Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Skin Care During Treatment With Epidermal Growth Factor Receptor Inhibitors (EGFRi)

This information will help you manage skin problems that can happen while you're taking epidermal growth factor receptor inhibitors (EGFRi).

About EGFRi

EGFRi are a type of cancer treatments called targeted therapies. Targeted therapies can cause different side effects than normal chemotherapy does. Skin problems are a common side effect of treatment with EGFRi.

Your healthcare provider will monitor you throughout your therapy to make sure that your skin is cared for. They may also recommend that you see a dermatologist (skin doctor).

EGFRi that may cause skin problems

There are many types of EGFRi. Some types cause skin problems more often than other types.

Skin problems are most often seen with the following EGFRi:

• Afatinib (Gilotrif®) • Dacomitinib (Vizimpro®) • Cetuximab (Erbitux®) • Erlotinib (Tarceva®) • Gefitinib (Iressa®) • Lapatinib (Tykerb®)	• Necitumumab (Portrazza®) • Osimirtinib (Tagrisso®) • Panitumumab (Vectibix®) • Pertuzumab (Perjeta®) • Vandetinib (Caprelsa®)

Skin Changes During EGFRi Treatment

You may have changes to your skin during your treatment.

Stay out of the sun before starting treatment with EGFR inhibitors. If you must go in sun, wear a wide-brimmed hat and broad-spectrum sunscreen with SPF 30 or higher. For more information, read *Understanding Sunscreen* (www.mskcc.org/pe/sunscreen).

Skin Care

Tell your healthcare provider as soon as you notice any skin changes.

- Don’t stop taking any medications unless your healthcare provider tells you to.
- Keep a gentle skin care routine:

    - Use lukewarm water when bathing, and limit showers to 15 minutes or less.
    - Use fragrance-free soaps to wash your skin, moisturizers to prevent dryness, and detergents to wash clothes.
    - Moisturize at least once a day
    - Avoid washing dishes by hand. If you must, try to wear rubber gloves while doing so.
    - For more information, read *Caring for Your Dry Skin* (www.mskcc.org/pe/caring-dry-skin)
- Wear soft shoes that are not tight on your toes. Avoid activities that could injure your fingers or toes.
- If you would like, you can use makeup to hide skin changes. It's best to check with a dermatologist for recommendations on what cover-up to use. Stop using makeup if it causes redness or itching.

Acne-like rash

- You may develop a rash that looks like acne. This can appear with red and white bumps and mild burning, stinging, irritation, pain, or itching.
- The rash often starts on your face, chest, and upper back. It can sometimes appear on your trunk, arms, legs,

and buttocks.

- For most people, the rash is mild to moderate and doesn't affect daily life. However, for some people, the rash can cause major discomfort that can stop you from doing your usual daily activities.
- Sun exposure can make the rash worse, more likely to develop, or both.

Dry, scaly skin and itching

- You may develop dry skin with, or after the acne-like rash. This can cause your skin to become rough, scaly, or flaky. The dry skin may also feel itchy.
- Dry skin can happen anywhere on the body. Dry skin on the fingertips, between your fingers, and on your heels can cause cracks that may be painful, bleed, or both.
    - Use a liquid bandage (such as New-Skin® or Skin Shield®) for cracks that don't bleed. Don't use a liquid bandage for longer than 1 week or on infected areas.

Fingernail and toenail redness, swelling, and tenderness

- You may develop redness, swelling, and tenderness around 1 or more of your fingernails or toenails.
- The symptoms vary in how severe they are. They may make it hard for you to pick up small things such as a pen

or a fork. You may have trouble buttoning your clothes or putting on shoes.

- Lesions (areas of damaged skin) may form around your nails that bleed easily and look like an ingrown nail. They can become infected. To prevent infection:
  - Try vinegar soaks. This is done by mixing equal amounts of white distilled vinegar and cool tap water. Soak lesions in the mixture for 15 minutes, 1 to 2 times every day.
  - Apply over-the-counter povidone iodine 10% to lesions using a Q-Tip, and cover with a Band-Aid.
- Your nails may become brittle (hard and likely to break), break, or become rigid.

Hair texture changes, hair growth, or hair loss

- The texture of the hair on your head and body may change. The hair may become curlier, finer, or more brittle.
- Hair may grow on your face or eyebrows. Your eyelashes may grow longer, curlier, and may cause discomfort in your eyes. You may need to see an eye doctor to have your eyelashes trimmed.
- You may start losing hair from your head several months after you start your therapy. You may have tenderness,

crusty skin, scaly skin, burning, stinging, or tingling in the places where you lose your hair.

Call Your Healthcare Provider if You Have:

- A fever of 100.4° F (38° C) or higher
- Chills
- Any changes to your skin
- New or worsening symptoms after starting a treatment for your skin
- Increasing redness or swelling
- Increasing pain or discomfort
- Skin that’s hard or hot to the touch
- Yellowish or greenish drainage from your skin or nails
- Foul smell from your skin or nails
- Any questions or unexpected problems

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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