Cutaneous Reactions
Monitoring and Management

Loncastuximab Tesirine-lypl (Lonca)

CLINICAL PRESENTATION[1-3]

- Usually within the first 3 cycles of Lonca treatment
- Rash or maculopapular rash
- Erythema
- Pruritus

MONITORING

- Monitor patients for new or worsening cutaneous reactions, including photosensitivity reactions[3]
- Photosensitivity may persist for many months following the last dose of Lonca[3]
  - These recommendations should be followed for at least 4 months after discontinuing Lonca to allow for drug clearance[2]

PATIENT COUNSELING[1]

- Patients may be advised to minimize or avoid exposure to direct natural or artificial sunlight, including exposure through glass windows indoors or while driving, even on cloudy days
- It is recommended that patients use sunscreen (at least SPF 50) and wear sun protective clothing including broad hats
- Patients may be advised to avoid picking or peeling open skin wounds to decrease risk of skin infection

1. Derenzini E, et al. *Leuk Lymphoma*. 2025:1-13.
2. Epperla N, et al. *Hematol Oncol*. 2025;43(5):e70128.
3. ZYNLONTA® (loncastuximab tesirine-lpyl) for injection. Prescribing Information. ADC Therapeutics; 2022.

ADC THERAPEUTICS

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MANAGEMENT

- It is recommended to initially treat *RASH* with[1,2]:
  - Topical emollients
  - Topical corticosteroids (such as 1% hydrocortisone or clobetasol)
  - L-lysine and H1 & H2 antihistamines may also be added
- It is recommended to treat *PRURITUS* with H1 & H2 antihistamines[1]
- For severe cutaneous reactions which are unresponsive to topical steroids and/or which spread to other areas, systemic steroids (prednisone taper starting at 0.5 mg/kg daily) may be considered[2]

LONCA DOSAGE MODIFICATIONS[3]

- For severe reactions:
  - Withhold Lonca for cutaneous reactions grade 3 or higher until resolution
  - If dosing is delayed by more than 3 weeks owing to toxicity related to Lonca, it is suggested to reduce subsequent doses by 50%. If toxicity reoccurs following dose reduction, consider discontinuation
  - If toxicity requires dose reduction following the second dose of 0.15 mg/kg (cycle 2), it is suggested that the patient should receive a dose of 0.075 mg/kg for cycle 3

Warnings and Precautions: Serious cutaneous reactions occurred in patients treated with Lonca. Grade 3 cutaneous reactions, such as photosensitivity reaction, rash (including exfoliative and maculopapular), and erythema, occurred in 4% of patients.[2]

1. Derenzini E, et al. *Leuk Lymphoma*. 2025:1-13.
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