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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 major risk factor for squamous cell carcinoma.²
- However, misconceptions on AK may have a negative influence on AK prevention such as sun protection, but also adherence to its treatment.³⁻⁵
- Patients perceptions, beliefs and expectations should thus be seriously considered and evaluated.

OBJECTIVES

- To describe attitudes and expectations towards treatment of patients diagnosed with AK.

METHODS

- A postal questionnaire was sent to 15,246 individuals from a representative panel of the French population (METASKOPE).⁶
- 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).

Treatment of AK

- 225 participants (36.6%) had received no treatment** since diagnosis (Table 1).
- Patients received a mean of 2.3 ± 1.5 treatments;
 - 131 (21.3%) had received at least one topical treatment**
 - 297 (48.3%) had received at least one non-pharmacological treatment** (including cryotherapy, photodynamic therapy, laser CO₂ or curettage-electrocoagulation)
- The prescription duration for local treatments was not respected in 17.3% of cases, and the treatment was stopped before the lesions had completely disappeared in 13.3% of cases.

Perceptions

- Treatments** were considered (Figure 1):
 - effective** by 224 participants (36.5%)
 - inconvenient** to use by 119 participants (19.4%)
- Beliefs and knowledge on AK are presented in Figure 2:
 - 283 participants (45.9%) thought that their lesions recurred no matter what was done;
 - 79.9% of participants know that AK requires daily sun protection
- Half of participants thought that treatments are not well known and around 1/3 of participants (27.7%) strongly agreed that some treatments were painful or unsightly (Figure 3)

Expectations

- 485 (78.9%) participants wanted more explanations** about their disease at diagnosis (425 received them).
- The **most important treatment expectations** were (Figure 4):
 - efficacy on lesions** (82.4% of patients),
 - ease of use** (82.1%),
 - minimal side effects** (68.2%)
 - short treatment duration** (63.3%)

Table 1. Characteristics of participants and treatments

		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%
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%
	Patients never treated	225	36.5%
Treatment of AK	Patients treated in the past	314	51.1%
	Patients currently treated	77	24.4%
	Treated at least once	388	63.1%
Type of treatment (at least once)	Physical treatment	297	48.3%
	Topical treatment	131	21.3%

Figure 1. Perceptions on treatments

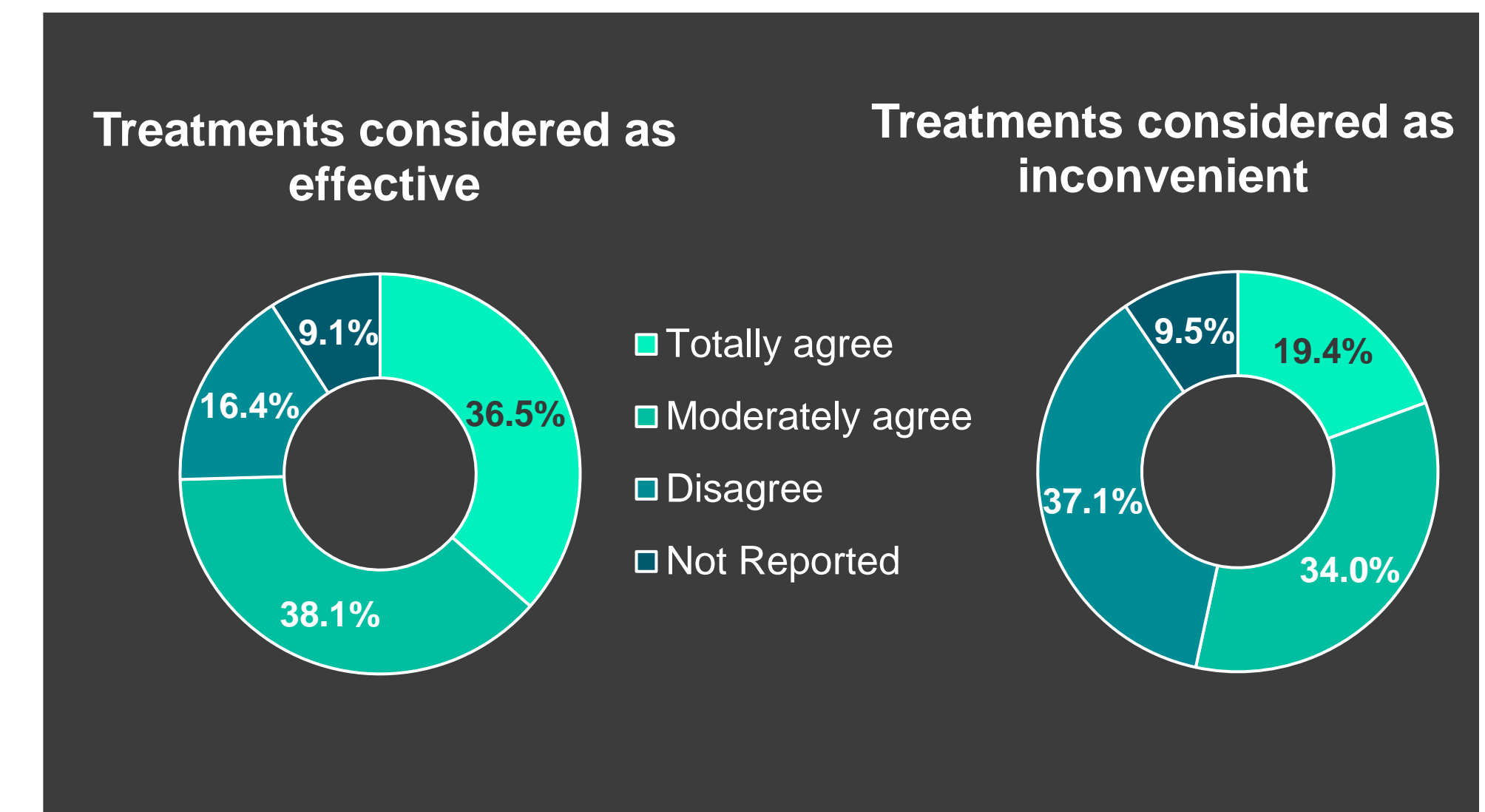


Figure 2. Participants' beliefs and knowledge on disease

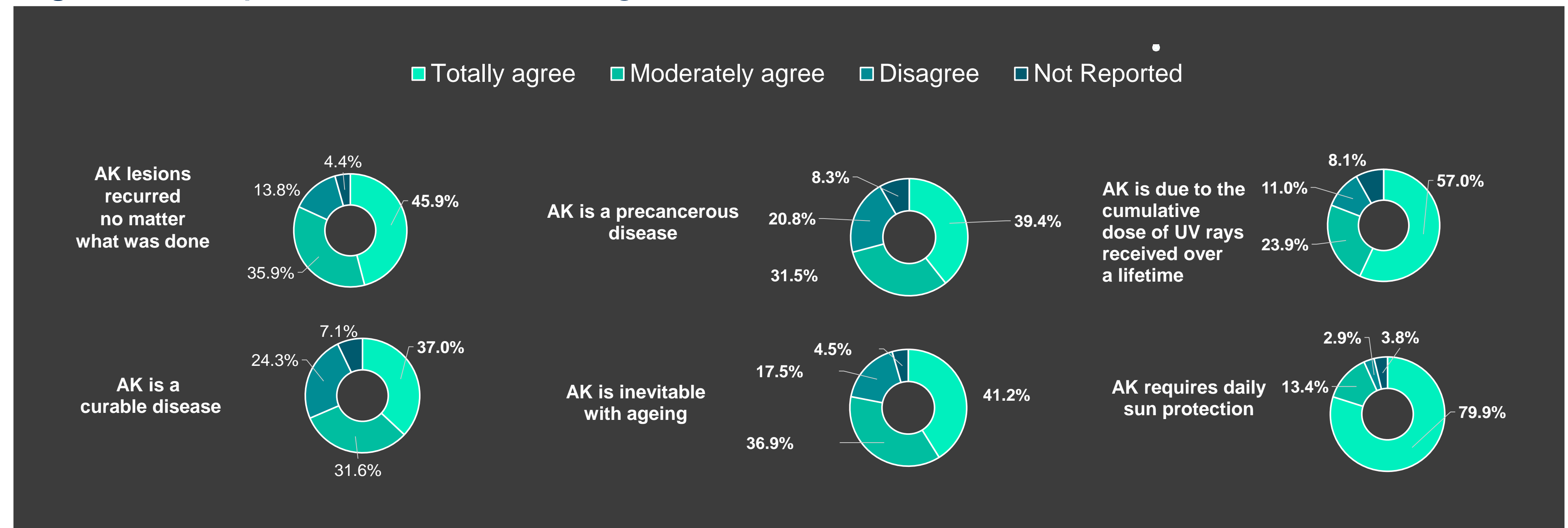


Figure 3. Perceptions and experiences with AK

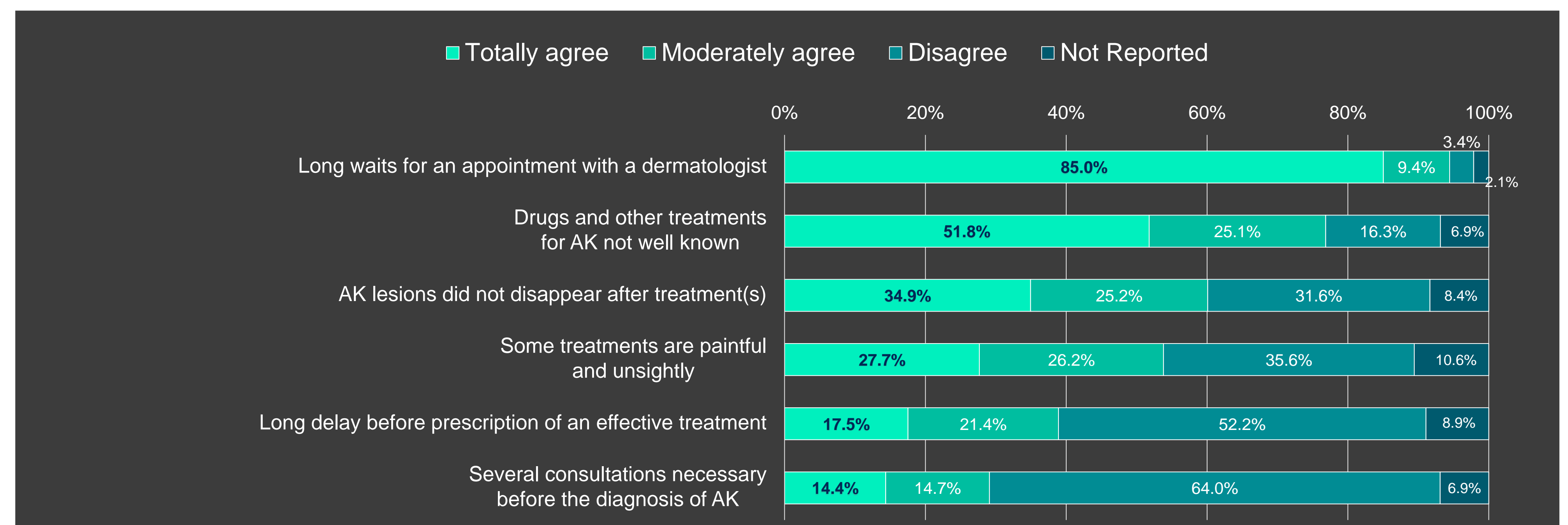
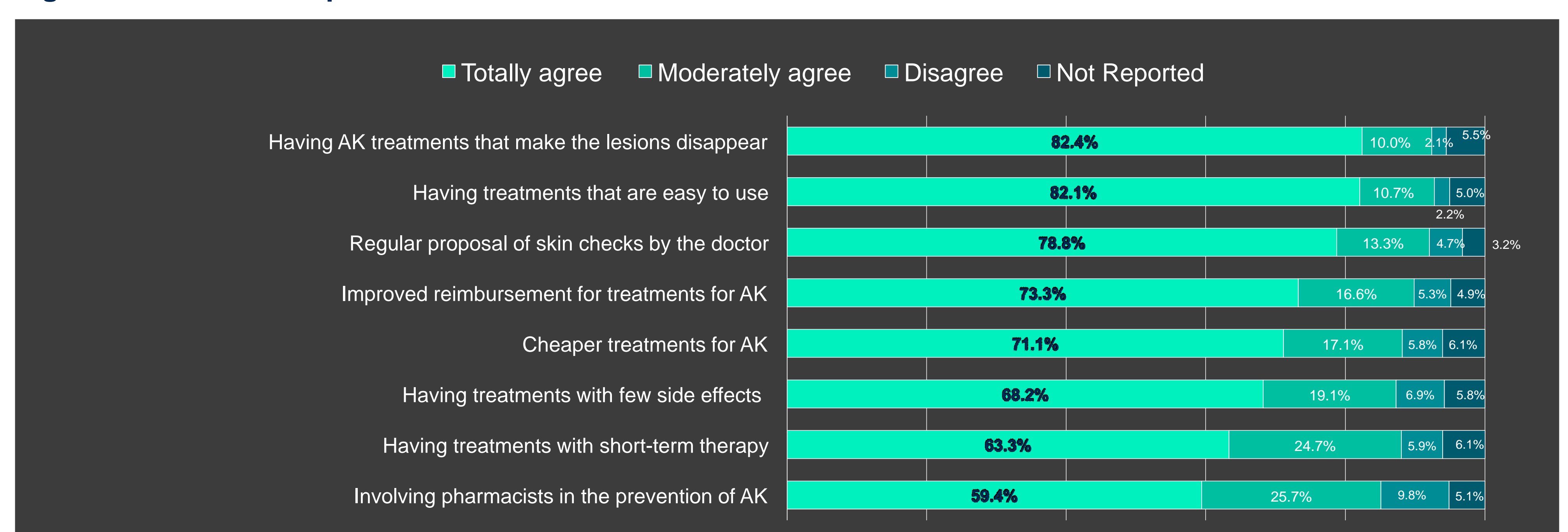


Figure 4. Treatment expectations



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CONCLUSIONS

- 1/3 of participants with AK have no treatment of their lesions, topical treatment is prescribed in 1/5 patients.
- 1/3 considered treatment to be effective, 1/5 considered it inconvenient to use, and 1/4 believed topical treatment to induce poorly tolerated local side-effects.
- 4/5 participants expressed a strong need for an effective treatment which is easy to use.
- It is important to discuss with patients the use of a regular photoprotection, which is the most effective prevention strategy against relapse of AK and the risk of development of squamous cell carcinoma.