Skin Management - Radiation Therapy

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NCI CTCAE = National Cancer Institute Common Terminology Criteria for Adverse Events
RTOG = Radiation Therapy Oncology Group

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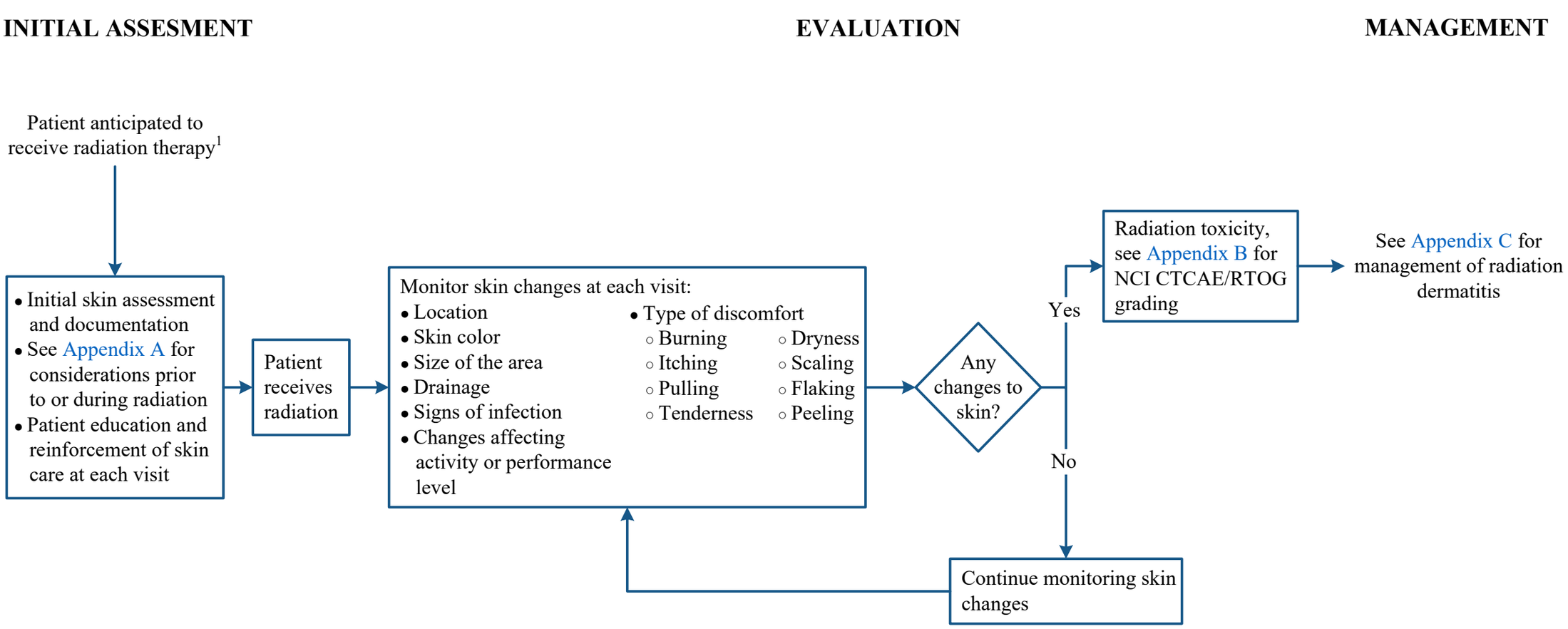

NCI CTCAE = National Cancer Institute Common Terminology Criteria for Adverse Events
RTOG = Radiation Therapy Oncology Group

[1] Patients on concurrent chemotherapy/biotherapy are at higher risk for radiation skin injury

APPENDIX A: Considerations for Managing Patients Receiving Radiation Therapy

- Physical assessment and documentation
  - Patients on concurrent chemotherapy/biotherapy are at higher risk for radiation skin injury
- Patient education
- Prophylaxis treatments – to reduce severity of dermatitis
  - Emollients (see product list examples on Appendix D)
    - For skin management, cream emollients and/or film forming silicone gel[1] may be used
  - Topical steroids[2] – may be applied within 1 week prior to radiation treatment, during, and 2 weeks after radiation. Do not apply to open skin.
    - Triamcinolone 0.1% cream[3] twice daily
    - Mometasone furoate 0.1% cream[3] once or twice daily
- Consider assessing more frequently for skin changes for those with high risk factors for radiation dermatitis (see below)

[1] For skin management of patients receiving head and neck, hematology, melanoma, sarcoma, and thoracic radiation therapy: Film forming silicone gel can be applied to irradiated skin at the onset of radiotherapy, twice a day until skin reaction subsides. StrataXRT® is preferred due to available published data and is available as prescription only. Other silicone gel formulations such as ScarAway® may be a more economical option and is available over the counter (OTC). OTC gel formulations should be washed off prior to radiation treatment.
[2] Prophylactic steroids are not used for melanoma, sarcoma, and gynecologic patients (given the propensity for yeast infection)
[3] If patient experiences burning with cream, consider switching to ointment dosage form

Risk Factors for Radiation Dermatitis

Patient Related	Therapy Related
• Age	• Type of energy/beam (*e.g.,* higher skin dose with electron beams and certain beam angles of proton)
• Race	• Fractionation
• Area of treatment (more reactions with skin folds and moist areas)	• Total dose
• Nutritional status	• Dose per fraction
• Smoking and alcohol use	• Treated volume and surface area
• Comorbidities	• Use of bolus materials
• Chronic UV exposure	• Concurrent chemotherapy/biotherapy
• Obesity	• Surgery or surgical history

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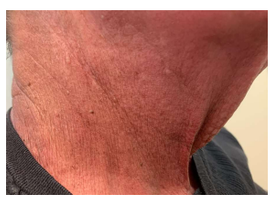
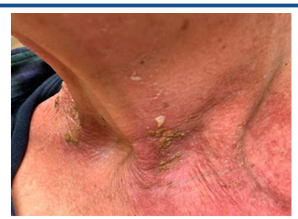
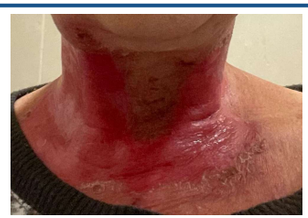
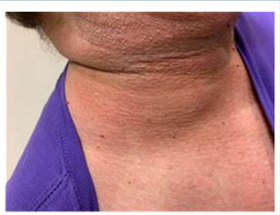
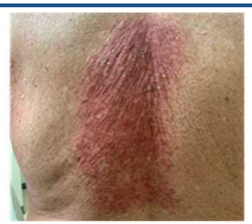
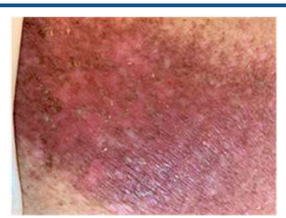
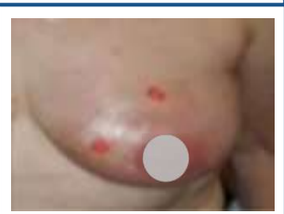
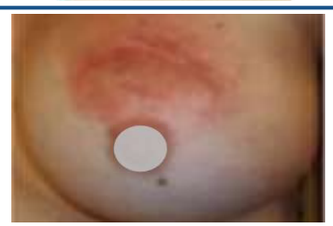
APPENDIX B: NCI CTCAE/RTOG Grading/Example Photos

Grading		Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
NCI CTCAE V5.0 Dermatitis Radiation		No changes in skin	Faint erythema or dry desquamation	Moderate to brisk erythema; patchy moist desquamation, mostly confined to skin folds and creases; moderate edema	Moist desquamation in areas other than skin folds and creases; bleeding induced by minor trauma or abrasion	Life-threatening consequences; skin necrosis or ulceration of full thickness dermis; spontaneous bleeding from involved site; skin graft indicated	Death
RTOG		No changes in skin	Follicular, faint or dull erythema; epilation; dry desquamation; decreased sweating	Tender or bright erythema, patchy moist desquamation; moderate edema	Confluent, moist desquamation other than skin folds, pitting edema	Ulceration, hemorrhage, necrosis	Death
Example Photos	**Head and Neck**	No changes in skin				N/A	Death
	Thoracic	No changes in skin				N/A	Death
	Breast	No changes in skin					Death

Glossary
Abrasion: a type of open wound that is caused by the skin rubbing against a rough surface
Desquamation: commonly called skin peeling and is the shedding of the outermost membrane or layer of a tissue
Edema: a condition characterized by an excess of watery fluid collecting in the cavities or tissues of the body
Erythema: superficial reddening of the skin, usually in patches, as a result of injury or irritation causing dilatation of the blood capillaries

Photos from MD Anderson Radiation Oncology resources

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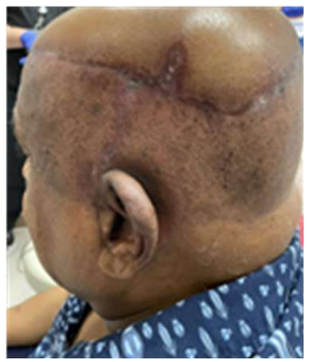
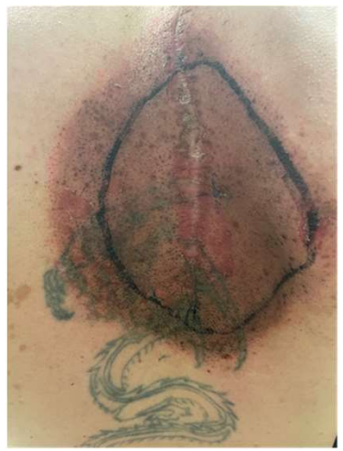
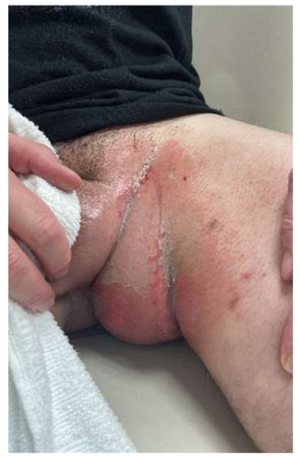
APPENDIX B: NCI CTCAE/RTOG Grading/Example Photos - continued

Grading		Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Example Photos	**Melanoma /Sarcoma**	No changes in skin				N/A	Death

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APPENDIX C: Skin Management - Head and Neck, Hematology, Melanoma, Sarcoma, and Thoracic

NCI/RTOG Grading	Basic Skin Care[1]	Dressings[2]	Pharmacological Treatment
Grade 0	Emollients	Film forming silicone gel[3]	Topical steroids[4] to reduce severity of dermatitis (apply on intact skin): • Triamcinolone 0.1% cream twice daily **or** • Mometasone furoate 0.1% cream once or twice daily
Grade 1	Emollients	Consider using protective, absorbent, non-adherent dressings • Film forming silicone gel[3] • For exudate ◦ Low: Mepilex® Lite **or** PolyMem® ◦ High: Mepilex® Transfer **or** PolyMem® MAX	Topical steroids[4] control itch or irritation (apply on intact skin): • Triamcinolone 0.1% cream twice daily **or** • Mometasone furoate 0.1% cream once or twice daily Topical astringent for skin irritation: Aluminum acetate (Domeboro®) dissolve ¼-1 packet in a large bowl of water. Soak washcloth and apply to affected skin for 10 minutes prior to air dry and application of cream emollient. If treating the foot, hand, or anogenital area, prepare as a sitz bath and soak affected areas as above. Perform application 1-4 times per day as needed.
Grade 2	• Emollients • Avoid moisturizers on areas with moist desquamation		
Grade 3	• Emollients • Avoid moisturizers on areas with moist desquamation	Consider using protective, absorbent, non-adherent dressings • Film forming silicone gel[3] • For exudate ◦ Low: Mepilex® Lite **or** PolyMem® ◦ High: Mepilex® Transfer **or** PolyMem® MAX • For infection ◦ Silver dressings[5]: Mepilex® Ag **or** PolyMem® Silver	Topical steroids[4] control itch or irritation (apply on intact skin): • Triamcinolone 0.1% cream twice daily **or** • Mometasone furoate 0.1% cream once or twice daily Signs and symptoms of infection: • Consider obtaining skin culture and sensitivity (C&S) • Consider empiric doxycycline 100 mg twice daily for 14 days (pending C&S)[6] • Mupirocin 2% ointment 1-3 times daily, typically for 7-14 days depending on severity and clinical response; if no response after 3-5 days, re-evaluate treatment. For patients using silver dressings, apply for every dressing change (*e.g.,* if dressing change is once a day, apply mupirocin once a day) • Silver sulfadiazine (Silvadene®) topical antibiotic apply twice a day to areas of skin that is not intact Topical astringent for skin irritation: Aluminum acetate (Domeboro®) dissolve ¼-1 packet in a large bowl of water. Soak washcloth and apply to affected skin for 10 minutes prior to air dry and application of cream emollient. If treating the foot, hand, or anogenital area, prepare as a sitz bath and soak affected areas as above. Perform application 1-4 times per day as needed.
Grade 4	Referral for Surgical Management (may require debridement or skin graft)		

[1] Free of alcohol, perfumes or other chemical irritants. See Appendix D for General Skin Care Product List Examples.
[2] See Appendix E for Dressing Product List and Appendix F for Dressing Product Guidance. Product brands are examples and are based on MD Anderson's product stock.
[3] Film forming silicone gel can be applied to irradiated skin at the onset of radiotherapy, twice a day until skin reaction subsides. StrataXRT® is preferred due to available published data and is available as prescription only. Other silicone gel formulations such as ScarAway® may be a more economical option and is available over the counter (OTC). OTC gel formulations should be washed off prior to radiation treatment.
[4] Typically used within 1 week prior to radiation treatment, during radiation treatment, and 2 weeks after radiation treatment. Apply on intact skin. If patient experiences burning with cream, consider switching to ointment dosage form.
[5] Silver sulfate targets wound related pathogens and reduces odor
[6] For head and neck patients, empiric doxycycline is considered for severe dermatitis that requires systemic treatment even without a culture and sensitivity (C&S)

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APPENDIX C: Skin Management – Breast - continued

NCI/RTOG Grading	Basic Skin Care[1]	Dressings[2]	Pharmacological Treatment
Grade 0	May consider emollients	Consider using protective, absorbent nonadherent dressings (*e.g.,* Mepitel®)	Consider topical steroids for prophylaxis; apply topical steroid[3] twice daily
Grade 1	Emollients	Consider using protective, absorbent, non-adherent dressings • Gel dressing as indicated • For exudate ◦ Low: Mepilex® Lite ◦ High: Mepilex® Transfer **or** CoolMagic™ dressing	Topical steroids for follicular dermatitis or itching; apply topical steroid[3,4] twice daily
Grade 2	• Emollients • Avoid moisturizers on areas with moist desquamation • Clean with 3% hydrogen peroxide and sterile water (1:1 dilution)	Consider using protective, absorbent, non-adherent dressings • Gel dressing as indicated • For exudate ◦ Low: Mepilex® Lite ◦ High: Mepilex® Transfer **or** CoolMagic™ dressing	Topical steroids for follicular dermatitis or itching; apply topical steroid[3,4] twice daily For exudate: Mupirocin 2% ointment 1-3 times daily, typically for 7-14 days, depending on severity and clinical response; if no response after 3-5 days, re-evaluate treatment For pain control as needed: Mix lidocaine and prilocaine (EMLA™) cream or lidocaine 5% with Aqupahor® (1:1)
Grade 3	• Emollients • Avoid moisturizers on areas with moist desquamation • Clean with 3% hydrogen peroxide and sterile water (1:1 dilution)	• Gel dressing as indicated • For exudate ◦ Low: Mepilex® Lite ◦ High: Mepilex® Transfer **or** CoolMagic™ dressing • For Infection ◦ Silver dressings[5]: Mepilex® Ag	• Topical steroids: triamcinolone 0.1% cream twice daily **or** mometasone furoate 0.1% cream once or twice daily **or** hydrocortisone 1% or 2% cream twice daily as indicated • For pain control as needed: Mix lidocaine and prilocaine (EMLA™) cream or lidocaine 5% with Aqupahor® (1:1) • Signs and symptoms of infection ◦ Obtain skin culture and sensitivity (C&S) ◦ Consider empiric doxycycline 100 mg twice daily for 14 days (pending C&S) ◦ Mupirocin 2% ointment 1-3 times daily, typically for 7-14 days depending on severity and clinical response; if no response after 3-5 days, re-evaluate treatment. For patients using silver dressings, apply for every dressing change (*e.g.,* if dressing change is once a day, apply mupirocin once a day)
Grade 4	Referral for Surgical Management (may require debridement or skin graft)		

[1] Free of alcohol, perfumes or other chemical irritants. See Appendix D for General Skin Care Product List Examples. Consider emollients daily after radiation for at least 6 months to 1 year.
[2] See Appendix E for Dressing Product List and Appendix F for Dressing Product Guidance. Product brands are examples and are based on MD Anderson's product stock.
[3] Topical steroid options are hydrocortisone 1% cream twice daily as indicated, triamcinolone 0.1% cream twice daily, and mometasone furoate 0.1% cream once or twice daily
[4] Typically started on the first day of radiation treatment, during radiation treatment, and 2 weeks after radiation treatment. Apply on intact skin. If patient experiences burning with cream, consider switching to ointment dosage form.
[5] Silver sulfate targets wound related pathogens and reduces odor

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APPENDIX C: Skin Management – Gynecology (Vulvar) - continued

Prevention	• Clean and dry are most important • Minimize skin contact; recommend loose underwear, pants, dresses • No toilet paper; use hypoallergenic and fragrance-free wipes, peribottle or handheld shower. Gentle soap and water, pat dry or use fan/cool setting of hairdryer. • Do not use scented creams/lotions, over the counter Desitin®, or medicated ointments • Aquaphor®, Eucerin®, Vaseline® are all good protective skin barriers for prevention. Ensure skin is dry before covering with cream.
Basic Skin Care	Patients receiving treatment for vulvar cancer should have their skin examined weekly and/or when there is a change in their symptoms • Nurses can assess skin reaction with the provider at patient's weekly appointment • Aluminum acetate (Domeboro®) sitz bath twice a day is the initial recommendation for skin erythema or dry desquamation. Nurses can provide education on its use. ◦ Baking soda sitz bath may be a less expensive and best alternative treatment to aluminum acetate (Domeboro®) • Nystatin powder can be used as prevention when dry desquamation is noted, or with large skin folds that remain moist • Lidocaine gel can be used for pain during urination. Do NOT use on open skin. • NDX (nystatin, zinc oxide, lidocaine) compound for painful dermatitis
Dressings	• Hydrogel dressings can be applied to areas of moist desquamation when skin is clean and dry • Diluted Hibiclens® soak 1-3 times weekly for moist desquamation or superinfection • Nurse-visit appointments twice weekly to monitor and educate on skin dressing needs (*e.g.,* Mepilex®, CoolMagic™, Hibiclens®) • For open wounds: Hibiclens®, non-adherent wound dressing (*e.g.,* Vaseline® gauze), Remedy Clear-Aid™/Desitin®, ABD pad, and Bioseal® for bleeding

Pharmacological Treatment	Locations of skin reaction will influence treatment recommendations. Erythema within the treatment field before 30 Gy should be considered at high risk of including an infectious component.
	• Diarrheal prevention is key since diarrhea increases risk of skin infection
	• Nystatin cream or powder can be applied to involved area. Skin should be clean and dry before application. Not first choice for vulvar cancers.
	• Yeast/fungal infection:
	  ◦ For initial signs and symptoms: Fluconazole 150 mg once
	  ◦ For complicated or severe infection: Fluconazole 150 mg every 72 hours for 2-3 doses. Check liver function tests (LFTs) prior to treatment.
	  ◦ If progressive: Fluconazole 100 mg daily for 7 days. Check LFTs prior to treatment and weekly.
	• Bacterial infection: Coverage for *staphylococcus aureus,* consider sulfamethoxazole and trimethoprim or clindamycin. Consider swabbing for assessment of sensitivities. For gram positive or negative bacteria, consider levofloxacin or metronidazole.
	• Suspected herpetic infection: If blister is present, obtain viral cultures. If result is positive or high clinical suspicion, treat with valacyclovir 500 mg twice a day for 3 days.

ABD = abdominal

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APPENDIX D: General Skin Care Product List Examples

Emollients	**Head and Neck/Breast/ Thoracic/Melanoma/Sarcoma**	Remedy® Intensive Skin Therapy		• Active ingredient: Dimethicone 1% • Silicone blended cream with olivamine
		CeraVe®		• Active ingredients: Ceramides 1,3 and 6-11, hyaluronic acid • Oil-free, non-comedogenic, hypoallergenic, fragrance-free
		Aveeno®		• Triple oat complex, ceramide and emollients • Fragrance-free and steroid-free • Non-comedogenic
	Breast/Thoracic	Vanicream™		• Free of dyes, fragrance, lanolin, parabens and formaldehyde • Non-comedogenic
	Head and Neck/Breast/ Melanoma/Sarcoma	Aquaphor®		• Uniquely formulated with 41% petrolatum; the ointment works bycreating a protective barrier on the skin that allows flow of excess fluid and oxygen • The barrier also keeps in skin's own moisture to create an ideal healing environment
	Breast	Oil-based lotions and creams		• Free of dyes, fragrance, lanolin, parabens and formaldehyde • Non-comedogenic
	Melanoma/Sarcoma	La Roche-Posay® Cicaplast Baume B5		• Non greasy, moisturizing cream to prevent skin dryness • Heals dry, irritated skin • Do not use for open skin
		La Roche-Posay® Lipikar Lotion		• Moisturizing lotion with protective lipids • Heals and restores dry skin

APPENDIX E: Dressing Product List Examples

For non to low exuding areas with dry and moist desquamation:
- Mepilex® Lite
- PolyMem®

For high exuding areas with moist desquamation:
- Mepilex® Transfer
- PolyMem® MAX

For skin with signs of infection of low to moderately exuding wounds:
- Mepilex® Ag[1]
- PolyMem® MAX Silver[1]

For keeping the wound bed clean and moisturized while absorbing excess fluid:
- PolyMem® WIC[2] – expands within the wound cavity to fill dead space

For maintaining skin integrity and reducing trauma and irritation to the affected site:
- StrataXRT® (preferred) – creates a protective silicone film that acts like a dressing. Ingredients: polydimethylsiloxanes, siloxanes, alkylmethyl silicones. Prescription only.
- ScarAway® gel – may be a more economical option. Ingredients: polysiloxanes, silicone dioxide. Available over the counter.

[1] Silver sulfate targets wound related pathogens and reduces odor
[2] Can be used with either Mepilex® or PolyMem®

APPENDIX F: Guidance on Using Dressing Product

Selecting Correct Size	• Choose a dressing size that is slightly larger than the affected skin area • Cut the dressing to fit the size and shape of the area
Applying Dressing to Skin	• Do not use microporous tape on the skin, only use on the dressing itself - if two dressings are required, overlap the dressings when taping them together to avoid the risk of the adhesive tape sticking to the skin • Where tape is needed to fix dressing to the skin, use silicone tape (*e.g.*, Mepitac®- available in MDA stock), as this can be less traumatic on sensitive skin • Elastic net dressing retainers (*e.g.*, Tubegauz®- available in MDA stock) can be used to keep dressings in place on difficult areas. Make sure the elastic net dressing retainer does not cause friction on the treated skin. • Poly-Mem® products need to be sprayed with sterile water/saline (*e.g.*, Kendall™ Sterile Saline Spray - available in MDA stock) if applied on dry skin to activate the material
Resources	Refer to manufacturer guidelines on specific types of dressings/products: • Molnlycke (for Mepilex® products): https://www.molnlycke.com/education/wound-areas/wound-healing/cutting-guide-for-dressings/ • Ferris Mfg (for Poly-Mem® products): https://www.polymem.com/ed.html • Stratpharma (for StrataXRT®): https://us.strataxrt.com/full-prescriber-information/ • ScarAway® Silicone Gel: https://www.myscaraway.com/product/scaraway-scar-diminishing-gel/ • CoolMagic™: https://www.woundsource.com/product/coolmagic-gel-sheet

SUGGESTED READINGS

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Radiation Oncology, Dermatology, and Pharmacy experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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