Simplified COCOON Regimen: Skin Side Effect Prevention and Management[1]

COCOON
1L ami + laz in *EGFR*+ NSCLC

Plain Language

PRE-TREATMENT Start on Day 1 of treatment to help reduce the risk of skin, scalp, and nail side effects

1 START THIS PREVENTION PLAN ON DAY 1 OF AMIVANTAMAB + LAZERTINIB

ORAL ANTIBIOTIC (TETRACYCLINE)
Doxycycline or minocycline
100 mg by mouth twice daily
Weeks 1–12

CERAMIDE-BASED MOISTURIZER
Apply to face and body
At least once daily
Weeks 1+

EARLY TREATMENT OF SIDE EFFECTS Begin treatment for the affected area at the first sign of mild skin, scalp, or nail side effects, as recommended by your healthcare team

2 IF A SKIN, SCALP, OR NAIL SIDE EFFECT OCCURS

FACE / BODY
Corticosteroids[2]
Adjust based on location and severity
Topical ruxolitinib cream or tacrolimus[a]

SCALP[b]
Clobetasol 0.05% shampoo[2]
3 times weekly
Propranolol 10 mg
By mouth 3 times daily until symptoms improve

PARONYCHIA[b] (redness, swelling or soreness around the nails)
Timolol 0.5% solution[2]
Apply twice daily
Chlorhexidine 4% solution[2]
Apply once daily

OTHER CONSIDERATIONS Discuss any side effects with your healthcare team right away. If symptoms worsen or do not improve, they may recommend additional treatment, referral to a dermatologist (skin specialist), or dose changes if needed.

Oral zinc gluconate and extended tetracycline treatment were also evaluated in COCOON, but clinical benefit has not been established.
[a]Investigational treatment under evaluation in COCOON. [b]Combination regimen under investigation in COCOON.
1. Figure adapted from Cho BC, et al. *J Thorac Oncol*. 2025;20(10):1517–1530. 2. Nikolaou V, et al. *Lung Cancer*. 2026;213:108950. 3. RYBREVANT® (amivantamab-vmjw) injection for intravenous use [package insert]. Janssen Biotech, Inc.; 2025.

This material is distributed for scientific purposes by Johnson & Johnson Innovative Medicine and is not for promotional use.

Simplified COCOON Regimen for Derm Prophylaxis and Management[1]

COCOON
1L ami + laz in *EGFR*+ NSCLC
Presented at ESMO 2026

Rapid oral version (presented at ESMO 2026)

PROPHYLAXIS — Start on Day 1 of treatment to reduce the risk of developing dermatologic AEs

1 START PROPHYLAXIS ON DAY 1 OF AMIVANTAMAB + LAZERTINIB

ORAL TETRACYCLINE
Doxycycline or minocycline
100 mg by mouth twice daily
Weeks 1–12

CERAMIDE-BASED MOISTURIZER
Apply to face and body
At least once daily
Weeks 1+

CONCOMITANT / EARLY INTERVENTION — Begin site-directed treatment at first onset of grade 1 dermatologic AEs, as clinically indicated

2 IF A DERMATOLOGIC AE EMERGES

FACE / BODY
Corticosteroids[2]
Tailor to location and severity
Topical ruxolitinib cream or tacrolimus[a]

SCALP[b]
Clobetasol 0.05% shampoo[2]
3 times weekly
Propranolol 10 mg
By mouth 3 times daily until resolution

PARONYCHIA[b]
Timolol 0.5% solution[2]
Apply twice daily
Chlorhexidine 4% solution[2]
Apply once daily

OTHER CONSIDERATIONS — Escalate care based on severity/persistence, consider early dermatology referral, and see amivantamab label for dose modifications

Oral zinc gluconate and extended tetracycline treatment were also evaluated in COCOON, but clinical benefit has not been established.
[a]Investigational treatment under evaluation in COCOON. [b]Combination regimen under investigation in COCOON.
1. Figure adapted from Cho BC, et al. *J Thorac Oncol.* 2025;20(10):1517–1530. 2. Nikolaou V, et al. *Lung Cancer.* 2026;213:108950. 3. RYBREVANT® (amivantamab-vmjw) injection for intravenous use [package insert]. Janssen Biotech, Inc.; 2025.

This material is distributed for scientific purposes by Johnson & Johnson Innovative Medicine and is not for promotional use.