COLORECTAL CANCER

Skincare

A Guide to Caring for Your Skin During Treatment

FIGHT COLORECTAL CANCER

What is Skin Toxicity?

CRC treatments can affect your skin, hair, nails, mouth, hands and feet, causing uncomfortable and irritating side effects, known collectively as skin toxicity (or chemo rash).

These side effects are common, and will vary from person to person depending on the drugs prescribed.

Chemotherapy, immunotherapy, targeted therapy, and radiation can all impact your skin. Be sure to discuss available treatment options with your care team.

COMMON SIDE EFFECTS

MIND Worry, low mood, sleep issues—skin symptoms can affect confidence.

HAIR / SCALP Thinning (with some chemo), dryness, itchiness; texture changes.

SKIN Dryness, redness, cracks; acne-like bumps; itchy rash; hives; darkening (often more visible on darker skin tones).

MOUTH Oral mucositis (mouth sores).

HANDS & FEET Tingling/burning; redness/swelling; blisters; tenderness on pressure points.

NAILS Brittle/cracking; lifting at edges; sore skin around nails; infection risk.

WHEN TO CALL YOUR DOCTOR

Fever, rapidly spreading redness, drainage, severe pain, signs of infection.

3 Questions to Ask

1. Will my treatment affect my hair, skin, or nails?
2. What can I do proactively to help reduce or lessen skin-related side effects?
3. Can you refer me to a dermatologist who is familiar with cancer therapy skin side effects?

"I've had skin issues since my very first chemo cocktail 10 years ago. Between chemotherapy, immunotherapy, surgeries, and so many medications to help the side effects, my skin has been through it all. I have had amazing doctors and help from other patients and medical professionals with creams, lotions, and tips to help. Everyone's skin is different and the right treatment might not be the same for everyone, so try to find what works best for you."

Jacob S.
STAGE IV SURVIVOR

Ready to tell your story and offer your advice? ***fightcrc.org/story***

Learn more about side-effects management.
fightcrc.org/sideeffect

ADDITIONAL RESOURCES

ChatCRC Ask about clinical trial options using your biomarker report or text ChatCRC at (318) 242-8272. chatbot.fightcrc.org

TIP Discuss your options with your care team if your oral symptoms prevent you from eating or sleeping.

Everyday Skin Care

DAILY CARE

Follow the below tips to help reduce skin irritation daily, even while not in active treatment:

SUN PROTECTION Daily broad spectrum sunscreen > 30 SPF reapplied every 2 hours, wear a hat, sunglasses, clothing with UPF built in.

REDUCE IRRITATION Lukewarm showers, pat dry and avoid scrubbing or rubbing. Moisturize after bathing.

MOISTURIZE Fragrance-free creams/ointments (e.g. petrolatum based) after bathing and as needed.

GENTLE PRODUCTS Use unscented laundry detergent and fabric softener, makeup that won't clog pores, and mild cleansers.

COMFORT Wear loose, breathable fabrics and well-cushioned shoes.

TIP If cost is a barrier, ask your care team for samples and look into store-brand options vs. name brand.

Hands & Feet

Hand-foot syndrome (HFS) and hand-foot skin reaction (HFSR) are side effects that may be caused by some chemotherapies (5-FU, capecitabine) or targeted therapies (regorafenib). Both of these syndromes can cause the skin on your hands and feet to be painful with swelling, redness, or blistering potentially present.

WHAT HAND-FOOT SYNDROME LOOKS LIKE HFS presents as painful swelling, redness, and burning/tingling on the palms and soles.

WHAT HELPS Medication adjustments, thick moisturizers and urea-based creams, cushioned socks or shoes. Try to avoid excess heat and friction especially on pressure points. Reduce friction and pressure on the affected areas, and topical steroidal options are available.

TIP Discuss with your care team before administering any topical creams or lotions to areas impacted by HFS or HFSR.

EGFR-Inhibitor Rash

EGFR-inhibitors target a specific protein found on the surface of cells. Blocking the activity of this protein can slow down cancer growth. Unfortunately, EGFR proteins are also found on skin cells, and taking an EGFR-inhibitor can cause a specific type of skin rash.

Both cetuximab (Erbitux®) and panitumumab (Vectibix®) can cause this EGFR-i rash, which appears on the face, scalp, neck, chest, and back and resembles acne and cause irritated, flaky, dry skin.

Ask your doctor before you start these drugs about a short course of oral antibiotics and/or topical steroids to help with the symptoms.

FEATURE	EGFR-I RASH	TYPICAL SKIN RASH
Appearance	Small red, acne-like bumps; can itch or hurt; dry/flaky skin	Red patches, hives, or scaling; usually not acne-like
Location	Face, scalp, neck, chest, upper back	Anywhere
Timing	Often starts early in treatment	Varies
Management	Targeted topicals and/or oral antibiotics; sometimes dose changes	General skin care; antibiotics uncommon

SUN SAFETY

Always important, but even more so with EGFR-i and chemotherapy.

- Avoid peak sun hours (10am-4pm) and seek shade.
- Check the UV index, avoid exposure when it's high
- Apply broad-spectrum sunscreen >30 SPF on all exposed skin, and reapply every 2 hours or after swimming, sweating, or toweling off.
- Wear long sleeves, hats, sunglasses, and tightly woven fabrics to reduce sun exposure.

TIP Ask what symptoms warrant a call to the doctor.

Mouth Sores

Mouth sores (or mucositis) are another potential side effect of chemotherapy and EGFR-i medications. Follow these tips to help manage symptoms:

- Your care team may prescribe "magic mouthwash," a prescription combination mouthwash that may alleviate oral symptoms.
- Practice good oral hygiene daily. Brush gently with a soft-bristled brush, avoid alcohol-based mouth wash, and use salt water or baking soda mouth rinses (don't swallow!)
- Drink cool liquids and eat soft foods to ease mouth pain. Try to avoid spicy foods.
- For "metal mouth," try using plastic utensils and avoiding tart or acidic foods, such as citrus juice.

TIP Discuss your options with your care team if your oral symptoms prevent you from eating or sleeping.

Nail Care & Salons

- Ask your provider for the OK before salon visits.
- If you go, bring your own sanitized tools and opt for polish over dip, acrylic, or gel. Don't trim your cuticles.
- Avoid nails salons if you have broken skin or an active rash.
- Watch for redness, pain, drainage, or loose nails. Call your provider if you notice these.

Radiation Therapy

Radiation therapy may be used in some cases, especially with rectal tumors. This type of therapy may cause painful skin burns, inflammation, or irritation that makes it hard to sit or be active. Follow these tips to help manage side effects.

KEEP THE TREATED AREA CLEAN AND DRY Wash with gentle soap, lukewarm water, and pat the area dry.

MOISTURIZE YOUR SKIN Choose a fragrance-free lotion or cream and apply it to the area multiple times a day.

AVOID ADDITIONAL DAMAGE Avoid extreme temperatures (like hot water or cold packs), direct sun exposure, and tight-fitting clothing that rubs against the affected skin.

TIP Some clinicians use liquid skin adhesive for small skin cracks - use only if your care team OKs it. Moisturize after handwashing, limit wet-work, and wear cotton gloves when needed.

Patient-Tested Products

EMOLLIENTS Petrolatum-based ointments/creams (e.g. CeraVe).

CLEANSERS Gentle, fragrance-free face/body cleansers.

SUNSCREEN Broad-spectrum SPF >30; reapply outdoors every two hours.

MAKEUP Non-comedogenic, paraben-/phthalate-free as tolerated.

LAUNDRY Unscented detergent & softener.

TOOLS Electric razor, dish gloves, cotton gloves, soft towels/sheets.

ANTI-ITCH OTC hydrocortisone 1% or Sarna if approved by care team.

ALLERGIES/ITCH Drowsy or non-drowsy antihistamine per care team's advice.

LOOK FOR THE SEAL
The National Eczema Association Seal of Acceptance helps identify products for sensitive skin.

THINGS YOU'LL NEED WHEN VISITING A DERMATOLOGIST

- [ ] Treatment plan–drug names, dosages, schedules, time of most recent dose.
- [ ] Current meds & allergies–including over the counter drugs, lotions, and supplements.
- [ ] List of your most bothersome symptoms–when they began, and what helps or worsens them.
- [ ] Photos–clear, dated photos of the affected skin with consistent lighting.

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This brochure is educational and not medical advice. Talk with your care team about your specific situation.

Medically reviewed by Wendy Smith Begolka, National Eczema Association.