

MANAGING SKIN TOXICITY WITH MULTIKINASE INHIBITORS (MKIs)

WHY IS THIS IMPORTANT?

By knowing what skin toxicity to expect, you will be able to

- 1** better educate patients and carers
- 2** diagnose and treat skin reactions at an earlier stage
- 3** maintain an appropriate dose and duration of therapy

SKIN TOXICITIES FOR MKIs

Examples	Papulopustular rash	Maculopapular rash	hand-foot skin reaction	Dry skin, pruritus, or photosensitivity	Changes in nails, hair, or mucosa
sorafenib ¹ sunitinib ² regorafenib ³ lenvatinib ⁴ cabozantinib ⁵ avapritinib ⁶	Common	Uncommon	Very common	Common	Common

PREVENTION AND MANAGEMENT OF SKIN TOXICITIES



EFFECTIVE MANAGEMENT OF SKIN TOXICITIES INVOLVES A MULTIMODAL STRATEGY THAT INCLUDES:

- patient education
- prophylactic and supportive care
- dose modification (including flexible dosing)



WHEN PRE-EMPTIVE MEASURES ARE INSUFFICIENT TO AVOID ADVERSE EVENTS (AEs), EARLY TREATMENT IS CRUCIAL FOR AE MANAGEMENT

- encourage patients to contact their healthcare provider straight away upon first appearance of symptoms

PREVENTATIVE RATHER THAN REACTIVE THERAPEUTIC STRATEGIES ARE MORE EFFICIENT TO CONTROL AEs

In all patients treated with targeted therapies, prophylactic measures include:

 using broad-spectrum (UVA/UVB) sunscreen (SPF 30+)



avoiding sun exposure



using skin moisturisers (bland emollients)



nail care



oral care

1. Nexavar (sorafenib) Prescribing Information www.bayerhealthcare.com | 2. Sutent (sunitinib) Prescribing Information www.pfizer.com | 3. Stivarga (regorafenib) Prescribing Information www.bayerhealthcare.com | 4. Lenvima (lenvatinib) Prescribing Information www.lenvima.com | 5. Cabometyx (cabozantinib) Prescribing Information www.cabometyxhcp.com | 6. Ayvakit (avapritinib) Prescribing Information www.blueprintmedicines.com

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