Immune checkpoint inhibitors

Skin adverse events and colitis: 3 case reports

Three patients undergoing treatment for melanoma with immune checkpoint inhibitors developed skin adverse events: a man (patient 1) developed a pruritic rash during treatment with ipilimumab; a woman (patient 2) developed a psoriasis flare-up during treatment with dabrafenib and trametinib and then, later, with nivolumab; and a man (patient 3) developed a pruritic rash during treatment with pembrolizumab. Patient 1 later developed colitis with ipilimumab.

Patient 1, a 74-year-old man, began receiving ipilimumab 3 mg/kg (frequency and route not stated) for stage IV melanoma. After one dose, he developed an intense itch, primarily on his trunk, and a grade 2 pruritic rash between 2 and 3 weeks after starting ipilimumab. He received treatment with methylprednisolone and triamcinolone. He returned 3 weeks later for his second dose of ipilimumab, presenting with a grade 3 rash on his trunk, arms and legs. He was then prescribed prednisone; ipilimumab was temporarily suspended and his symptoms completely resolved.

Ipilimumab was later permanently withdrawn after he developed grade 3 colitis.

Patient 2, a 66-year-old woman who had stage IV melanoma and a history of mild-to-moderate cutaneous psoriasis that was managed with topical treatments, had received four doses of ipilimumab 3 mg/kg for her melanoma and tolerated this well. Two years later, due to disease progression, she began receiving combination therapy with dabrafenib 150mg twice daily and trametinib 2mg daily. She developed a grade 1 acneiform rash (duration of treatment before reaction onset not stated) that resolved on its own. She continued to receive dabrafenib and trametinib for 5 months but, due to disease progression, she was switched to nivolumab monotherapy (dosage and route not stated). Two weeks after receiving the first dose, she developed a grade 3 pruritic rash on her arms, trunk and upper thighs. Rash biopsy revealed psoriasis flare-up. She received methotrexate and prednisone and her symptoms completely resolved after about 8 weeks.

Patient 3, a 56-year-old man who had stage IV melanoma, had previously received four doses of ipilimumab 3 mg/kg every 3 weeks. Due to subsequent disease progression, he began receiving pembrolizumab (dosage and route not stated) and, 5 days after his first dose, he developed a grade 2 rash comprising multiple 2- to 5mm pink-red papules, several of which had coalesced into plaques on his arms, thighs and mid-lower back. The rash was intensely pruritic. He received clobetasol and hydroxyzine and his rash completely resolved after around 3 weeks; he continued to receive pembrolizumab and his disease was stable at last follow-up.

Author comment:

"Recognition and treatment of cutaneous reactions are essential in patients receiving immune checkpoint inhibitors, as they are common and may greatly affect patients' quality of life and adherence to treatment."

Thebeau M, et al. Management of skin adverse events associated with immune checkpoint inhibitors in patients with melanoma. A nursing perspective. Journal of the American Association of Nurse Practitioners 29: 294-303, No. 5, May 2017 - USA