

# Managing adverse event reactions - Case A (Cutaneous reactions with Apalutamide)

# Case details and discussion plan



## Patient detailing

A case of 69-year-old gardener, Asymptomatic, fit individual enrolled in clinical trial NCT 03124433 was discussed. Additional parameters included:

- PO Apalutamide 240 mg once daily
- Week 3 reported truncal skin lesions that were no painful or pruritic
- Progressed over 1 week to involve limbs

Rashes within a month of using APA



After 1-2 weeks later to picture on right



APA: Apalutamide; PO: medication taken by mouth



**Discussion: How frequent would you monitor imaging test?**

**Topical steroids**

OR

**Anti-histamines**

OR

**Biopsy**

OR

**Cessation of APA for 2 weeks**

# Panelist insights

Experts shared regional insights about rational management of this case and choice of treatment for such patients.



A/Prof. Edmund Chiong

- In my series of patients, there is hardly any rash observed.
- In elderly patients, I start apalutamide with low doses, considering the risk of cognitive function impairment, and the dose is increased gradually. The patients never develop rash.
- Therefore, this may be dose dependent.



Dr. Loh Chit Sin

- This type of rashes are generally not seen for patients on apalutamide.
- I personally have seen rash in a patient after 4-5 months, but even they were not this florid.



Prof. Axel S. Merseburger

- Reduction in apalutamide dose or higher dose of oral corticosteroid dose can be considered.
- Corticosteroids can be started as high dose (1mg/kg) followed by weekly reduction in dose.
- Also, a few local corticosteroids might help in majorly affected areas.
- Primary goal would be to resolve and then restart again, washing out corticosteroids.

## The panelists agreed that:

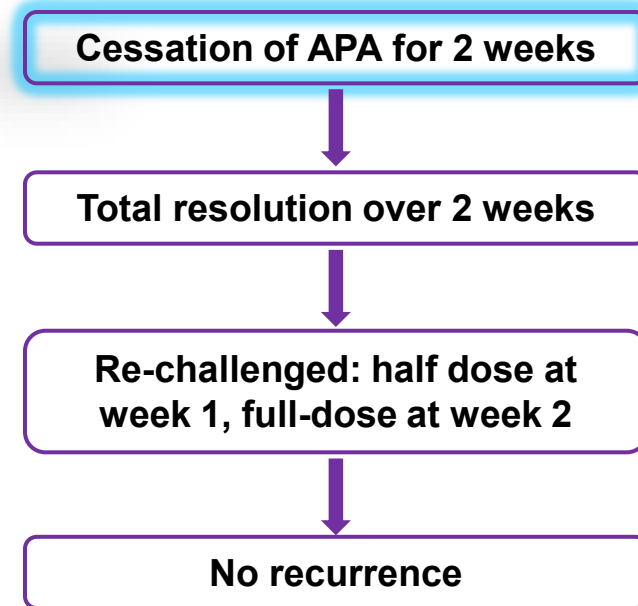
- This type of rash is generally not seen in patients undergoing treatment with apalutamide.
- Goal should be to resolve the problem of rash and then restart the treatment.
- Reduction in apalutamide dose may be an effective option.
- Higher dose of oral corticosteroids is another option, which can be started at 1 mg/kg followed by dose reduction.

# Conclusion

- Reduce the dose or maybe start with mild corticosteroid.
- High dose corticosteroid can be initiated, and the goal should be to resolve, and then restart again.
- Patient preferred no treatment, and Apalutamide was stopped for 2 weeks.
- Time taken was almost a month, but it resolved with no treatment.
- Rechallenge at half dose and gradually increase.



## Treatment approach by A/Prof. Lee Lui Shiong



**THANK YOU!**