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Cutaneous Toxicity of BRAF Inhibitors in the Management of Metastatic Melanoma †

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Abstract: The management of patients with advanced melanoma has undergone significant changes in recent years by transitioning from cytotoxic therapies to new targeted therapies and immunotherapy. This has led to an increase in the survival and quality of life of patients, but with the cost of systemic and cutaneous side effects. The use of selective BRAF kinase inhibitors (vemurafenib and dabrafenib) has improved the survival of patients with advanced melanoma who tested positive for the BRAF V600 mutation. Although their effectiveness and safety have been demonstrated, some patients develop side effects, the most common being cutaneous side effects. Most side effects can be treated with topical therapy, but there are cases where they can induce severe reactions that require prompt recognition by a dermatologist and proactive toxicity management to improve the prognosis. These molecules show a wide range of adverse skin reactions from photosensitivity, cutaneous xerosis, keratinocyte proliferation, and differentiation abnormalities manifested by palmar-plantar erythrodysesthesia, rash similar to keratosis pilaris, vulgar warts, milia, actinic keratosis to the induction of new cutaneous malignancies: keratoacanthomas, squamous cell carcinomas, etc. The use of new targeted therapies is a challenge for both oncologists and dermatologists. Oncologists need to know the cutaneous toxicity of these therapies, and by collaborating with dermatologists, can anticipate, evaluate and treat the most common side effects, avoiding unjustified interruptions of a therapy that affects the survival rate of patients with melanoma.

Keywords: melanoma; BRAF inhibitors; cutaneous adverse reactions.

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Conflicts of Interest

The authors declare no conflict of interest.