**VEUMURAFENIB-INDUCED STEVENS-JOHNSON SYNDROME IN A PATIENT WITH METASTATIC MELANOMA: A CASE REPORT**

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**BACKGROUND**

Vemurafenib and dabrafenib are BRAF inhibitors used for the treatment of unresectable or metastatic melanoma (MM) with BRAF V600 mutation. Stevens-Johnson syndrome (SJS) has been rarely reported with vemurafenib and is not described with dabrafenib. Severe adverse reactions have been described in vemurafenib treated patients who had previously received nivolumab.

**PURPOSE**

To describe a severe case of vemurafenib-induced SJS in a patient with MM previously treated with nivolumab.

**MATERIAL AND METHODS**

This was a descriptive and retrospective clinical case. Data were obtained by review of electronic medical records.

**RESULTS**

- 67-year-old woman
- Vulvar melanoma: Clark level III - Breslow thickness of 0.8 mm
- October 2007: Surgery
- May 2016: Pulmonary nodules and local recurrence were detected.
- Tumor was positive for BRAF mutation

August 2016: 9 cycles of nivolumab → January 2017: disease progression → vemurafenib-cobimetinib

- 9 days after infusion, a severe cutaneous reaction appeared. Dermatology and Allergy Departments diagnosed it as a SJS.

The Naranjo Algorithm established as “probable” (score 4) the relationship between vemurafenib and SJS.

Dabrafenib was evaluated as an alternative treatment in a clinical session with Allergy, Oncology and Pharmacy Departments.

This led to the performance of an in vitro lymphocyte transformation test (LTT) assay with both BRAF inhibitors (if test "+": administration)

- Vemurafenib
- Dabrafenib
- Sulfamethoxazol (control)

Treatment with dabrafenib was started with good tolerance and without skin reactions.

**CONCLUSIONS**

- Previous treatment with nivolumab could worsen vemurafenib safety profile as described in several case reports.
- A negative LTT cannot discard cross-reactivity between BRAF inhibitors, but it might lead to careful administration of dabrafenib as an alternative therapy.
- Mutidisciplinary approach is key in treatment decisions due to hypersensitivity reactions.

No conflict of interest

24th EAHP Congress. Barcelona (Spain) 27-29 March 2019