



2021 Annual Spring Virtual Meeting | Abstract Submission

Enfortumab Vedotin-Induced Cutaneous Toxicity

Scott Whitlock, MD. Jennifer Wintringham, BS. Abby Van Voorhees, MD

Eastern Virginia Medical School

A 68 year old man with known metastatic urothelial carcinoma presented to the hospital for a new-onset rash, and the inpatient dermatology service was consulted. The patient relayed a 6-day history of progressive worsening rash, worst on the feet, starting approximately 3 weeks after initiation of weekly treatment with IV infusions of enfortumab vedotin for his metastatic bladder cancer. Physical exam revealed symmetric, confluent, exquisitely tender erythema on the feet, and scattered erythematous papules and small bullae on the lower legs, arms, and back. Lab results were significant for pancytopenia.

A clinical diagnosis of enfortumab vedotin-induced cutaneous toxicity was made. The affected areas improved significantly over the following days with clobetasol ointment twice daily to the affected areas, and cool compresses. Treatment with systemic corticosteroids were considered, but deferred due to the patient's high risk of infection, and satisfactory improvement with conservative therapy.

Enfortumab vedotin is a nectin-4-directed antibody-drug conjugate, FDA approved in 2019 as a third-line treatment for locally advanced or metastatic urothelial cancer. The drug binds selectively to nectin-4, expressed on tumor cells, leading to tumor cell apoptosis. In clinical trials, cutaneous reactions were reported in 48% of patients¹. Morbilloform, eczematous, lichenoid, bullous, TEN, and hand-foot syndrome-like presentations have been described^{2,3,4,5}. By assisting in the recognition and management of this and other acute cutaneous adverse effects of oncologic therapies, dermatologists have the distinct opportunity to assist patients in continuing life-prolonging therapies for advanced malignancy.

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