

# ONCODERMATOLOGY CONNECTION

Published by the Oncodermatology Society



First ODS member meeting in Boston 2022

## WELCOME TO THE FIRST EDITION

Mario E. Lacouture, MD - President, Oncodermatology Society

The establishment of the Oncodermatology Society is a result of the combined efforts of all of us who are dedicated to the dermatologic care of those touched by cancer. Participating in the Society meetings, collaborating with peers in various projects are critical to the establishment of our field and improving the lives of cancer patients and survivors. I am honored to work with all of you as we accomplish our mission of advancing cancer care through skin health.

This publication is a reflection of ideas and shared information specific to the subspecialty of Oncodermatology. We strive to create an environment that supports ideas and innovation to further our unique position within the fields of Dermatology and Oncology.

## HIGHLIGHTS

- MEMBER SPOTLIGHT
- 1ST ANNUAL ODS MEETING
- SPOT THE TOX!
- CLINICAL TRIALS



The Oncodermatology Society was founded in 2021 by Mario E. Lacouture, MD and aims to organize, engage, and amplify the voices of a global network of healthcare providers who specialize in the areas of Oncology, Dermatology, and Supportive Care, and to enhance the practice of care related to dermatologic conditions in cancer patients and survivors.

**Member Statistics**

Members: 76

Countries Represented: 4 (United States, Canada, France, Spain)

Institutions Represented: 41

States Represented: 20

# 1ST ANNUAL ODS MEETING

March 25, 2022 Harvard Club in Boston, Massachusetts

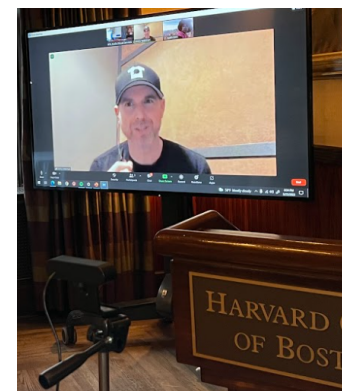


Dr. Freitas presented on the European Academy of Dermatology Venereology’s Task Force of “Dermatology for Cancer Patients”, and shared advancements in Oncodermatology in Europe due to collaborative efforts. The presentation program ended with two engaging patient presentations from Suzette Brown and Jonny Imerman, who shared their stories as Oncodermatology patients and their incredible advocacy efforts through comedy and connecting cancer survivors with cancer patients.



We are grateful for the support of our corporate sponsors for this event. Stay tuned for future details on our next annual meeting, which will be held in conjunction with the AAD Meeting in New Orleans, Louisiana, in 2023.

Thirty Five (35) members from the United States, Canada, and Europe were in attendance, networking and meeting each other in a casual and comfortable atmosphere. Dr. Lacouture introduced the goals and intent of the Oncodermatology Society, and Committee Chairs during his presentation. Dr. Choi introduced the Oscar Colegio MD, PhD, Lectureship, and honored Dr. Colegio’s achievements and life.



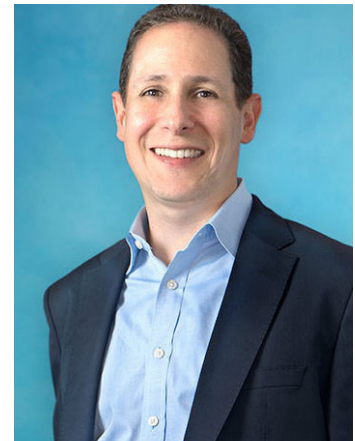
## BOARD OF DIRECTORS



**Mario E. Lacouture, MD**  
President, Oncodermatology  
Society & Editor,  
Oncodermatology Connection



**Eileen F. Gould**  
Executive Board Member &  
Oncodermatology  
Connection, Assistant Editor



**Andrew Ceisler**  
Executive Board Member

## COMMITTEE CHAIRS



**Jennifer N. Choi, MD**  
Communications



**Nicole R. LeBoeuf, MD**  
Education



**Jae Y. Jung, MD**  
Equality, Diversity  
and Inclusion



**Milan J. Anadkat, MD**  
Research



**Vincent Sibaud, MD**  
International Relations

## MEMBER SPOTLIGHT



### Jonathan S. Leventhal, MD

Assistant Professor of Dermatology, Associate Director of the Dermatology Residency Program, and Director of Oncodermatology Clinic at Yale School of Medicine.

In his free time, Dr. Leventhal enjoys spending time with his energetic 3 year old and 1.5 year old boys and exploring new restaurants with his wife. In addition, he enjoys working out and playing tennis with friends.

### How did you learn about the field of supportive Oncodermatology and become more involved?

I was very fortunate as a resident at Yale to work with a leader in the field, Dr. Jennifer Choi. I loved seeing consults in the Yale Cancer Center to help manage cancer patients who developed complications from their therapy or disease, especially at a time when immune checkpoint inhibitors and targeted agents were becoming more prominent. I saw firsthand when caring for these patients how their dermatologic complications involving the skin, hair or nails were impacting their quality of life and knew that I wanted to make this a major focus of my career. When I was a Chief Resident, I expressed my interest in Oncodermatology to my program leadership who was very supportive in mentoring me. I was able to work in a dermatology clinic in the cancer center every other week as a resident and this was an incredible learning experience for me. After graduating residency, I took on leadership of our department's Supportive Oncodermatology Program. I have been very fortunate to have our clinic well integrated into our cancer center where medical, surgical and radiation oncologists have welcomed me as part of the multi-disciplinary team. This has made the integration of dermatologic care quite seamless.

### What do you think are some of the rewards and challenges that come with working in this subspecialty?

The rewards are obvious for me – helping cancer patients who are in dire need and enabling them to stay on their cancer treatments. These patients are fighting for their lives and are so appreciative of what we can do to improve their health and quality of life in any way. The challenges are that many of my patients- even young ones- who are battling cancer are at the end of their lives, and this is just very tragic and can be hard as a physician caring for them. It is a true privilege to learn about their life stories and improve their dermatologic ailments, but it still hits home quite hard and often, as you see many sad endings.

The interactions I've had with my cancer patients are very personal and meaningful to me. The difference a dermatologist can make in the life of a cancer patient by managing cutaneous toxicities is substantial and is the favorite thing about my job!

Some other challenges we encounter are the lack of good treatments and preventive measures for several of these rashes, such as hand-foot skin reaction, which can be very recalcitrant to therapy. We are conducting clinical trials to hopefully improve the treatments of various toxicities. What can also be frustrating is that some of the rashes may be quite persistent despite what we do, and some of the toxicities are permanent, which poses additional challenges.

### How do you see the future of the field moving forward in the next few years?

I think the field has a few primary goals. One is to characterize and learn about the dermatologic toxicities that cancer patients experience and do it in a way that educates dermatologists and oncologists worldwide. Two is to investigate novel strategies for preventing and treating these toxicities through clinical trials and multi-institutional collaborations. I think that's going to be where the future is. We've already come such a long way with so many conditions, such as scalp cooling and localized cryotherapy to help prevent chemotherapy-induced alopecia and hand-foot syndrome, respectively. Novel treatments for combating hand-foot skin reaction are around the corner. Reducing the severity of acneiform rashes from EGFR inhibitors using prophylactic treatment with topical steroids and oral tetracyclines are other such examples. I really look forward to the future of our growing specialty with regards to improving patient care and helping mentor future generations of Oncodermatologists!

## SOCIETY COLLABORATIONS

- **Oncodermatology case series: Dr. Smith and Dr. Leventhal**
- **DRESS induced by Immune Checkpoint Inhibitors case series: Dr. Sibaud**
- **PERSEVERANCE study: Actual situation and perspectives of SUPPORTIVE DERMATOLOGIC CARE of cancer survivors, and cancer patients receiving oncologic therapies: Dr. Sibaud, Fabroccini and Freitas**
- **Oncodermatology Compensation Survey: Dr. Babakoohi**
- **Industry collaborations: Repare pharmaceuticals; Kintara Therapeutics; OnQuality Pharmaceuticals; Paxman Scalp Cooling**

## RECRUITING CLINICAL TRIALS (UNITED STATES)

Study Title	Identifier #	Main Site and PI/Sponsor
Study of <u>Benralizumab</u> in People with Skin Side Effects Caused by Cancer Therapies	NCT04552288	MSKCC Mario Lacouture AstraZeneca
Clindamycin and Triamcinolone in People with Glioblastoma to Prevent Skin-Related Side Effects of Tumor Treating Fields	NCT04469075	MSKCC Mario Lacouture <u>Novocure</u>
LUT014 for the Reduction of Dose-Limiting Acneiform Lesions Associated with EGFR Treatment of mCRC	NCT04759664	Lutris Pharma Ltd.
Ketoconazole in Treating Participants with Ongoing EGFR Inhibitor-Induced Rash	NCT03471364	Mayo Clinic Aminah Jatoi
Study of the Safety and Efficacy of <u>Ruxolitinib</u> Cream for Non-Sclerotic Chronic Cutaneous Graft-Versus-Host Disease	NCT03954236	MSKCC Alina Markova Incyte
A Study of Oleogel-S10 Gel for the Treatment of Radiation Dermatitis in People with Breast Cancer	NCT05190770	MSKCC Alina Markova <u>Amryt</u>
A Study to Investigate OQL011 on VEGFR Inhibitor-Associated Hand-Foot Skin Reaction in Cancer Patients (NOVA-II)	NCT04088318	MSKCC Mario Lacouture OnQuality Pharmaceuticals
Effect of Low-Dose Oral Minoxidil as Treatment of Permanent Chemotherapy-Induced Alopecia	NCT03831334	Northwestern University Jennifer Choi
A Study of Topical Steroids as Preemptive Therapy for EGFR-Induced Papulopustular Eruption	NCT03115567	Northwestern University Jennifer Choi

# SPOT THE TOX!

## Clinical Diagnosis Challenge



Patient is a 52 year old recently diagnosed with metastatic kidney cancer and started on an oral agent. Patient presents 3 weeks later with these lesions in the palms and soles.

### What is your diagnosis?

1. Hand foot syndrome to capecitabine
2. Hand foot skin reaction to multikinase inhibitors
3. Periarticular thenar with erythema (PATEO) syndrome to taxanes
4. Acrokeratosis paraneoplastica

The following agent(s) has been shown to reduce the incidence of this toxicity when administered prophylactically:

- a) Coconut oil
- b) Clobetasol 0.05% cream
- c) Urea 10% cream
- d) Vaseline

\*ANSWERS ARE PROVIDED ON PAGE 7

## SUPPORT TEAM



**Patti R. Tam**

I come to the team after 25+ Years working as a practice administrator for an emergency medicine group consisting of 150 physicians. I am recently semi-retired and like to devote my free time to travel, reading, cooking and yoga. In the future, I look forward to learning about the fine art of wine making!

[ptam@oncologydermatology.org](mailto:ptam@oncologydermatology.org)



**Alexander Bang**

Membership Coordinator  
& Oncodermatology  
Connection, Assistant Editor

[membership@oncologydermatology.org](mailto:membership@oncologydermatology.org)

## THANK YOU TO OUR CORPORATE PARTNERS



**PAXMAN**<sup>o</sup>

CHANGING THE FACE OF CANCER



## SPOT THE TOX!

Answers:

The presentation is consistent with hand foot skin reaction to a VEGFR inhibitor. This is a common toxicity associated with pain and limiting ADLs. It differs from hand foot syndrome from cytotoxic chemotherapy in that the former is usually associated with blisters followed by calluses in areas of friction or pressure, whereas the latter presents with palmar and plantar erythema, edema, fissures, and pain.

The only prophylactic topical agents shown to decrease the incidence of HFSR are urea 10% tid in a randomized sorafenib trial and clobetasol 0.05% in a dose escalation regorafenib trial. Reactive treatments that have shown anecdotal benefit include high -potency corticosteroids and topical lidocaine.

References:

1. Bekaii-Saab TS, Ou FS, Ahn DH, Boland PM, Ciombor KK, Heying EN, Dockter TJ, Jacobs NL, Pasche BC, Cleary JM, Meyers JP, Desnoyers RJ, McCune JS, Pedersen K, Barzi A, Chiorean EG, Sloan J, Lacouture ME, Lenz HJ, Grothey A. Regorafenib dose-optimisation in patients with refractory metastatic colorectal cancer (ReDOS): a randomised, multicentre, open-label, phase 2 study. *Lancet Oncol.* 2019 Aug;20(8):1070-1082.
2. Ren Z, Zhu K, Kang H, et al. Randomized controlled trial of the prophylactic effect of urea-based cream on sorafenib-associated hand-foot skin reactions in patients with advanced hepatocellular carcinoma. *J Clin Oncol.* 2015;33(8):894-900.

If any of the members would like to include content for the next issue, please inquire with Patti R. Tam ([ptam@oncologydermatology.org](mailto:ptam@oncologydermatology.org))