Incidence, Characteristics, and Management of Alpelisib-Associated Rash in Patients With Advanced Breast Cancer

Anisha B. Patel, MD1,a; Lucia Seminario-Vidal, MD, PhD2
1University of Texas MD Anderson Cancer Center, Houston, TX; 2H. Lee Moffitt Cancer Center, Tampa, FL

Authors contributed equally to this work

*Presenting author

Synopsis

- Rash is more frequently localized in the trunk (including chest, abdomen, and back) and extremities;
- Characteristics of Rash
- This review of alpelisib-associated rash includes safety data from the SOLAR-1 trial, the BYLieve study, and the U.S. Food & Drug Administration (FDA) approval of the combination was based on improved efficacy in patients with hormone receptor (HR)-positive, HER2-negative ABC who progressed on prior endocrine therapy.
- Alpelisib is a selective PI3K inhibitor approved in combination with fulvestrant for the treatment of patients with HR+/HER2− ABC whose disease had progressed on prior endocrine therapy; in the Phase II study, 57% of patients responded.
- Cytotoxic toxicity, particularly the development of rash, is a class effect of PI3K pathway inhibitors and has been reported in up to 50% of patients treated with alpelisib.

Objective

- The objectives of this poster is to provide dermatologists with specific guidance on the management of alpelisib-associated rash.

Methods

- The number of alpelisib-associated rash includes safety data from the SOLAR-1 trial and the BYLieve study, a single-center retrospective study.
- SOLAR-1 (NCT02557000), an international, open-label, randomized phase III trial evaluating alpelisib (300 mg QD) + fulvestrant (500 mg, every 28 days and once on day 15) or placebo + fulvestrant (equal dosing) in women or men with HR+, HER2− ABC who had progressed on or after hormonal therapy, was stopped early due to efficacy results and then stratified for the Phase II study.

Results

- Incidence of Alpelisib-Associated Rash
- Clinical trials have reported an incidence of any grade rash by the start of protocol-defined washout periods ranging from 20% to 50% (grade 1-3) or 5-10% (grade 4) in alpelisib-treated patients.
- Rash in the International Retrospective Study was found in 45% of patients with grade 1-3 rash and 5% with grade 4.

Characteristics of Rash

- In clinical studies, the median time to rash was approximately 2 weeks after starting alpelisib treatment.
- There were no differences in the incidence or severity of rash between the 2 treatment arms in the international retrospective study.
- Rash was more frequently localized to the trunk (including chest, abdomen, and back) and extremities.
- Rashes may sometimes be asymptomatic, or present symptoms such as itchy rashes or pruritus (common in grade 3 or higher).

Table 1. Characteristics of alpelisib-associated rash

<table>
<thead>
<tr>
<th>Grade</th>
<th>Incidence</th>
<th>Clinical Features</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>80%</td>
<td>Short-lived, self-limiting rash</td>
<td>Supportive care, no dose adjustment</td>
</tr>
<tr>
<td>2</td>
<td>20%</td>
<td>Moderate rash, may require dose reduction</td>
<td>Initiate class I-III topical corticosteroids (triamcinolone, betamethasone, clobetasol, or fluocinonide).</td>
</tr>
<tr>
<td>3</td>
<td>10%</td>
<td>Severe rash, may require permanent discontinuation</td>
<td>Permanent discontinuation of alpelisib not recommended</td>
</tr>
</tbody>
</table>

Figure 1. Occurrence of rash in patients who received prophylaxis and those who did not

Figure 2. Rash prevention strategies

Figure 3. Management of alpelisib-associated rash based on severity6,7,11,17,18,a

Prevention of Alpelisib-Associated Rash

- Alpelisib-associated rash is generally reversible with adequate co-medication and, if needed, alpelisib dose adjustments/interruption (mostly in patients experiencing grade 3 rash).

Management of Alpelisib-Associated Rash

- Active management of alpelisib-associated rash may help limit dose adjustments and prevent treatment interruptions to achieve better therapeutic efficacy.

Conclusions

- Rash is a frequently observed alpelisib-associated adverse event that can be managed with medication, such as antihistamines and corticosteroids, and alpelisib dose adjustments/interruption.

Acknowledgments

Medical editorial assistance was provided by Carolyn M. Morris, PhD, Healthcare Communications Group, LLC, and was funded by Novartis Pharmaceuticals Corporation.