

Supplemental Table 2. Clinical differences between acneiform rash, papulopustular rosacea, folliculitis, and hidradenitis suppurativa attributed to immune checkpoint inhibitors and differential diagnosis to consider in cancer patients.

Follicular reactions in patients receiving ICI*	Clinical features
Acneiform rash	The primary lesions of the ICI-induced acneiform rash are erythematous papules and sterile pustules distributed on the face and upper trunk. Pruritus is commonly associated. The onset of the rash usually occurs within the first 2-3 months of ICI therapy.
Papulopustular rosacea	Papulopustular rosacea in patients receiving ICI is characterized by erythematous papules or pustules with a cutaneous erythematous and edematous background localized on the face. Pruritus and xerosis are usually present. The onset of the eruption typically occurs after 4-6 months of ICI therapy.
Folliculitis	ICI-induced folliculitis is characterized by a folliculocentric papule or erythematous pustule. The upper trunk and arms are affected the most. Pruritus is usually present on the affected area. Topical antibiotics alone or in combination with corticosteroid are useful for treatment.
Hidradenitis suppurativa	Patients receiving ICI may develop inflammatory nodules as a solitary or multiple, painful, lesions in intertriginous areas and usually bilateral. History of hidradenitis suppurativa is usually absent. However, exacerbation of previous hidradenitis suppurativa may be also observed during ICI-therapy.
Most common differential diagnosis to consider in cancer patients^{1, 2}	
Corticosteroid-induced acne	Corticosteroid-induced acne typically presents with a monomorphic inflammatory popular or pustular rash usually involving the upper trunk and arms. Topical corticosteroids exacerbate or do not improve this rash.
Eosinophilic folliculitis	Pruritic eruption most commonly occurs in HIV-positive patients characterized by follicular papules and pustules predominantly involving the head, neck, and upper trunk. Eosinophilia is often present, and histology shows infiltration of eosinophils in the hair follicles.
<i>Malassezia</i> folliculitis	Pruritic, monomorphic, follicular papules, or pustules on the trunk and upper arms. The central face is usually spared. Abundant yeasts are present under microscopic examination.
Acneiform eruption secondary to epidermal growth factor receptor (EGFR), mTOR and MEK inhibitors	Folliculocentric, erythematous papules, pustules, or nodules. Areas rich in sebaceous glands are more commonly affected (trunk, face, scalp). Associated symptoms may include pruritus, pain, irritation, and stinging. The onset of the eruption typically occurs within the first 2 weeks of therapy. Open and closed comedones are typically absent.

*Attribution to ICI: Dermatologic diagnosis was based on the most representative clinical manifestations of each follicular cirAE described in this table, also considering the therapy timeline, and temporal association with the ICI therapy

ICI: immune checkpoint inhibitors.

mTOR: mechanistic target of rapamycin

Supplemental Table 3. Common Terminology Criteria for Adverse Events (CTCAE - Version 5.0). Following the clinical features and distribution described for each case of follicular cirAE, the severity grading was obtained by oncodermatologists from the clinical description if not available by the grading CTCAEv5.0. ³

Adverse event	Grade 1 (mild)	Grade 2 (moderate)	Grade 3 (severe)	Grade 4 (life-threatening)	Grade 5 (death)
Acneiform rash	Papules and/or pustules covering <10% of the body surface area, which may or may not be associated with symptoms of pruritus or tenderness	Papules and/or pustules covering 10 to 30% of the body surface area, which may or may not be associated with symptoms of pruritus or tenderness; associated with psychosocial impact; limiting instrumental activities of daily living; papules and/or pustules covering >30% of the body surface area, with or without mild symptoms	Papules and/or pustules covering >30% of the body surface area with moderate or severe symptoms; limiting self-care activities of daily living; associated with local superinfection with oral antibiotics indicated	Life-threatening consequences; papules and/or pustules covering any percent of the body surface area, which may or may not be associated with symptoms of pruritus or tenderness and are associated with extensive superinfection with intravenous antibiotics indicated	Death
Folliculitis	Covering <10% of the body surface area; no intervention indicated	Covering 10-30% of the body surface area; topical intervention initiated	>30% BSA; systemic intervention indicated	-	-
Papulopustular rosacea, and hidradenitis suppurativa*	Asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.	Minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental activities of daily living	Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self-care activities of daily living	-	-

* Papulopustular rosacea and hidradenitis suppurativa are not included in the CTCAEv5. However, the descriptive terminology was followed which can be utilized for reporting other Adverse Events.⁴

References

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2. de Noronha e Menezes NM, Lima R, Moreira A, Varela P, Barroso A, Baptista A et al. Description and management of cutaneous side effects during erlotinib and cetuximab treatment in lung and colorectal cancer patients: a prospective and descriptive study of 19 patients. *European journal of dermatology* : EJD 2009;19:248-51.
3. Freites-Martinez A, Santana N, Arias-Santiago S , Viera A. Using the Common Terminology Criteria for Adverse Events (CTCAE - Version 5.0) to Evaluate the Severity of Adverse Events of Anticancer Therapies. *Actas Dermosifiliogr (Engl Ed)* 2021;112:90-2.
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