Maintaining Skin, Hair and Nail Health for Cancer Patients and Survivors
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The Cancer Skin Care Program at Northwestern

Andrew Schorr:
Most everyone knows that today's intense, often, cancer treatment can cause side effects. Normally there are some side effects, and they can be on your hair, your skin and your nails, and certainly that can impact a patient's quality of life. Coming up next on Patient Power is an interview with an expert from Northwestern Memorial Hospital sharing his knowledge how best to manage these side effects.

Andrew Schorr:
Hello and welcome to once again to Patient Power sponsored by Northwestern Memorial Hospital. I'm Andrew Schorr. Well, we all know that our efforts to beat cancer with powerful medicines can have side effects that go along with it. Now, these are side effects that you may experience while you're going through treatment, or they could be effects that come later, even years later, and so you need to be mindful of that. Now, the most apparent side effect that many people are aware of from some cancer drugs is some drugs can you cause you to lose your hair. I was a leukemia patient, the drugs I took didn't cause that, although I was bald already, but women who have been treated for breast cancer or kids who are treated for leukemia may lose their hair, but there also can be effects on your skin or your nails. And beyond that is some of the newer medicines do have side effects like this. So newer medicines, even more powerful, but can have some significant effects on your skin.

And of course the one thing you don't want to have happen during treatment is have these effects become so great that you need to stop your therapy, in other words put a stop to the cancer-fighting medicines that you're taking. Well, there is a doctor at Northwestern, an oncologic dermatologist, who specializes in helping cancer patients get through all this, stay on their therapy or deal with later effects, and that is Dr. Mario Lacouture. He's a dermatologist at Northwestern Memorial Hospital, and he's assistant professor of dermatology at Northwestern University's Feinberg School of Medicine. Also I should tell you that he is the director of the cancer skin care program in the department of dermatology at the Robert H. Lurie Comprehensive Cancer Center at Northwestern. Dr. Lacouture, thank you so much for being with us. Tell us, this program sounds quite unusual, and I know it was the first in the country, started just in early 2006. What is this program?

Dr. Lacouture:
Thank you very much, Andrew. The cancer skin care program is dedicated to the management of dermatologic side effects occurring in cancer patients and
survivors. Our goal is to minimize the effect of anticancer therapies' side effects affecting the skin, hair and nails on the ability of people to continue their normal lives and of course continue to receive their anticancer therapies. For this purpose we have created an interdisciplinary team between oncologists, dermatologists and ophthalmologists, because the eye is also the external portion of our skin. And importantly we try to see patients the same day that they develop their dermatologic side effects so that their quality of life is maintained as best as possible, and the need to modify potentially lifesaving drugs is minimal.

Andrew Schorr:
Let's talk about that for a minute. So the oncology team comes up with a treatment plan and says, okay, based on the latest that science knows we need to give you these drugs on this schedule to best cure, hopefully, or certainly beat back and put you in remission, your cancer. But if skin problems or nail problems or hair problems arise a patient may say I can't take this anymore. If I get it right your clinic is designed to help people deal with these skin issues so that they can continue fighting their cancer.

Dr. Lacouture:
Exactly right. What we try to do is treat these side effects as early on so that patients can continue their therapies and not have any type of interruptions or discontinuations, all of which may affect their ultimate benefit and life span.

Skin Problems

Andrew Schorr:
Now, what are some of the skin problems that can come up? So tell us the effects of some of these drugs traditionally, and I want to talk about newer drugs too. How do they effect, let's say, the skin. What might somebody see on their skin or nails for example?

Dr. Lacouture:
As we all know, the characteristic hair loss will occur in about 75 percent of patients treated with most conventional chemotherapeutic drugs. This hair loss tends to occur rapidly within the first one to two months. Importantly, however, in some cases you may be able to lessen the duration of the hair loss. As a study from M. D. Anderson showed, a daily application of Rogaine, or Minoxidil, was able to reduce the duration of the hair loss in women with breast cancer.

Other side effects that are commonly seen include severely dry skin and irritation of skin. This was a finding that was observed as a result of a survey conducted by Cancer Care, which an organization that stresses education in cancer patients. Essentially what was found that was for most cancer patients the most debilitating dermatologic side effects were severely dry and irritated skin because they were not aware of this side effect occurring prior to therapy. Importantly, however, dry
skin and irritated skin can be prevented in many occasions through use of judicious moisturization of the skin, the avoidance of hot showers with very drying soaps.

And finally, the nails can be affected during cancer therapies. The nails can be affected by drugs such as Taxotere which cause weakening and separation of the nails from the nail beds causing pain and in some cases infection. In most cases, however, nail problems will be largely limited to a breakdown or brittleness of the nails, in which case the use of certain vitamins, such as vitamin B6, may be of benefit.

Andrew Schorr:
Wow. Okay. Now, I understand though there's a new class of medicine, powerful, cancer-fighting medicine, that can have particular skin problems. What is that class? What are some of those drugs? What do you do about it?

Dr. Lacouture:
Yes. Some of the newest types of anticancer medicines known as targeted anticancer drugs are largely represented by a class of drugs known as the epidermal growth factor receptor inhibitors, or EGFR inhibitors. That is a big name for a type of drug that blocks a specific protein that is characteristic of certain types of cancers including those of the lung, breast, colon and rectum, head and neck and pancreas. Importantly, however, this molecule is normally present in the skin, hair and nails. Drugs such as Tarceva, Erbitux, Vectibix and Tykerb have been approved for the previously mentioned cancers, and most of the patients that are treated with these drugs will develop a constellation of dermatologic side effects that include an acne-like rash affecting the fast and upper body, hair loss in the scalp, and paradoxically, increased hair growth in the face, eyelashes and eyebrows. People will also develop severely dry skin. Some people think that they leave a trail of flakes of skin everywhere they go, and this can be accompanied by itching. And finally there may be some inflammation around the fingernails.

Because up to 90 percent of patients will develop these kinds of side effects when they are receiving these drugs, at our institution we are fortunate that we are able to see these patients even before they start their therapy. So we can start prophylactic, or preventive, measures so that these types of side effects do not develop at all or if they do develop they are so mild that they do not affect the ability of someone to receive anticancer therapy.

Andrew Schorr:
Dr. Lacouture, just listening to you and being a cancer survivor and having interviewed so many, I just really admire what you and Northwestern Memorial are doing because I would think that many people go, maybe they seek out a dermatologist or maybe their oncologist doesn't fully understand all these side effects or doesn't specialize in managing the skin issues that they may suffer in their quality of life. So here they are fighting cancer, trying to win back time in.
their life, hopefully a long life, but even if it's shortened by cancer having as good a time as they can, yet if your skin an irritated or even if you're at risk for infection or you have these painful nails, that certainly makes you not even want to go out of the house.

**Dr. Lacouture:**
You're absolutely right, Andrew, and that is why specifically we have we have designed this program. We want to maintain people's lives as normal as possible so that they can better cope with these therapies and also be able to spend time with their family and friends. And we know that up to 80 percent of cancer patients continue to work during their therapies. By treating their dermatologic side effects we try to do as much as possible so that people can continue their normal lives at work and with family.

**Andrew Schorr:**
All right. So let's talk also about people who have had treatment before, are no longer in treatment, but then there can be things that you have to watch out for in their skin. And I think of, fortunately, children who have been now treated so many of them successfully but with aggressive care. What about years later? Are there things that they need to be watching out for and where it could show up on their skin?

**Dr. Lacouture:**
This is a very important point because this is perhaps one of the most under recognized areas in the field of what we have described as being supportive oncodermatology, which is the care of skin conditions or the skin health in cancer patients or survivors, and those are the late effects of cancer therapies. We know that childhood cancer survivors report that scarring from previous surgeries or therapies for their cancer are the third most significant side effect after ocular and spinal abnormalities from their cancer diagnosis or therapy. In addition we also know that childhood cancer survivors, because of the radiation they have received, they have a six-fold greater risk of developing skin cancers in those areas that have been irradiated previously. And not to mention the thousands of women that as adults have received a diagnosis of breast cancer, received radiation and that are affected many years later by a thickening, hardness and discoloration of the skin in those areas that are subject to radiation therapy.

**Early Intervention is Key**

**Andrew Schorr:**
Doctor, you talked about really making an effort to see patients even the same day. Now, let's face it, across dermatology often you have to wait, and also let's face it that the vast majority of dermatologists don't specialize at all in these effects of cancer therapy or these late effects. Why is it so important where you try and see people quickly?
**Dr. Lacouture:**
That is perhaps one of the most important parts of what we do, seeing patients the same day, for two major reasons. Number one, because we want to intervene and treat these dermatologic side effects when they are at its earliest stages so that the treatment with life-prolonging or lifesaving drugs is not impaired. And secondly, as any cancer survivor knows, any new condition or any new health issue becomes a little bit more anxiety-provoking based on all the underlying problems that they may already be having. So therefore to try and improve people's quality of life because of so much that they are already going through, getting over something that is affecting their skin, hair or nails is something that I strongly believe will help them feel better about themselves and encourage them to complete their therapies.

**Andrew Schorr:**
Oh, absolutely. Now, for instance, I'm a leukemia survivor, so I had three drugs, Rituxan, Cytoxan, fludarabine, three drugs used together, and it worked well, and happily I'm in a long remission now. It's been nine years since treatment and 13 years since diagnosis. But I'm aware, I heard somewhere, that I have to kind of be conscious, you know be getting my skin checked. So I went to a dermatologist for a checkup. That kind of surveillance for those of us who have been treated, that's really important, isn't it?

**Dr. Lacouture:**
You are absolutely right. It is very important for any cancer survivor because of the alterations that may have occurred in their immune system as a consequence of the chemotherapy or even their underlying malignancy that they have constant and yearly skin surveillance for the early diagnosis of skin cancer because the immune system plays a large role in the defense against the development of skin cancers. So I encourage any cancer patients or survivors to have an examination by a dermatologist in order to determine whether they may have even early, precancerous lesions which in the setting of cancer or in the setting of a cancer survivor may progress more rapidly than in unaffected individuals.

**Andrew Schorr:**
All right. And definitely if we see any changes to any mole or anything like that, it's like Do Not Pass Go, call the dermatologist, right?

**Dr. Lacouture:**
Absolutely.

**Approaches to Treatment**

**Andrew Schorr:**
Let's get into a little more specifics. So you mentioned where you can intervene and make these side effects that might be inevitable from the appropriate cancer drug, like you mentioned some of these newer drugs that may well be the best treatment available. What are some of the approaches? You talked about lotions
and I imagine moisturizers and maybe some prescription medicines. How much of a difference can they make?

**Dr. Lacouture:**
I think that early and effective intervention of these side effects makes a significant difference. We know that for example the acneiform rash that occurs secondary to EGFR inhibitors intervention with oral antibiotics of the tetracycline family, specifically doxycycline, is able to reduce of development of the acneiform rash by about 50 percent. We also know that in patients receiving Taxotere, which frequently leads to nail problems including separation of the nails from the nail beds and painful toenails and fingernails, the use of cold glove therapy, which means that you stick your hands and feet in pairs of frozen gloves and slippers, minimizes the development of these nail alterations also in more than half of the patients. And finally we do know that by the prevention of severely dry skin we can minimize the development of infections complicating severely affected areas of dry skin, which are frequently super infected.

**Andrew Schorr:**
Yeah, let's talk about infection for a minute, because I know as I was being hit with the cancer-fighting drugs and as a leukemia patient we watched my infection-fighting counts go down and knew that a really bad thing would be to get an infection, and that would have been a stop to the treatment. And since your skin can if it's has cracks and dryness put you at risk of infection, I guess you really want to avoid that.

**Dr. Lacouture:**
That's exactly right. We have found that in patients receiving certain types of chemotherapy drugs, especially the newer ones, up to 38 percent can develop infections of the skin complicating the dermatologic side effects. And one of the most important side effects that led to infections or to an increased susceptibility to infections was severely dry destine. So certain measures such as moisturizing your skin within 15 minutes of leaving the shower, avoiding very hot water and very smelly types of detergents may minimize the severity of the dryness of the skin.

**Andrew Schorr:**
All right. Let me pose some questions to you that we got from some of our listeners. This one came in from Brandy in Chicago. Brandy says, "I'm 23 years old, and I had chemotherapy when I was 18 and 19, and I also had radiation to my head. This was treatment for brain cancer. I have had a lot of hair grow back, but I'm disparately looking for something to make it thicker. Do you have any tips or tricks?"

**Dr. Lacouture:**
Yes. Well, Brandy I can tell you are a very brave woman after everything you've been through and you're still very strong and looking for answers to your problems. For hair growth it is important that several things are ruled out, especially if you
received radiation. First, we have to make sure your thyroid is okay. We know that the thyroid can be affected whenever you receive radiation, and this can be done through a simple blood test that determines whether your thyroid is normal. If it is not normal it is easy to supplement thyroid, and that in some cases will stimulate hair growth. In other cases it is low ferritin, or iron stores, in the blood that can lead to hair loss or decreased hair growth, and that can also be easily measured in the blood.

And finally, it is important also to perhaps seek an evaluation by a dermatologist because there may still be hair follicles there that need some stimulation, and perhaps the use of Rogaine or minoxidil applied twice daily would enhance the growth of those hairs in those remains hair follicles. If this is a severe or significant problem affecting your quality of life, it is not uncommon for our cancer survivors here to undergo therapy with hair transplantation. Hair can be taken from certain areas of the scalp and placed in other areas where hair is not growing as appropriately.

So these are all options that should be considered, I think, from easiest to most difficult, but certainly will not only enhance the possibility of regrowing hair but will make you feel better about the fact that you are doing something to improve something that is currently bothering you.

Andrew Schorr:  
All right. Now let me ask you the flip side. You mentioned earlier that there are some drugs that could cause you to grow thicker hair, maybe even hair on your face, etc. Do those subside when you finish the treatment? So let's say you can live with that, will it go away?

Dr. Lacouture:  
Yes. The majority of these side effects are most significant in women because there is increased hair growth in the face, eyebrows and eyelashes, and this increased hair growth in these areas is very disabling because it is very difficult for people to shave these areas because of their increased skin sensitivity. Turns out that about four weeks to eight weeks, the hair in the face will go back to normal.

Andrew Schorr:  
So what do you do? I can imagine, a woman, she wants to go out. She doesn't want to look like a man with hair on her face. Are there creams or anything that can help deal with this?

Dr. Lacouture:  
If there is increased hair growth in the face, I would recommend people to do several options. If it is possible to do laser therapy, that is a good option, but as you may know laser hair removal works best in people that have very dark hair and very fair skin because the laser will target the pigment. So if there is pigment also in the skin it will cause burning of the skin. Another option is shaving of course.
But an easier option is perhaps depilation or hair plucking accompanied by the use of a cream known as Vaniqa. Vaniqa has been shown that applied twice daily reduces the speed of hair growth thereby minimizing the need for these hair removal procedures.

**Andrew Schorr:**
Now, we talked about acne. So here's a guy who since he began starting chemotherapy he's getting acne. This is Steven in Chicago. You talked about that some. So there are antibiotics and drugs like that. Will that actually make the acne go way or just prevent infection, because Steven, like so many, if you're 50 years old and you have acne you don't really feel like being out in public where people are going to say, what's going on, and then you have to tell them, well, it's acne, but I'm being treated for cancer. Maybe you don't want to talk about it.

**Dr. Lacouture:**
That's exactly right. And I think that with many of these newer drugs the development of this acne-like rash on the face has become to hair loss in the past, and many patients and many people do not want to disclose this problem. It is important to remember that the use of cosmetics is not prohibited, and feel free to use any cover-up cosmetics whenever you have any rash that occurs to chemotherapy. This is likely not to aggravate it, and in fact I think enables you to perform your daily activities in a more confident fashion.

Antibiotics for this purpose are used for several reasons, both for their antibacterial activity and also their antiinflammatory activity. Similar to acne that occurs in teenagers, antibiotics are usually used for only a definite period of time, although a little bit longer than what we are commonly used to for treating infections in other sites. Usually antibiotics of the tetracycline family, such as doxycycline or minocycline, are used for two to three months at a time, at which time, hopefully, the acne can be controlled with just topical antibiotics or topical Retin-A type medicines.

**Andrew Schorr:**
Doctor, what about things we can do at home? It was interesting to me that you talked about avoiding in some cases hot baths or hot showers. I think if I had, let's say, acne on my face that washing my face with hot water, maybe even using some kind of alcohol or astringent, that would be a good thing. What about that?

**Dr. Lacouture:**
No, most studies have demonstrated that traumatizing the skin such as by using alcohol-containing preparations or by scrubbing the skin really hard or using hot water can in fact trigger some of the acne-like rashes that occur in cancer patients or survivors. Therefore I think that the most important part is to be very gentle with your skin, not traumatizing with the use of loofah sponges or those very thick scrubs, because in addition to those traumatizing the skin they can also harbor a great deal of bacteria. So using disposable wash cloths or washable cloths is ideal.
in this setting and the avoidance of alcohol-containing preparations, of which the characteristic ones are lotions.

**Andrew Schorr:**
Now I have a question for you that came in from Barbara from St. Louis. She says, "I have ended my 12 weeks of chemo and I had the loss of my hair on my head. Now four weeks after chemo I'm finding that my eyelashes and eyebrows have fallen out. Is this normal, and will they come back?"

**Dr. Lacouture:**
Yes, the hair growth at the scalp and on the eyelashes and eyebrows tends to occur at a different rate. Therefore you will see a more sudden and rapid hair loss in your scalp than you do see in those other areas. So what you are seeing is completely normal, and you can expect to recover your eyebrows and eyelashes with time. However, this can take up to six to 12 months.

I would encourage you to use minoxidil, or Rogaine, in your scalp to speed hair regrowth as it may also speed up the growth of hair in the scalp. And there was even more recently an approved agent for the growth of eyelashes that may also be beneficial. It is known as Latisse or L-a-t-i-s-s-e. This is applied to the areas of the eyelashes and has been shown to stimulate eyelash growth in people that have very thin eyelashes.

**Andrew Schorr:**
Doctor, you mentioned the eyes as part of the skin, if you will, or seeing it as our external covering, if you will. So people may get dry eye as well. So what about effects on the eyes?

**Dr. Lacouture:**
Effects on the eyes are very important because I believe they are often underrecognized and underdiagnosed. We have an ophthalmologist that we work with very closely here at Northwestern, and he focuses on treating eye conditions in cancer patients and survivors.

The three major alterations that people can experience in their eyes include, as you just mentioned, dry eyes, inflammation of the eyelids and also shedding of the skin that surrounds the eyelashes, which can sometimes lodge inside the eye causing scratching of the inside area of the eye. Therefore it is very important that people see an ophthalmologist if they are having any eye symptoms during therapy. And we also know that with Taxol therapy the nasolacrimal duct, or the small canal that drains our tears, can also be affected, and some people that are receiving these therapies can be affected by constant tearing of their eyes. Importantly, I believe that there are very simple remedies for all of these. However, I will leave that to my colleagues in ophthalmology.
Andrew Schorr:
Right. But it's great that they can contact your clinic and there will be often a multidisciplinary team that they'll see as they see different people related to their different issues as a cancer patient, and that's a terrific thing. Here's one last question I wanted to pose to you. This is from Cecile in Joliet, Illinois. She said, "I had mouth sores after my first treatment of Doxil, and they lasted through my second treatment. Why is that, and what can I do about that?" Because that's skin too inside the mouth, mouth sores are a common problem. What about that, Doctor?

Dr. Lacouture:
You are absolutely right. Mouth sores are a very common problem, and I believe that it is important to keep in mind that one should first rule out that there is not another infection. Cold sores, which 95 percent of the population has the antibody against, are frequent in cancer patients and survivors. Therefore, the first thing to keep in consideration is that this is not a reactivation of the herpes virus. Secondly, decreasing the inflammation within the mouth is important, and usually mouth washes containing lidocaine to minimize of pain, nystatin or another antibacterial to prevent bacterial overgrowth in the mouth as well as the use of antacids within the mouth may prevent or may delay the aggravation of these mouth sores.

Most institutions have their own stomatitis cocktails that go by different names and different formulations. We can also envision that in cases where the inflammation is the predominant aspect of this solutions that contain topical antiinflammatory corticosteroids are beneficial. Most of the treatments for mouth sores are prescription items, so you should see your dermatologist or oncologist, at which time they will prescribe any of these agents.

Andrew Schorr:
Well, let's pull this all together. So the first thing is if you're in cancer treatment with a treatment that you and your doctor agree is right for you, you want to stay on that treatment dosage and schedule, and while skin, hair, nail problems may come up, you want to head those off and deal with those early so you can stay on your treatment plan. Did I get it right?

Dr. Lacouture:
That's correct.

Andrew Schorr:
Okay. And then beyond that, for those of us who are cancer survivors, we need to be vigilant, maybe have later checkups for later effects of either cancer treatment or things that we may be susceptible to because of an affected immune system. How did I do that time?
Dr. Lacouture:
That’s perfect. That’s exactly right. From the very early stages of cancer therapy and for the rest of your life, dermatologic care is very important in cancer patients and survivors.

Andrew Schorr:
Well, Dr. Mario Lacouture, I just want to congratulate you for the work you’re doing at Northwestern, the very first in the country program that you set up there, and now others are modeling that, and your dedication even on the same day to seeing patients who are dealing with this. Thank you so much for all you do, Doctor. We really appreciate you being with us.

Dr. Lacouture:
Thank you very much, Andrew. And I would like to thank the audience for your time today.

Andrew Schorr:
Well, thank you, sir. This is what we do on Patient Power, and we connect you with a leading Northwestern expert, and there are some very, very dedicated ones like Dr. Lacouture in dermatology at Northwestern. And if you are a cancer patient remember the importance of staying on your plan and then this vigilance going forward and to see a dermatologist like the oncologic dermatologists at Northwestern who are highly attuned to what your needs are. I’m Andrew Schorr. Remember, knowledge can be the best medicine of all. Thanks for joining us.

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