

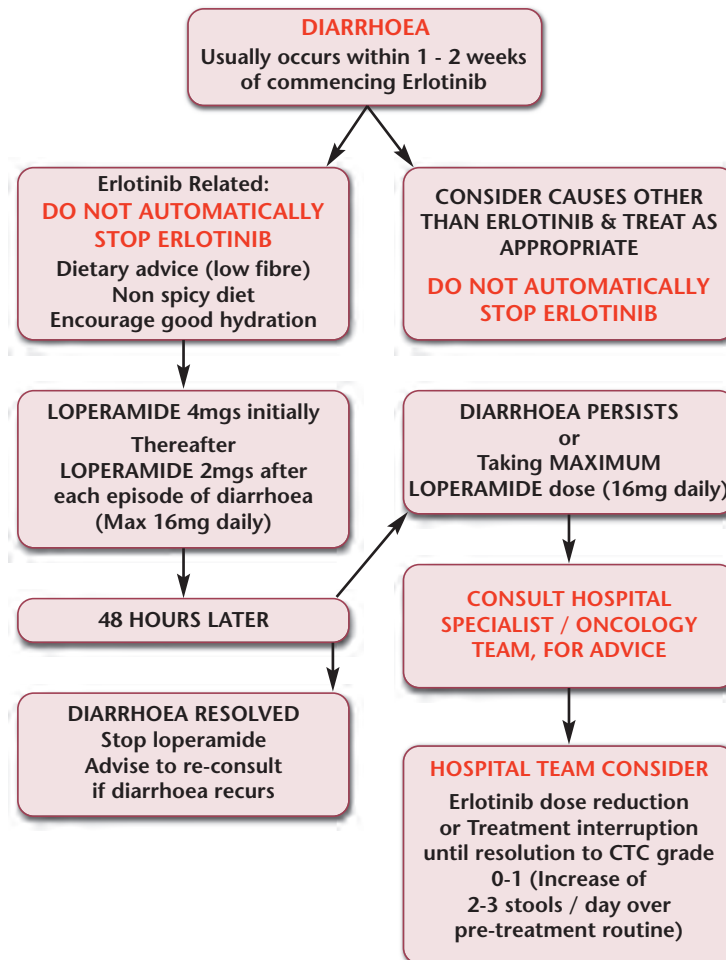
## INTRODUCTION

Erlotinib is used to treat non-small cell lung cancer when your cancer has not responded or has returned following standard treatment.

Erlotinib belongs to a group of cancer drugs known as epidermal growth factor receptor (EGFR) inhibitors. The aim of erlotinib is to stop the cancer cells from dividing and therefore stopping the cancer cells from growing. It works in a different way from chemotherapy and hormonal therapy.

- Ensure patient is taking erlotinib on an empty stomach (at least 1h before and 2h after eating) at the same time each day.
- Ensure patient is fully informed about the possibility and implications of skin toxicity.
- Consider the use of an emollient cream, such as Diprobase<sup>®</sup>, E45<sup>®</sup>, or Doublebase<sup>®</sup> if the skin is dry.
- Advise patient to use a sunscreen of SPF 15 or higher, if sun exposure is anticipated.
- If patient presents with symptoms, verify appropriate administration of erlotinib and proceed with the following therapy algorithm.

# DIARRHOEA



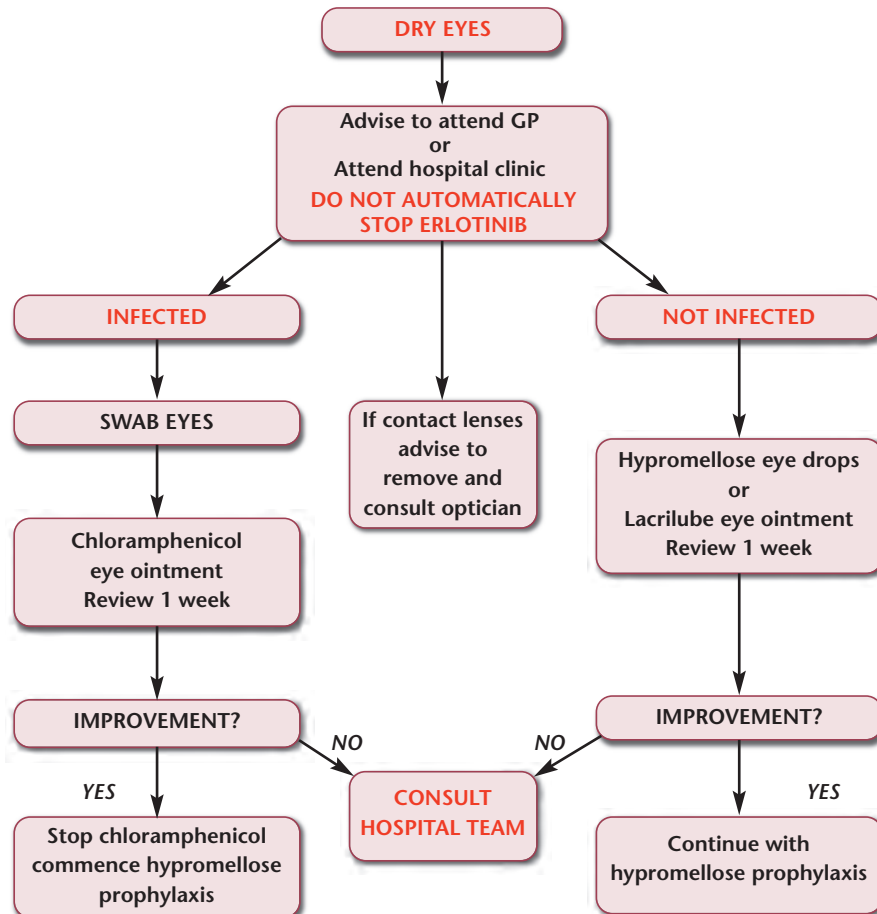
## PATIENT ADVICE

**DO NOT STOP ERLOTINIB TREATMENT, PRIOR TO CONSULTING  
HOSPITAL TEAM**

DIARRHOEA

**DIARRHOEA**

## DRY EYES



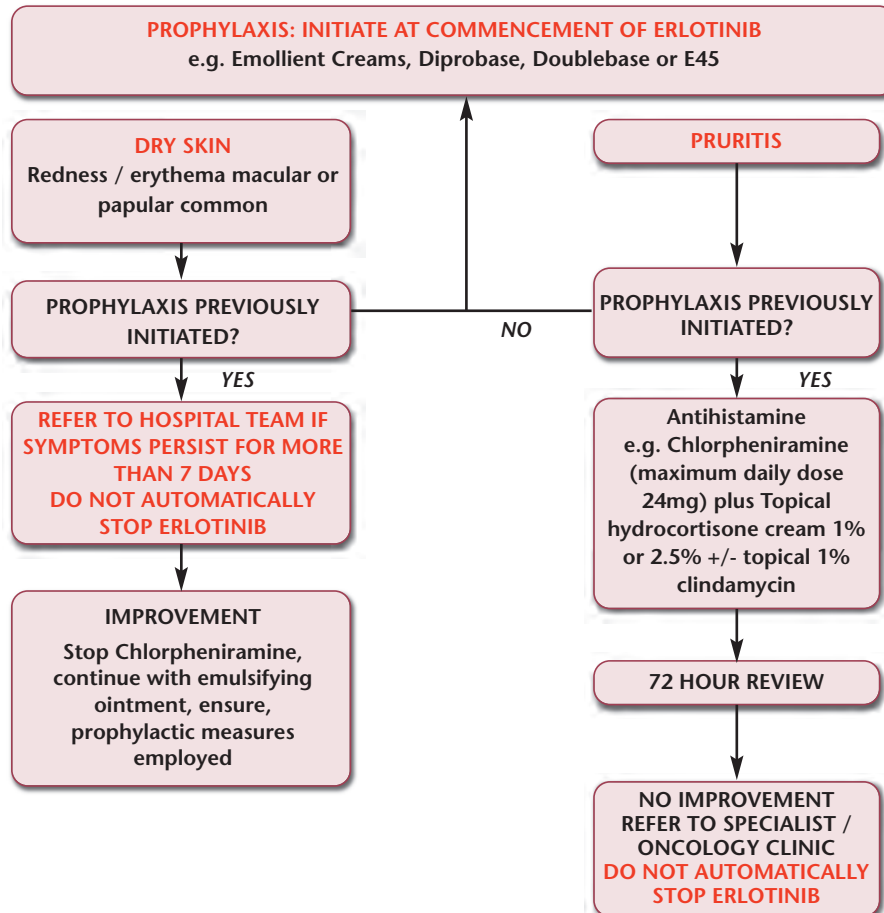
### PATIENT ADVICE

DO NOT USE OVER THE COUNTER CREAMS, OINTMENTS OR ORAL PREPARATIONS  
DO NOT STOP ERLOTINIB TREATMENT, PRIOR TO CONSULTING HOSPITAL TEAM

DRY EYES

**DRY EYES**

## MILD RASH



### HOSPITAL TEAM

Photograph affected area if possible

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MILD RASH

MILD RASH



## MODERATE RASH

**PROPHYLAXIS: INITIATE AT COMMENCEMENT OF ERLOTINIB**  
e.g. Emollient Creams, Diprobase, Doublebase or E45

**MODERATE RASH, GRADE 2**  
macular or papular eruption or erythema

**GRADE 2A**

Pruritis or other associated symptoms  
Symptomatic but tolerable

**GRADE 2B**

Symptomatic/interfering with ADL's  
Management/intervention may be indicated

**DO NOT AUTOMATICALLY STOP ERLOTINIB**

**PAIN**

Analgesics may be required

**ADDED THERAPIES**

Topical 1% Clindamycin  
PLUS 2.5% Hydrocortisone cream  
or  
Pimecrolimus 1% cream  
PLUS Oxytetracycline 500mg BD  
or  
Lymecycline 300mg OD

**RE ASSESS AFTER 2 WEEKS**

**IMPROVEMENT**

Stop added therapies, ensure  
prophylactic measures  
employed

**NO IMPROVEMENT INFORM HOSPITAL TEAM**

Proceed to severe rash guideline

If any other toxicity develops consult hospital  
team immediately

**HOSPITAL TEAM**

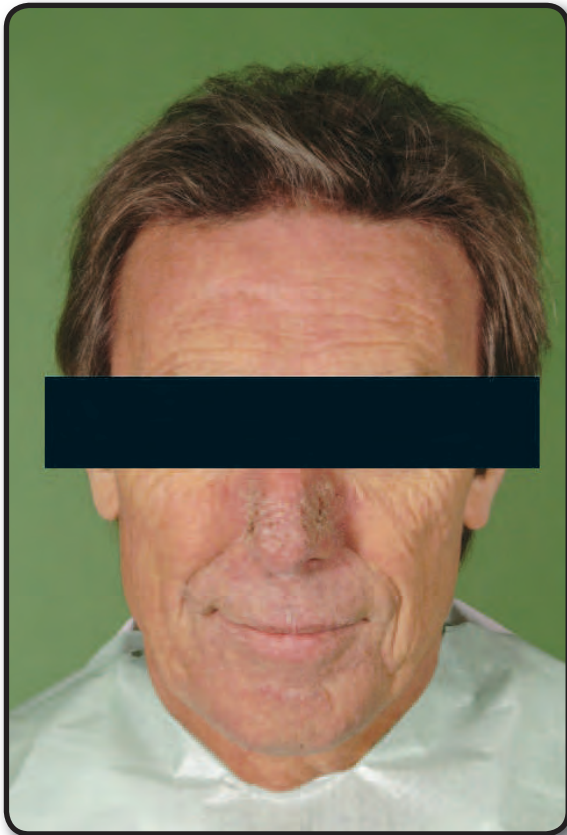
Photograph affected area if possible

**PATIENT ADVICE**

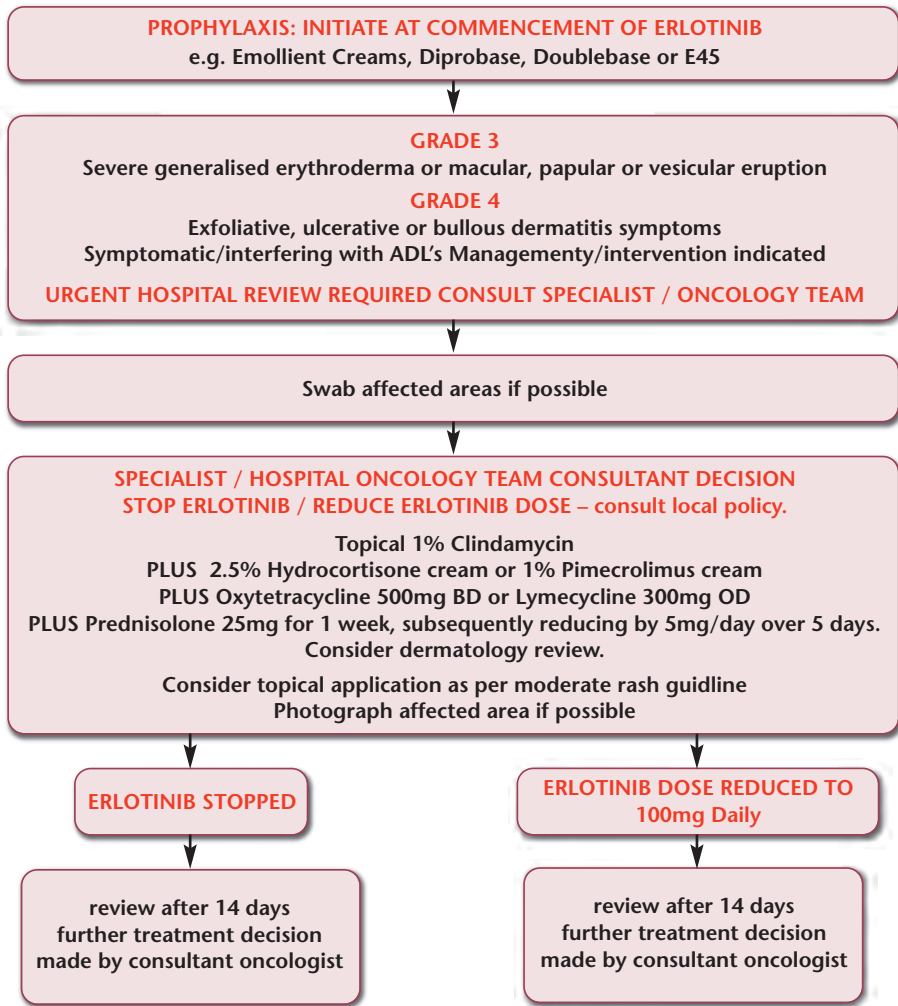
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MODERATE  
RASH

## MODERATE RASH



# SEVERE RASH



## HOSPITAL TEAM

Photograph affected area if possible

## PATIENT ADVICE

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**DO NOT STOP ERLOTINIB TREATMENT, PRIOR TO CONSULTING HOSPITAL TEAM**

SEVERE RASH

## SEVERE RASH

