

IMPACT OF THE DECLINE IN THE NUMBER OF COMMUNITY DERMATOLOGISTS IN FRANCE ON TREATMENT OF ACTINIC KERATOSIS (EPIKA STUDY).

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INTRODUCTION

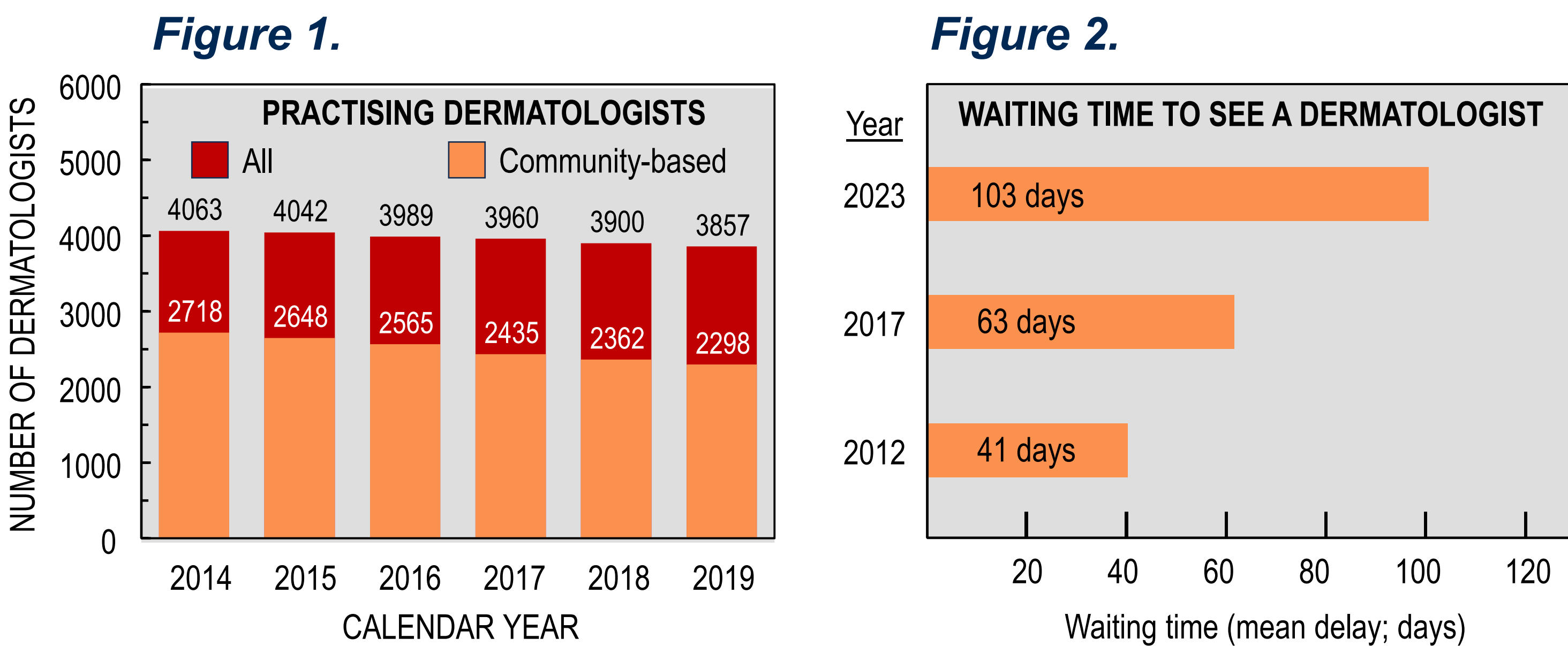
- The spread of ‘medical deserts’, areas of territory with minimal specialist care provision, is a major challenge for public health policy in France.
- One particular area of concern is the decline in the number of community dermatologists, from 2,718 in 2014 to just 2,100 en 2023.^{1,2}
- This may have a negative impact on the quality of care of common skin disorders, whose prevalence has not decreased concomitantly.
- Actinic keratosis (AK) is a common skin disease with a risk of progression to squamous cell carcinoma (SCC); the prevalence of AK is rising worldwide.³
- The incidence of NMSC in Europe has been predicted to double from 2012 to 2030.⁴
- We have recently performed a survey of AK management in France using the National Health Insurance Database (SNDS).⁵
- In the present analysis, we document the relationship between dermatology care supply and the provision of care for AK between 2014 and 2019.

METHODS

- Information on dermatology care provision was taken from published data.
- Information on provision of care for AK was extracted from the SNDS.
- All patients aged >40 years delivered a specific AK treatment between 01/01/2014 and 31/12/2019 were identified in the SNDS.
- Patients without AK treatment claims in the previous 2 years were considered newly-treated patients.
- The following variables were extracted from the SNDS for these newly-treated patients:
 - The number of dermatologist consultations
 - The number of GP consultations
 - The number of patients initiating treatment
 - The number of patients undergoing skin surgery for removal of cutaneous lesions

DERMATOLOGY CARE SUPPLY

- Between 2014 and 2019, the number of practicing dermatologists in France decreased from 2,718 to 2,298, a decrease of 15% (Figure 1).⁶
- Waiting time for a dermatologist increased from 41 days in 2012 to 63 days in 2017 and 103 days in 2023, and 42% of patients had given up consulting a dermatologist for this reason. (Figure 2).



CARE PROVISION FOR AK

- The proportion of AK patients consulting a dermatologist remained stable until 2016 and then declined over the three following years. The proportion of patients receiving an AK treatment at these consultations also declined from year to year (Figure 3).
- The proportion of AK patients consulting a GP remained stable or increased over the study period, but the proportion of patients receiving an AK treatment at these consultations declined from year to year (Figure 4).
- The number of people initiating an AK treatment rose to 83 cases/million in 2016 and then fell off rapidly to 46.5 cases/million in 2019 (Figure 5).
- The proportion of AK patients undergoing skin surgery for excision of a cutaneous lesion declined by 40% from 2014 to 2019 (Figure 6).

DISCUSSION

- Since 2016, the number of patients starting treatment for AK and the number of patients consulting a dermatologist, and being prescribed a treatment have declined.
- This may reflect the challenge in getting an appointment with a community dermatologist, due to the fall in the number of practioners and the increased waiting time for an appointment, which, according to a recent French survey,⁷ 85% of patients with AK consider excessive.
- Although the proportion of patients consulting a GP remains high, prescription of AK treatments by GPs decreased over time; this may reflect reluctance of GPs to initiate treatments rather than renewing prescriptions previously delivered by dermatologists.
- Over the study period, the proportion of patients treated for AK who underwent skin surgery fell by ~50%. Since standards of care for AK or for SCC have not changed substantially over this period, and the incidence of AK is rising, this may indicate that cases of AK that progress to SCC are not being identified in a timely manner.

CONCLUSIONS

Reduced access to community dermatologists over the last decade in France appears to have resulted in a decrease in the number of patients treated for AK. Rebuilding a supply of community dermatologists sufficient to meet the demand is a long-term goal. However, since the number of patients consulting GPs is high, and rising, the situation could be improved if GPs were to become more involved in the diagnosis and first-line treatment of AK. This transition could be facilitated by the introduction of new easy-to-use topical treatments for AK with good tolerability profiles, such as tirbanibulin.

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