

Supportive Medication for EGFR inhibitors

This document summarises the basis for the guidance on supportive medication for skin reactions with EGFR inhibitors provided for medical oncology regimens in the ACT-NOW Systemic Anti-Cancer Therapy Regimen Library (SRL).

Guidance

Skin reactions are very common with EGFR inhibitors. They usually occur within the first four weeks of treatment and generally present as an acneiform rash primarily on the face, neck and upper torso. Skin reactions may occur or worsen with sun exposure.

EGFR inhibitors in the SRL include:

- afatinib
- cetuximab
- erlotinib
- gefitinib
- neratinib
- osimertinib

All EGFR inhibitor-containing SRL regimens include the following skin reaction prophylaxis:

- **doxycycline** 100 mg orally once daily.
 - Commencing the day before the EGFR inhibitor and continued for 6 weeks or as per institutional policy. If no rash develops after 6 weeks, consider stopping.
- **hydrocortisone** 1% topically once daily.
 - Apply to the face, hands, feet, neck, back and chest at bedtime or as directed by your oncologist. If no rash develops after 6 weeks, consider stopping.
- **Moisturiser** (cetostearyl alcohol + paraffin liquid + paraffin soft white).
 - Apply as a moisturiser to the face, hands, feet, neck, back and chest each morning or as directed by your oncologist.
- **SPF 50+ Sunscreen** (avobenzene + homosalate + octisalate + octocrilene + oxybenzone).
 - Apply to skin 30 minutes before going outdoors as directed by your oncologist.

Each cancer type working group chair has the final decision as to the requirement of supportive medications for EGFR inhibitors within an SRL regimen.

References

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