L7 Skin rash and response to cetuximab treatment: a retrospective single-center analysis

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Background: The standard of care for patients with recurrent/metastatic head and neck squamous cell cancer (R/M HNSCC) not susceptible for surgery or reirradiation is chemotherapy with 5-FU and cisplatin plus cetuximab. Skin rash (SR) is a common adverse event of cetuximab. In patients treated with cetuximab for colorectal cancer there is strong evidence of a better outcome in those who undergo moderate or high grade of SR, and some retrospective data seem to confirm this finding in HNSCC. We report our experience.

Materials and methods: We retrospectively reviewed 107 patients treated with cetuximab for R/M HNSCC from January 2014 to December 2016. Patients were divided in two groups by the grade of SR (G0-1 and G2-4), conforming to Common Terminology Criteria for Adverse Events (CTCAE) v 4.0. Progression-free survival (PFS) was computed as time of progression or death since the date of assessment of recurrent/metastatic disease. Overall response rate (ORR) was computed as the sum of partial and complete responses and evaluated according to RECIST 1.1. PFS and ORR were correlated to the grade of rash.

Results: 67 patients were evaluable for PFS: among them PFS was significantly longer (p 0.0014) in those who underwent a G2-4 rash (9,3 months) vs G0-1 (4,9 months). Hazard Ratio was 2,445 (CI 1.412-4.232). 95 patients were evaluable for ORR: among them G0-1 group had 4,2%, while G2-4 group had 36,8% of ORR.

Conclusions: Our results support data of literature on improved outcome according to the development of skin rash in HNSCC. SR might be considered a predictive marker of response in these patients; nonetheless further *ad hoc* studies would be interesting.