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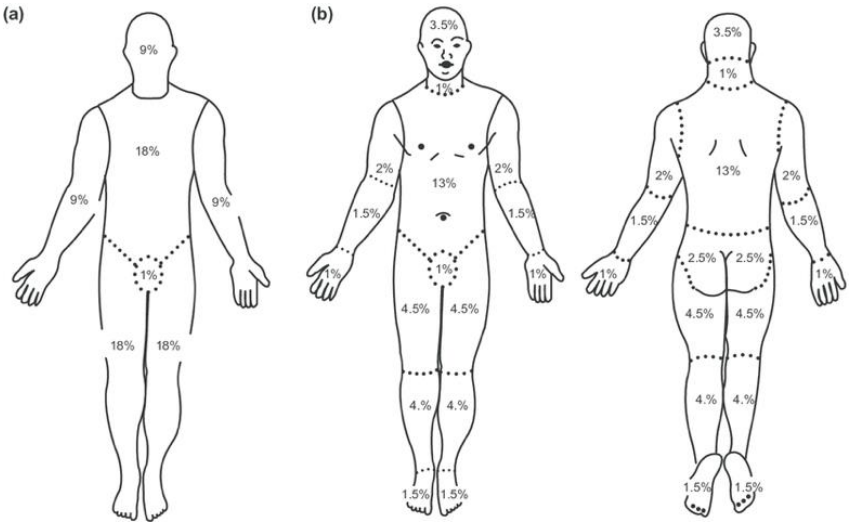
**Positive Quality Intervention: Managing Immunotherapy Treatment Related Rash**

**Description of PQI**: The use of immunotherapy in cancer treatment has expanded tremendously over the last several years. The most common adverse effects include dermatologic, gastrointestinal, hepatic, and endocrine toxicities. Management of immunotherapy-related rash is an important intervention for the patient's quality of life and buy-in for continuation of therapy.

**Background**: Immunotherapy is being used increasingly 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 wide 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 toxic 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) and monitor for rash
    - Note: patients may be reluctant to bring up adverse effects that they are experiencing for fear of discontinuing treatment; ask directly if they have a rash
- Determine the grading of the rash




    - Grade 1: Covers < 10% body surface area or without symptoms, with mild or localized itching
    - Grade 2: Covers 10-30% body surface area with or without symptoms, with 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

- Recommend appropriate treatment based on grade of rash, discuss therapy to physician, and document in EMR *<u>dose reduction of immunotherapy is not recommended</u>*
    - Grade 1:
        - Use fragrance-free soaps for bathing and detergents for 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 10 mg TID or gabapentin 300 mg TID or pregabalin 50 mg TID
    - Grade 3:
        - Hold immunotherapy until rash is grade 1 or symptoms have resolved
        - Oral corticosteroids until rash is grade 1 or symptoms have resolved
            - Prednisone 0.5-1 mg/kg/day (or equivalent)
    - Grade 4:
        - Permanently discontinue immunotherapy
        - Consider topical antibiotics in combination with oral retinoids, IV corticosteroids, IM/IV antihistamines, IV Antibiotics and/or hydration

**Patient-Centered Activities:**

- Counsel on proper skin care tips
    - Avoiding sun exposure and use protection while in the sun (SPF and physical barriers)
    - Use fragrance and alcohol free products on the skin
    - Avoid extreme hot/cold temperatures on the skin
- Provide infection prevention education
- Monitor skin and stress importance of calling provider if rash worsens

**References:**

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3. "ICLIO." *Institute for Clinical Immuno-Oncology*, accc-iclio.org/.
4. National Comprehensive Cancer Network. Management of Immunotherapy-Related Toxicities.