

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.*

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## TABLE OF CONTENTS

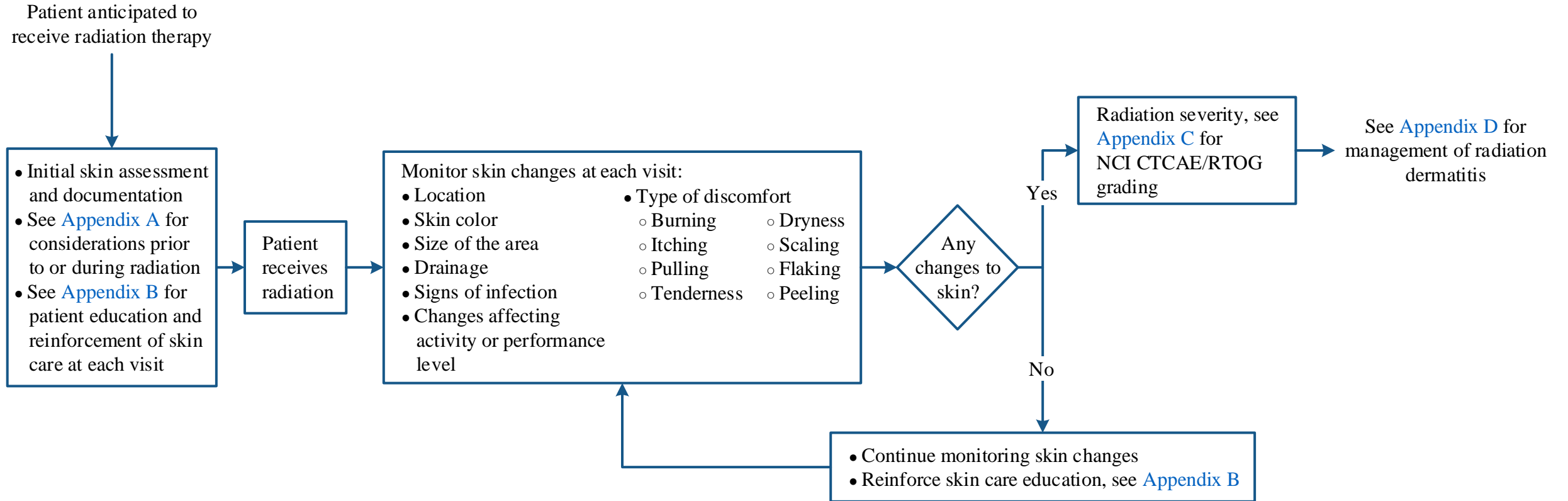
<b>Patient Evaluation and Assessment .....</b>	<b>Page 2</b>
<b>APPENDIX A: Considerations for Managing Patients Receiving Radiation Therapy.....</b>	<b>Page 3</b>
<b>APPENDIX B: Patient Skin Care Education.....</b>	<b>Pages 4-5</b>
<b>APPENDIX C: NCI/RTOG Grading.....</b>	<b>Page 6</b>
<b>APPENDIX D: Skin Management based on NCI/RTOG Grading.....</b>	<b>Page 7</b>
<b>APPENDIX E: General Skin Care Product List Examples.....</b>	<b>Page 8</b>
<b>APPENDIX F: Dressing Product List Examples.....</b>	<b>Page 9</b>
<b>APPENDIX G: Guidance on Using Dressing Product.....</b>	<b>Page 9</b>
<b>Suggested Readings.....</b>	<b>Page 10</b>
<b>Development Credits.....</b>	<b>Page 11</b>

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## INITIAL ASSESMENT

## EVALUATION

## MANAGEMENT



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

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## APPENDIX A: Considerations for Managing Patients Receiving Radiation Therapy

- Physical assessment and documentation
- Patient education. See [Appendix B](#) for patient skin care education.
- Prophylaxis treatments – to reduce severity of dermatitis
  - Cream emollients (product list examples on [Appendix E](#)) and/or film forming silicone gel<sup>1</sup>
  - Topical steroids – typically applied within 1 week of radiation treatment, during and 2 weeks after radiation. Do not apply to open skin.
    - Triamcinolone 0.1% cream<sup>2</sup> twice daily
    - Mometasone furoate 0.1% cream<sup>2</sup> once or twice daily
- Consider assessing more frequently for skin changes for those with high risk factors for radiation dermatitis (see below)

<sup>1</sup> Film forming silicone gel can be applied to irradiated skin at onset of radiotherapy, twice a day until skin reaction subsides. StrataXRT<sup>®</sup> is preferred due to available published data, available as prescription only. ScarAway<sup>®</sup> may be a more economical option, available over the counter.

<sup>2</sup> If patient experiences burning with cream, consider switching to ointment dosage form

<b>Risk Factors for Radiation Dermatitis</b>	
<p><b>Patient Related</b></p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Area of treatment (more reactions with skin folds and moist areas)</li> <li>• Nutritional status</li> <li>• Smoking and alcohol use</li> <li>• Comorbidities</li> <li>• Chronic UV exposure</li> <li>• Obesity</li> </ul>	<p><b>Therapy Related</b></p> <ul style="list-style-type: none"> <li>• Type of energy/beam (<i>e.g.</i>, higher skin dose with electron beam)</li> <li>• Fractionation</li> <li>• Total dose</li> <li>• Dose per fraction</li> <li>• Treated volume and surface area</li> <li>• Use of bolus materials</li> <li>• Type of treatment planning                             <ul style="list-style-type: none"> <li>◦ Lower skin dose with 3D/IMRT or similar planning/delivery methods</li> </ul> </li> <li>• Concurrent chemotherapy and immunotherapy</li> <li>• Surgery or surgical history</li> </ul>

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## APPENDIX B: Patient Skin Care Education

Patient Directed Basic Skin Care Undergoing Radiation Therapy	
<b>Washing</b>	<ul style="list-style-type: none"> <li>• Wash skin daily with lukewarm water and gentle, fragrance free, pH balanced soap (e.g., Dove®, Cetaphil®). Lather fingers with soap and water to keep skin slippery.</li> <li>• Avoid washcloths or abrasive materials; use bare fingers or wear surgical glove. If skin breaks down, wear surgical gloves to remove soap.</li> <li>• Pat dry with a soft towel and do not rub the affected skin</li> </ul>
<b>Moisture</b>	<ul style="list-style-type: none"> <li>• Keep skin moisturized using gentle products. Use primarily cream emollients, free of petroleum jelly, alcohol, perfumes or other chemical irritants. See <a href="#">Appendix E</a> for product list.</li> <li>• Maintain a thin layer of moisturizer throughout the day</li> </ul>
<b>Deodorant Use</b>	Deodorants/antiperspirants can be used on intact skin, but hold if irritation occurs. Avoid deodorants on treated skin.
<b>Nutrition</b>	Recommend a healthy and balanced diet with adequate amount of fluids
<b>Swimming</b>	<ul style="list-style-type: none"> <li>• May continue to swim only if the skin is intact</li> <li>• Recommend rinsing skin, applying moisturizer and sunscreen before and after swimming</li> <li>• Caution on entering hot tubs or swimming in lakes</li> </ul>
<b>Trauma to Skin</b>	<b>Physical and Chemical</b> <ul style="list-style-type: none"> <li>• Avoid physical trauma to treated skin (friction, rubbing, scratching, tight clothing)</li> <li>• Avoid chemical trauma to treated skin (alcohol, perfumes or other chemical irritants)</li> </ul>
	<b>Sun Exposure</b> <ul style="list-style-type: none"> <li>• Avoid direct sunlight on treated skin</li> <li>• Recommend use of PABA-free, physical/mineral sunscreens (sunscreens for infants e.g., Aveeno Baby®) with a minimum SPF of 30</li> <li>• Tanning beds are prohibited</li> </ul>
	<b>Tape and Adhesives</b> <p>Do not use adhesives and tapes on treated skin</p>
	<b>Hair Removal</b> <ul style="list-style-type: none"> <li>• Recommend electric razors for shaving</li> <li>• Do not use wax or epilation creams</li> <li>• Do not shave areas with razor blade that are in the treatment field</li> <li>• Do not use aftershave products in radiated areas</li> </ul>
	<b>Heat and Cold</b> <p>Avoid direct application of heat or cold to the treated area</p>

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## APPENDIX B: Patient Skin Care Education - continued

Patient Directed Basic Skin Care <i>After</i> Completing Radiation Therapy		
<b>Moisture</b>	<p>Keep skin moisturized by using gentle skin products. Use primarily cream emollients, free of petroleum jelly, alcohol, perfumes or other chemical irritants. See <a href="#">Appendix E</a> for product list.</p> <p>For lighter and darker complexion skin types:                      Using film forming silicone gel<sup>1</sup> 3-6 months after finishing radiation therapy may help reduce pigment changes</p> <p>If there is an open wound:                      Continue using protective, absorbent, non-adherent dressings until the wound heals (takes 2-3 weeks). Please see <a href="#">Appendix D</a> for specific dressings on open wounds.</p>	
<b>Trauma to Skin</b>	<b>Sun Exposure</b>	<ul style="list-style-type: none"> <li>• Avoid direct sunlight on treated skin</li> <li>• Recommend use of PABA-free, physical/mineral sunscreens (sunscreens for infants <i>e.g.</i>, Aveeno Baby<sup>®</sup>) with a minimum SPF of 30</li> <li>• Tanning beds are prohibited</li> </ul>




<sup>1</sup> StrataXRT<sup>®</sup> is preferred due to available published data, available as prescription only. ScarAway<sup>®</sup> may be a more economical option, available over the counter.

### Patient Education Sheets

- [Head and Neck Radiation Treatment Guide](#)
- [Head and Neck Radiation Self-Care Summary and Checklist](#)

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## APPENDIX C: NCI/RTOG Grading

Grade	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
<b>NCI CTCAE V5.0 Dermatitis Radiation</b>	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
<b>RTOG</b>	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
<b>Imaging Examples</b>	N/A				N/A	N/A

### 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 D: Skin Management based on NCI/RTOG Grading

NCI/RTOG Grading	Basic Skin Care <sup>1</sup>	Dressings <sup>2</sup>	Pharmacological Treatment
<b>Grade 0</b>	Cream emollients	Film forming silicone gel <sup>3</sup>	<u>Topical steroids<sup>4</sup> to reduce severity of dermatitis</u> (apply on intact skin) <ul style="list-style-type: none"> <li>• Triamcinolone 0.1% cream twice daily</li> <li>• Mometasone furoate 0.1% cream once or twice daily</li> </ul>
<b>Grade 1</b>	Cream emollients	Film forming silicone gel <sup>3</sup>	<u>Topical steroids<sup>4</sup> control itch or irritation</u> (apply on intact skin) <ul style="list-style-type: none"> <li>• Triamcinolone 0.1% cream twice daily</li> <li>• Mometasone furoate 0.1% cream once or twice daily</li> </ul>
<b>Grade 2</b>	<ul style="list-style-type: none"> <li>• Cream emollients</li> <li>• Avoid moisturizers on areas with moist desquamation</li> </ul>	Consider using protective, absorbent, non-adherent dressings: <u>Exudate</u> Low exudate: Mepilex <sup>®</sup> Lite <b>or</b> PolyMem <sup>®</sup> High exudate: Mepilex <sup>®</sup> Transfer <b>or</b> PolyMem <sup>®</sup> MAX	
<b>Grade 3</b>	<ul style="list-style-type: none"> <li>• Cream emollients</li> <li>• Avoid moisturizers on areas with moist desquamation</li> </ul>	Film forming silicone gel <sup>3</sup>  Use protective, absorbent, non-adherent dressings: <u>Exudate</u> Low exudate: Mepilex <sup>®</sup> Lite <b>or</b> PolyMem <sup>®</sup> High exudate: Mepilex <sup>®</sup> Transfer <b>or</b> PolyMem <sup>®</sup> MAX  <u>Infection</u> Silver dressings: Mepilex <sup>®</sup> Ag <b>or</b> PolyMem <sup>®</sup> Silver Silver sulfate targets wound related pathogens and reduces odor	<u>Topical steroids<sup>4</sup> control itch or irritation</u> (apply on intact skin) <ul style="list-style-type: none"> <li>• Triamcinolone 0.1% cream twice daily</li> <li>• Mometasone furoate 0.1% cream once or twice daily</li> </ul> <u>Signs and symptoms of infection</u> <ul style="list-style-type: none"> <li>• Obtain skin culture and sensitivity (C&amp;S)</li> <li>• Consider empiric doxycycline 100 mg twice daily for 14 days (pending C&amp;S)</li> <li>• 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)</li> </ul>
<b>Grade 4</b>	Referral for Surgical Management (may require debridement or skin graft)		

<sup>1</sup> Free of petroleum jelly, alcohol, perfumes or other chemical irritants. See [Appendix E](#) for General Skin Care Product List.


<sup>2</sup> See [Appendix F](#) for Dressing Product List and [Appendix G](#) for Dressing Product Guidance. Product brands are examples and are based on MD Anderson's product stock.

<sup>3</sup> Film forming silicone gel can be applied to irradiated skin at onset of radiotherapy, twice a day until skin reaction subsides. StrataXRT<sup>®</sup> is preferred due to available published data, available as prescription only. ScarAway<sup>®</sup> may be a more economical option, available over the counter.

<sup>4</sup> Typically used within 1 week 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.

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## APPENDIX E: General Skin Care Product List Examples

<b>Cream Emollients</b>	Nutrashield Remedy®		<ul style="list-style-type: none"> <li>• Active ingredient: dimethicone 1%</li> <li>• Silicone blended cream with olivamine</li> </ul>
	CeraVe®		<ul style="list-style-type: none"> <li>• Active ingredients: Ceramides 1,3 and 6-11, hyaluronic acid</li> <li>• Oil-free, non-comedogenic, hypoallergenic, fragrance-free</li> </ul>
	Aveeno®		<ul style="list-style-type: none"> <li>• Triple oat complex, ceramide and emollients</li> <li>• Fragrance-free and steroid-free</li> <li>• Non-comedogenic</li> </ul>
	Vanicream™		<ul style="list-style-type: none"> <li>• Free of dyes, fragrance, lanolin, parabens and formaldehyde</li> <li>• Non-comedogenic</li> </ul>



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## APPENDIX F: Dressing Product List Examples

For non to low exuding areas with dry and moist desquamation:

- Mepilex<sup>®</sup> Lite
- PolyMem<sup>®</sup>

For high exuding areas with moist desquamation:

- Mepilex<sup>®</sup> Transfer
- PolyMem<sup>®</sup> MAX

For skin with signs of infection of low to moderately exuding wounds:

- Mepilex<sup>®</sup> Ag<sup>1</sup>
- PolyMem<sup>®</sup> MAX Silver<sup>1</sup>

For keeping the wound bed clean and moisturized, while absorbing excess fluid:

- PolyMem<sup>®</sup> WIC<sup>2</sup> – expands within the wound cavity to fill dead space

For maintaining skin integrity and reducing trauma and irritation to the affected site

- StrataXRT<sup>®</sup> (preferred) – creates a protective silicone film that acts like a dressing. Ingredients: polydimethylsiloxanes, siloxanes, alkylmethyl silicones. Prescription only.
- ScarAway<sup>®</sup> gel – may be a more economical option. Ingredients: polysiloxanes, silicone dioxide. Available over the counter.

<sup>1</sup> Silver sulfate targets wound related pathogens and reduces odor

<sup>2</sup> Can be used with either Mepilex<sup>®</sup> or PolyMem<sup>®</sup>

## APPENDIX G: Guidance on Using Dressing Product

<b>Selecting Correct Size</b>	<ul style="list-style-type: none"> <li>• Choose a dressing size that is slightly larger than the affected skin area</li> <li>• Cut the dressing to fit the size and shape of the area</li> </ul>
<b>Applying Dressing to Skin</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Where tape is needed to fix dressing to the skin, use silicone tape (<i>e.g.</i>, Mepitac<sup>®</sup> - available in MDA stock), as this can be less traumatic on sensitive skin</li> <li>• Elastic net dressing retainers (<i>e.g.</i>, Tubegauz<sup>®</sup> - 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.</li> <li>• Poly-Mem<sup>®</sup> products need to be sprayed with sterile water/saline (<i>e.g.</i>, Kendall<sup>™</sup> Sterile Saline Spray - available in MDA stock) if applied on dry skin to activate the material</li> </ul>
<b>Resources</b>	<p>Refer to manufacturer guidelines on specific types of dressings/products:</p> <ul style="list-style-type: none"> <li>• Molnlycke (for Mepilex<sup>®</sup> products): <a href="https://www.molnlycke.com/education/wound-areas/wound-healing/cutting-guide-for-dressings/">https://www.molnlycke.com/education/wound-areas/wound-healing/cutting-guide-for-dressings/</a></li> <li>• Ferris Mfg (for Poly-Mem<sup>®</sup> products): <a href="https://www.polymem.com/ed.html">https://www.polymem.com/ed.html</a></li> <li>• Stratapharma (for StrataXRT<sup>®</sup>): <a href="https://us.strataxrt.com/full-prescriber-information/">https://us.strataxrt.com/full-prescriber-information/</a></li> <li>• ScarAway<sup>®</sup> Silicone Gel: <a href="https://www.myscaraway.com/product/scaraway-scar-diminishing-gel/">https://www.myscaraway.com/product/scaraway-scar-diminishing-gel/</a></li> </ul>

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## SUGGESTED READINGS

- Ahn, S., Sung, K., Kim, H., Choi, Y., Lee, Y., Kim, J., . . . Roh, J. (2020). Reducing radiation dermatitis using a film-forming silicone gel during breast radiotherapy: A pilot randomized-controlled trial. *In Vivo (Athens)*, 34(1), 413–422. <https://doi.org/10.21873/invivo.11790>
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## DEVELOPMENT CREDITS

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

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