



Recognizing and Managing Dermatologic irAEs

A Clinical Reference Guide



Dermatologic irAEs are the most common irAE overall, with a median onset of 3 weeks; they are mostly mild to moderate and manageable.



Be sure to educate your patients about irAEs and when to call your office about them.

Dermatology Role

- Grade severity and biopsy when the diagnosis is unclear (eg, lichenoid vs psoriasiform)
- Treat Grade 1/2 presentations directly in most cases; largely reversible within 2 weeks
- Communicate a clear **continue/hold/discontinue** recommendation back to the oncology team



Oncology Will Refer Back to Dermatology For

- Grade 3/4 disease of any type (>30% BSA, bullous, or life-threatening features)
- Any SJS/TEN features
- Bullous disease with systemic symptoms or mucosal involvement
- Diagnostic uncertainty affecting the oncology team's continue/hold decision

Grading and Management per NCCN Guidelines®

INCREASING SEVERITY/BODY SURFACE AREA INVOLVEMENT →

Maculopapular Rash

G1

Macules/Papules covering <10% BSA

Management

Topical emollient + moderate-potency topical steroids; consider oral antihistamines

Continue ICI

G2

Macules/Papules covering 10%-30% BSA; iADLs limited

Management

Topical emollient + moderate- to high-potency topical steroids; consider oral antihistamines; if unresponsive to topical within 1-2 weeks, consider prednisone; consider dermatology consult

Continue ICI

G3

Macules/Papules covering >30% BSA or life-threatening; ADLs limited

Management

High-potency topical steroids; prednisone/IV methylprednisolone; urgent dermatology consult, consider biopsy; consider inpatient care

Hold ICI

Pruritus

G1

Mild/Localized

Management

Oral antihistamines; moderate-potency topical steroids; consider OTC topical anesthetic/anti-itch creams

Continue ICI

G2

Intense/Widespread (intermittent); skin changes from scratching; limiting iADLs

Management

Oral antihistamines; prednisone/IV methylprednisolone; consider gabapentinoids—if no response in 1 month, consider dupilumab, omalizumab, or NB-UVB; urgent dermatology consult

Hold ICI

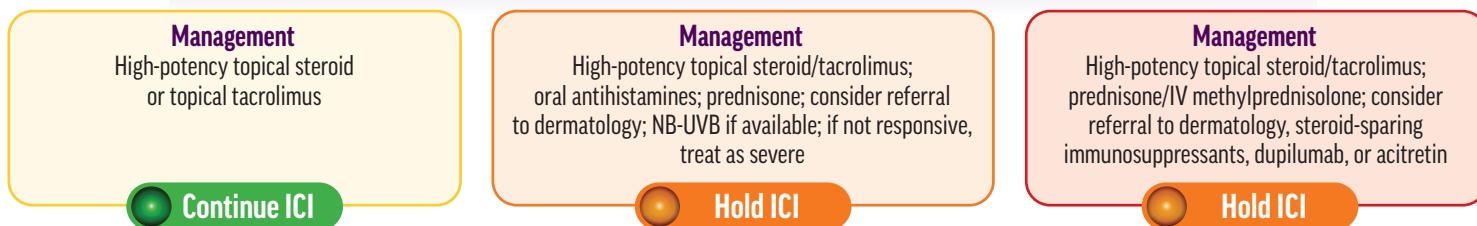
Grading and Management per NCCN Guidelines®

INCREASING SEVERITY/BODY SURFACE AREA INVOLVEMENT →

Lichenoid Disease and Psoriasiform Rash



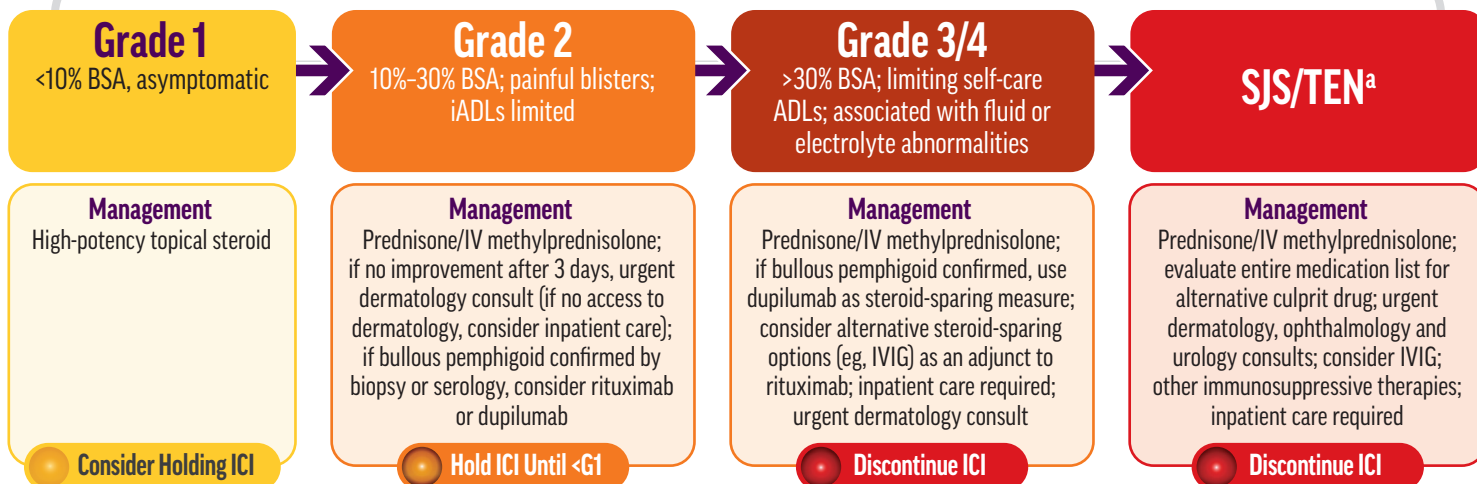
Lichen Planus/Lichenoid Disease



Psoriasis/Psoriasiform Disease



Bullous Dermatitis and SJS/TEN



IVIG, intravenous immunoglobulin.

^aNCCN grades SJS/TEN as an extension of severe (grade 3/4) bullous dermatitis, so management escalates along one continuous scale. NCCN, 2025. https://www.nccn.org/professionals/physician_gls/pdf/ici_tox.pdf.