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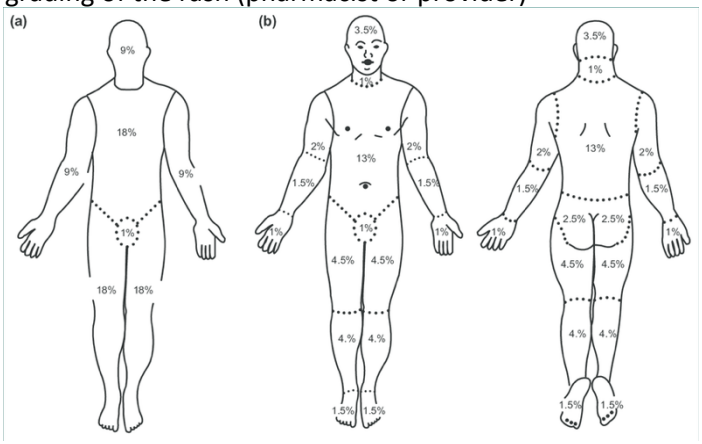
Positive Quality Intervention: Managing Immunotherapy Treatment Related Rash

Description of PQI: Proper prevention and management of immunotherapy related rash is an important intervention for the patient's quality of life and continuation of therapy.

Background: Immunotherapy is increasingly used in cancer treatment; improving outcomes for many patients with melanoma, non-small cell lung cancer, breast cancer, and a growing number of tumor types.[1] Although these agents have a range of adverse effects, the most commonly seen is dermatologic. These dermatologic adverse effects can manifest weeks to months after the first treatment, manifesting as a maculopapular or pruritic rash.[2,3,4] Other potential toxicities skin reactions include but are not limited to: bullous eruptions and Stevens–Johnson syndrome so understanding the difference of these specific skin reactions as well is important.

PQI Process:

- Identify high risk patients – All immunotherapy patients
    - Note – patients may be reluctant to bring up adverse effects that they are experiencing. Ask directly if they have a rash.
- Determine the grading of the rash (pharmacist or provider)



    - Grade 1 – Covers < 10% body surface area or without symptoms. Mild or localized itching.
    - Grade 2 – Covers 10-30% body surface area with or without symptoms. Intense or widespread itching.
    - Grade 3-4 – Covers > 30% body surface area, limiting actives of daily living, severe itching, affects sleep, life threatening or requiring possible hospitalization.

- Recommended appropriate treatment based on grade of rash (additionally discuss therapy to physician/document in EMR) NOTE: Dose reduction of immunotherapy is not a recommended option. View associated NCCN references and sources for further information[4].
    - Grade 1
        - Use fragrance free soaps for bathing and detergents for the clothes
            - Consult with medically integrated team to determine best relief care for patient
        - Topical corticosteroids twice daily
            - Triamcinolone 0.1% lotion or fluocinonide 0.05% cream
    - Grade 2
        - Topical corticosteroids twice daily
            - Triamcinolone 0.1% lotion or fluocinonide 0.05% cream
        - Oral antihistamines or GABA agonists for pruritus
            - Hydroxyzine 10mg tid or gabapentin 300mg tid, pregabalin 50mg tid
    - Grade 3
        - Hold immunotherapy until rash is grade ≤1
        - Oral corticosteroids (prednisone 0.5-1mg kg/day or equivalent) until symptoms are grade ≤1
    - Grade 4
        - Permanently discontinue
        - Consider topical antibiotics in combination with oral retinoids, IV corticosteroids, IM/IV antihistamines, IV Antibiotics and/or hydration

Patient Centered Activities:

- Provide education:
    - Counsel patient on all medications
    - Proper skin care tips and tricks
- Infection Prevention
- Monitor skin
    - Importance of calling provider if rash worsens

References:

1. Thompson JA, Schneider BJ, Brahmer J, et. Al. "Management of IOmmunotherapy-Related Toxicities, Version 1.2019" J Natl Compr Canc Netw. 2019 Mar 1;17(3):255-289. doi: 10.6004/jnccn.2019.0013. Accessed at: https://www.ncbi.nlm.nih.gov/pubmed/30865922
2. "Toxicities Associated with Checkpoint Inhibitor Immunotherapy." *UpToDate*, www.uptodate.com/contents/toxicities-associated-with-checkpoint-inhibitor-immunotherapy#H645515. 23 March 2018
3. Puzanov I, Diaab A, Abdallah K, et. Al. "Managing toxicities associated with immune checkpoint inhibitors: consensus recommendations from the Society for Immunotherapy of Cancer (SITC) Toxicity Management Working Group." J Immunother Cancer. 2017 Nov 21;5(1):95. doi: 10.1186/s40425-017-0300-z.

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Phillips GS, Wu J, Hellmann MD, et. Al. “Treatment Outcomes of Immune-Related Cutaneous Adverse Events.” J Clin Oncol. 2019 Oct 20;37(30):2746-2758. doi: 10.1200/JCO.18.02141. Epub 2019 Jun 19