

VEMURAFENIB-INDUCED STEVENS-JOHNSON SYNDROME IN A PATIENT WITH METASTATIC MELANOMA: A CASE REPORT

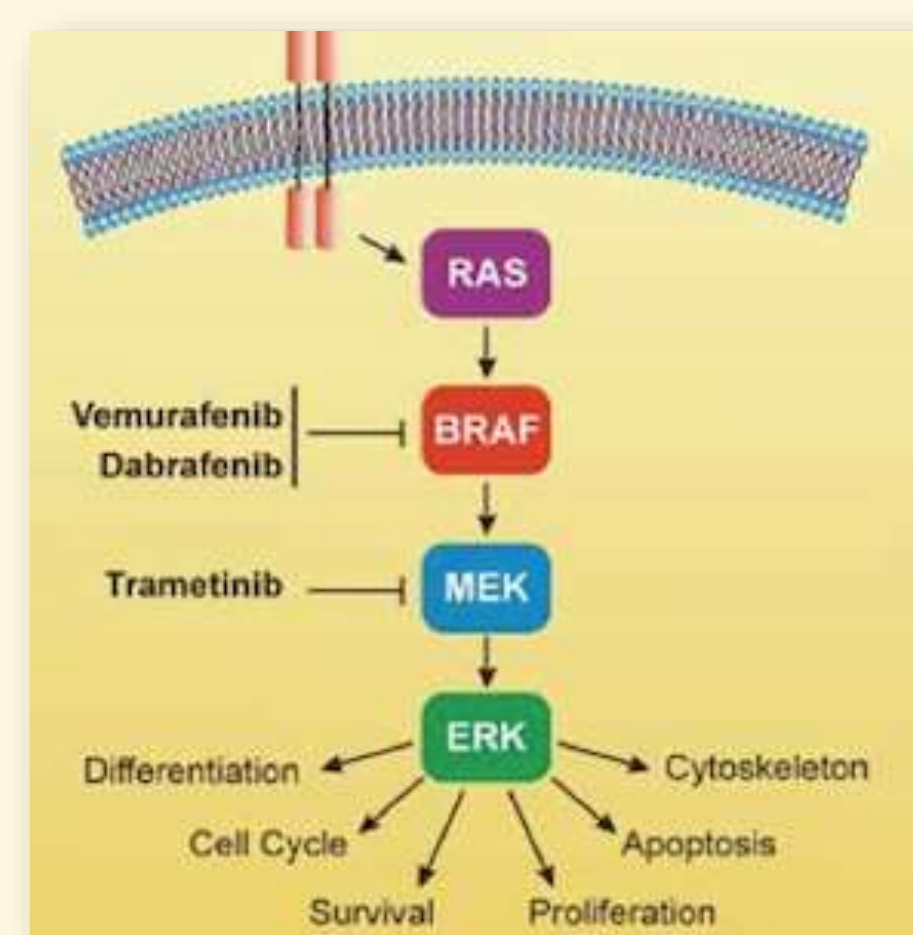


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BACKGROUND

Vemurafenib and dabrafenib are BRAF inhibitors used for the treatment of unresectable or metastatic melanoma (MM) with BRAF V600 mutation.



Stevens-Johnson syndrome (SJS) has been rarely reported with vemurafenib and is not described with dabrafenib. Severe adverse reactions have been described in vemurafenib treated patients who had previously received nivolumab.

PURPOSE

To describe a severe case of **vemurafenib-induced SJS** in a patient with MM previously treated with nivolumab.

MATERIAL AND METHODS

This was a descriptive and retrospective clinical case. Data were obtained by review of electronic medical records.

RESULTS



- ✓ 67-year-old woman
- ✓ vulvar melanoma:
 - Clark level III
 - Breslow thickness of 0,8 mm



October 2007
Surgery

May 2016
Pulmonary nodules and local recurrence were detected.
Tumor was positive for BRAF mutation

August 2016: 9 cycles of nivolumab → January 2017: disease progression → **vemurafenib-cobimetinib**



9 days after infusion, a severe cutaneous reaction appeared. Dermatology and Allergy Departments diagnosed it as a **SJS**.

The Naranjo Algorithm established as “probable” (score 4) the relationship between vemurafenib and SJS.

Dabrafenib was evaluated as an alternative treatment in a clinical session with **Allergy, Oncology and Pharmacy** Departments

This led to the performance of an **in vitro lymphocyte transformation test (LTT)** assay with both BRAF inhibitors (if test ⊖ : administration)

RESULTS

- ⊕ vemurafenib
- ⊖ dabrafenib
- ⊖ sulfametoxazol (control)

Treatment with dabrafenib was started with good tolerance and without skin reactions

CONCLUSIONS

- ❖ Previous treatment with nivolumab could worsen vemurafenib **safety profile** as described in several case reports.
- ❖ A negative LTT cannot discard **cross-reactivity** between BRAF inhibitors, but it might lead to careful administration of dabrafenib as an alternative therapy.
- ❖ **Mutidisciplinary approach** is key in treatment decisions due to hypersensitivity reactions.

No conflict of interest



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