

ONCODERMATOLOGY CONNECTION

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Second ODS member meeting in New Orleans 2023

WELCOME TO THE SECOND EDITION

Oncodermatology Society Newsletter, Winter 2024

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A Message from the President:

The inception of the Oncodermatology Society stands as a testament to the collective dedication of individuals like ourselves, committed to providing exceptional dermatologic care to those affected by cancer. By actively engaging in Society meetings and collaborating with our peers on various projects, we have taken significant strides in establishing our field and enhancing the lives of cancer patients and survivors. It is both an honor and a privilege to stand alongside each and every one of you as we tirelessly pursue our mission of advancing cancer care through optimal skin health. I am delighted to announce that our membership has experienced a remarkable 75% growth since our last meeting. This surge in membership serves as a resounding endorsement of our Society's invaluable role in fostering collaboration, not only within our own ranks but also throughout the broader industry. It is truly encouraging to witness the increase enthusiasm and engagement from individuals and organizations alike, as we collectively strive towards advancing the frontiers of Oncodermatology.

Personally, I am excited to share that I have taken a new position as Chief, Dermatology Division, NYU Grossman Long Island School of Medicine and Medical Director, Symptom Management Program, Perlmutter Cancer Center in Long Island. I look forward to the opportunity to grow acute and complex dermatologic care in Long Island and to create interdisciplinary and interprofessional standards to prevent and manage symptoms in cancer patients and survivors.

As we look towards the future, let us continue to embrace the power of collaboration and knowledge sharing. Let us harness our collective strengths and expertise to unlock the full potential of oncodermatology. I am excited and optimistic about the possibilities that lie ahead, as we continue to make meaningful strides in improving the lives of cancer patients around the world.

HIGHLIGHTS

- ANNUAL ODS MEETING
- OSCAR COLEGIO AWARD
- EADV TASK FORCE
- MEMBER SPOTLIGHT
- RECRUITING CLINICAL TRIALS
- SPOT THE TOX!
- SAVE THE DATE

Thank you once again for your steadfast commitment and invaluable contributions. Together, we are making a lasting impact and transforming the face of cancer care through optimal skin health.

Mario E. Lacouture, MD
President, Oncodermatology Society
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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 2023

Of Members: 122

Countries represented: 6 (Brazil, France, India, Singapore, Spain, United States)

Institutions represented: 57

States represented: 26

SECOND ANNUAL ODS MEETING

March 17th, 2023 New Orleans, Louisiana

Welcome to the highlights of the 2nd Annual Meeting of the Oncodermatology Society, held on March 17th, 2023, at the picturesque Perkin House in New Orleans, Louisiana. The event kicked off with a delightful cocktail hour, where 40 esteemed members gathered amidst the soothing tunes of live jazz music. The ambiance exuded warmth and familiarity, adorned with St. Patrick's décor, creating a fun and engaging atmosphere.



To commence the program, a moment of silence was observed in honor of Dr. Gabriella Fabbrocini, a distinguished Italian Oncodermatologist who unfortunately passed away in March 2023. Dr. Mario Lacouture then took the stage to introduce the Oncodermatology Society and its esteemed team leadership.



PROF V SIBAUD

Following that, Dr. Jennifer Choi introduced the inspiring patient speaker, Nancy Holland, who shared her personal journey with alopecia and how she discovered newfound hope and improvement through the exceptional care and participation in Dr. Choi's clinical trial. Dr. Choi further provided insightful background information on the prestigious Oscar Colegio Award, highlighting its significance and announced the deserving first recipient, Dr. Vincent Sibaud. Dr. Sibaud delivered a captivating speech, expressing his commitment to fostering international collaborations among Oncodermatologists.



PERKIN HOUSE



SECOND ANNUAL ODS MEETING

March 19th, 2023 New Orleans, Louisiana

Engaging scientific discourse continued with presentations from Dr. Cuong Nguyen and Dr. Sheila Shaigany, who shared their groundbreaking research projects, igniting thought-provoking conversations among the attendees.

We were also honored to have representatives from our esteemed corporate sponsors, OnQuality Pharmaceuticals and Rubedo LifeSciences, who provided brief talks about their companies and the exciting prospects of collaboration available to our members.

The program concluded with an introduction to the Oncodermatology Society committees, emphasizing the importance of member involvement for shaping the future of our society. We are excited to announce that our next annual meeting will take place in the vibrant city of San Diego, California in 2024.

Thank you to all our dedicated members and participants for making the second Oncodermatology Society annual meeting, an unforgettable and enriching experience. Stay tuned for further updates and opportunities to contribute to the advancement of the Oncodermatology Society.



OSCAR COLEGIO AWARD



For excellence in clinical care, research, and mentorship in oncodermatology.

2023 OSCAR COLEGIO AWARD RECIPIENT: Vincent Sibaud, MD



Vincent Sibaud, MD, is an Oncodermatologist at the Institut Universitaire du Cancer Toulouse - Oncope, in Toulouse, France, and the Chair of the European Task Force "Dermatology for cancer patients". Throughout his entire career, Dr. Sibaud has been dedicated to advancing the field of oncodermatology through caring for patients, conducting clinical trials and research projects on an international scale, and mentoring aspiring oncodermatologists.

We are grateful to have Dr. Sibaud as a close colleague, and honored to have him as the first awardee of the Oscar Colegio Award. We know that he will continue to make a significant impact in oncodermatology with his tireless commitment and passion.

IN MEMORIAM



Gabriella Fabbrocini, MD, was born in Naples, Italy on December 16, 1964. She was a Full Professor of Dermatology and Venereology at the Department of Clinical Medicine and Surgery of the University of Naples Federico II.

Dr. Fabbrocini dedicated her entire life to work, research, and love for her patients, committing herself to restoring dignity to the lives of cancer patients often threatened by aggressive therapies. She was highly recognized and very much appreciated by the scientific community both as a professional and as a human being. She passed in 2023 and Dr. Fabbrocini's loss is a tragedy for us. She will always remain in our memory.

TASK FORCE OF DERMATOLOGY FOR CANCER PATIENTS

UPDATES FROM THE EADV

The EADV Task Force of dermatology for cancer patients has grown significantly over the past 2 years, and we are delighted to inform you that we currently have a strong network of 120 members from across 20 countries not only in Europe but further afield. Our diverse and dynamic team is dedicated to advancing the field of oncodermatology and improving oncologic patient care.

We would like to take this opportunity to express our gratitude for the collaboration with your society in our research projects: The PERSEVERANCE study, which aimed to explore the current state of oncodermatology in Europe and the USA to identify challenges and opportunities and propose strategies to improve oncologic patient outcomes, and the ongoing Delphi consensus on management of the EGFRi acneiform rash, that just finished the second round.

Going forward, we have several ongoing projects and research initiatives in the pipeline, and we would be honored to have your involvement:

1. Study on the efficacy of dupilumab and skin rash (retrospective-cohort)
2. Delphi consensus on persistent chemotherapy-induced alopecia (pCIA)
3. ICI and erythema nodosum-like panniculitis (retrospective-cohort)
4. ICI and lipodystrophy (retrospective-cohort)
5. Prospective study of ICI cirAEs
6. Survey to evaluate the knowledge and level of training in supportive oncodermatology of the USA and European dermatology residents.

Participating in these collaborative initiatives will allow you to work alongside leading experts in the field and contribute to cutting-edge research. We firmly believe that together, we can make significant strides in improving the lives of cancer patients and advancing dermatologic care.

If you are interested in participating or would like further information about specific projects, please do not hesitate to reach out to us. We would be more than happy to provide you with additional details and answer any questions you may have.

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MEMBER SPOTLIGHT



Janelle Smith, MD

Professor of Dermatology, Director of Oncodermatology, UC Irvine School of Medicine, Chao Family Cancer Center.

In her free time, Dr. Smith enjoys spending time with her five children and six grandchildren, and her friends. She is an avid hiker and walker who also enjoys art and plays multiple instruments.

How did you learn about the field of supportive Oncodermatology?

I initially learned about the field through Dr. Mario Lacouture. He gave a lecture at UC Irvine that was fascinating. I was focused on melanoma, and it became a natural segway as the anti-CTLA4 and anti-PD1 inhibitors were newly used for melanoma.

In collaboration with the Oncologists at our cancer center, I established an Oncodermatology clinic to better serve our patient population.

What has been rewarding about your experience leading the Oncodermatology Program?

It has been wonderful because the residents have been so excited about this specialty. They are studying about Oncodermatology and seeing all the new medications and treatments. It can be a bit overwhelming as there is so much novelty and unknowns, but the residents do enjoy a good challenge! For example, a patient had a blistering rash from enfortumab vedotin that I have seen but was new to my resident. We did a thorough work-up on rashes to emphasize how that can evolve into bullous pemphigoid.

What experiences have you been involved in with the Oncodermatology Society and how have they impacted you?

I have attended both annual meetings so far and loved going to them. I thought that our recent patient speaker, Nancy Holland, who spoke about her hair loss was unbelievably amazing and I was nearly in tears hearing her speak. I enjoy interacting with other members through the listserv, and once asked about a clinical case, which turned into a collaboration and publication with Dr. Jonathan Leventhal at Yale. The Oncodermatology Society helps me connect with other members and the patient speakers at the annual meetings have been phenomenal.

What do you hope to see more of from the Oncodermatology Society?

Some institutions such as Stanford and Harvard have multiple Oncodermatologists. I am envious that the 5 attendings at Stanford can casually ask each other to see their patients. At UC Irvine, I am the only Oncodermatologist. I would be interested in seeing more interaction between all members in terms of what we are seeing, new drugs and adverse events through a forum. This is something I hope the Oncodermatology Society can build further to support some of us at institutions who have smaller Oncodermatology programs.

MEMBER SPOTLIGHT



Yevgeniy Semenov, MD, MA

Assistant Professor of Dermatology, Co-Director of Oncodermatology Program, Principal Investigator of Dermatology Clinical Informatics Laboratory, Massachusetts General Hospital, Harvard Medical School.

In his free time, Dr. Semenov enjoys spending time with his family and two-year-old daughter and they like to ride their bikes in Boston and Cambridge. Dr. Semenov enjoys hiking, traveling, and reading during his free time.

How did you learn about the field of supportive Oncodermatology?

I was first exposed to oncodermatology as a resident at Washington University in St. Louis under the mentorship of our program director, Dr. Milan Anadkat. At the time, he was largely seeing patients who were receiving chemotherapy and developing skin side effects. We were treating many patients who developed skin side effects from conventional cytotoxic agents, newer classes of medications such as EGFR inhibitors, and towards the end of my training an increasing number of patients experiencing immunotherapy toxicities. It was a broad exposure and was the first time I had ever seen those types of patients. My experience in residency heavily influenced my decision to pursue a career in oncodermatology and I am very grateful to Dr. Anadkat for his continued mentorship.

What has been rewarding about your experience leading the Oncodermatology Program?

It has been truly phenomenal and rewarding. With the rapidly increasing indications for immunotherapy over the past few years, there has been growth in this clinical space. The combined hospitals across Mass General Brigham and Dana-Farber Cancer Institute have more experience in the United States managing immunotherapy toxicities, with nearly 18,000 patients started on this therapeutic class over the last decade.

My lab combines and leverages multi-modal data to predict risk of toxicity especially severe toxicity including, clinical history, germline and tumor genetics, and imaging data from pathology slides of patients' skin and tumors. We are among the first groups to determine that cutaneous toxicities from immunotherapy are prognostically favorable. We have improved our ability to diagnose and treat the various inflammatory morphologies of cutaneous irAEs and better understand how these presentations differentially impact patient prognosis.

What do you enjoy most about being a dermatologist who specializes in Oncodermatology?

I feel that in this realm of dermatology, we are an integral part of the broader healthcare team and are fundamental to the overall care of these patients. Data shows emerging harmful effects of broad systemic immunosuppressants like glucocorticoids on cancer outcomes in this population. Using our targeted knowledge, has greatly improved the patients care and has provided a speedier diagnosis. To non-dermatology specialists who are seeing a lot of these toxicities, it can be very overwhelming and there is often the tendency to prescribe such medications to suppress the patient's symptoms most rapidly. Being able to tell the patient what we know is going on and how best to intervene in the most specific manner within a relatively narrow time window enables oncodermatologists to position patients to have the best outcome. This is incredibly rewarding to me.

SPOT THE TOX!

Clinical Diagnosis Challenge



This patient is a 50-year-old man with stage IV non-small cell lung cancer who was recently started on a multidrug chemotherapy regimen including the EGFR tyrosine kinase inhibitor, lazertinib, and the EGFR/MET inhibitor, amivantamab. Several weeks into treatment, these painful, friable pink papules developed along the nail folds of the fingers and toes.

What is your diagnosis?

1. Hand-foot syndrome
2. Pyogenic granulomas
3. Glomus tumors
4. Acute paronychia

The following agents(s) have all been shown to help treat these lesions EXCEPT:

1. Clobetasol ointment
2. Oral doxycycline
3. Timolol solution
4. Oral isotretinoin
5. Trichloroacetic acid (70-90%)

*ANSWERS ARE PROVIDED ON PAGE 10

SOCIETY COLLABORATIONS

- Multi-center retrospective review of vitiligo-like lesions in breast cancer patients treated with cyclin-dependent kinase 4 and 6 inhibitors; Collaboration between Stanford, Yale, Cleveland Clinic and IUCT Oncopole.
- Lung Cancer patients are disproportionately affected by erythema dyschromicum perstans-like eruptions induced by Epidermal Growth Factor Receptor inhibitors in a multicenter, retrospective review; Collaboration between Stanford, UC Irvine, and Brigham and Women's Hospital.
- Supportive Oncodermatology practices in Europe and the USA: Collaboration between EADV Cancer Task Force and Oncodermatology Society members.
- Resident survey on training in dermatological toxicities of anticancer treatments (RESCUE Study): Collaboration between EADV Cancer Task Force and Oncodermatology Society members.
- Dermatologic complications in transplantation and cellular therapy for acute leukemia: Dr. Shahab Babakooji, Dr. Alina Markova.
- Detection of novel therapies using a multi-national, multi-institutional registry of cutaneous immune-related adverse events and management: Multi-institutional collaboration lead by Ohio State.

RECRUITING CLINICAL TRIALS (UNITED STATES)

Study Title	Identifier #	Main Institution/Lead PI
Study of Benralizumab in People with Skin Side Effects Caused by Cancer Therapies	NCT04552288	MSKCC Mario Lacouture
Clindamycin and Triamcinolone in People with Glioblastoma to Prevent Skin-Related Side Effects of Tumor Treating Fields	NCT04469075	MSKCC Mario Lacouture
A Study of Oral Minoxidil to Treat Hair Loss in Children, Teens, and Young Adults Who Are Cancer Survivors	NCT05778825	MSKCC Mario Lacouture
A Study to Investigate OQL011 on VEGFR Inhibitor-Associated Hand-Foot Skin Reaction in Cancer Patients (NOVA-II)	NCT04088318	MSKCC Mario Lacouture
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
Effect of Low-Dose Oral Minoxidil as Treatment of Permanent Chemotherapy-Induced Alopecia	NCT03831334	Northwestern University Jennifer Choi
A Study of Photobiomodulation (PBM) Therapy in People with Oral Graft-Versus-Host Disease (GVHD) After Stem Cell Transplant	NCT05675930	MSKCC Alina Markova
A Randomized Phase II Study of The Efficacy of Oleogel-S10 (AP101) Gel for the Treatment of Grade 2/3 Radiation Dermatitis in Breast Cancer Patients	NCT05190770	MSKCC Alina Markova

SPOT THE TOX!

Answers:

1. This clinical scenario is consistent with periungual pyogenic granuloma (PG)-like lesions secondary to EGFR inhibitor use. These painful lesions can occur on either the hands or the feet and typically take at least 4-8 weeks to develop after treatment initiation.(1,2) While the exact mechanism of EGFR inhibitor-associated periungual PGs is unclear, the fact that several other medications, including other kinase inhibitors and retinoids, can cause similar phenomena, suggests the existence of a common pathway.(3) EGF signaling plays an important role in the homeostasis of epithelial tissues, and EGFR inhibitors have been shown to cause keratinocyte cell cycle arrest and thinning of the stratum corneum.(4,5,6) Periungual PGs may then arise from excessive inflammation and hypergranulation that occur in response to drug-induced compromise of nail fold integrity. EGFR inhibitors can also be associated with other nail unit pathologies, including paronychia and periungual fissuring.(1)

2. Oral isotretinoin is the correct answer as it is NOT a treatment for periungual PGs but is known to cause them itself. Management of EGFR-induced PGs entails a multimodal approach with both treatment and prevention methods. Preventative measures such as avoiding friction and pressure on the nail are important to begin at treatment onset.(6) While PGs are initially sterile, they can easily become infected with either bacterial or fungal organisms. Though there is no data to support when treatment should be initiated, preventative medications such as topical antiseptic solutions and/or oral tetracyclines can be initiated at the first signs of periungual irritation to prevent secondary infection. Once periungual PGs have developed, the addition of other treatment modalities such as topical steroids and/or topical beta-blockers, such as timolol and betaxolol, have shown promise.(1) Some reports have also suggested that destruction with silver nitrate, cryotherapy, or trichloroacetic acid (70-90%), treatment with 5-aminolevulinic acid with photodynamic therapy, or placement of a plastic tube at the lateral nail fold ("gutter method") may also be beneficial. (1,7,8) Furthermore, these lesions are dose-dependent and regress with dose reduction or temporary interruption of treatment.(2)

*We would like to thank Drs. Xiyang Fan, Katerina Yale, and Janellen Smith from UC Irvine for putting together this case.

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SAVE THE DATE

ANNUAL ODS MEETING IN SAN DIEGO
MARCH 8, 2024
6-8 PM



THANK YOU!

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If any of the members would like to include content for the next issue, please inquire with Patti R. Tam (ptam@oncodermatologysociety.org or admin@oncodermatologysociety.org)