# The curious case of thyroid dysfunction and the Musgrove Park Hospital monoclonal antibody

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### INTRODUCTION

- Alemtuzumab was the first humanised monoclonal antibody. It is used in haematological malignancies and multiple sclerosis.
- It is associated with secondary autoimmune adverse effects including Graves' disease, hypothyroidism, Goodpasture's

### **Other Investigations:** Anti TPO antibodies- positive at 65 IU/ml (0-8) •Anti TSH Receptor antibodies positive at > 40 U/I (<1.8)

Levothyroxine was increased to 100 mcg/d, patient now doing well.

N = S

## THE CASE

A 46-year old male

- **Background:** Relapsing remitting multiple sclerosis July 2011.
- 2 relapses on  $\beta$ -IFN-1a.
- Rx: Alemtuzumab infusion 12 mg for 5 days (12/08/12)
- 12 months later 12 mg for 3 days (12/08/13)
- No family history of autoimmune disease

### No dysthyroid symptoms

- Deranged thyroid tests on regular monitoring 25 months after last infusion
- **Examination:** Pulse 68/min, regular
- No goitre or neck nodules
- No peripheral or eye signs of Graves' disease

| Adverse effects | Care MS I & II Trials <sup>1</sup> |                   |                   |                   |
|-----------------|------------------------------------|-------------------|-------------------|-------------------|
|                 | Alemtuzumab 12mg                   |                   |                   |                   |
|                 | Year 1<br>(n=811)                  | Year 2<br>(n=810) | Year 3<br>(n=772) | Year 4<br>(n=731) |
| Hyperthyroidism | 1.2%                               | 4.1%              | 11.9%             | 6.0%              |
| Hypothyroidism  | 1.7%                               | 2.7%              | 4.9%              | 2.7%              |
| Thyroiditis     | 0.7%                               | 1.5%              | 1.9%              | 1.4%              |

### DISCUSSION

1. The incidence of thyroid dysfunction associated with

| Date & Drug Treatment                | TSH (mu/l,<br>0.34-5.6) | FT3 (pmol/l,<br>3.8-6.0) | FT4 (pmol/l,<br>7.9-20.0) |
|--------------------------------------|-------------------------|--------------------------|---------------------------|
| 26/03/15                             | 2.69                    |                          |                           |
| 28/07/15                             | 0.93                    |                          |                           |
| 28/07/15<br>Carbimazole 20 mg/d      | 0.18                    | 28.9                     | 54.0                      |
| 25/09/15<br>Carbimazole 5 mg/d       | 0.15                    | 4.2                      | 10                        |
| 03/11/2015<br>Levothyroxine 50 mcg/d | 75.8                    | 3.6                      | 4.6                       |
| 24/12/2015                           | 7.5                     | 5.0                      | 12.5                      |

- Alemztuzumab can be up to 36%<sup>2</sup>.
- 2. Mechanism of autoimmunity: profound lymphopenia and raised IL-21 levels increase cell cycling, leading to self reactive T-cells. 3. A range of thyroid disorders can be associated with Alemtuzumab - Graves' disease, thyroiditis, subclinical thyrotoxicosis and hypothyroidism<sup>3</sup>.
- 4. Patients can have no symptoms, as in our case, so regular monitoring is essential.
- 5. Anti-thyroid drugs, radioiodine treatment and surgery have all been used successfully in this condition<sup>4</sup>.

### Take Home Messages

- Alemtuzumab causes autoimmune thyroid dysfunction in about 30% cases
- Regular monitoring of thyroid tests following Alemtuzumab are

#### REFERENCES

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