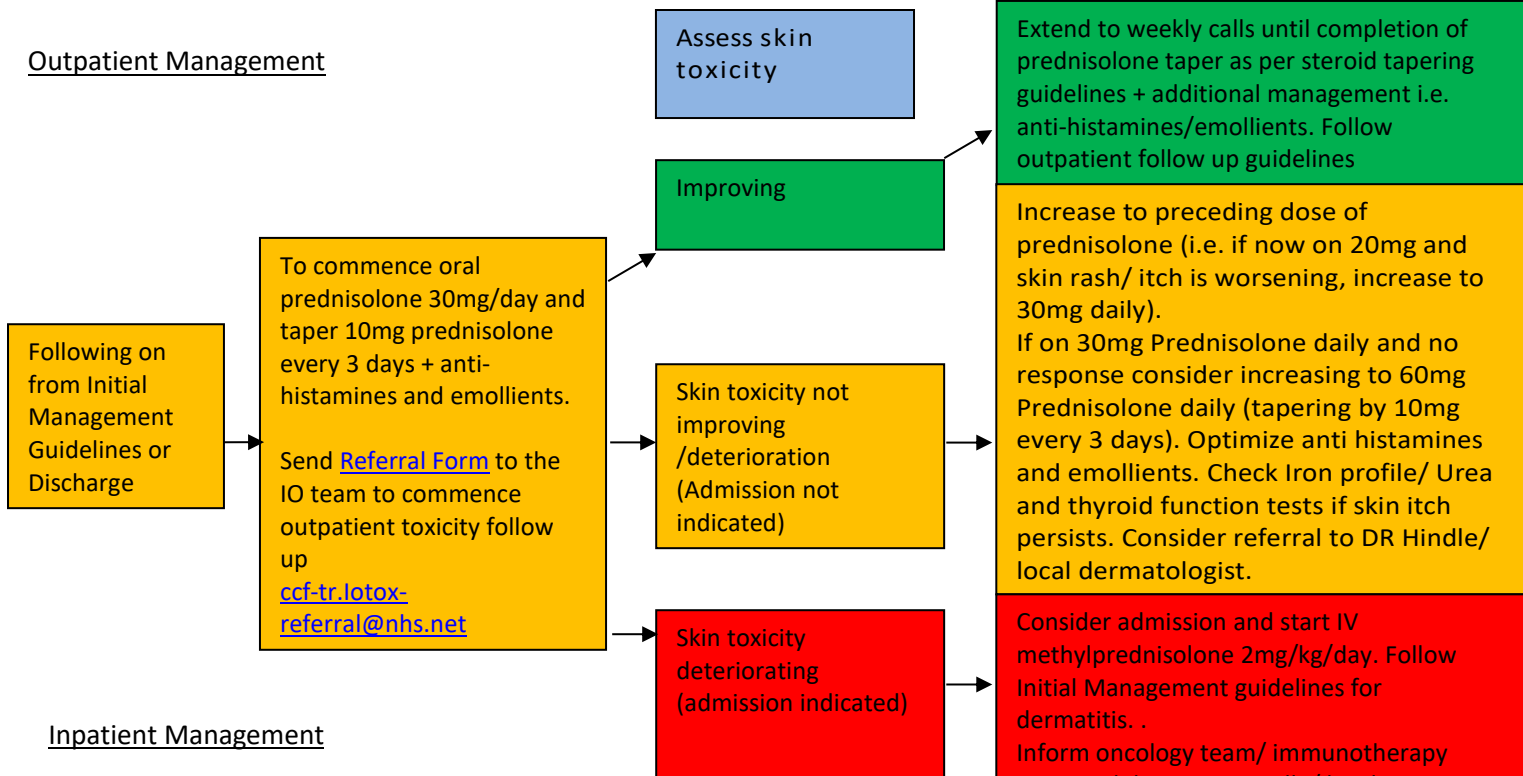




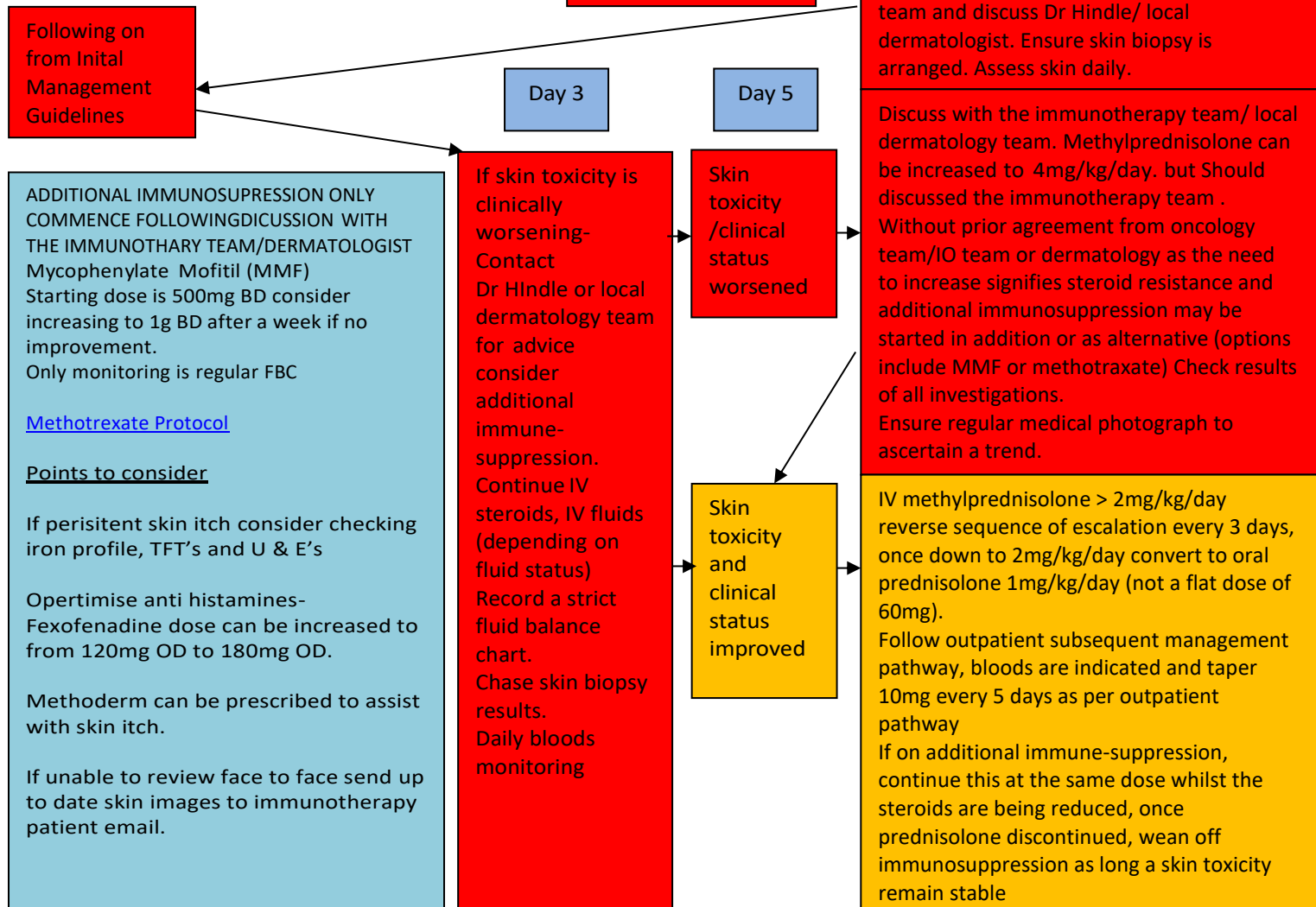
**** IMPORTANT **** Subsequent management of patients with dermatitis that is either not improving or worsening should always be discussed with a dermatologist, Immunotherapy team and the patient's oncologist

Subsequent Management Guideline - Dermatitis

Outpatient Management



Inpatient Management



ADDITIONAL IMMUNOSUPPRESSION ONLY COMMENCE FOLLOWING DISCUSSION WITH THE IMMUNOTHERAPY TEAM/DERMATOLOGIST

Mycophenylate Mofetil (MMF)
Starting dose is 500mg BD consider increasing to 1g BD after a week if no improvement.
Only monitoring is regular FBC

Methotrexate Protocol

Points to consider

If persistent skin itch consider checking iron profile, TFT's and U & E's

Optimise anti histamines- Fexofenadine dose can be increased to from 120mg OD to 180mg OD.

Methoderm can be prescribed to assist with skin itch.

If unable to review face to face send up to date skin images to immunotherapy patient email.

Dr Hindle at St Helens is the regional dermatology advisor for CPI-induced dermatitis and may be contacted by local teams for discussion/advice