Psycchosocial Impact of Cutaneous Toxicities Associated With Epidermal Growth Factor Receptor–Inhibitor Treatment

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Epidermal growth factor receptor inhibitors (EGFRIs) are an increasingly important class of anticancer agents. Cutaneous toxicities, the most common adverse effects of EGFR therapy, require dose modification or treatment cessation when moderate or severe and may compromise treatment compliance. To date, assessment has focused on physical symptoms associated with cutaneous toxicities; however, the psychosocial impact of those effects requires greater consideration. This article reviews current knowledge of assessment of cutaneous toxicities and identifies gaps in evidence, with particular focus on the psychosocial impact of cutaneous toxicities. Promising new assessment tools and approaches including the use of electronic patient-reported outcome measures are discussed, as well as implications for research in evaluating psychosocial interventions.

At a Glance

- Epidermal growth factor receptor inhibitors have a favorable toxicity profile, but associated cutaneous effects can compromise compliance to treatment and reduce quality of life.
- The prevalence and severity of the psychosocial impact of cutaneous toxicities have not been reported comprehensively.
- Patient-reported outcome measures can play a greater role in the assessment of cutaneous toxicities and their psychosocial impact, but they require further testing and validation.

Although EGFRIs have a more acceptable toxicity profile compared to other anticancer therapies (e.g., chemotherapy), adverse treatment effects unique to EGFRIs have been identified. The toxicities primarily are cutaneous, particularly papulopustular eruption, and have been described as “acneiform” (Segaert

Epidermal growth factor receptor inhibitors (EGFRIs) continue to garner significant attention in cancer research (Boone et al., 2007; Hu, Sadeghi, Pinter-Brown, Yashar, & Chiu, 2007). Drugs in the EGFR class include the monoclonal antibodies cetuximab and panitumumab, as well as the tyrosine kinase inhibitors erlotinib, gefitinib, and lapatinib (Lynch et al., 2007). To date, the drugs are used for a range of tumors, including lung, pancreatic, breast, head and neck, and colorectal cancers (Lynch et al., 2007). Research in EGFRi therapies has increased because the agents have demonstrated efficacy and more clinically acceptable toxicity profiles compared to other treatment options in clinical trials (Lacouture & Melosky, 2007). Interest also is significant in the potential clinical benefits of EGFRi and chemotherapy combination treatment (Perez-Soler, 2007). As a result, this article will explore the challenges in comprehensively assessing cutaneous toxicities associated with EGFRIs and make recommendations for further research.

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