

Oncology Dermocosmetic Algorithm for the Management of Cutaneous Side Effects of Targeted Therapy

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Introduction

Due to cutaneous toxicity, numerous cancer patients receiving targeted chemotherapy currently experience disabling skin reactions, posing a significant challenge for an increasing number of patients and their physicians. Additionally, these otherwise manageable side effects are frequently made worse by using inappropriate personal hygiene products. Cosmetic products for personal hygiene and lesion camouflage are essential to a patient's well-being, but a growing number of doctors are concerned that they lack the knowledge necessary to effectively advise patients on concurrent cosmetic therapy. There is a lot of literature on pharmaceutical treatments for chemotherapy-related cutaneous side effects, but very little on using dermatological skin-care products alongside medical treatments. An algorithm for the appropriate use of dermatological cosmetics in the management of cutaneous toxicities caused by targeted chemotherapy, such as epidermal growth factor receptor inhibitors and other monoclonal antibodies, is the goal of this consensus study.

Description

These rules were created by a French and German master gathering of dermatologists and an oncologist for oncologists and essential consideration doctors who oversee oncology patients. The opinion of the expert group and published data serve as the foundation for the information in this report. Only a review of published recommendations, including suggestions for concurrent cosmetic use, was carried out because there is currently no clinical evidence. Due to cutaneous toxicity, numerous cancer patients receiving targeted chemotherapy currently experience disabling skin reactions, posing a significant challenge for an increasing number of patients and their physicians. Additionally, these otherwise manageable side effects are frequently made worse by using inappropriate personal hygiene products. Cosmetic products for personal hygiene and lesion camouflage are essential to a patient's well-being, but a growing number of doctors are concerned that they lack the knowledge necessary to effectively advise patients on concurrent cosmetic therapy. There is a lot of literature on pharmaceutical treatments for chemotherapy-related cutaneous side effects, but very little on using dermatological skin-care products alongside medical treatments. An algorithm for the appropriate use of dermatological cosmetics in the management of cutaneous toxicities caused by targeted chemotherapy, such as epidermal growth factor receptor inhibitors and other monoclonal antibodies, is the goal of this consensus study [1].

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published data serve as the foundation for the information in this report. Only a review of published recommendations, including suggestions for concurrent cosmetic use, was carried out because there is currently no clinical evidence. Cleansing the skin removes makeup or dirt and the sebum that goes along with it, further drying out damaged skin. This has been shown to be especially bad for chemotherapy-affected skin, where the skin barrier is already broken. Without proficient direction, patients will quite often explore different avenues regarding unseemly taking care of oneself ways of behaving that exasperate what is happening or disturb their delicate skin. In the absence of proof, creators suggest that patients try not to wash with cleanser. As of late, a few creators have begun delivering supportive proof. However, there is still a lack of evidence-based support for dermatological cosmetics as an adjunctive therapy for managing these issues. There is currently no standard recommendation for how to treat cutaneous side effects of oncology treatments, so practice is based on anecdotal reports, personal experience, or studies with limited control [2,3].

The majority of authors concur that skin care is an essential component of health, and dermatologists should not discourage patients from practicing this habit. The consistency of proof and revealed experience permitted the master bunch making reasonable ideas on a treatment calculation. A controlled study demonstrated significantly improved skin physiology and appearance when mild soap and emollients were combined. The reviewed literature consistently supports the use of emollients and mild soaps. The use of non-occlusive emollients was unanimously recommended by all authors for the treatment of skin rash, the most common reaction that occurred within the first two days of treatment. Photo protection is necessary because exposure to the sun has been linked to an increase in rash. Numerous authors have advised against using irritant products due to the skin's inherent sensitivity. Parenchyma and crevices were accounted for to be hard to treat. The most useful items were thought to be antiseptic creams, liquid bandages, and glue. The utilization of antiperspirants is a dubious point as the impact of chemotherapy on the ermine organs wipes out their need. In any case, the functioning gathering felt that in light of a legitimate concern for patient prosperity, antiperspirants and non-aggravation scents might be utilized as a feature of keeping an everyday daily schedule [4,5].

Conclusion

In conclusion, the consensus study highlights the importance of appropriate dermatological cosmetics in managing cutaneous toxicities caused by targeted chemotherapy. The guidelines emphasize the need for patient education and the use of mild cleansers, non-occlusive emollients, and photo protection. Antiperspirants and non-irritating scents may also be used as part of a daily routine. The study recognizes the impact of skin barrier dysfunction on symptoms and emphasizes the role of therapeutic management in improving patients' quality of life. Further research is needed to validate the efficacy of skin care products for this patient group with sensitive skin.

Acknowledgement

None.

Conflict of Interest

No potential conflict of interest was reported by the authors.

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