



EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Information Leaflet
for Patients

Acne-like rash in cancer patients



The aim of this leaflet

This leaflet aims to inform you about a rash mimicking acne you may experience during your cancer therapy. We will explain what the rash is, why and how it occurs, and which is the best way to prevent and treat it.

Acne-like rash in cancer patients

What is an acne-like rash?

Papulopustular rash, sometimes referred to as acneiform eruption or acne-like rash, represents a common skin toxicity associated with the use of several anti-cancer treatments.

It usually appears within the first four weeks of treatment as multiple pimples and pustules on inflamed skin located on the scalp, face, upper chest, and back. This rash is usually not associated with cysts or blackheads which are present in true acne. This skin reaction may lead to poor compliance, drug interruption, and psychosocial discomfort.

Who is affected by acne-like rash?

The acne-like rash can occur in patients who are treated with a range of anti-cancer therapies which are currently approved for use in the treatment of several cancers, including certain types of lung cancer, colon cancer, pancreatic cancer, skin and breast cancers. It is commonly associated with targeted therapies inhibiting specific pathways (example: EGFR, MEK, mTOR). These targeted therapies include, but are not limited to, cetuximab, panitumumab, pertuzumab, gefitinib, erlotinib, afatinib, everolimus, trametinib, binimetinib. A lower incidence is reported with chemotherapeutic agents (example: taxanes) and medications prescribed for supportive care (such as prednisone).

How does acne-like rash appear, and what are the signs and symptoms?

The diagnosis of acne-like eruption in cancer patients is usually based on the observation of a sudden outbreak of red pimples, or white small bumps surrounded by red and dry skin that contain fluid, usually similar in appearance and size. The acne-like rash generally appears in sun-exposed areas (face, neck, scalp, arms) and areas rich in oil glands (face, scalp, back, chest, and shoulders). Sometimes many pimples can appear in the same area. They can be associated with dry skin, itch, tenderness, or a burning sensation when you touch your skin.

Acne bumps can grow quite big and can be painful due to infection. Infection can be suspected if yellow crusts or pus is observed, with painful skin lesions, worsening a few days after the initial outbreak, or in case of persistent/severe rash. You should contact your dermatologist or your health care team if any of these symptoms appear.

How is an acne-like rash treated?

In mild forms, the application of a non-oily skin moisturizer and a broad-spectrum sunscreen with a high sun protection factor (minimum 30) is useful to improve and protect the skin. It is recommended to bathe in cool or warm water and apply emollient skin moisturizer immediately after the bath. It is best to avoid over-the-counter products such as tea tree oil, organic products, as well as topical acne medications (benzoyl peroxide, tretinoin, adapalene, tazarotene) which induce dry skin and cause irritation.

People with a persistent or severe rash or lesions that are mainly found on the face may need medications to control redness, papules, pimples, and pustules. Treatment may include topical corticosteroids (such as hydrocortisone, methylprednisolone), and/or topical antibiotics (clindamycin, metronidazole, erythromycin), and oral antibiotics.

It is recommended to visit the dermatologist for evaluation before self-medication.

What are the practical advice and preventive measures?

Your doctor will choose the therapy that best suits your condition to allow you to continue your anticancer therapy. In severe cases, always contact your dermatologist to keep him informed of your condition.

Preventive measures to reduce the risk of acne-like rash:

- Sun protection (minimum factor 30).
- Cleansing by using delicate detergents, and preferably oily or products formulated in milk, with low or no surfactant content (skin cleansers must be alcohol-free).
- In case of scalp involvement, apply gentle shampoos for frequent use.
- Deep and constant moisturizing should be started as soon as possible to avoid the appearance of skin dryness (xerosis), preferring products that are rich in vegetable fats (shea, argan, olive) and avoiding those derived from minerals (paraffin, petroleum, PEG).

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.