Skin toxicity

General information regarding Skin toxicty

Skin toxicity is among one of the most common AEs observed with ICPi and usually develops within the first few weeks after treatment initiation. However, serious skin toxicity is rare and usually does not require dose reductions, or treatment discontinuation.
The most frequent skin AEs are rash, pruritus and vitiligo. More rarely, other skin AEs have been reported with checkpoint inhibitors: alopecia areata, stomatitis, xerosis cutis and photosensitivity. Exacerbation of psoriasis has also been anecdotally reported, as well as psoriasiform or lichenoid skin reactions in patients without any history of such skin disease

Symptom Grade

GRADE 1	GRADE 2-4
> 10% Body Surface Area (BSA) Mild Localized Pruritus grade 1	> 10% Body Surface Area (BSA) profound skin infiltration

→ Click here for more detailed management guidelines for grade 2 – 4 low to high risk skin toxicity

Management escalation pathway

GRADE 1	GRADE 2-4
Perform anamnesis, clinical assessment, and basic lab tests as outlined under 1. Apply local therapy (topical ultra-high and high potency corticosteroids) Prescribe second-generation antihistamines Continue ICPI and monitor	Perform anamnesis, clinical assessment, and basic lab tests as outlined under 1 Apply local therapy (topical ultra-high and high potency corticosteroids) and prescribe second generation antihistamines Continue ICPI and monitor

↓ Resolved to grade 0 or remain grade 1 with good tolerance

↓ Worsened to grade > 2: see management guidelines for grade > 2

Withold administration of ICPI. Perform anamnesis, clinical assessment, lab tests. Consult dermatologist and proceed with further work up based on multidisciplinary consultation
(e.g. biopsy, swaps, serological tests)

Abbrevations:

AE = adverse event
ICPI = immune checkpoint inhibition
BSA = body surface area