More than Skin Deep: The Lurie Cancer Center Oncodermatology Program

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The Lurie Cancer Center
Oncodermatology Program

- Who we are
- Services we provide
- Common health conditions we manage
- General skin care and sun protection guidelines
- Ongoing research endeavors
Northwestern Division of Oncodermatology

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Dermatologic Toxicities of Cancer Treatment

- Those affecting skin, hair and nails
- Goals of our program
  - Minimize those toxicities to maintain quality of life
  - Maintain consistent cancer therapy as we are safely able
CARES clinic
  - Cancer treatment Adverse REactions in Skin
  - Unique benefit to cancer center patients
  - Skin reactions due to chemotherapy and radiation:
    - Negative impact on quality of life
    - Negative impact on treatment continuation
Cancer Treatment Side Effects

- Dry skin
- Itching
- Photosensitivity
- Increased risk for skin cancer
- Painful eruptions on hands and feet
- Painful skin around nails
- Nail changes
- Hair changes and hair loss
- Acne like rashes
- Graft vs. Host Disease
General Skin Care Guidelines

- Sun protection measures
- Dry skin care and gentle skin care
Preventative Measures

Use a daily sunscreen that is labeled as “broad-spectrum”, which covers both UVA and UVB sun rays. The sunscreen should be at least SPF 30.
Sunscreens

- SPF (Sun Protection Factor)
- SPF 15: screens out 93% of sun’s UVB rays
- SPF 30: screens out 97% of sun’s UVB rays
- SPF 50: screens out 98% of sun’s UVB rays
- In most cases, SPFs beyond 50 are unnecessary.
“Broad-spectrum”

- Blocks out components of UVB and UVA rays
- UVA-screening ingredients:
  - Chemical blockers (have to be absorbed): avobenzone, ecamsule, oxybenzone
  - Physical blockers (works immediately): titanium dioxide, zinc oxide
Sun Safety

- Apply the equivalent of a shot glass (2 tablespoons or 1 fluid oz) of sunscreen to the exposed areas of the face and body.
- A nickel-sized dollop to the face alone.
- If using a spray, apply until an even sheen appears on the skin.
- Reapply every 2 hours; more frequently after swimming, heavy perspiration, or toweling off.
- Don’t forget to apply sunscreen to your face, ears, and neck, as well as your arms and legs if they are not covered by clothing.
Use sunscreens year-round.

UVB rays are most intense in summer...

BUT up to 95% of UV radiation reaching the earth is UVA, which is emitted in about equal intensity throughout the year.

Sunburns can occur even when the day is overcast: up to 80% of the sun’s dangerous UV radiation can penetrate clouds.
Preventative Measures

- Seek shade between 10 a.m. and 2 p.m., which are the peak hours of UVB exposure.
Preventative Measures

- Wear lightweight long-sleeved shirts and pants when possible. There are now numerous clothing lines that contain SPF protection built into the clothing and swimwear.
Preventative Measures

- Wear a wide-brimmed hat and sunglasses whenever possible.
Dry skin care

- Dry skin and itching are common side effects from chemotherapy.
- Both can be prevented and adequately treated with topical emollients, good dry skin care habits, and topical steroids if needed.
Strategies to prevent dry skin

- Use an emollient twice daily (creams and ointments preferred)
  - Cerave, Vaseline, Cetaphil, Vanicream, etc.
  - Unscented, often found in a tub
Strategies to prevent dry skin

- Add an emollient with urea, salicylic acid, or an alpha hydroxy acid (salicylic acid, lactic acid)
  - Urea cream 10-40%
  - AmLactin
  - Cerave SA
Strategies to prevent dry skin

- Avoid hot showers
- Moisturize immediately after showering
- Avoid showers longer than 10 minutes
- Avoid products with fragrances
- Do not aggressively scrub your skin
- Use gentle cleansers, like Dove for sensitive skin
- Consider the use of a humidifier in your home
Managing Itchy Skin

- Good dry skin care measures
- Sarna lotion (menthol)
- Antihistamines (e.g. Zyrtec, Xyzal)
- Oatmeal baths
- Prescription topical steroids
Clinical Trials

I. Prevention of acne-like rash secondary to EGFR inhibitors (e.g. Tarceva, Erbitux, Vectibix, Tegrisso; used to treat colon cancer, lung cancer, head/neck cancer) using a topical steroid twice a day for the first 6 weeks

II. Prevention of hand-foot syndrome (redness, swelling, pain) secondary to chemotherapy with a topical cream applied twice a day for 12 weeks

III. Treatment of chemotherapy-related paronychia (swelling, redness of nailfolds) with a topical solution applied twice a day

IV. Treatment of chronic GVHD (graft-versus-host disease) with daily oral ruxolitinib (JAK/STAT inhibitor)

V. Upcoming – treatment of permanent chemotherapy-related hair loss with daily oral minoxidil for 6-12 months
Northwestern Division of Oncodermatology

- Robert H. Lurie Comprehensive Cancer Center
- Galter 21st Floor
  - Monday AM
  - Tuesday PM
- Arkes 16th/17th Floors
  - Monday-Friday clinics
- Cancer Center Inpatient Consultation Service
- Rube Walker Blood Center: ECP
Northwestern Division of Oncodermatology
How Patients Can Make An Appointment

- Patients can make an appointment at Check Out
- Patients can call directly: 312-695-8106
Thank you for your time!

Questions?