Lapatinib Side-Effect Management

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Lapatinib is an oral dual tyrosine kinase inhibitor targeting epidermal growth factor receptor and HER2. Diarrhea and dermatologic adverse events are reported commonly by patients treated with lapatinib. Diarrhea can range from mild to severe based on the agents used in combination with lapatinib. The adverse events may diminish quality of life, reduce treatment adherence, and lead to discontinuation of therapy. Consequently, proactive management of diarrhea is crucial, especially in patients receiving lapatinib in combination with other agents that also cause diarrhea. As the utility of lapatinib expands, crucial proactive diarrhea-management and dose-reduction strategies are evolving to decrease the likelihood of grade 3 or 4 toxicity. With regard to dermatologic adverse events, most are mild to moderate in severity, are of limited duration, and frequently do not require treatment intervention. However, in some patients, management of dermatologic adverse events is of great importance. This article reviews data regarding diarrhea and dermatologic adverse events in patients treated with lapatinib and summarizes the key role that oncology nurses play in educating patients about the potential for adverse events and the importance of preventive measures, ongoing surveillance, appropriate treatment, and dose reductions.

At a Glance
- Diarrhea and dermatologic adverse events are among the most common toxicities in patients treated with lapatinib alone or in combination.
- Most diarrhea and dermatologic adverse events in patients treated with lapatinib are mild to moderate in severity, are of limited duration, and do not require treatment interruption.
- Proactive management of diarrhea is crucial, especially in patients receiving lapatinib in combination with other agents that also cause diarrhea.

In patients treated with lapatinib who participated in a number of completed clinical studies in the metastatic setting and two studies in the adjuvant setting. The severity of the events was graded on a scale of 1–4 using the National Cancer Institute Common Toxicity Criteria (v.2.0) and the National Cancer Institute Common Terminology Criteria for Adverse Events (v.3.0) (National Cancer Institute, 1999, 2006). In addition, this article

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