

KNOWLEDGE AND ACCESS TO DERMOCOSMETIC AND AESTHETIC CARE IN ONCOLOGY : THE DERMOCOS STUDY

Introduction

Although rarely serious, adverse effects of cancer treatments on the skin, hairs and nails can have an impact on quality of life and self-image. It is widely that dermocosmetic and accepted aesthetic care can improve health, comfort and well-being, but cost of these products can limit their use.

Methods

DERMOCOS multicente is observational study designed to determine the level of knowledge and access to dermocosmetic and aesthetic care among cancer patients. questionnaire was completed b patients before receiving thei treatment in oncology day hospita ward. The EPICES score (Evaluation of Precarity and Inequalities in Health Examination Centers) was used to estimate precarity [1]. Statistical analysis was performed by using EasyMedStat software.

Discussion/Conclusion

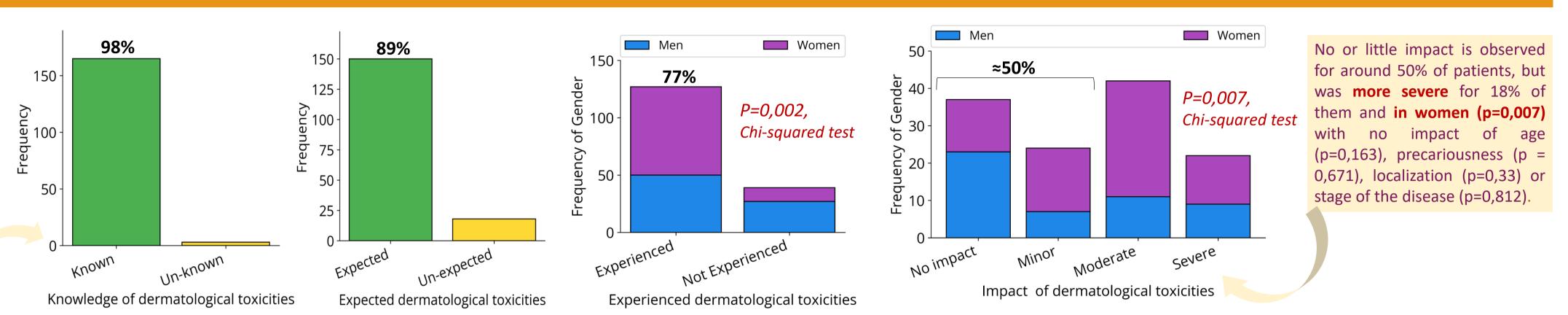
Our study suggests that women are more likely to suffer dermatological adverse events from cancer treatments. At this stage, however, it is not possible to conclude that women are actually more at risk of dermatological toxicities from this observational study based on patient self-reports. An objective and prospective clinical evaluation would be required to confirm this finding. Furthermore, we cannot exclude that our results are partly related to the societal impact on women of changes in their body image, as opposed to the ideal image of women on magazine covers. Despite this gender difference, access to dermocosmetic and aesthetic care is satisfactory for all patients, and not impacted by the precarity despite their cost.

[1] Bihan H, et al. Association between individual deprivation, glycemic control and diabetic complication - The EPICES score. Diabetes Care 28:2680-2685, 2005

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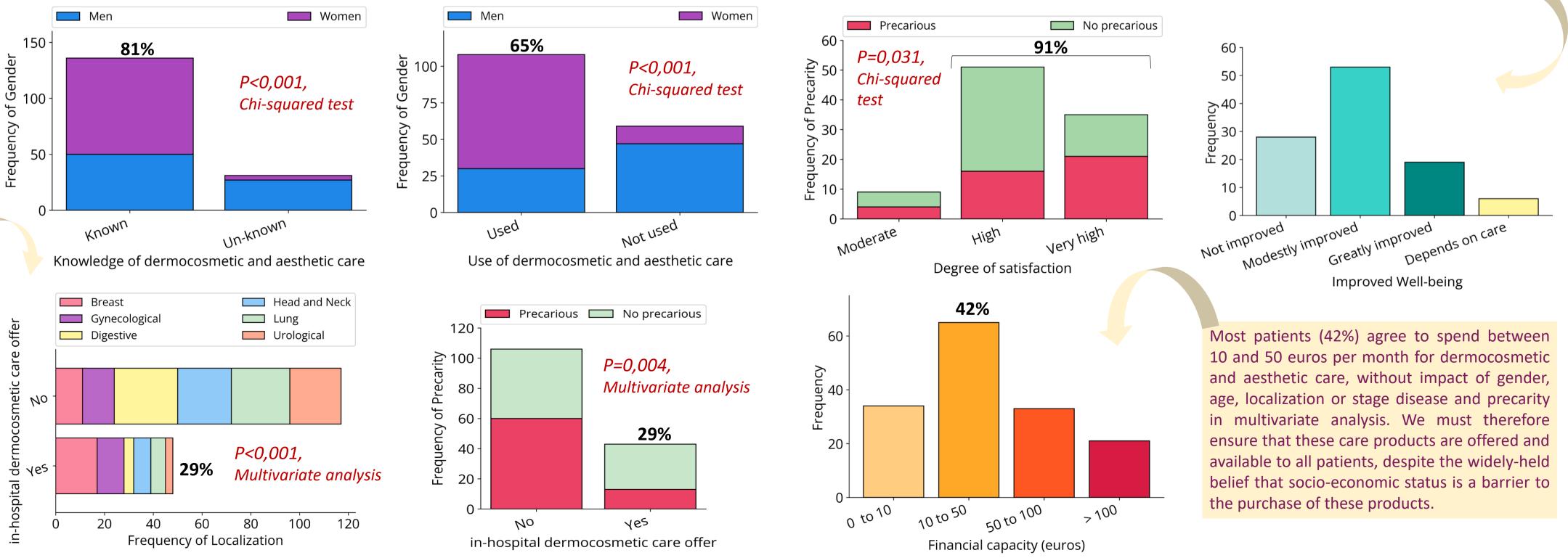
Characteristics of patients (N=168)	N (%)
Gender Men Women	77 (46) 91 (54)
Mean age (years)	65,4 ± 11,6
Age group (y, years) < 65 y > 65 y	75 (45) 93 (55)
Cancer localization Digestive Lung Breast Urological Gynecological Head and Neck	30 (18) 30 (18) 30 (18) 25 (15) 24 (14) 29 (17)
Stage Localized/locally advanced Metastatic (1 st line) Metastatic (2 nd line)	45 (27) 56 (33) 67 (40)
Precarity (n= 152) No Yes Unkown	77 (46) 75 (45) 16 (9)

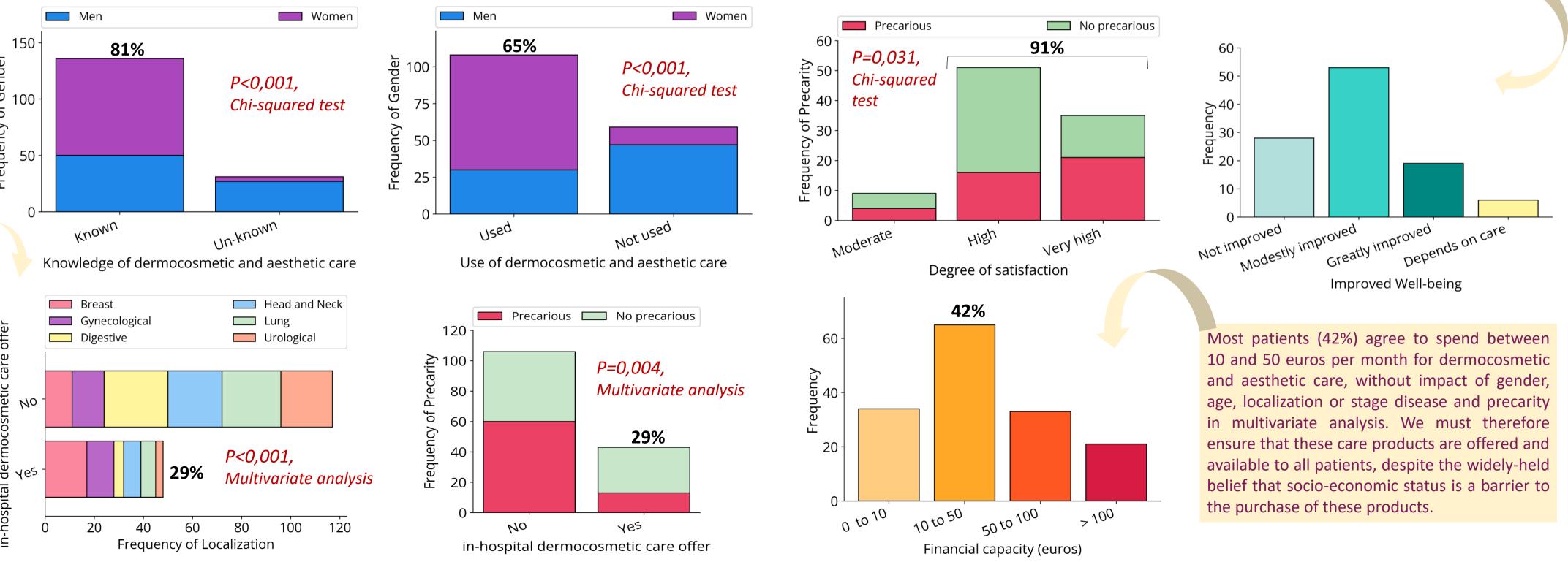
In-hospital dermocosmetic care is offered to only 29% of patients, and more frequently to women with breast (p<0,001) or gynecological (p=0,004) cancer, but less often to patients in precarious conditions (p=0,011, multivariate analysis). Most of dermocosmetic and aesthetic care are provided by community pharmacy (86%). Dermocosmetic care is most often prescribed by the oncologist (42%), recommended by community pharmacists (31%) or on the patient's own initiative (29%).



Over 98% of patients are aware that anticancer drugs can induce dermatological adverse events. 89% believe that their current treatment may be responsible for these effects, mainly alopecia (80%), xerosis (57%) and nail toxicity (42%)

0,172), localization (p=0,324) or stage of disease (p=0,643).





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Results



Dermocosmetic and aesthetic care are known by 81% of patients, used by 65% of them, mainly women (p<0,001), with a high to very high level of satisfaction (91%), higher in precarious patients (p=0,031) and well-being perceived (67% of patients), with no impact of others factors in multivariate analysis (no significant impact of age, localization and stage disease.





E-Poster #2, Hall Lille, Floor 1, 06/28/2024, 08:30 - 10:30