

R. Donald Harvey III, PharmD, BCOP, FCCP, FHOPA

Associate Professor
Department of Pharmacology
Department of Hematology and Medical Oncology
Emory University School of Medicine
Director, Phase I Clinical Trials Section
Winship Cancer Institute of Emory University
Atlanta, Georgia

Rash Management for Patients Taking IRd (Ixazomib-Lenalidomide Dexamethasone)

- Both ixazomib and lenalidomide have been associated with rash
 - Dose adjustment guidelines and dose hold guidelines have been provided for patients with grade 2 rash
 - Grade 2 rash: rash covering 25% or more of body surface area, usually in the trunk area
 - Can be associated with itching or pruritus
 - Some patients may find the rash disconcerting but not uncomfortable

- Initial management of rash: focus on lenalidomide
 - Much shorter half-life than ixazomib
 - Holding lenalidomide is a quick tactic for understanding whether or not the rash is due to that drug
 - If the rash resolves when lenalidomide is held, patients can restart the regimen once the rash has resolved

- If rash persists with lenalidomide being held, the rash may be due to ixazomib, and this drug may need to be held separately from lenalidomide