

## Editorial

# Conjoint management on skin toxicity of targeted therapy

Molecular targeted therapy is a breakthrough in modern cancer treatment. They not only bring about a dramatic improvement in survival but also good symptom palliation. Among these, Epidermal Growth Factor Receptor Inhibitors (EGFRI) constitute an important group which have demonstrated great success.

However EGFRI can have various toxicities, with skin toxicity being a common manifestation. Oncologists and dermatologists nowadays are confronted with a broad spectrum of skin manifestations from targeted agents which deserve more attention and conjoint effort on management. The study of Dr. KH Yeung in this issue of the journal therefore comes at just the right time.

Skin toxicity has traditionally been considered to be a minor side-effect especially when compared with other life-threatening complications. However it can be quite distressing to patients even when graded as low score and can have a great impact on the patient's quality of life. As for most targeted therapies used in patients with advanced cancers, quality of life is an important treatment goal. Great efforts should be made to minimize such treatment toxicities. Furthermore, in severe cases or when symptoms not appropriately controlled, skin toxicity may become a dose-limiting factor, leading to dose reduction or even cessation of targeted therapy. Hence early and prompt treatment is essential.

In our local setting, mild skin toxicities are often managed by oncologists while more severe cases are referred to dermatologists. While this pattern of care may appear reasonable and practical, there are grounds for further improvement in order to achieve an effective and efficient treatment for patients.

Firstly, a common grading system is desirable to facilitate assessment, communication and conjoint treatment. Oncologists and dermatologists may have their own way in grading and assessment. A common language will be beneficial for collaborated care. Secondly, a unified and joint treatment protocol is needed to enhance effective treatment. This is especially important in view of the heterogeneity in physician expertise and treatment preferences. Thirdly, a referral network which enables timely access to dermatologists would be most desirable. This can minimize treatment interruption of targeted therapy due to uncontrolled skin symptoms.

With the current limitation in medical manpower and resources, this kind of joint management strategy which only requires more close multi-disciplinary collaboration would be a good way to go.

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