



**FIGHT
COLORECTAL
CANCER**

SKIN TOXICITY

FIGHT COLORECTAL CANCER

Melissa Bahr
Stage III fighter

SKIN TOXICITY

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ABOUT FIGHT COLORECTAL CANCER

Fight Colorectal Cancer envisions victory over colon and rectal cancers. We raise our voice to empower and activate a community of patients, fighters and champions to push for better policies and to support research, education and awareness for all those touched by this disease.

DISCLAIMER

The information and services provided by Fight Colorectal Cancer are for general informational purposes only and are not intended to be substitutes for professional medical advice, diagnoses or treatment. If you are ill, or suspect that you are ill, see a doctor immediately. In an emergency, call 911 or go to the nearest emergency room. Fight Colorectal Cancer never recommends or endorses any specific physicians, products or treatments for any condition.



WHAT IS SKIN TOXICITY?

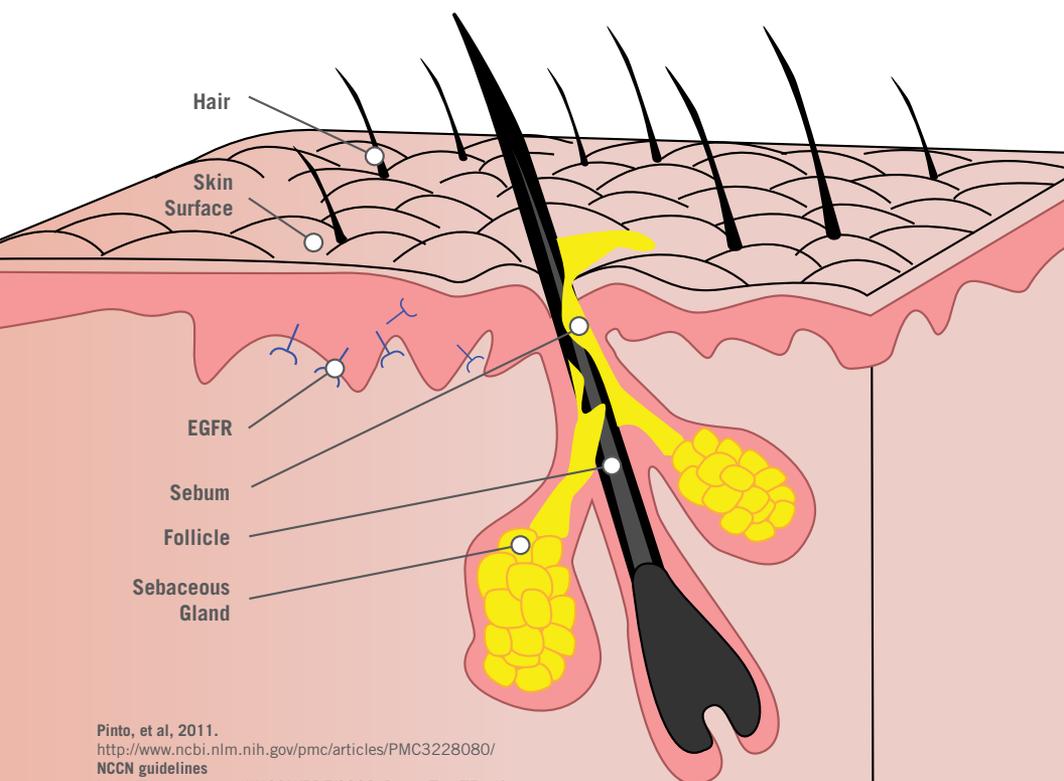
EPIDERMAL GROWTH FACTOR Receptors (EGFRs) are located on cells and receive signals that let them know when it's time for the cells to grow and divide. The goal of an EGFR-inhibitor (EGFR-i) for cancer treatment is to slow cancer cell growth by blocking the cell's EGFR from receiving the signal to grow. EGFR-i, such as cetuximab (Erbix®) and panitumumab (Vectibix®), are associated with increased survival for some colorectal cancer patients, which is great! However, the skin—specifically, the epidermis

(outer layer), hair follicles and oil-producing glands—has more receptors than other organs and can be affected by the treatment. This side effect is skin toxicity. It is also known as skin rash, chemo rash, and EGFR rash.

While not all patients being treated with an EGFR-inhibitor will experience skin toxicity, studies suggest that 90% of those treated with cetuximab or panitumumab will experience it to some degree. Sometimes when the skin rash presents, it can be a sign that the treatment is working. ►

Skin toxicity can show up in the following ways:

- Itchy skin
- Pimple-like bumps on face, neck and chest
- Sore, tight sensation on face, neck, scalp and chest
- Cracks along the skin
- Changes in hair texture and curling of the eyelashes and eyebrows
- Dry, flaky skin on face, neck and scalp
- Infection of the skin around the nail
- Brittle nails, nails that become loose in the nail bed
- Sores in and around the nose and mouth



Pinto, et al, 2011.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3228080/>
NCCN guidelines
https://www.nccn.org/JNCCN/PDF/2009_Derm_Tox_TF.pdf

Skin rash is different for everyone, and dermatologists often categorize the rash into grades I-V, based on severity. This timeline describes the typical presentation of skin toxicity from EGRF-i therapy.



▶ HOW TO MANAGE ITCHY SKIN DURING TREATMENT



Many patients say the most irritating thing about skin toxicity is the sensation. It's often described as tingling, itchy, painful, irritating, tight or burning. Even if the sensations are severe, it's important not to scratch affected areas! Although it seems like an easy way to get rid of the itch, it's not—scratching can aggravate the skin more and lead to infection. Also, hot water will not alleviate these sensations. Avoid hot showers because they remove some of your body's natural oils that keep in moisture. For immediate relief, try a cool compress on the affected area before patting dry and applying moisturizer.

For more tips on management, read the **10 Must Haves for Managing Skin Rash** on page 11 and download our Side Effects Mini Magazine at: FightCRC.org

*Although this Skin Toxicity Mini Magazine is geared towards EGFR rash, it should be noted that other cancer drugs, such as regorafenib (Stivarga®), also have skin toxicity side effects.



NAIL CARE DO'S & DON'TS



- Moisturize hands and feet
- Keep nails short and clean
- Wear sandals or shoes that don't irritate toenails
- Take your own sanitized tools if you go to a salon for a manicure. If you do your nails at home, sanitize your footbath and tools.
- Opt for water-based nail polish and polish remover without harsh chemicals
- Use Krazy Glue® or a liquid bandage to repair cuts around fingers and toes
- Use gloves when doing dishes, cleaning and gardening



- Use fake nails or gel nails. They can damage the nail when removed and can also trap bacteria near the nail or nail bed.
- Bite your nails
- Pull on loose skin around the nails
- Cut or push back cuticles



CAN I STILL WEAR MAKEUP WITH A SKIN RASH?

We asked professional makeup artist Summer Rose to share some insight for makeup use with skin rash.



Summer Rose
Owner of Summer Rose Designs

Q: What beauty advice might you give to patients undergoing treatment?

Summer: Having just been diagnosed with squamous cell carcinoma myself, I'm familiar with sensitive, dry, itchy, sore skin. Makeup should allow you to shine from the inside out! It can lift your spirit. A little self-care can increase your confidence.

Q: What are alternatives to heavy foundation for men and women who want to cover skin rash?

Summer: BB cream (beauty balm or blemish balm) is a light, breathable alternative to foundation. It can moisturize, cover imperfections and even skin tone. My male clients feel completely comfortable wearing it. It's lightweight with just the right amount of coverage—they forget they're even wearing it.

Q: What tips do you recommend?

Summer:

1. Clean your makeup brushes regularly with a brush cleaner
2. Use makeup brands that don't clog pores (non-comedogenic) and that are paraben-free and phthalate-free
3. Cleanse your face daily and use a fragrance-free moisturizer
4. Remember it's always okay to take a day off from makeup and let your skin breathe



MY STORY: PATIENTS SHARE THEIR ACCOUNTS OF EGFR RASH

▶ CAUGHT OFF GUARD

As Jason's oncology team explained the side effects of his FOLFIRI protocol with Vectibix® (panitumumab), he felt prepared—he wasn't concerned with how he'd look with a rash and he had a high pain tolerance. After just one treatment, his nurse exclaimed, "WOW! That stuff's really workin'!"

His rash was severe, categorized as grade III.

It looked like freckles from afar, but his nose was covered in scabs, his forehead and chin completely broken out. "It bothered me," he stated.

Jason was promptly referred to a dermatologist who prescribed topical creams and oral medications in addition to the over-the-counter lotions he was using. Unfortunately, they weren't enough. Jason was caught off guard by the way his confidence plummeted.

"I didn't really want to be seen. I didn't want to go out in public. I didn't want people to look at me. I'm normally not fixated on

looks but the face rash being so prominent really impacted me early in the process."

A CHANGE IN PLANS

Jason was at high risk for infection due to the severity of the rash. He and his medical team decided to lower treatment dosage from 100% to 80%, then down to 60%—where he currently remains managing a grade I rash.

"They may go back to 80% as long as we can manage the risk of infection."

He also now takes pain medication—something he didn't think he'd need to do.

With changes to his recommended treatment, Jason's rash is now more predictable.

"I know the day of or day before I'm going to break out. I can't explain it, but I can tell."

Jason's confidence has slowly grown as he's put the side effect in perspective.

"In the grand scheme of things, those around me who know and



**Discomfort is temporary.
I'm willing to fight
and make sure we do
everything we can to get
this taken care of.**

**Jason K
Stage IV survivor**

love me understand that the rash is a side effect, not a forever, permanent thing. It doesn't change who I am!"



JASON'S RECOMMENDATIONS:

- You never know how you'll react to a treatment. Discuss even the slightest discomfort with your oncology team because they have ways to help you feel better.
- Communicate often with your spouse, partner, family or someone who has gone through a similar experience.



"My rash wasn't painful. I experienced irritation and it was very itchy. The worst was that it itched but I couldn't scratch it."

Her first stride in gaining confidence and comfort while on her cetuximab (Erbiximab®) protocol was to talk with her doctor. Together they ruled out anything that made the rash worse and she got access to whatever made it better. Patsy's regimen included daily sunscreen, prescribed ointments, oral medications, long sleeves and a hat.

No medication made the discomfort go away.

"I felt like it had to run its course," she said.

The rash faded away four weeks after her treatment ended.

Unscented, mild creams and lotions helped with dryness, but the sensation of something on her face was Patsy's largest physical struggle with the side effect. Her biggest tip for others is to **STAY HYDRATED** with water, coconut water and electrolytes, and foods with high water content.

YOU ARE BEAUTIFUL!

"I went into treatment thinking, 'I'll be okay – I'm confident enough that something like this won't bring me down.'"

But according to Patsy, you never really know how you'll react to skin rash until you have it.

"Deep down I knew it was okay. My friends weren't saying petty things to me – but I knew I looked different. Maybe everyone wasn't staring at my rash, but I felt like they were."

Patsy's rash developed exactly as her oncology team described – showing up on her cheeks, back and neck.



Patsy
Stage IV fighter



PATSY'S TIPS:

- **Affirmations.** Talk to yourself, remind yourself that you're a beautiful person.
- **Pedicures.** You deserve to be pampered.
- **Hats.** They can be stylish and fun!
- **Perspective.** Don't give the rash too much power – it can overcome you. Continue living.
- **Fun.** Slap on some red lipstick and mascara and get out of the house! "A little makeup had a way of making me feel empowered, like, I'm not letting this get me down."
- **Stay hydrated.** Water, coconut water, electrolytes, and foods with high water content.



WHAT ABOUT FACIAL HAIR?

I've got a beard right now! Managing it is a delicate timing game, with issues occurring only if there's a breakout. -Jason

TIP: To avoid bleeding and infection, don't shave at the first sign of a breakout. Try using an electric razor as they are less aggressive on skin.

I didn't wax my eyebrows because it would hurt, even if the rash wasn't directly there. Instead, I would tweeze and trim, which avoided extra irritation to the skin. - Patsy

TIP: Avoid waxing any unwanted facial hair – waxing is harsh on skin.

10 MUST-HAVES FOR MANAGING SKIN RASH

1

Thick moisturizing creams, also called emollients.

Apply after showering and throughout the day as needed.

Why? To keep skin moisturized.

What to look for: Fragrance-free and extra-moisturizing emollients, such as Aquaphor® or Eucerin®.

2

Dishwashing gloves

Wear when doing dishes and cleaning the house.

Why? To avoid excess water exposure and contact with cleaning product chemicals.

3

Sunscreen

Learn more about sun exposure on page 13!

What to look for: “The sunscreen that is best is the one that you like enough to consistently wear.”

– Dr. Porto

4

Non-drowsy over-the-counter antihistamines

Why? To manage itching.

Talk to your doctor before use.

What to look for: Fexofenadine Hcl (products like generic Allegra®)

5

Sedating (drowsy) over-the-counter antihistamines

Why? To manage itching before bedtime.

Talk to your doctor before use.

What to look for: Diphenhydramine HCl 25mg (products like generic Benadryl®)

6

Over-the-counter pain medication

Why? To reduce pain.

Talk to your health care team, they may suggest a prescription.

What to look for: Acetaminophen (products such as Tylenol®)



7

Topical itch ointments or creams. Apply over affected area as needed to manage itching.

What to look for: Hydrocortisone 1% (products like Cortizone-10®). Also look for products with menthol or camphor (such as Sarna® Original).



8

Moisturizing face and body wash

Why? To keep skin clean and moisturized while keeping bacteria away.

What to look for: Look for products geared toward sensitive skin, like Dove® or Aveeno®.



9

Clothing

Why? To keep skin safe from the sun. What to look for: Wear cotton clothing and avoid any synthetic materials that are rough against your skin, like polyester.



10

Unscented detergent

Why? Use to wash clothes, towels, and linens to avoid extra chemical exposure to the skin.

What to look for: Look for products without fragrance, such as All® Free and Clear or similar products.





STAY SUN SAFE



Dennis Porto, M.D.

Whether it's basking in the sun to get a tan, spending mornings gardening or simply going for a walk, it's well known that sun exposure can lead to accelerated aging, skin discoloration and skin cancer. While undergoing EGFR-inhibitor treatment your skin will be even more sensitive to the sun's rays. Sun protection is imperative to skin care, especially with skin rash. Even when there's cloud coverage, be protected.

We interviewed dermatologist Dennis Porto, M.D., to answer our top questions about sun protection.

Q: I'm on an EGFR-inhibitor therapy—why should I protect my skin from the sun?

Dr. Porto: Many patients have noticed that [skin] rash is worsened in sunlight or heat. In addition, some patients will notice sensitivity to sunlight in general, independent of this rash. Different adjunctive (additional) medications like

antibiotics that you might be taking may also make you more sensitive to the sun.

Q: What are the best methods of sun protection?

Dr. Porto: The best method is sun avoidance. This includes staying out of the sun during peak hours and wearing sun-protective clothing



and hats. Some patients feel that sunscreen helps their rash as well, but others feel that it makes no difference.

Q: What are the side effects of excess sun exposure for a patient on EGFR-inhibitor?

Dr. Porto: Patients will notice a worsening of their rash with sun exposure. They also may be more susceptible to sunburn, which may be exacerbated depending on what other medications they are taking.

Q: How often should I apply sunscreen?

Dr. Porto: About every two hours to all sun-exposed skin. If you don't find that sunscreen helps your rash, sun avoidance may be a better option. If your skin gets wet, you will need to reapply sunscreen more often.

Q: Can I still use a tanning bed?

Dr. Porto: No one should ever use a tanning bed. Tanning beds cause skin cancer and an aged appearance to the skin. Patients on EGFR-inhibitors will have even more difficulty with tanning beds as they will worsen their rash and may cause extensive sunburns.

Q: I have dark skin, do the rules of sun protection still apply to me?

Dr. Porto: Yes! Everyone should practice safe sun habits. However, whether your individual rash will worsen with sunlight is uncertain.

Q: What is the best kind of sunscreen to use?

Dr. Porto: The sunscreen that is best is the one that you like enough to consistently wear. Dermatologists recommend an SPF of at least 30.

DennisAPorto.com

FACING SKIN TOXICITY

Sarah DeBord | Stage III survivor



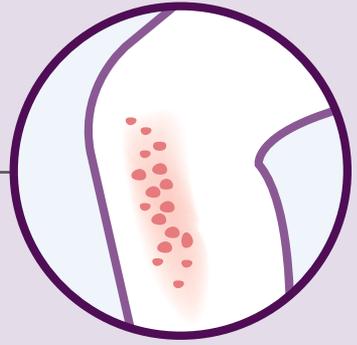
I HAD BEEN AT THE CHEMO GAME FOR OVER 5 YEARS when my turn for an EGFR-inhibitor rolled around. I had heard the stories and seen the photos of the dreaded rash coming my way. But that was all I knew, and for the most part all that was conveyed to me about the side effects of the drug I was about to receive. Adding the potential for a little dry skin and infected nail beds sounded like a walk in the park after my previous regimens.

As I plied through the weekly infusions, my skin deteriorated and took my quality of life down with it. I wanted to hide my red, pustule-covered face from the unavoidable stares in public, or selfies my friends would want to take. I could barely walk or use my fingers to do basic household chores lest they crack open and bleed. And I would have never thought the potential for nail bed infections would land me in the hospital on IV antibiotics, and require my toenails to be removed on several occasions over coming months.

I found my daily skin care routine wasn't meant to prevent or stop the inevitable side effects, only to treat, tend, and soothe them. But the routine was vital to daily management and maintenance of skin toxicity.

In retrospect, it was a small price to pay for my time on a drug that knocked back much of the progression my disease had made over the previous years.

EGFR RASH Q&A



Q: What drugs cause EGFR rash?

A: Common EGFR-inhibitors used for colorectal cancer patients include:

Cetuximab (Erbix®)

Panitumumab (Vectibix®)

Q: Is this different than other rashes?

A: Acne, pimples, rash, hives and sunburn are common, and these conditions can be uncomfortable. Although EGFR rash may visually resemble these conditions, it's entirely different and requires special attention.

Q: Will acne make my skin rash worse?

A: There's no link between pre-existing skin issues and increased risk of EGFR rash.

Q: Will skin rash go away?

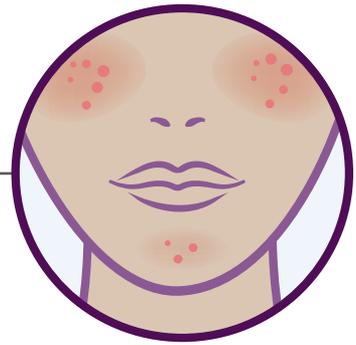
A: Yes. Most EGFR-related skin rash does not lead to scarring if managed properly. Post-inflammatory hyperpigmentation may last up to three months after treatment for people with darker skin, but generally this goes away.

“As a colorectal cancer survivor of stage 3c and currently still on therapy, it is important to know how treatment affects your skin. Since my current treatment plan involves oral chemotherapy, the strength of the medication can sometimes cause painful breakouts on my face and leave lasting scars. Having information that helps me understand the cause and effect of skin toxicity and how I can relieve those breakouts, is a great help to me.”

Gene P. Farrell
Stage III survivor



PREVENTING EGFR RASH



IF YOU ARE GOING TO BEGIN an EGFR-inhibitor, talk with your providers – before you start – about what you can do to prevent the rash, and what you can do to minimize rash severity.

▶ Ask your health care team about finding a dermatologist who has worked with cancer patients and understands EGFR-inhibitors.

▶ They can work together to prescribe medications, like an antibiotic (such as tetracycline, doxycycline, or minocycline) or ointment to use before treatment begins.



WATCH Dr. Mitchell explain skin toxicity and offer tips to patients dealing with this side effect at: [FightCRC.org/SkinTox](https://www.fightcrc.org/SkinTox)

Dr. Edith Mitchell is Board Certified in Internal Medicine and Medical Oncology and is Clinical Professor, Department of Medicine and Medical Oncology at Sidney Kimmel Medical College at Thomas Jefferson University and Associate Director for Diversity Programs and Director of the Center to Eliminate Cancer Disparities for the Sidney Kimmel Cancer Center at Thomas Jefferson University.

She is truly a leader in the field of gastrointestinal cancer. She travels

nationally and internationally teaching and lecturing on the treatment of gastrointestinal malignancies.

She serves on the National Cancer Institute Review Panel and the Cancer Investigations Review Committee, the Clinical Trials and Translational Research Advisory Committee, serves as Co-Chair of the NCI Disparities Committee, and is a member of the NIH Council of Councils. In addition, Dr. Mitchell was selected to serve as a member of the NCI's Blue Ribbon Panel convened to advise the National Cancer Advisory Board on Vice President Biden's National Cancer Moonshot Initiative.

Among other positions, Dr. Mitchell served as the 116th President of the National Medical Association from August 2015 to August 2016.



FOR MORE INFORMATION & SUPPORT

Fight Colorectal Cancer is a trusted, nonprofit advocacy organization dedicated to empowering patients to be their own health advocates. For more resources, or to get involved, visit FightCRC.org

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RESOURCES

- Side Effects Mini Magazine
- Video: FightCRC.org/SkinTox



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