### Management Pathway for Chemotherapy Induced Skin Reactions

Skin rash can be a side effect of:

- **Chemotherapy and non-chemotherapy drugs**: Drug rashes are usually mild, widespread red rashes with no other symptoms; Rash is particularly frequent and severe with EGFR antagonists e.g. oral TKIs erlotinib/lapatinib or iv antibodies e.g. panitumumab/cetuximab. Rashes can occur with 5-FU/capecitabine/sunitinib (if only palms and soles then see hand foot syndrome guideline).
- **Radiotherapy**: Radiation toxicity.
- **Graft Versus Host Disease** in a patient who has undergone allogeneic bone Marrow transplant.
- **Illnesses or infection** e.g. shingles, chicken pox, impetigo, cellulitis, allergic reaction.

### Skin Rash Toxicity Grading (Different Grading for EGFR inhibitors):

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<thead>
<tr>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
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<tbody>
<tr>
<td>Scattered macular or papular eruption or erythema that is asymptomatic</td>
<td>Scattered macular or papular eruption or erythema with pruritis or other associated symptoms</td>
<td>Generalised symptomatic macular, papular or vesicular eruption</td>
<td>Exfoliative dermatitis or ulcerating dermatitis</td>
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Refer to Acute oncology team.

**Encourage:**
- Good fluid intake
- Avoid hot baths/tight clothes
- Wear sun block, hat and avoid sun exposure
- Use mild soaps/cleansers/detergents
- Wear hypoallergenic make-up and moisturiser (alcohol free, hypoallergenic)
- Take anti-histamines
- Apply topical creams/lotions e.g. E45 ® or Diprobase ®

General advice as for grades 1 and 2 and Analgesia

Interrupt treatment until discussed with the acute oncology team/patient oncology team

Consider early appointment in oncology clinic

General advice as for Grades 1 and 2 and Analgesia

Stop treatment until discussed with the acute oncology team/patient oncology team

Organise dermatology review

Consider hospital admission for support and further assessment or urgent oncology clinic.
Management of patients admitted with skin rashes:

Identify: All patients within 6/52 of chemotherapy who are at risk of disease related immunosuppression or have a history of bone marrow transplant. These patients are often also myelosuppressed and are at risk of:
- Neutropenic fever and sepsis
- Thrombocytopenia due to reduced marrow production or marrow infiltration
- Graft versus host disease in a patient who has undergone allogeneic bone marrow transplant.
If present, these conditions should be managed according to approved guidelines.

Observations: Temperature, pulse, blood pressure, respiration rate, O2 saturation.
Early warning score.

Investigations: Urgent Full blood count, U&E, CRP, blood cultures if signs of systemic sepsis.
Swab any areas suspicious of secondary infection from bacteria, viruses or fungi

History to include:
Other chemotherapy toxicities – manage these according to approved guidelines.
Are they on any chemotherapy drugs where skin rash is a commonly-associated and often serious toxicity, for example: ERLOTINIB, GEFITINIB, CETUXIMAB, PANITUMUMAB or CAPECITABINE if so please see specific DRUG INFORMATION SHEET in addition to general guidance and contact the Acute Oncology Team for advice.

Initial management:
- Assessment of fluid balance status - establish IV access if any signs of dehydration or sepsis intravenous fluids according to fluid balance status and renal function.
- Treat any infected lesions as appropriate and adjust antibiotics according to clinical condition, myelosuppression, swab results and local antibiotic guidelines.
- Delineate and record area affected area.
- Check platelet count – rash may be secondary to thrombocytopenia.
- If ulcers: Topical acyclovir for lips/oral acyclovir for herpes infection in mouth. Haematology – consider IV acyclovir.
- If on continuous or oral chemotherapy (e.g. capecitabine or continuous 5-FU) stop/interrupt treatment and discuss with oncology team.
- Contact acute oncology team supervising cancer treatment for further advice.

On-going management:
- Reassess daily (close monitoring of routine observations as at risk of infection).
- Observe for development of sepsis, neutropenia, or other chemotherapy toxicities.
- Fluid balance or daily weights.
- Daily full blood count.
- Dermatology review if concerns/uncertainty of diagnosis.

Ensure general care measures: Good fluid intake Keep area clean and dry Avoid hot baths/tight clothes Mild soaps/cleansers/detergents.

Consider Prescribing: Topical creams/lotions (alcohol free, hypoallergenic e.g. E45) – apply regularly to all affected areas. Anti-histamines if rash causes itchiness. Analgesia if painful (caution with paracetemol/aspirin if risk of neutropenic sepsis). Treat infections according to likely organisms (follow local guidelines)

Inform acute oncology team for further advice to ensure next chemotherapy dose is adjusted

Radiation skin reactions: For further information on Radiation Skin Reactions see separate guidelines.