

## DERMATOLOGIC CONDITIONS IN WOMEN RECEIVING SYSTEMIC CANCER THERAPIES

Women receiving systemic cancer therapy frequently experience dermatologic adverse effects.

Systemic cancer therapies include drugs that are administered orally or through intravenous infusion and travel through the bloodstream to treat cancer cells. Women may be at a particularly increased risk for dermatologic complications of such therapies affecting the skin, hair, mucosal surfaces and nails. These adverse effects can significantly impact women's physical health, quality of life and emotional wellbeing. As a result, early treatment of these distressing dermatologic conditions is essential in the care of women with cancer. Most conditions discussed below resolve after completion of cancer therapy.

### Hair conditions

Hair loss or alopecia is one of the most common dermatologic adverse effects and may range from diffuse hair loss to localized areas of hair thinning on the scalp depending on the type of systemic cancer therapy administered. While hair regrowth typically occurs after completion of cancer therapy, some patients may experience permanent hair loss. Cancer therapies can also change the texture of the hair from straight to curly, make hair more brittle, or even change hair color. Targeted cancer therapies may also result in elongated and unruly eyelash growth or dark, coarse hairs on the upper lip, chin, and jawline, known as hirsutism.

### Skin and mucosal conditions

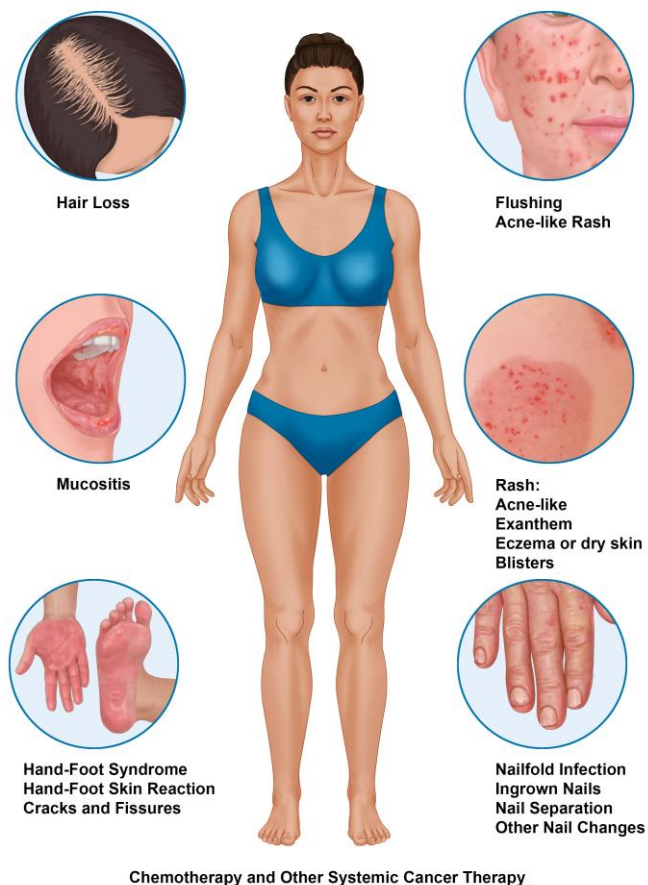
Many women develop rashes while receiving systemic cancer therapy; the particular type of rash depends on the class of oncologic drug. Rashes can range from itchy or dry skin, inflammation in the skin folds, acne-like rash, blisters or localized loss of skin pigment. The hands and feet may become red, painful and swollen, and patients may develop painful calluses or cracks on fingers and toes. Many cancer drugs can also cause painful sores in mucosal surfaces of the mouth and genital region, known as mucositis, which can make eating difficult. Vaginal dryness and thinning may occur in patients receiving endocrine therapy.

### Nail conditions

Examples of nail changes during cancer therapy include onycholysis, which is the detachment of the nail plate from the underlying nailbed; nailfold infection or paronychia, causing pain, swelling, and pus; brittle nails; ingrown nails; or color change of the nail.

### Strategies for prevention and management

Preventive strategies include gentle skin care regimens such as frequent application of bland moisturizers and avoidance of irritating products, hot water, sun exposure and trauma to



the hands and feet. Cooling of the scalp, as well as the hands and feet, during infusions may also prevent adverse effects in these regions. Management of mild rashes may require topical medications such as antibiotics, anti-itch creams, anesthetics or corticosteroids. Topical minoxidil may assist with hair regrowth. Oral medications can be offered for more severe conditions. Temporarily stopping or lowering the dose of cancer therapy may be required until a severe rash improves, but permanent discontinuation is rarely needed except in the event of a life-threatening or non-responsive severe rash.

#### FOR MORE INFORMATION

Ferreira MN, Ramseier JY, Leventhal JS. Dermatologic conditions in women receiving systemic cancer therapy. *Int J Women's Dermatol* 2019;5(5): 285-307.

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