycles within the previous two years. This was well- tolerated though levothyroxine was started for immune-induced hypothyroidism. Laboratory tests showed haemoglobin of 58 g/L, WBC count of $10.6 \times 10^9$ /L, platelet count of $387 \times 10^9$/L, increased reticulocytes, decreased bilirubin and increased LDH. Blood film revealed spherocytes and polychromasia. The monospecific direct anti-globulin test was positive for immunoglobulin G (IgG). Subsequently, a diagnosis of AIHA secondary to atezolizumab was made [*duration of treatment to reaction onset not stated*].

The man's treatment with atezolizumab was stopped, and he was admitted and received blood transfusion and prednisolone. The Hb level elevated one month following the presentation. Subsequently, after three months, he was readmitted due to COVID-19 infection. He died due to severe COVID-19 pneumonitis four months following the presentation.

Chambers BS, et al. Atezolizumab-induced autoimmune haemolytic anaemia caused by drug-independent antibodies. European Journal of Cancer 162: 158-160, Feb 2022.
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