Assessment and Symptom Grade Management escalation pathway **Investigations** Avoid skin irritants, avoid sun exposure, Grade 1: Physical examination topical emollients recommended Exclude other causes, Skin rash, with Topical steroids (mild strength) cream e.g. viral illness, infection, or without symptoms, od +/- oral or topical antihistamines for itch other drug rash < 10% BSA Proceed with treatment Supportive management, as above Grade 2: As above Rash covers Topical steroids (moderate strength) cream od or (potent) Consider dermatology cream bid +/- oral or topical antihistamines for itch 10-30% referral and skin biopsy of BSA Proceed with ICPi treatment Withhold ICPi Topical treatments as above (potent) Initiate steroids: if mild to moderate 0.5-1 mg/kg Grade 3: prednisolone od for 3 days then wean over 1-2 weeks; As for grade 1 Rash covers > 30% or if severe IV (methyl)prednisolone 0.5-1 mg/kg Dermatology review BSA or grade 2 and convert to oral steroids on response, Consider punch biopsy with substantial wean over 2-4 weeks and clinical photography symptoms Recommence ICPi at G1/mild G2 after discussion with patient and consultant

Grade 4:
Skin sloughing
> 30% BSA with
associated symptoms
(e.g. erythema, purpura, epidermal detachment)

IV (methyl)prednisolone 1–2 mg/kg Seek urgent dermatology review Discontinue ICPi treatment As for grade 1
Dermatology review
Punch biopsy
Clinical photography