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. 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. 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 information⁴.

  o 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
  o 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
  o Grade 3
    ▪ Hold immunotherapy until rash is grade ≤1
    ▪ Oral corticosteroids (prednisone 0.5-1mg kg/day or equivalent) until symptoms are grade ≤1
  o 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:
  o Counsel patient on all medications
  o Proper skin care tips and tricks
• Infection Prevention
• Monitor skin
  o Importance of calling provider if rash worsens

References:


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