Belgian Association of Dermato-Oncology

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TARGETED THERAPIES
&
THEIR CUTANEOUS TOXICITIES

Consensus guidelines for skin toxicity

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EGFR inhibitors

Monoclonal antibodies

- Cetuximab (Erbitux®)
- Panitumumab (Vectibix®)

Oral tyrosine kinase inhibitors

- Erlotinib (Tarceva®)
- Gefitinib (Iressa®)
- Lapatinib (Tyverb®)
- Afatinib (Giotrif®)

General preventive measures

- sun protection
- measures for skin hydratation
- loose-fitting shoeware and cotton socks

General preventive measures

- sun protection:

- Avoid intense sun (2 hours before and after noon (12 till 4pm)
- Use physical protection of the skin with suitable clothing
- Apply a strong sunscreen (SPF 30-50) on sun-exposed areas
- Limit the total dose of UV on the skin

General preventive measures

- measures for skin hydratation

- Reduce washing frequency
- Avoid hot water
- Adapted soaps: fatty soap, shower/bath oil
- Use emolliens / nutrient cream
  e.g. ureum 1% in cetomacrogol cream or in cold cream

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EGFR inhibitors

Papulopustular eruption

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EGFR INHIBITORS: papulopustular eruption

Epidemiology

- > face, upper trunk (V shape)
- majority of patients
- more pronounced in monoclonal antibodies than in TKIs
- negative impact on the quality of life

- within 2 weeks from start of therapy
- peaks after 4-6 weeks with gradual decrease afterwards

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EGFR INHIBITORS: papulopustular eruption

Preventive measures

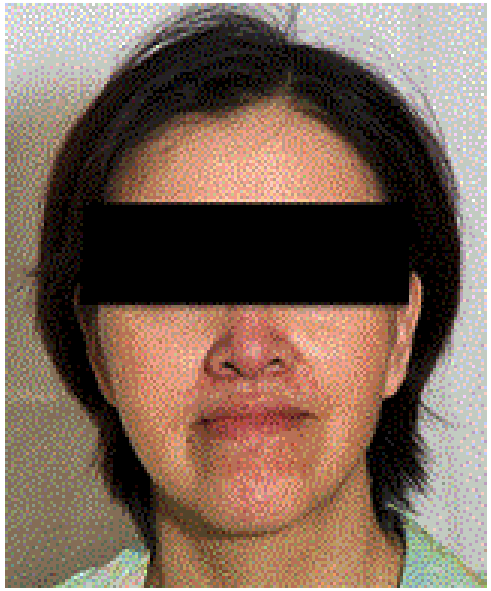
- prescription for early* start of treatment skin toxicity

* Early is defined as starting on day 1 of treatment or starting at the earliest signs of skin toxicity

Clinical presentation and management

GRADE 1 (mild)

Mild eruption
No symptoms
No impact on ADL*



* ADL: activities of daily living

Clinical presentation and management

GRADE 1 (mild)

TREATMENT

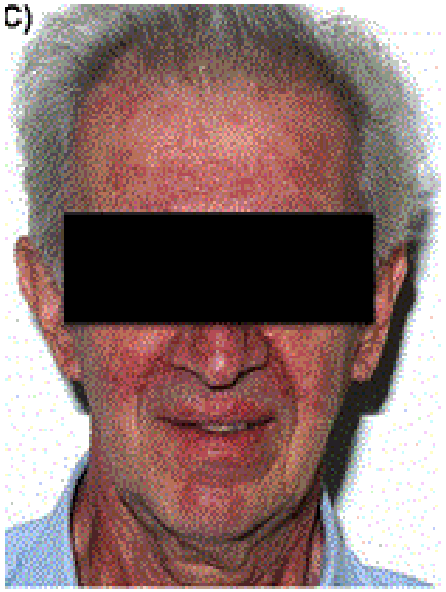
Topical
- Metronidazole cream 1/d
Rozex® cream or emulsion, Rosaced®, Nidazea®

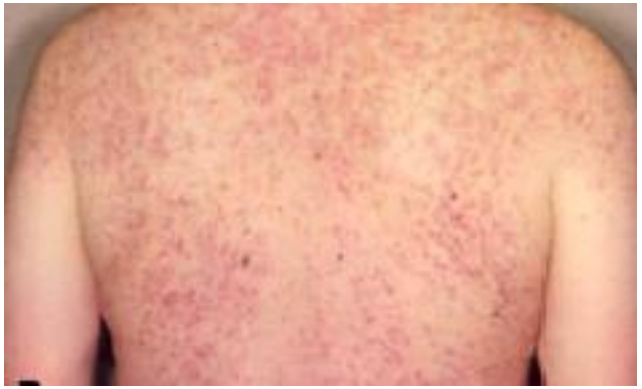
Systemic
- Tetracyclin antibiotics
minocyclin 1x100mg/d
lymecycline 1x300mg/d
or
- postpone to grade 2

Clinical presentation and management

GRADE 2 (moderate)

Moderate eruption
Some symptoms mainly itch
Minor impact on ADL*





* May affect instrumental ADL, no effect on self-care

Clinical presentation and management

GRADE 2 (moderate)

TREATMENT

Topical
- Metronidazole cream 1/d
Rozex® cream or emulsion, Rosaced®, Nidazea®
- Corticoid: mild or moderate potent

Systemic
- Tetracyclin antibiotics
minocyclin 1 to 2x100mg/d
lymecycline 1 to 2 x300mg/d

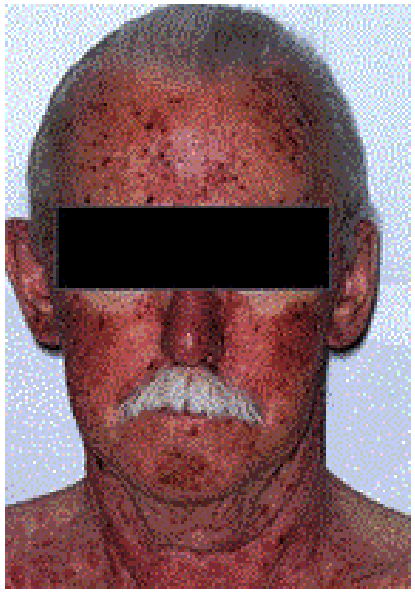
Symptomatic
antihistamin (older antihistamines stronger itch reducing effect but more sedation)

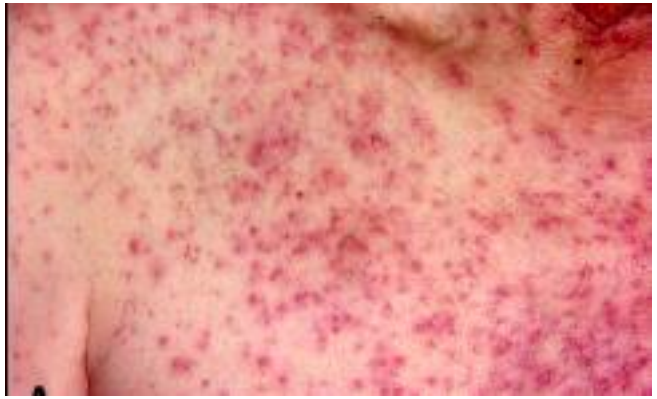
Re-evaluate after 2 weeks – if not better refer to dermatologist

Clinical presentation and management

GRADE 3 (severe)

Severe eruption
Severe symptoms
Major impact on ADL*





* Affects ADL both instrumental and self-care

Clinical presentation and management

GRADE 3 (severe)

TREATMENT
Refer to dermatologist

Topical
- Corticoid: moderate potent

Systemic
- Tetracyclin antibiotics
minocyclin 2x100mg/d; lymecycline 2x300mg/d
or
-Isotretinoin 20-30mg/d

Symptomatic
antihistamin (older antihistamines stronger itch reducing effect but more sedation)

If not reacting on therapy consider dose delay

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EGFR inhibitors

Xerosis / Eczema

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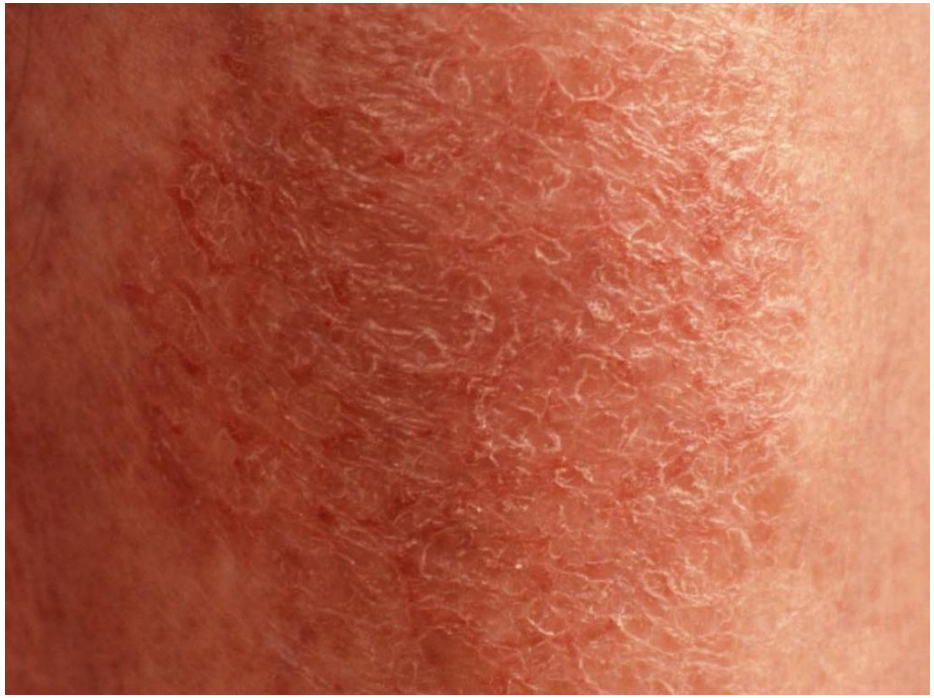
EGFR INHIBITORS: xerosis / eczema

Epidemiology

- may affect whole skin
- affects quality of life: itch
- starts from 4 to 8 weeks after treatment initiation

EGFR INHIBITORS: xerosis / eczema

Clinical presentation



Management xerosis

- measures for skin hydratation

- Reduce washing frequency
- Avoid hot water
- Adapted soaps: fatty soap, shower/bath oil
- Use emolliens / nutrient cream
  e.g. ureum 1% in cetomacrogol cream or in cold cream

Management Eczema

Use corticoid cream on areas of eczema:

Face: mild to moderate corticoid
Body: moderate to potent corticoid

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EGFR inhibitors

Paronychia

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EGFR INHIBITORS: paronychia

Epidemiology

- starts from 8 weeks after treatment initiation
- mainly involving big toes

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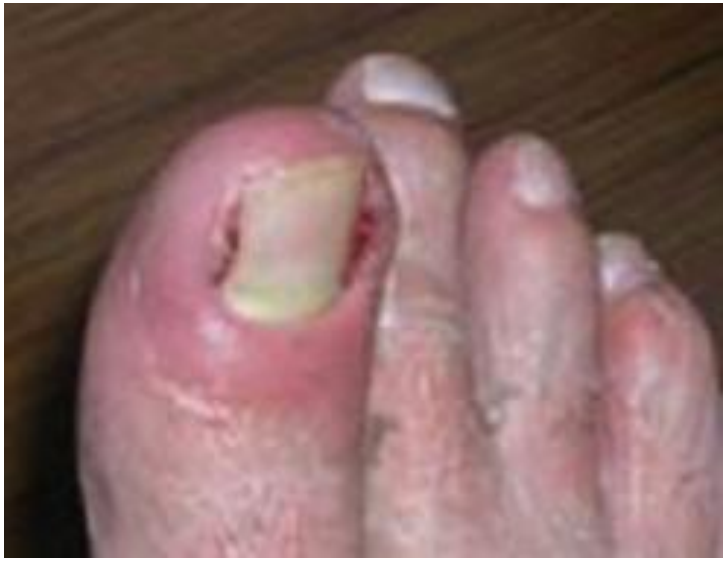
EGFR INHIBITORS: paronychia

Clinical presentation



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EGFR INHIBITORS: Paronychia

Preventive measures

- Cotton socks
- Adapted shoeware: loose-fitting

EGFR INHIBITORS: Paronychia

Management

- Antiseptic baths e.g. chlorhexidin, Isobetadin
- Local: ultrapotent corticoid
- Systemic: NSAID (short time), tetracyclines

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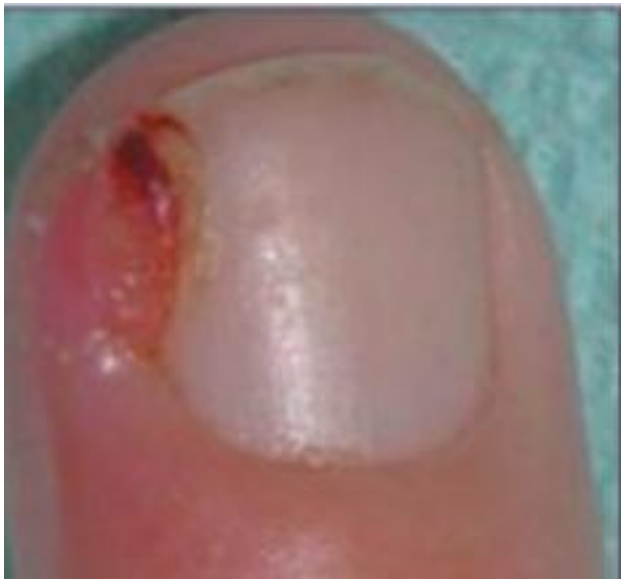
EGFR INHIBITORS: granuloma pyogenicum

Clinical presentation



EGFR INHIBITORS: Granuloma pyogenicum

Management

- local silver nitrate
- curettage