

TREATMENT PATTERNS AND PATIENTS' PATHWAYS IN ACTINIC KERATOSIS POPULATION

A RETROSPECTIVE LONGITUDINAL COHORT STUDY IN THE FRENCH NATIONAL HEALTH INSURANCE CLAIM DATABASE (SNDS) - EPIKA STUDY.

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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
- This risk is about 0.6% at 1 year, 2.57% at 4 years and 6 to 10% at 10 years^{3, 4} and constitutes the most important justification for treatment to prevent the evolution to SCC.
- Very little data on the epidemiology or management of patients with AK at the population level are available in the scientific literature, and in particular for France, where no such studies are available.

OBJECTIVES

- To describe patients treated for actinic keratosis (AK) in France and their management.
- To estimate the risk of skin surgery for patients presenting with AK

METHODS

- Retrospective study performed in the French national health database (SNDS), which documents all reimbursed healthcare for 99% of the French population
- The study included a random sample of patients aged ≥40 years with a treatment for AK documented in the SNDS between 01/01/2014 and 31/12/2019.
- Patients aged >40 years were included in the study at the time of first treatment, following a period of ≥2 years without any AK-related treatment (index date).
- All patients were followed up to 31/12/2021, allowing a minimum of two-years of follow-up for the last included patients.

RESULTS

- Of 618,175 patients with a documented treatment for AK in the database, 286,085 were randomly selected for this study.
- These patients were followed for a median of 5.5 years [IQR: 3.8-7.5] (**Table 1**).
- 56.5% of included patients were men (n=161,707) with a median age of 73 years [range: 40.0-108.0]
- Extrapolated to the general population, 1.7% of patients aged ≥40 years were treated for AK in France.

Treatment of AK (Figure 1)

- 211,714 patients received their first treatment for AK during the follow-up period:
 - 88.9% received at least one topical treatment**
 - lasting on average 50.2 ± 40.9 days
 - prescribed in 83.1% of cases by a dermatologist and in 23.0% of cases by a general practitioner
 - 15.3% underwent at least one photodynamic therapy session**
 - 51.4% underwent at least one cryotherapy session**
 - 24.3% underwent cutaneous biopsy**
 - prescribed for 44.1% by a dermatologist
 - 52.2% underwent surgery**
 - prescribed for 73.1% by a dermatologist

Treatment sequences (Figure 2)

- The initial treatment was typically topical treatment in monotherapy (51.9%) or cryotherapy (14.9%), or both cryotherapy and topical in 15.9%.
- Contribution of cryotherapy increased later in the treatment pathway
- Surgery accounted for 15.3% of initial treatment and more than half of patients underwent surgery during follow-up (52.2%)
- The mean time between two treatment sequences was around 8 to 9 months (between 229 and 283 days).

Table 1. Characteristics of patients

	N	%
Total patients treated for AK	618,175	
Study population	286,085	
Characteristic of study population		
Age at index date (years)	Mean ± SD	72.0 ± 12.6
	Median [range]	73 [40-108]
Gender	Men	161,707 56.5%
	Women	124,378 43.5%
Comorbidities	Solid tumour / leukaemia	60,039 21.0%
	Lymphoma	2,667 0.9%
	Transplant-related immunosuppression	3,316 1.1%
	Psoriasis treated with long-wave UVA	572 0.2%
	Chronic dialysis	820 0.3%
Follow-up duration (years)	Mean ± SD	5.6 ± 2.4
	Median (min-max)	5.5 (0-10)

Figure 1. Prescribers of AK treatment during follow-up

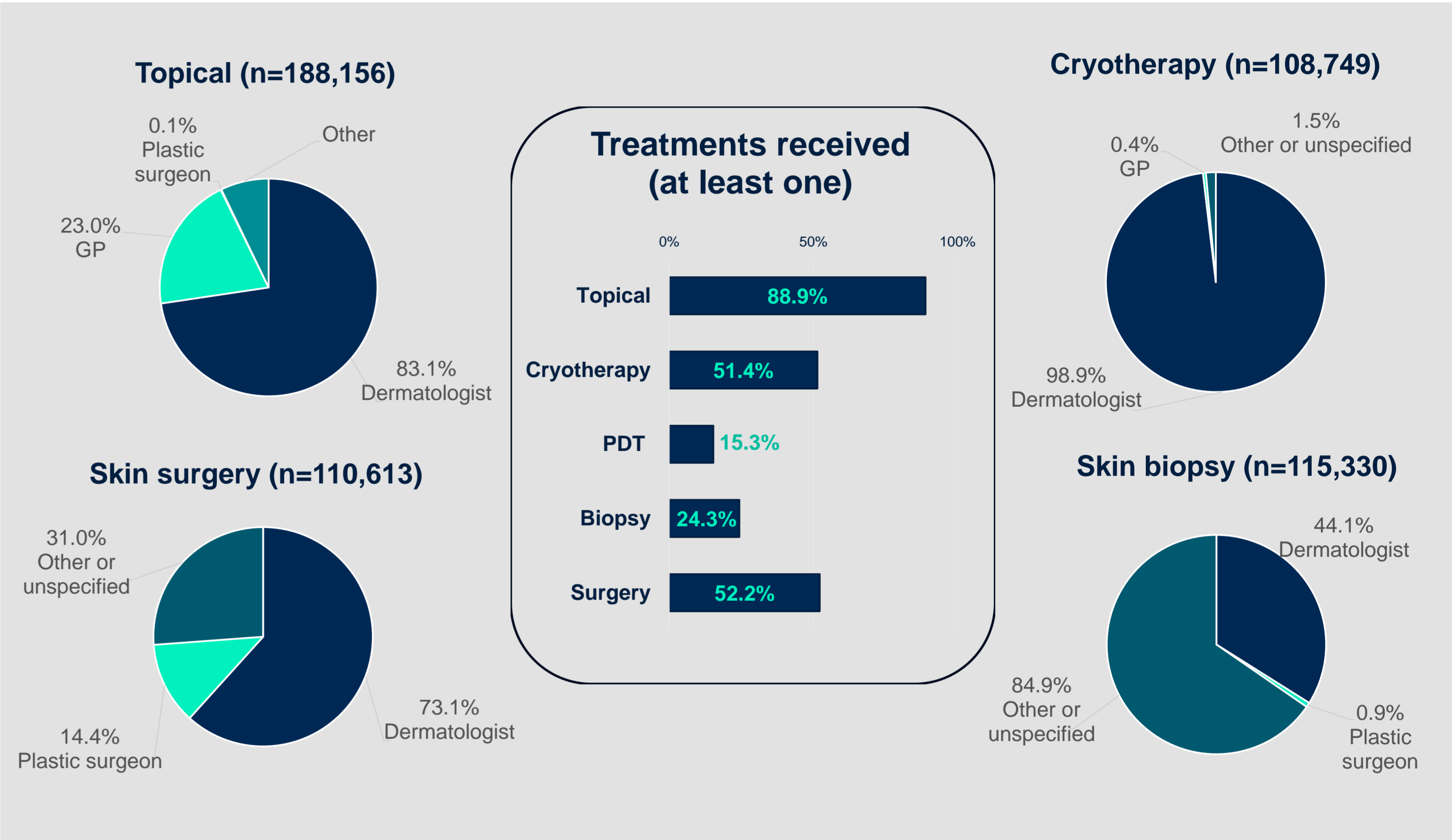
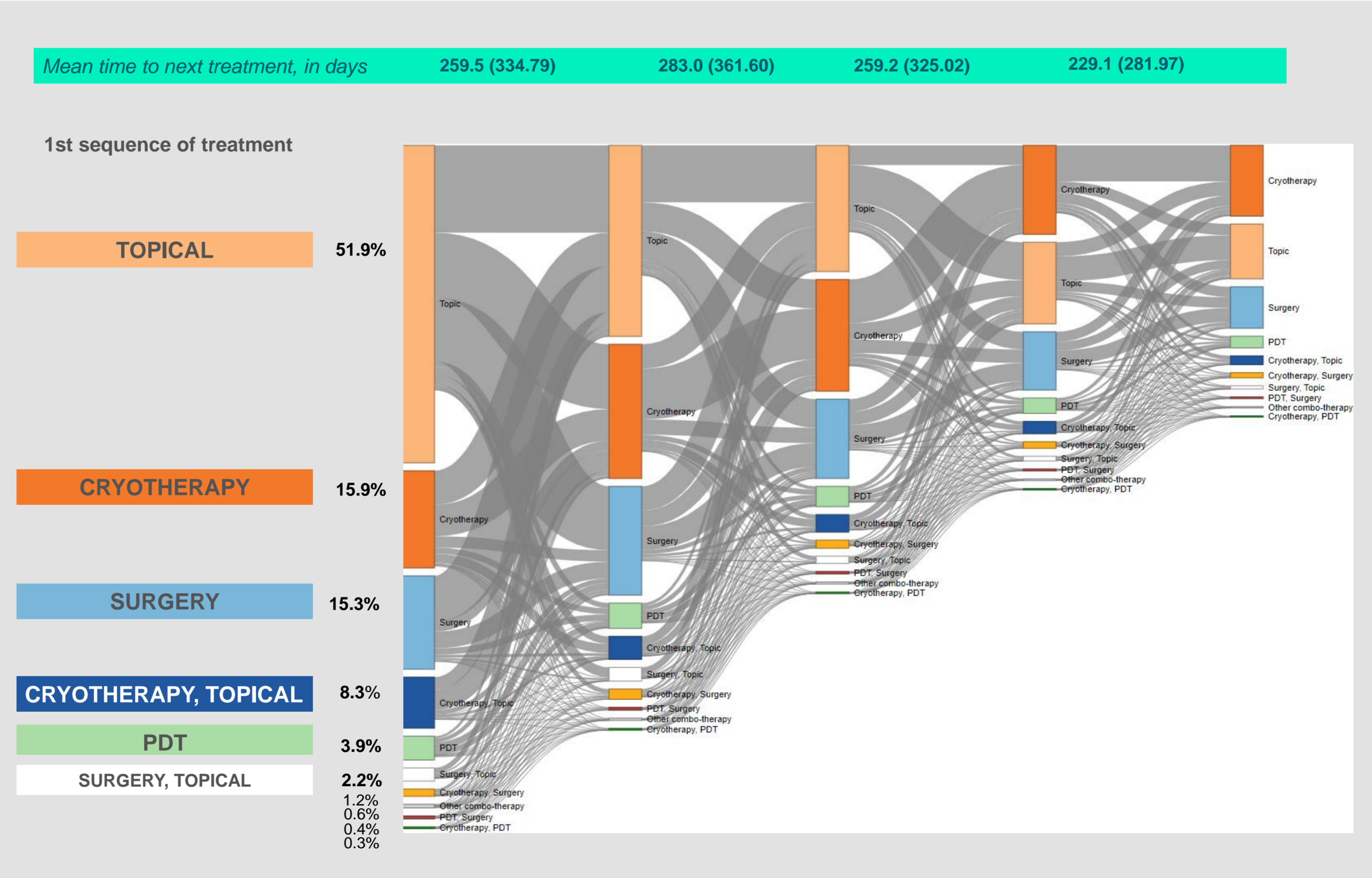


Figure 2. Treatment sequence of study population



CONCLUSIONS

- The EPIKA study reveals that 89% of AK patients received topical treatments and 52% underwent surgery.
- Topical treatment was the first sequence treatment in 52% of patients.
- The majority of patients received several sequential treatments to treat their AK

REFERENCES

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