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ORIGINAL ARTICLE

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NECOM 7: Real-World Cases on Preventive and Treatment Using Skin Care for Cancer Treatment-Related Skin Reactions

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ABSTRACT

As cancer prevalence continues to increase in Nordic countries, the amount of dermatological adverse events, termed cutaneous adverse events (cAEs), will also increase. The Nordic European Cutaneous Oncodermatology Management (NECOM) group aims to provide evidence-based guidance on how to treat and manage cAEs with an emphasis on supportive skincare regimens to improve patients' quality of life. The presented real-world cases demonstrate the use of the previous 6 NECOM recommendations in clinical practice. Experts in supportive oncodermatology share real patient cases and cAE treatment plans to serve as a guide for future healthcare providers. The cases highlight the use of daily skincare regimens containing gentle cleansers, moisturizers, and sunscreen that help to protect the skin from severe skin toxicities and help repair the skin barrier. Patients who were prescribed a daily skincare regimen consisting of Lipikar Syndet AP+ cleanser, Lipikar Baume AP+M, Cicaplast baume B5+, and Anthelios UVMUNE SPF50+ sunscreen (La Roche-Posay) found that their cAEs were less severe and symptomatic. The products in the recommended skincare regimen have all been tested for tolerance on patients undergoing cancer treatment. NECOM advisors emphasize the importance of selecting the right skincare products that will best nourish and heal sensitive skin and encourage patients and clinicians to encourage a proactive approach to skincare before, during, and after cancer-targeted therapies.

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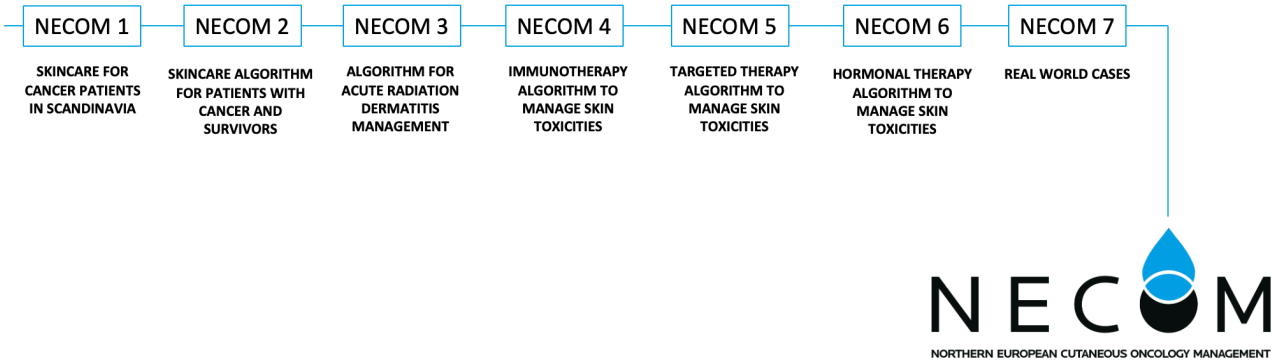
INTRODUCTION

The current risk of getting cancer before age 80 in Nordic countries is estimated at 42.7% in males and 36.2% in females. Based on the collaborative Nordic cancer registry (NORDCAN), breast, lung, and colon cancer are the most common cancers for women, while prostate, lung, and colon cancers are the most common in men.[1] NORDCAN excludes nonmelanoma skin cancers (NMSC), which represent the third most common cancer according to the Swedish National Cancer Registry.[2] Interestingly, while NMSC appears to be decreasing in much of Europe, there are increasing NMSC trends in specifically Northern Europe.[3] As cancer therapies progress, patient lifespan and disease prevalence have increased within the Nordic European countries.

Cancer treatment varies by patient, cancer type, and stage. Therapies can include a combination of radiation, surgery, transplantation, chemotherapy, and immunotherapy. As treatments become increasingly available, there will be an increasing amount of possible treatment-related cutaneous adverse events (cAEs). While cAEs are widely regarded as common side effects of cancer therapies, there are limited evidence-based guidelines on how to manage the skin around cancer treatment.[4] Despite this, early and preemptive management of cAEs can improve quality of life. Lacouture et al demonstrated that in patients receiving anti-epidermal growth factor receptor (EGFR) therapy, with known high rates of skin toxicities, pre-emptive skincare with moisturizer and a broad-spectrum sunscreen reduced the incidence and severity of cAEs in 50% of patients compared to reactive skincare.[5] The most reported cAEs include papulopustular rash, xerosis, pruritus, nail changes, chemotherapy-induced alopecia, and hand-foot skin reactions; however, reactions vary greatly with treatment modalities.[2] For example, radiation therapy is highly associated with radiation dermatitis or desquamation of skin, itch, erythema, bleeding, possible ulceration, and severe pain. In one study, heavy use of emollients, sunscreens, and a wound healing cream appeared to minimize the impact of radiation on the skin.[6] Conventional chemotherapy is associated with alopecia, nail changes, and xerosis, while immunotherapy has been found to have a vast range of dermatological manifestations, including maculopapular rash, pruritus, eczema/spongiosis, lichenoid reactions, pyoderma gangrenosum, and vitiligo, among others.[2] Patients report significant negative impacts of cAEs on their quality of life (QoL).[7,8] Supportive oncodermatology is an emerging field

FIGURE 1. Representation of the 7 Projects of the NECOM Group.



that aims to focus on the treatment of cAE and accompanying patients in their dermatological needs through treatment. Aizman et al demonstrated that supportive oncodermatology improved QoL in 34 surveyed patients.[4]

Despite multiple studies demonstrating its effective use in cancer, skincare remains an underrecognized and underutilized treatment for cAEs. While most patients will experience cAEs, few guidelines address the treatment of these side effects. The Nordic European Cutaneous Oncodermatology Management (NECOM) group aims to provide evidence-based skin care regimens to treat cAEs and improve cancer patients' and survivors' QoL. A comprehensive skincare regimen comprises a gentle cleanser, moisturizer, and photoprotection, including physical barriers and sunscreen.[2] Early education on appropriate skincare can help prevent and protect against severe skin side effects. Effective communication and education are essential for supportive dermatological intervention for cAEs, as they may manage patient expectations and encourage and reinforce preemptive skincare and adherence to the regimen.

Project Update

The NECOM panel has produced five algorithms and one skincare review for cAE in cancer patients and survivors (Figure 1). NECOM 1 and 2 presented various cAEs and skincare regimens involving hygiene, moisturization, sun protection, and camouflage products to prevent and manage cAEs. NECOM 3 proposed a practical algorithm focused on preventing and treating acute radiation dermatitis. NECOM 4 addressed the prevention and management of cutaneous immunotherapy-related adverse events, improving cancer patients' QoL and outcomes. NECOM 5 was an algorithm to prevent and manage cutaneous targeted therapy-related adverse events (TTcAEs). Lastly, NECOM 6 presented an algorithm to prevent and manage hormone therapy-related cAEs. Here, we present NECOM 7, a real-world case series, to demonstrate the application of NECOM recommendations prevention and treatment of cAEs related to a variety of cancer therapies using skin-protection measures. NECOM panel experts offer education about cancer types and treatment as well as potentially associated cAEs. These real-world cases may help dermatologists, oncologists, and a broad range of health-care providers (HCP) to counsel their patients before, during, and after cancer treatments.

General Principles for Treating Cutaneous Adverse Events of Targeted Cancer Therapy

Patients should establish care with dermatology early in their cancer treatment, and dermatologists should be integrated into patients' multidisciplinary oncology team. In general, skin adverse events are first signaled to the oncology triage nurse. The Common Terminology Criteria for Adverse Events (CTCAE) grading system is the standardized classification of adverse effects of cancer therapies with specific gradings for conditions such as alopecia, bullous dermatitis, eczema, pruritus, and Stevens-Johnson Syndrome[9] CTCAE is graded on a 5-point scale, ranging from Grade 1 (mild) to Grade 5 (death related to the adverse event).

Following triage, the nurse may encourage the patient to seek urgent care if symptoms such as fever, mucosal involvement, and significant blood abnormalities are present. Otherwise, the oncology triage nurse may reinforce skincare and send the patient to see both their oncologist and dermatologist for further care[10] cAE treatment may include topical corticosteroids, systemic steroids, oral antibiotics, or biologics, depending on the severity and type of cAE.[11,12]

Preventative skincare should be used throughout cancer treatments. Products should help patients maintain normal skin pH and help prevent transepidermal water loss (TEWL). Hydrophilic humectants such as glycerol, propylene glycol, butylene glycol, and alpha hydroxyl acids (AHAs) help maintain moisture in the skin.[2] For example, EGFR inhibitors exhibit progressive xerosis over time. Early initiation of frequent moisturization with a thick emollient can prevent severe and progressive xerosis while undergoing therapy.[13] Broad-spectrum sunscreen should also be used to protect skin from sunburn and sun exposure that may exacerbate photosensitive skin.

In general, skincare formulations should be safe, effective, free of additives, fragrances, perfumes, or sensitizing agents, and should be applied liberally to the face, feet, hands, neck, and back daily.[9] A moisturizer should be selected based on skin condition, level of xerosis, and patient preference, and should help maintain the skin pH near physiological levels of pH 4.0 to 6.0. Patients should be counseled on avoiding the use of soap and cleansers with an alkaline

pH (<7), which may strip the skin of lipids and compromise the skin barrier function. Lastly, moisturizer and skincare effectiveness rely heavily on patient compliance with application and are greatest when patients apply the product frequently.

As more targeted therapies become available, more cutaneous side effects will become apparent and warrant treatment. Implementing early skin care can help reduce the severity of certain cutaneous adverse events (cAEs) and establish patients in dermatologic care, preventing delays in managing cAEs that may interrupt life-saving therapy.

METHODS

NECOM advisors presented real-world cases that highlight NECOM recommendations for the prevention and treatment of cAEs related to cancer treatment. The cases demonstrate how expert dermatologists choose skincare regimens prior to, during, and after cancer treatments. Clinical reasoning and patient presentations are discussed in each case to serve as a guide for HCPs involved in cancer care. These cases are part of the NECOM series and serve as a culmination of all previous NECOM recommendations.[2,9-12,14]

NECOM advisors participated in a face-to-face meeting on March 5, 2025, to present and discuss their real-world cases. Following the meeting discussion, seven cases were selected that best represented the implementation of NECOM recommendations and an effective skincare regimen in the prevention and treatment of cAEs. An online process was used to fine tune the selected cases and prepare and review the publication.

Suggested information to present included patient demographics, type of cancer and treatment, date of diagnosis, and date of treatment initiation. Advisors were also asked to include a description of patient cAEs and cAE symptom scores. The patients were started on cAE treatment plans and seen at 2 subsequent follow-up visits. The cAE symptom scores, based on the CTCAE grading tool, were evaluated at each visit. The patient case template can be found in Table 1. Patient adherence to the regimen was also evaluated at each visit, and patient feedback about products was discussed. Each NECOM advisor shared a clinical pearl and discussed special considerations at the end of each patient case.

These real-world cases characterize dermatologists' real-world experience with skincare regimens in supportive oncodermatology. The real-world cases comply with good clinical practice. All authors obtained written informed consent from the individuals who participated in the RWC. The participants in the RWC series allowed the recording of their photographs to be used for the manuscript and its publication.

TABLE 1.

Patient Case Template		
Type of cancer: **Date of diagnosis:**	**Type of treatment:** **Date of initiation:**	**Highlight experience with skincare**
Baseline visit -Type of cAE: - Date of onset:	cAE description: cAE symptom scores:	cAE medical treatment Skin cleanser: Moisturizer: Sunscreen:
Qualitative patient feedback on experience of cAE:		
Details of cAE treatment plan (based on the algorithm):		
1st follow-up visit Time since baseline: Date:	cAE status: cAE symptom scores:	cAE medical treatment Skin cleanser: Moisturizer: Sunscreen: The patient has complied with the use of the skincare regimen (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree
Qualitative patient feedback on progress of cAE:		
2nd follow-up visit Time since baseline: Date:	cAE status: cAE symptom scores:	cAE medical treatment Skin cleanser: Moisturizer: Sunscreen: The patient has complied with the use of the skincare regimen (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree
Qualitative patient feedback on change in cAE since baseline:		
Clinical pearls of case:		
Photographs:		

RESULTS

Seven cases were selected to demonstrate the application of NECOM recommendations (Table 2). NECOM recommendations are described in these real-world cases to illustrate both preventative and treatment approaches to skin reactions related to cancer therapies, utilizing skin-protective measures.

Case 1. Nonmelanoma Skin Cancers on Head and Face Treated With Photodynamic Therapy

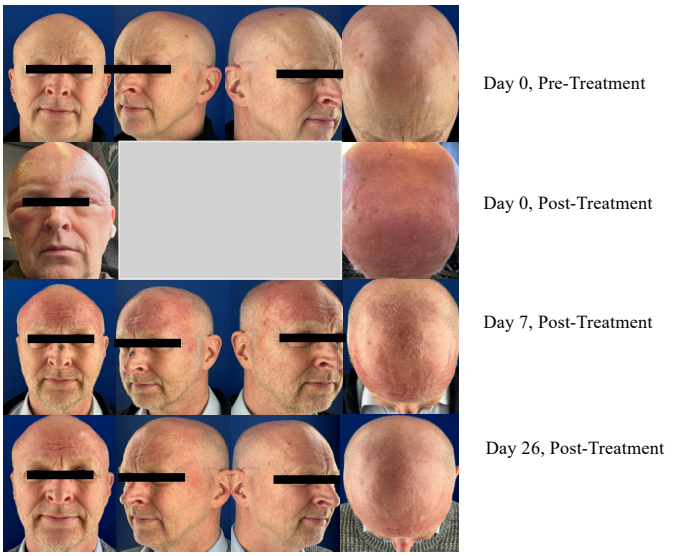
A middle-aged man, Fitzpatrick Skin Type (FST) I, presented with field cancerization of the scalp with many actinic keratoses (AK) as well as a basal cell carcinoma on the nose. To treat the AKs, the patient underwent field-directed photodynamic therapy (PDT) on the full scalp area. Immediately after treatment, the patient had erythema and edema over the scalp and face (cAE symptom score: 3). The patient reported feelings of stinging and warmth. Based on the NECOM algorithm, the patient was prescribed a topical corticosteroid (TSC) directly after light therapy, followed by Cicaplast Baume twice daily. At his 7-day follow-up visit, the patient continued to have moderate erythema of the scalp and forehead with intense itching and edema around the eyes with a headache (cAE symptom score 4). The skin had started to slough off, and the intense periorbital swelling had started to reduce despite increasing redness. By 26-day post-treatment, the patient had only mild remaining edema and erythema without any itch (Figure 2). The skin appeared well hydrated and smooth (cAE symptom score: 3). The patient found the products very easy to use and pleasant

TABLE 2.

Summary of cAE Cases With Prescribed Treatment Regimens

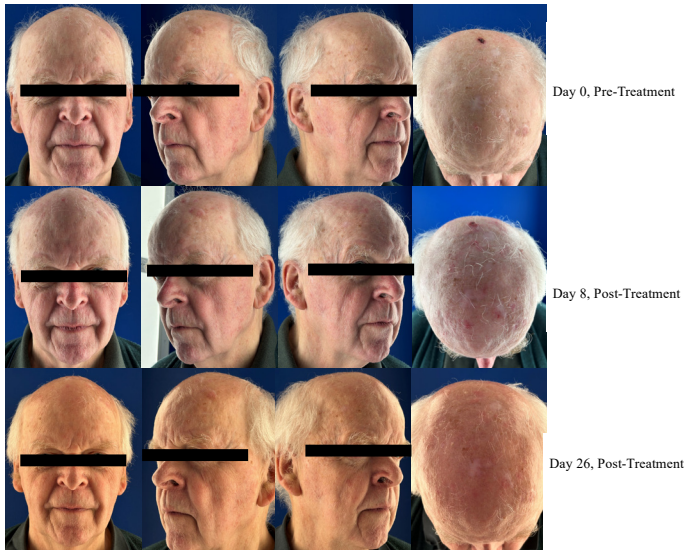
Case	Sex	Type of Neoplasm	Selected Anti-Neoplastic Treatment	cAE	Skincare Regimen	Outcome
1	M	Actinic Keratoses	Photodynamic Therapy (PDT)	Erythema, stinging, skin pain, and edema of face and scalp cAE Symptom Score: 3	Topical corticosteroid. Cicaplast Baume B5+ twice daily. Lipikar Baume AP+M as needed for dry skin. Lipikar Syndet AP for gentle cleansing starting at day 3 post-treatment.	Faster recovery compared to previous PDT treatments
2	M	Actinic Keratoses	Photodynamic Therapy (PDT)	Erythema, mild stinging, and edema cAE Symptom Score: 3	Topical corticosteroid once only. Cicaplast Baume B5+ twice daily. Lipikar Baume AP+M as needed for dry skin. Lipikar Syndet AP for gentle cleansing starting at day 2 post-treatment.	Faster recovery compared to previous PDTtreatments
3	F	Rectal Carcinoma	Bevacizumab and XELOX (capecitabine and oxaliplatin)	Subacute cutaneous lupus erythematosus cAE Symptom Score: 3	Clobetasol propionate cream. Tacrolimus 0.1% ointment for face. Prednisone. Lipikar Syndet AP daily cleanser. Lipikar Baume cream daily moisturizer Anthelios SPF 50 sunscreen.	Appropriate and effective dermatologic care allowed patient to continue with uninterrupted cancer treatment
4	M	NSCLC	Amivantamib	Scalp folliculitis with pustules and hemorrhagic crust on head and scalp	Tetracycline antibiotic. Betamethasone cream. Clindamycin gel. Lipikar Syndet AP+ cleansing gel. Lipikar baume AP+M moisturizer. Cicaplast Baume B5. Anthelios SPF 50 sunscreen.	Importance of adherence of skincare regimen, specifically sunscreen when using medications such as tetracyclines that lead to photosensitivity
5	M	SCC in situ and Actinic Keratoses	Topical Imiquimod	Skin ulceration	Lipikar Syndet AP+ wash. Moisturizer Lipikar baume AP+M. Cicaplast cream. Anthelios SPF 50 sunscreen.	Supportive skincare is essentially after harsh anti-neoplastic skin cancer treatments
6	M	Prostate Cancer	Degarelix Apalutamide	Lichen-planus like pruritus	1-week course prednisone. Topical corticosteroid (amcinonide). UVB phototherapy. Bilastine, antihistamine. Lipikar syndet AP+daily. Lipikar Baume AP+ on his full body daily. Cicaplast baume B5 as needed after his topical corticosteroid. Anthelios SPF 50 sunscreen.	Using a daily skincare regimen helped patient fight pruritus and xerosis
7	F	Rectal Cancer	FOLFOX (leucovorin, folinic acid, fluorouracil, and oxaliplatin) Radiotherapy	Nummular eczema	Bilastine, antihistamine. Topical corticosteroid (amcinonide). Lipikar syndet AP+ soap free face and body wash daily. Lipikar Baume AP+. Cicaplast baume B5 as needed. Anthelios SPF50 sunscreen.	Gentle cleanser allowed her to bathe without further irritating her skin

FIGURE 2. Skincare Regimen Implemented after PDT Therapy Reduces Skin Recovery Time.



Photos Courtesy of Dr. Bjerring

FIGURE 3. Skincare Regimen Implemented after PDT Therapy Reduces Skin Recovery Time.



Photos Courtesy of Dr. Bjerring

on the skin. While the patient still experienced cAEs, the clinician reported that the patient experienced fewer side effects regarding itch and redness compared to his previous PDT treatments. The patient also reported that the redness and itch subsided faster than in previous treatments and found the products non-greasy and easy to use. The patient reported maximum adherence to treatment with the Cicaplast Baume twice daily for 7 days and Lipikar Baume multiple times daily for 5 days.

Case 2. Multiple Actinic Keratoses on Scalp, Forehead, and Nose Treated with Photodynamic Therapy

An elderly man, FST I, was diagnosed with many AKs on his scalp, forehead, and nose. Field-directed PDT was selected for the treatment of the field cancerization of the scalp. Shortly after treatment, the patient developed erythema and edema of the treated sites (cAE symptom score: 3). The patient reported only slight stinging with a feeling of warmth in the treated areas. The patient was given a one-time application of topical corticosteroid immediately after light therapy, followed by Cicaplast Baume twice daily, Lipikar Baume as needed for dry skin, and the Lipikar Syndet for gentle cleansing starting at day 2. After one week, the patient felt an intense itch in the scalp area (cAE symptom score 4), which resolved by day 26 post-treatment. By day 26, the patient only had moderate erythema (cAE symptom score: 3; Figure 3). The patient was happy with the cAE skincare regimen and felt much better compared to previous similar treatments. He felt that the creams relieved symptoms of dryness and adequately moisturized his skin. The patient reported full compliance with the skincare regimen of Cicaplast Baume twice daily for 8 days, Lipikar Syndet every other day for 8 days, and Lipikar Baume multiple times daily for 8 days. Despite sunscreen campaigns, melanoma skin cancers (NMSC) are still prevalent. Thus, all patients should receive a proper skincare regimen that includes good sun protection.

Case 3. Bevacizumab-Induced Subacute Cutaneous Lupus Erythematosus

A 33-year-old woman, FST I, presented to dermatology with a history of stage 4 rectal carcinoma. She had metastases in her liver and abdominal lymph nodes and was started on cetuximab and FOLFOX (leucovorin, fluorouracil, irinotecan, and oxaliplatin). After a year, the patient had only minimally responded to treatment. She did not have any major skin concerns at that time and was advised to use a skin moisturizer for skin dryness on the face, hands, and feet. Later that year, the patient was switched to bevacizumab and XELOX (capecitabine and oxaliplatin). After her 5th infusion on this new cancer regimen, she developed erythematous annular plaques on her chest and brachial skin (Figure 4). She was referred to dermatology by her oncology nurse and was found to have Subacute Cutaneous Lupus Erythematosus (SLCE) likely induced by bevacizumab. The patient was prescribed clobetasol propionate cream to apply every night for 3 weeks to her body, tacrolimus 0.1% ointment every night for 1 month on the face, and a prednisone taper over 20 days starting at 40 mg daily. A skin regimen including the Lipikar Syndet daily cleanser, Lipikar Baume cream daily moisturizer, and Anthelios sunscreen prior to sun exposure was started to promote skin healing. The patient reported strong compliance with this skincare regimen. At presentation, she had a cAE symptom score of 3 with severe skin irritation, pain, and annular scaling on the chest and arms, as well as a malar rash. By her 1-month follow-up visit, her skin reaction had healed, leaving only mild scarring and redness (cAE symptom score 1; Figure 4). Finally, at her 2-month follow-up visit, the patient reported that her skin had continued healing and was very happy with the results of the skincare provided. She felt that her skin dryness had subsided and was able to continue with oncological care without interruption. Prompt dermatological attention for this patient allowed her to continue with her cancer therapies without interruption while effectively managing her cAEs.

FIGURE 4. Bevacizumab-Induced Subacute Cutaneous Lupus Erythematosus in Young Woman.

Photos Courtesy of Dr. Kauppi

Case 4. Amivantamab-associated Scalp Folliculitis

A male patient, FST1, with NSCLC, presented with erythematous papules and ulcerations on his scalp, head, and chest with accompanying pustules and hemorrhagic crust. The rash had started three weeks prior (cAE symptom score: 3). The patient had been on amivantamab infusions every other week, which is highly associated with scalp and hair changes.[15] To treat the cAE, the patient was started on a tetracycline antibiotic and local treatment with betamethasone cream and clindamycin gel. He was also instructed to use the following skincare: Lipikar Syndet cleansing gel, Lipikar Baume moisturizer, Cicaplast Baume, and Anthelios sunscreen. At his first follow-up visit, 2 weeks later, the patient had a reduction in pustules and felt that there was less bleeding and itch (cAE symptom score 1; Figure 5). The treating dermatologist had to offer encouragement and emphasize the importance of conjunctive skincare use, especially with other cAE treatments such as tetracyclines that lead to increased photosensitivity. At 3 months, the patient was started on 5 mg prednisolone in the morning and changed from tetracycline to isotretinoin 40 mg daily. Six months later, the patient continued to improve with completely healthy skin on his face and scalp with only residual rash on his chest (Figure 5). The patient had requested more Lipikar Baume moisturizer at his follow-ups, as he felt that local treatment helped him the most.

Case 5. Imiquimod-Associated Ulceration in a Patient Treated for Squamous Cell Carcinoma in situ and Actinic Keratoses

A male patient with FST I presented with skin ulceration, pain, crusting, and redness after use of imiquimod (3 times per week for 3 weeks) for a squamous cell carcinoma in situ and AKs. The skin over his malar cheeks had become erythematous with confluent moist desquamation, edema, ulcerations, a tendency to necrosis, and warm (cAE symptom score: 3-4; Figure 6). The patient reported frequent skin burning and pain that impaired his ability to eat and speak. His dermatologist started him on a skin care regimen for his face, specifically cheeks, including Lipikar Syndet cleansing gel, moisturizer Lipikar Baume, Cicaplast cream, and Anthelios

FIGURE 5. Amivantamab-associated Scalp Folliculitis.

Photos Courtesy Dr. Girnita

sunscreen. At his follow-up on day 9 after skincare implementation, his skin had dramatically improved with only slight residual hypopigmentation (cAE symptom score 0). He was extremely satisfied with the Cicaplast Baume, which he applied twice daily, and which helped repair his skin. This case demonstrates the importance of supportive skincare after harsh anti-neoplastic skin cancer treatments.

Case 6. Hormone-Induced Pruritus in a Patient With Prostate Cancer

A male patient, FST 2, with a history of prostate cancer on degarelix, a GnRH antagonist, and apalutamide, an oral anti-androgen, presented with chronic dermatitis. He complained of severe itch and xerosis for the past year. He had a widespread lichen planus-like eruption on his limbs and torso (cAE symptom score: 3) that significantly impacted his self-image and social life (Figure 7). Based on the prior NECOM algorithms, his dermatologist prescribed a

FIGURE 6. Imiquimod-Associated Ulceration in Patient Treated for Squamous Cell Carcinoma in situ and Actinic Keratoses.

Photos Courtesy Dr. Girnita

FIGURE 7. Hormone-Induced Pruritus in Patient with Prostate Cancer.

Photos Courtesy Dr. Lynde

1-week course of prednisone 20 mg daily, amcinonide 0.1% cream daily, UVB phototherapy 2 to 3 times per week, and bilastine, an antihistamine, 20 mg daily. In addition, he was educated on gentle cleansing techniques using non-soap cleansers, moisturizers, and daily sun protection. He used the Lipikar Syndet daily, Lipikar Baume on his full body daily, Cicaplast Baume as needed after his topical corticosteroid, and Anthelios sunscreen. At his 2-week follow-up, the patient had seen significant improvement in his skin and reported flatter morphology of his eruptions on his legs. He reported a dramatic reduction in itch and was given a cAE symptom score of 1. The skincare regimen provided symptomatic relief to his pruritic skin and allowed him to improve his QoL quickly. He was encouraged to continue using this regimen to prevent xerosis that may trigger the return of his itching. The patient reported good compliance and denied any issues with his cAE treatment plan.

Case 7. Nummular Eczema in Patient FOLFOX for Rectal Cancer

A woman, FST II, with rectal cancer presented to the clinic after experiencing a widespread eczematous eruption on her limbs and torso consistent with nummular eczema (Figure 8). She had previously been on FOLFOX chemotherapy consisting of leucovorin, folinic acid, fluorouracil, and oxaliplatin as well as radiation. She reported that her rash had become very itchy and would regularly interfere with her daily activities. She also reported that any creams or body wash would exacerbate her pruritus and was finding it increasingly difficult to shower and bathe. Her cAE symptom score was 2 at baseline. She was started on an antihistamine, bilastine, and amcinonide cream daily. A comprehensive skin regimen consisting of Lipikar Syndet body wash daily, Lipikar Baume daily application, and Cicaplast Baume as needed. She was also recommended to use daily Anthelios sunscreen. Three weeks later, she returned to the clinic and was found to have dramatically improved with only 1 to 2 "active lesions" and residual hyperpigmentation (cAE symptom score 0-1). The patient was especially happy with finding the Lipikar Syndetsoap free cleanser. While less compliant with full body moisturization, she was very satisfied and reported full compliance with the cleanser that allowed her to bathe without further irritating her skin.

FIGURE 8. Nummular Eczema in Patient FOLFOX for Rectal Cancer.

Photos Courtesy Dr. Lynde

DISCUSSION

As the population ages and cancers become more prevalent, a robust guide for supporting patients through cancer treatments will be essential to ensure patient quality of life and dignity. Skin toxicities are very common in patients undergoing cancer-targeted therapies.[16] These toxicities can be detrimental to a person's QoL and may also be severe enough to halt life-saving cancer therapies. Incorporating daily, regular skincare practices in a patient's treatment plan may improve skin symptoms and protect against severe skin reactions. Appropriate skincare maintains the epidermal skin barrier and protects this immunocompromised population from infections and further complications. Skin cleansers should maintain skin pH near physiological levels to preserve skin microbiota and homeostasis. In addition, emollients such as shea butter and humectants such as niacinamide help hydrate and maintain the structure of the skin barrier. However, humectants such as urea must be avoided in patients undergoing radiation, as it may lead to irritation and redness. In addition, skincare containing common irritants such as fragrances or preservatives must be avoided to protect sensitive skin. This emphasizes the importance of informed skincare choices to best complement and protect skin during cancer treatment. Use of routine moisturizers can have a profound effect on patient skin recovery time after treatments such as PDT or help symptoms of xerosis and pruritus, which are common cAEs of conventional chemotherapies.[16] In an unpublished multicenter study, a skincare regime containing thermal water (a cleanser, moisturizer, and healing balm from La Roche-Posay) was shown to reduce severe skin toxicities in breast cancer patients undergoing radiotherapy. In another multicenter study, patients were given a 12-product kit containing a thermal spring water spray, body balm emollient, body cleansing oil, gentle shampoo, wound healing balm, repairing hand cream and foot cream, as well as SPF50+ body and face sunscreen and face moisturizers and cleansers, to use before, during, and after chemotherapy. cAE were evaluated in patients who were casual and regular users of the products. The results from this open-label study revealed that regular users of the skincare products minimized the impact of their cAEs compared to casual users.[17] Gentle skincare practices should be implemented prior to and throughout anticancer treatments with regular dermatological follow-up to help minimize cAE and optimize patient quality of life and skin health.

The patients in this case series were treated with comprehensive fragrance-free and gentle skincare regimens. The skincare mostly consisted of the Lipikar Syndet AP+ cleanser, Lipikar Baume AP+M moisturizer, Cicaplast Baume B5+, and Anthelios UVMUNE 400 SPF50+ sunscreen. The Lipikar moisturizers provided contained ceramides, shea butter, glycerin, and niacinamide, which help repair and restore the skin barrier. The Cicaplast B5 cream contained glycerin, panthenol, and minerals such as copper, zinc, and manganese which are essential in collagen formation and rebuilding skin structure. Lastly, the Anthelios SPF50+ sunscreen contained a combination of a ultraviolet (UV) filter, Mexoryl 400, and ingredients such as vitamin E and glycerin that provide the skin with protection against UVA/UVB rays, free radicals and TEWL to promote healthy skin. Skincare products were used in conjunction with prescription cAE treatments such as topical corticosteroids, oral antibiotics, or antihistamines. Skincare supported the effects of these cAE treatments and helped protect patients from future skin toxicities.

In this real-world case series, experts identified compliance and adherence as the largest barrier to treatment. Reinforcing education was found to be essential at 3 levels: the oncologist, nurse, and dermatologist. Three reiterations of the importance of skincare appeared to be more effective in reminding patients to use their products. Many patients also admitted to applying the creams reactively or intermittently rather than as part of a daily routine. Experts agreed that improving patient adherence is key in efficacy of skincare. Some experts found that presenting the skincare regimen as part of their oncological treatment plan helped in motivating the patient to adhere to the regimen. Adherence was found to be more difficult in elderly men likely due to a cosmetic misconception of the utility of the daily skincare regimen. Instead, the skincare regimen should be presented as another part of an essential daily routine, likened to brushing their teeth. In addition, NECOM experts emphasized the importance of transmitting the importance of adjunctive skincare to dermatology residents and young trainees in addition to other HCP involved in oncologic care of patients.

The NECOM series have been developed by experts in the aim to provide educational materials to a broader range of HCPs such as pharmacists, general practitioners, and nurses. As the demand for supportive oncodermatology and treatment of skin toxicities increases, it will be important to remind patients of the benefit and key elements of a skincare regimen to compliment and add to their overall health plan.

Limitations

These cases reflect real-world experiences of experts in the field of dermatology and oncodermatology. The results from these patient cases do not represent data from randomized controlled trials and are not meant to represent clinical trial data. Few clinical trials exist on the use of skincare for cAE; thus, expert opinion and experience is invaluable in guiding supportive oncodermatology efforts. Expert opinion and the use of skincare regimens must be personalized to each patient and presentation.

CONCLUSION

cAE are common and lead to profound decrease in QoL for patients undergoing anticancer treatments. Skincare regimens containing non-irritating, skin-barrier-promoting ingredients can complement the treatment of cAEs and help prevent the severity of future cAEs. Patient education and communication about the importance of skincare is essential, and reinforcement of skincare adherence is key to successful outcomes. The case series presented integrates the NECOM algorithms and skincare to demonstrate real-world application of skincare regimens in conjunction with cAE treatment. Patients presented with used skincare regimens throughout cancer treatments and reported high satisfaction with the daily routine. Quality of life is highly important to cancer patients. Integrating skincare into treatment can improve the patient experience and support adherence to cancer treatment. It is important to recommend and select the right skincare products that will not exacerbate or irritate sensitive skin in this population. NECOM experts emphasize that patients should be encouraged to adopt a proactive approach to caring for their skin before, during, and after cancer-targeted therapy.

DISCLOSURES

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