A Pilot Study to Determine the Effectiveness of a Topical Gel with 2% Lidocaine-HCL, Hyaluronic Acid and Aloe Extract for Treatment of Adverse Rash Symptoms Associated with HER/ErbB Inhibitors


Abstract

Significance and Background: Topical ErbB Growth Factor Receptor (ErbGFR) inhibitors drugs are indicated for the treatment of cancer and include Herceptin® and Erbitux®. These agents have produced impressive results in the treatment of various types of cancer. The most common side effect associated with these agents is an acneform rash. The rash is red, inflamed, pustular, and can be painful. The primary symptom of the rash reaction causes a severe acneform rash in over 80 percent of treated patients occurring on face, arms, chest, legs and back (Wong et al, 2007). The rash is red, inflamed, pustular, and can be painful. The primary symptom of the rash reaction causes a severe acneform rash in over 80 percent of treated patients occurring on face, arms, chest, legs and back (Wong et al, 2007). The rash is red, inflamed, pustular, and can be painful. The primary symptom of the rash reaction causes a severe acneform rash in over 80 percent of treated patients occurring on face, arms, chest, legs and back (Wong et al, 2007).

Purpose: The purpose is to provide a validated, safe, and effective adjunct therapy to treat rash symptoms at an earliest time point for optimum patient management.

Introduction

A single-center prospective clinical study was undertaken to observe patients treated with gel application to ErbB inhibitors’ induced rash. Patients selected criteria of over 18 years of age, to be started on HER1/EGFR treatment. Nurses graded the rash according to the skin toxicity scale (grade 1-4). Patients evaluated rash symptoms on face, arms, chest, legs, and back. The rash is red, inflamed, pustular, and can be painful. The primary symptom of the rash reaction causes a severe acneform rash in over 80 percent of treated patients occurring on face, arms, chest, legs, and back (Wong et al, 2007). The investigators noted the clinical results indicated gel was safe and effective adjunct therapy for managing Grade 1-2 rash symptoms for out-patient care. Inhibitor induced rash. The clinical results indicated the gel is a safe and effective adjunct therapy for managing Grade 1-2 rash symptoms for out-patient care.

Evaluation

Eighty-eight subjects’ questionnaires and evaluations were collected and calculated as one percentage of each response. Patients rated the gel as 88.8% effective for reducing appearance, 86.6% effective for relieving pain, 87.5% patients reported effectiveness for relieving itching and 92.1% of patients reported effectiveness for skin healing. The results of the three immediately above trials with Regenecare HA indicated the gel was effective in reducing rash symptoms. Percentages of each response. Patients reported the gel as 88.8% effective for reducing appearance, 86.6% effective for relieving pain, 87.5% patients reported effectiveness for relieving itching and 92.1% of patients reported effectiveness for skin healing. The results of the three immediately above trials with Regenecare HA indicated the gel was effective in reducing rash symptoms.

Results

Regenecare HA gel was rated showing that 88.8% of patients reported it effective in treating rash appearance, 86.6 % patients reported effectiveness in relieving pain, 87.5% patients reported effectiveness for relieving itching and 92.1% of patients reported effectiveness for skin healing. The clinical results indicated gel as 88.8% effective for reducing appearance, 86.6% effective for relieving pain, 87.5% patients reported effectiveness for relieving itching and 92.1% of patients reported effectiveness for skin healing.

Graph 1

Overall both products’ evaluations were very similar for symptom relief of itch, redness, and skin healing. Benefits of the original wound gel included improved skin condition and improvement in quality of life during treatment, physicians and nurses need an evidence based product to help relieve itching and pain. A pilot study, which included a randomized, double-blinded, parallel group design, involving patients with EGFR rash. It supported an improvement in skin condition and therefore quality of life of patients undergoing EGFR inhibitors treatment. The herbalists noted the clinical results indicated the gel was safe and effective adjunct therapy for managing Grade 1-2 rash symptoms for out-patient care.

Conclusion

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Of twenty patients selected eighteen were chosen for outpatient product use during 6 weeks of EGFR inhibitors drug treatment schedule. Similar to this trial, eighteen patients selected met criteria of over 18 years of age, to be started on HER1/EGFR treatment. Inhalation toxicity scale (grade 1-4). Patients evaluated rash symptoms on face, arms, chest, legs, and back. The rash is red, inflamed, pustular, and can be painful. The primary symptom of the rash reaction causes a severe acneform rash in over 80 percent of treated patients occurring on face, arms, chest, legs, and back (Wong et al, 2007). The rash is red, inflamed, pustular, and can be painful. The primary symptom of the rash reaction causes a severe acneform rash in over 80 percent of treated patients occurring on face, arms, chest, legs, and back (Wong et al, 2007).

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