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Released: 07/31/2025
Valid until: 07/31/2026
Time needed to complete: 1h 06m

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The Safety Balancing Act – Mastering Adverse Event Management

Announcer:
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Dr. Leighl:
This is CME on ReachMD, and I'm Dr. Leighl. Here with me today are Drs. Cho and Kerr.

Dr. Cho, let's turn to adverse events. How do you manage the toxicities associated with EGFR-targeted therapies?

Dr. Cho:
So from MARIPOSA study, amivantamab plus lazertinib produced on-target EGFR inhibition-related toxicity. Although majority of EGFR-related toxicities, such as skin rash, acneiform rash, and paronychia, is grade 1 or 2, it influenced the patient quality of life.

So managing the dermatologic toxicity with amivantamab is really important to improve patient outcome and patient quality of life and compliance.

For me, I think COCOON study is really helpful in managing amivantamab- associated skin toxicity. In the COCOON study, we used widely available, easy-to-use, proactive skin management compared to SOC management in first-line EGFR-mutant lung cancer receiving amivantamab plus lazertinib. In this study, proactive skin management using oral doxycycline and skin moisturizer and others substantially reduced dermatology toxicity with amivantamab.

Regarding VTE, in the PALOMA-3 study, we observed substantial reduction of VTE incidence with the subq amivantamab. And we also observed a substantial reduction of VTE with 4 months' treatment of prophylactic anticoagulation after initiation of ami plus lazertinib.

Regarding infusion-related reaction—again throughout PALOMA-3 study—subq amivantamab substantially reduced infusion-related reaction less than 20% compared to IV amivantamab.

I think MDT is really important because physician as well as nurses and physician assistant is really important on managing all these adverse events with this intensified combination regimen in first-line EGFR-mutant lung cancer.

So we need to learn from each other, and we need to learn how to manage all these side effects in order to optimize and maximize survival outcome in the first-line treatment patient treated with ami plus lazertinib.

Dr. Kerr:
Yeah, one of the things that I have noticed in our MDT discussions is how often a very key member of the MDT—and that's our lung cancer nurses—get involved in the management of these adverse events.

Dr. Leighl:
Thanks. And I think at Toronto we've really been thrilled to use this multidisciplinary-led approach. Our nurses, and in some centers

pharmacists, are really key players in making sure that patient journey is as good as it can be, that we identify AEs early and take preventive steps.

COCOON has been great. We've put this into our routine workflow. Combinations like amivantamab-based therapies, amivantamab plus lazertinib, and also other EGFR-targeted therapies with significant skin toxicity, we do use this. It's made a real difference.

And also, we found that while we're waiting for subcutaneous amivantamab in the SKIPPirr trial, just a simple regimen of dexamethasone 8 mg twice a day, starting 2 days before and ending just before the IV ami dose, again, really markedly ratchets down that risk of IRR to about 20%. So that's been really great for people who are waiting for subq.

And also I think that idea that you prepare everyone for the toxicity, make sure every patient knows that it is not okay to have a rash and sit at home and not call. You know, you have to call in.

But especially with COCOON, we find a marked reduction in dose reduction of the treatment, a marked reduction in dose holds, and most of our patients are able to stay on treatment. A marked reduction in people that actually go off study or off treatment for toxicity. So it's been really great.

So with that, our time is up. Thanks so much for listening.

Announcer:
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