# EPIDEMIOLOGY OF ACTINIC KERATOSIS IN FRANCE: A GENERAL POPULATION SURVEY (REAKT STUDY)

EPH201

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## INTRODUCTION

- Actinic keratosis (AK) is a chronic disease caused by sun exposure that presents as recurrent rough skin lesions.[1]
- AK is a risk factor for squamous cell carcinoma.[2]
- Epidemiological data on AK in France date from >25 years.
- Because advice on sun protection and treatment of AK has evolved since then, it is important to re-evaluate the prevalence and burden of AK.[3,4]

## OBJECTIVES

- To collect up-to-date data on the epidemiology of AK in the general population in France.
- To characterise patients with AK and their disease.

## METHODS

- A postal questionnaire was sent to 15,246 individuals from a representative panel of the French population (METASKOPE).[5]
- This survey was conducted between November and December 2022 and consisted of 25 questions.
- Participants reporting current or previous AK lesions diagnosed by a physician constituted the study population.
- Information was collected on socio-demographic characteristics, diagnosis, lesions, care management and attitudes and expectations towards their disease.
- Participants not diagnosed by a physician were excluded.

## RESULTS

- Of the 15,246 participants to the survey, 615 participants reported AK diagnosed by physician.
- The mean age was 68.9±11.4 years and 310 (50.4%) were men (Table 1).

*Prevalence of AK*

- The crude prevalence rate of AK was 4.0% (Fig. 1):
  - slightly higher in men than in women (4.3% *vs* 3.8%; NS)
  - increased with age from 1.7% in the 40-45 age group to 7.1% in the ≥80 age group (p<0.001) (Fig. 2).
  - higher in coastal regions than in inland regions (highest in the South-East: 5.7%; p<0.01) (Fig. 3).

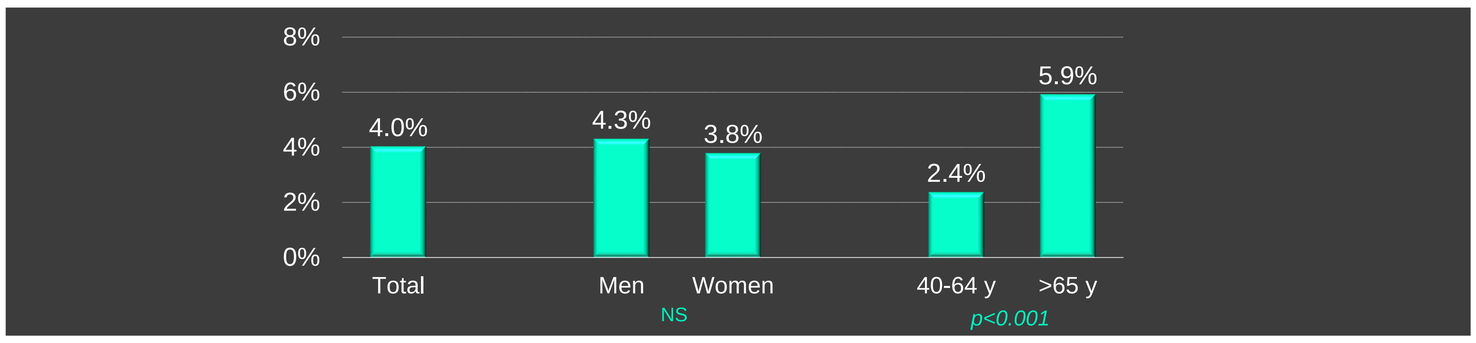
*Current AK*

- Time since diagnosis was ≥3 years in 48.1% of the sample
- 69.3% had active AK at the time of the survey.
- 30.7% no longer had any lesions at the time of the survey.
- 103 (24.5%) reported a single lesion and 48 (11.4%) reported >10 lesions.
- Lesions were principally located on the face or neck in 327/420 participants (77.9%).

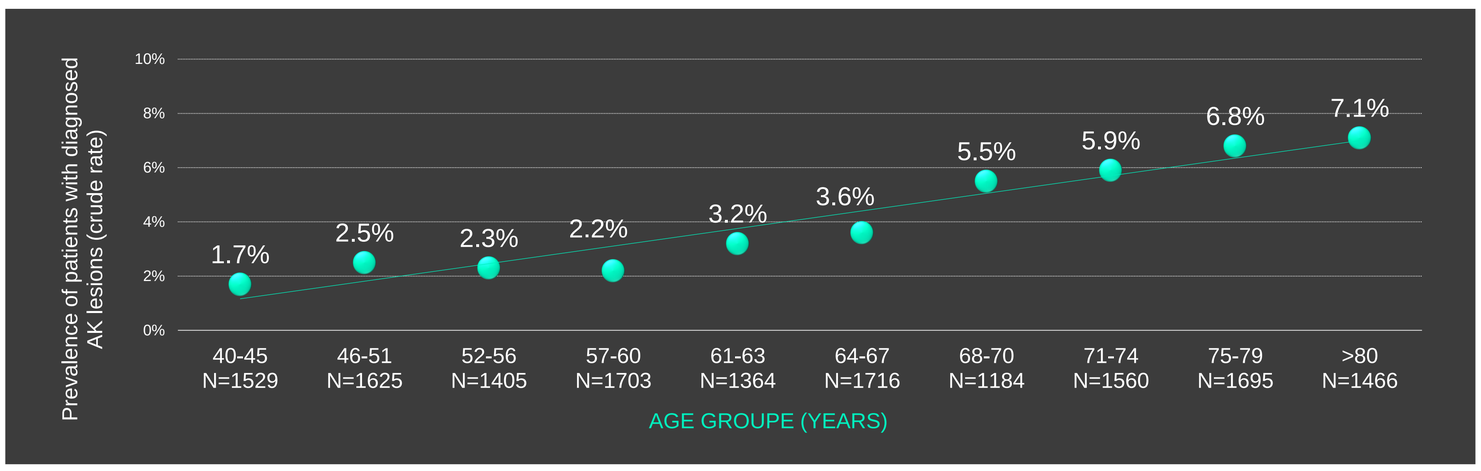
### Table 1. Characteristics of participants

| | | N | % |
|---|---|---|---|
| **Total survey participants** | | 15 246 | |
| **Number of patients with diagnosed AK lesions** | | 615 | 4.0% |
| **Characteristic of AK diagnosed patients (n=615)** | | | |
| **Age** | Mean age (years) ± SD | 68.9 ± 11.4 | |
| | Median age (min-max) | 70.1 (40-98) | |
| **Gender** | Men | 310 | 50.4% |
| | Women | 305 | 49.6% |
| **Familial status** | Marital life | 419 | 68.1% |
| | Single | 58 | 9.4% |
| | Divorced | 87 | 14.1% |
| | Widow | 50 | 8.5% |
| **Phototype** | Phototypes I and II | 352 | 57.2% |
| | Phototypes III and IV | 234 | 38.0% |
| | Phototypes V and VI | 1 | 0.2% |
| | Unknown | 28 | 4.6% |

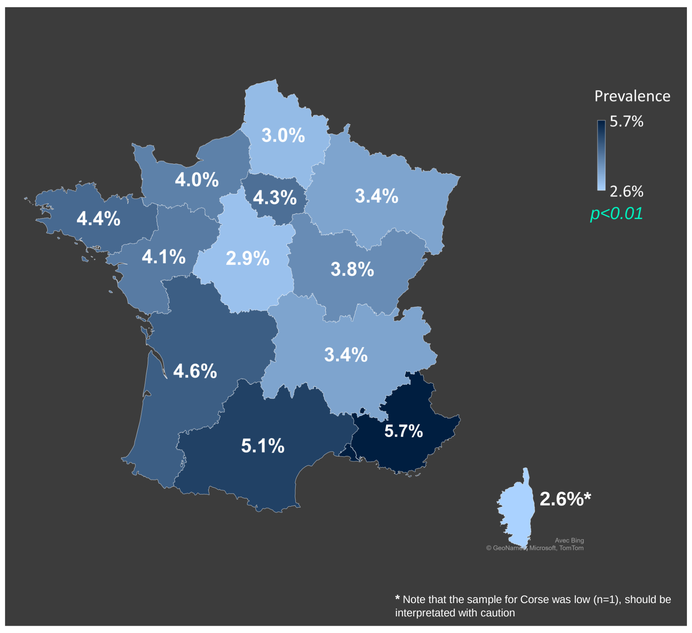
### Figure 1. Prevalence of AK by age and gender




### Figure 2. Prevalence of AK by age class




### Figure 3. Prevalence of AK by region




### Table 2. Characteristics of the AK disease

| | | N | % |
|---|---|---|---|
| **Diagnosis history (N=615)** | Less than 6 months | 95 | 15.4% |
| | >6 months < 1 year | 54 | 8.8% |
| | >1 y <3 years | 157 | 25.5% |
| | More than 3 years | 296 | 48.1% |
| | Unknown | 13 | 2.1% |
| **Disease status (N=615)** | **Active AK** | **426** | **69.3%** |
| | Inactive AK | 189 | 30.7% |
| **Number of current lesions (N=426)** | Mean + SD | 1.96 ± 1.14 | |
| | Missing data | 6 | |
| | **At least one current lesion** | **420** | **68.2%** |
| | Only 1 | 103 | 24.5% |
| | 2 to 3 | 155 | 36.9% |
| | 4 to 10 | 100 | 23.8% |
| | 11 to 25 | 34 | 8.1% |
| | More than 25 | 14 | 3.3% |
| **Localisation of current lesions (n=420)** | Face/Neck | 327 | 77.9% |
| | Limbs | 135 | 32.1% |
| | Trunk | 93 | 22.1% |
| **Change since diagnosis (N=615)** | Worsening | 54 | 8.8% |
| | Improvement | 77 | 12.5% |
| | No change | 213 | 34.6% |
| | Complete diseappearance | 189 | 30.7% |
| | Unknown | 82 | 13.3% |

## CONCLUSIONS

- The crude prevalence of self-reported diagnosed AK in the French population aged ≥40 years is 4.0% (≈1.4 million people affected nationwide).
- The disease also affects younger patients with a significant life expectancy.
- 2/3 of participants had not managed to eradicate their lesions at the time of the survey.
- Early diagnosis of AK and treatment effectiveness and convenience should be improved to avoid progression to squamous cell carcinoma, which would be costly to treat.
- In addition, the use of a regular photoprotection, which is the most effective prevention strategy against relapse of AKs and the risk of development of squamous cell carcinoma should be discussed with the patient.

## REFERENCES

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ISPOR Congress. Copenhagen, 12-15 November 2023 - This study was funded by Almirall S.A.