Rash: Annoying but Prognostic

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Abstract Targeted therapies are commonly utilised in modern oncology practice. Skin toxicity is a frequently encountered problem associated with them. Some of the skin toxicities carry prognostic significance and it is important to identify them. Though annoying, treatment interruption is seldom required.

Keywords Targeted therapy · Rash · EGFR inhibitor · EGFR mutation · KRAS mutation

Clinical Presentation

Case 1. A 58-year-old man underwent palliative chemotherapy after being diagnosed as metastatic carcinoma colon; KRAS mutation reported as wild type. Cetuximab as a targeted therapy was added. After 1st cycle of chemotherapy, he reported to us with painful acneiform lesions over the nose (Fig. 1).

Case 2. A 72-year-old man was diagnosed as EGFR mutation positive metastatic adenocarcinoma of the lung. He was started on targeted therapy with erlotinib. He reported to us with painful papulo-pustular lesions over face and neck after 2 weeks of treatment (Fig. 2).

Fig. 1 Acne like rash over nose and cheek

Fig. 2 Papulo-pustular rash over neck and face

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Diagnosis and Discussion

Case 1. Acneiform like rash is the most commonly seen skin reaction caused by EGFR inhibitors like cetuximab. It is usually seen within 4 weeks of treatment. Rash improves with time but complete resolution occurs only after the EGFR inhibitor treatment is completed. Rash is associated with significantly improved disease response rate and overall survival thus serving as a prognostic marker. Clinical benefit from cetuximab and other EGFR inhibitors (panitumumab) is almost always limited to patients experiencing a grade 2 or 3 skin rash. Moreover, absence of rash after the first month of therapy is virtually incompatible with a clinical response from these agents [1].

Case 2. Erlotinib is another EGFR inhibitor used in lung cancer and is associated with a papulo-pustular rash. Rash

serves as a surrogate marker for response to treatment and improved overall survival [2].

Although the rashes are pruritic and painful, they are easily tolerated with the help of topical moisturisers, antiseptics and topical antibiotics and seldom require a brief period of treatment interruption.

References

1. Abdel-Rahman O, Fouad M (2014) Correlation of cetuximab-induced skin rash and outcomes of solid tumor patients treated with cetuximab: a meta-analysis. *Ann Oncol* 25(4):iv58–iv84
2. Tsimboukis S, Merikas I, Karapanagiotou EM, Saif MW, Syrigos KN (2009) Erlotinib-induced skin rash in patients with non-small-cell lung cancer: pathogenesis, clinical significance, and management. *Clin Lung Cancer* 10(2):106–111