Dermatologic Assessment From a Distance: The Use of Teledermatology in an Outpatient Chemotherapy Infusion Center

Jeanine Gordon, RN, MSN, OCN®

Treatment-related dermatologic toxicities are common for patients with cancer. Rashes associated with dermatologic toxicities are best treated by a physician who specializes in dermatologic conditions resulting from cancer treatment, but scheduling and travel may present challenges for patients. This article describes a pilot project in which nurses used telemedicine technology to facilitate patient visits with an off-site dermatologist.

Background

Dermatologic toxicities related to cancer treatments, particularly the administration of chemotherapy and biotherapies, are common for patients with cancer. Drug categories such as tyrosine-kinase inhibitors and epidermal growth factor receptor inhibitors (EGFRIs) are known for causing acneform eruption; follicular acneform eruption; folliculitis; and papulopustular acneform, macropapular, or maculopustular rash (Segaert & Van Cutsem, 2005). Although mild to moderate in severity, skin rash can have a significant negative effect on patients’ quality of life. In addition to dryness and itching that can be very uncomfortable, people often are self-conscious about the rash, which frequently appears in highly visible areas such as the face, neck, and chest (Oishi, 2008). Clindamycin gel and hydrocortisone cream usually are prescribed proactively to treat mild rashes.

Rash is believed to be the most common cutaneous adverse effect of EGFRIs, with almost 100% of patients reporting rashes in some trials (Segaert & Van Cutsem, 2005). EGFRIs include cetuximab, panitumumab, erlotinib, gefitinib, and lapatinib, which are used to treat a wide range of cancers. Those drugs are administered as single agents and in combination with other systemic chemotherapies.

Rash has been cited as a cause of treatment cessation or dose modification. Although mixed, most data support the correlation between rash and outcomes in patients treated with EGFRIs. An estimated 8%-17% of patients change or stop their treatment because of moderate or severe adverse cutaneous effects (Lacouture & Lai, 2006). Oncology nurses caring for patients experiencing dermatologic toxicities must properly assess and manage those toxicities. In addition, dermatologists must be able to properly diagnose those side effects and differentiate them from other skin disorders (Agero et al., 2006).

Teledermatology Pilot

Teledermatology is the use of medical information exchanged from one site to another via electronic communications to improve patients’ health status (American Telemedicine Association, 2011).