I read with interest the superlative review by Fecher et al regarding the important role of tissue biopsy in the management of immune checkpoint inhibitor (ICI) toxicity. The authors succinctly describe the benefit of biopsy when evaluating ICI adverse events affecting the colon, liver, lungs, heart, and kidneys. In addition to these organs, tissue biopsy is also essential in the assessment of cutaneous toxicity from ICI.

ICI-associated adverse effects to the skin have been not only observed but also characterized morphologically and pathologically. More commonly occurring cutaneous reactions to these agents include dermatitis, lichenoid reactions, maculopapular eruption, and psoriasis. In addition, less frequently observed ICI-associated cutaneous adverse events are alopecia areata, bullous pemphigoid, drug-induced hypersensitivity syndrome/drug reaction with eosinophilia and systemic symptoms (DIHS/DRESS), lichenoid reactions, SJS/TEN, transient acantholytic dermatosis, and sometimes psoriasiform rash.

In summary, ICIs are essential antineoplastic agents. Their use in oncology patients is associated with well-defined adverse events that can potentially affect various solid organs. The crucial role of tissue biopsy for the evaluation of ICI-associated toxicity is paramount for not only these visceral tissues but also the cutaneous integument.

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