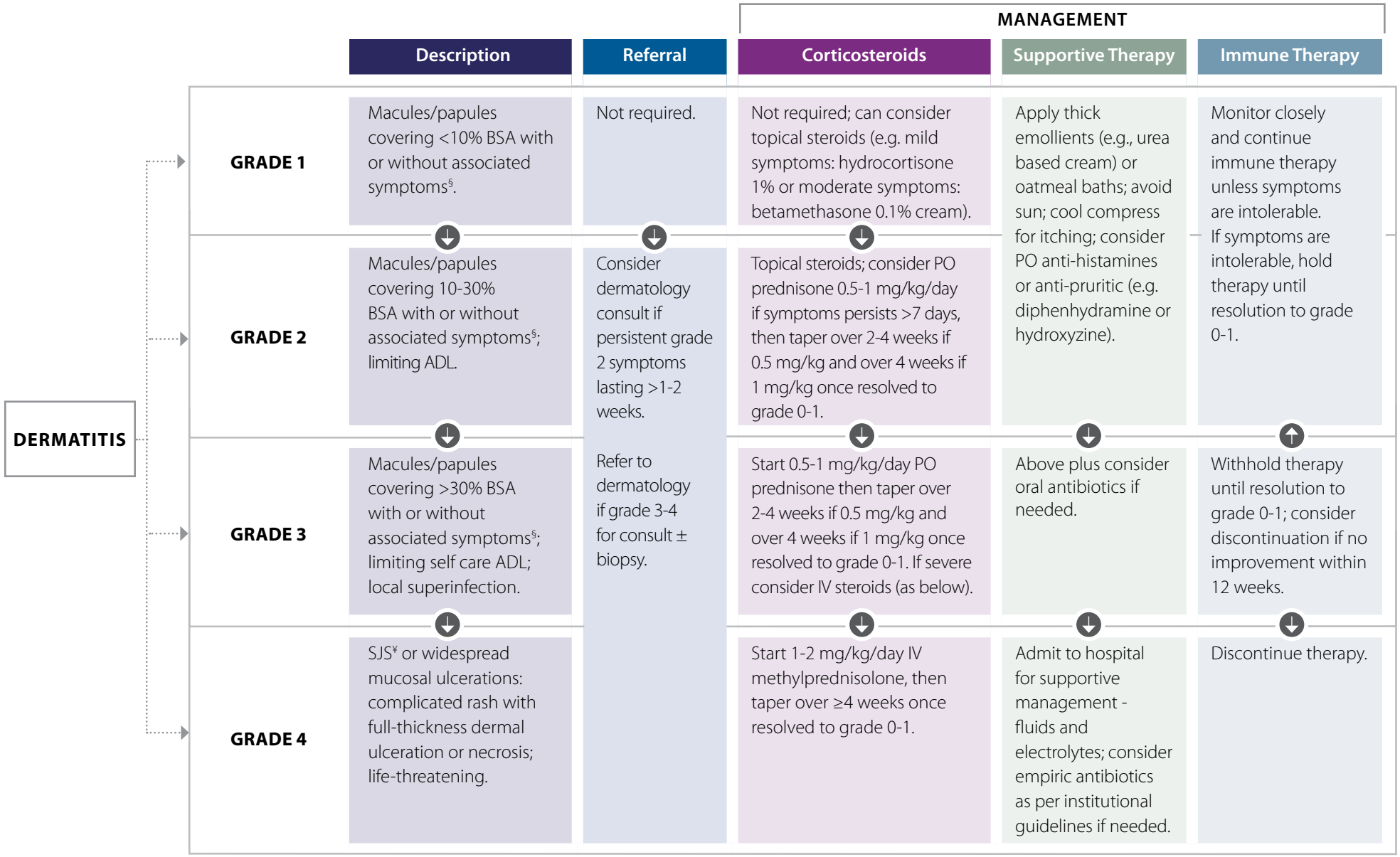
FIGURE 1

## Management of Immune-Related Dermatologic Toxicities[1,2,4,10,13,14]

**Background:** Skin toxicities related to immune therapy typically presents as erythematous, reticular, and maculopapular rash and are often located across the trunk and extremities. The median time to onset is 3 to 6 weeks (ranges up to 17 weeks for ipilimumab and nivolumab). Pruritus, sometimes severe, may occur in the absence of a frank rash. Rashes are usually mild (grade 1-2) and can be managed symptomatically. Severe rashes (grade 4), such as bullous pemphigoid, Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrosis (TEN), are reported in <5% of patients. Any signs of desquamation at any grade should be considered a medical emergency and treated as grade 4.




§ as per CTCAE version 4.0 = pruritus, burning, tightness or equivalent

¥ Symptoms indicative of Stevens-Johnson Syndrome (SJS) and Toxic Epidermal Necrolysis (TEN): macules rapidly spread and coalesce, leading to epidermal blistering, necrosis, and sloughing.