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PRACTICAL RECOMMENDATIONS FOR DRUG TREATMENT OF DERMATOLOGICAL REACTIONS IN PATIENTS RECEIVING ANTITUMOR DRUG THERAPY

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Abstract:

Various dermatological reactions may develop during drug therapy of tumors. Skin toxicity may be accompanied by symptoms such as pain, causing additional suffering to patients; when localized on open areas of the skin, it is perceived by many as an unsightly appearance, which significantly worsens their quality of life. Dermatological reactions are caused by many targeted drugs. Most often, dermatological reactions are caused by epidermal growth factor receptor (EGFR) inhibitors, this is a class effect of all such drugs associated with the inhibition of EGFR physiological signals in the skin. Also, skin toxicity can be caused by a number of antitumor chemotherapy drugs. Alopecia is typical for most cytostatic drugs.

Keywords: maintenance therapy, chemotherapy, targeted therapy, acne-like rash, pruritus, dry skin, cracked skin, paronychia, palmar-plantar syndrome, LPS, EGFR

INTRODUCTION

Acne-like rash is the most common adverse event with the use of EGFR inhibitors. For cetuximab and erlotinib, a direct correlation was found between the severity of the process and overall survival of patients. Acne-like rash develops first when prescribing EGFR inhibitors, often accompanied by itching and pain. Usually, after 2-4 months of therapy with an EGFR inhibitor, the intensity of the rash decreases. Acne-like rashes are represented by papular elements (non-cavity skin formations, elevated above the surface of the skin, less than 5 mm in diameter) and pustules (cavity skin formations, elevated above the surface of the skin, the cavity of which contains pus). Acne-like rash usually appears on the skin of the middle third of the face, scalp, upper chest and back. When EGFR inhibitor therapy is stopped, the rash resolves completely within 4 to 6 weeks without leaving scars [1].

MATERIALS AND METHODS

The NCI-CTCAE classification is used to determine the severity of acneiform rash (Table 1). Different EGFR inhibitors are characterized by different intensities of rash.

Table 1. NCI-CTCAE V. 4.03 acneiform rash severity grades

Degree 1	Degree 2	Degree 3	Degree 4
Papules and/or pustules, body involvement < 10%; with or without pruritus or tenderness	Papules and/or pustules; 10–30% of body involvement; with or without pruritus or soreness; negative psychological effects; activity limitation	Papules and/or pustules; >30% body involvement; with or without pruritus or tenderness; limited self-care; local superinfection possible	Papules and/or pustules; any body area affected; associated with widespread superinfection requiring IV antibiotic therapy; life-threatening consequences

RESULTS AND DISCUSSION

The first symptom, appearing in the first 2-3 weeks of therapy, is an acne-like papulopustular rash, often accompanied by itching and burning, less often by pain, hyperemia and swelling. Later (after 2-4 months of therapy) the intensity of the rash usually decreases and the leading symptoms become paronychia, cracks in the skin, xerosis (dryness) of the skin and associated skin itching.

A patient information leaflet is available on the rosoncoweb.ru website in the "Library" section [2].

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• All patients receiving EGFR inhibitor therapy are advised to use sunscreens and hats, and limit sun exposure, as sunlight may exacerbate any potential skin reactions.
• Patients should apply moisturizers and sunscreens (with sun protection filter: SPF> 20 (protection from UVB radiation) and PPD> 1 / 3 SPF (protection from UVA radiation) to exposed areas of the skin (face, arms, legs, neck, back and chest) every morning [3].
• During treatment, it is necessary to avoid injuries, contact with aggressive reagents (soap, detergents and cleaning agents, etc.).
• If possible, avoid makeup and trimmed manicure.
• Shaving is not contraindicated, electric razors are not recommended.
• It is recommended to wear loose and comfortable clothes and shoes, use cotton underwear.
• It is recommended to limit water procedures.
• Preventive drug therapy begins the day before or on the day of administration / administration of the drug.
If grade 1–2 rash develops during EGFR inhibitor therapy with adequate prophylaxis, EGFR inhibitor therapy should be continued, topical hydrocortisone should be discontinued, moisturizers and sunscreens should be continued (Table 4), and topical antibacterial therapy should be prescribed (Table 5). In case of severe facial swelling and itching, a combination drug containing a corticosteroid and an antibacterial component, pimecrolimus or tacrolimus, should be prescribed twice daily. If grade 3–4 rash develops, EGFR inhibitor therapy should be discontinued until grade 1–2 rash subsides. Consultation with a dermatologist is recommended. Continue prophylactic therapy for acne-like rash (Table 4) and prescribe therapy with a topical antibacterial agent and doxycycline if the patient has not received it before (200 mg for the first day, then 100 mg twice a day, Table 5). Dose reduction of EGFR inhibitors when resuming therapy should be carried out according to the instructions for each drug. In some cases, it is possible not to interrupt therapy with an EGFR inhibitor for grade 3 rash (more than 30% of the body surface), if it is not accompanied by a significant decrease in quality of life [4].
If the patient develops furuncles or carbuncles against the background of acne-like rash, the following is recommended:
• Consultation with a surgeon.
• Systemic antibiotic therapy (Table 5) (reserve drugs: cephalosporins, fluoroquinolones).
• Antibiotic ointment (Table 5).
• Salt compresses: 100 g of rock or sea salt per 1 liter of water at room temperature or body temperature. Duration 15 minutes, 2-3 compresses 3 times a day, for several days. Do not cover with cellophane or low-permeability fabric. Re-apply the antibiotic ointment after each compress.
• If superinfection occurs, it is recommended to conduct a bacteriological examination and systemic antibiotic therapy based on the results of the bacteriological examination.
• If superinfection occurs, it is recommended to conduct a bacteriological examination and systemic antibiotic therapy based on the results of the bacteriological examination. When skin cracks develop, it is recommended to:
• Antiseptics.
• To treat infected cracks, use an antibiotic ointment or panthenol 5%, 9%.
Treatment of paronychia
• Local therapy: chlorhexidine, erythromycin ointment, hydrocortisone cream + neomycin + natamycin for daily use.
• Systemic therapy: doxycycline.
• Nonsteroidal anti-inflammatory drugs can be used as symptomatic therapy.
• In case of suppuration, severe symptoms, consultation with a surgeon is recommended.
• In case of superinfection, bacteriological examination and systemic antibiotic therapy are recommended based on the results of bacteriological examination.

CONCLUSION

Given the significant fear of patients about alopecia, the lack of prevention and therapy, patients should be informed about alopecia, the reversibility of alopecia, and psychologically prepared for hair loss. It is advisable to give the patient advice on wearing a wig and headwear before hair loss. Patient communities can play a positive role.

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