(E)PROM EVALUATION OF PATIENT SATISFACTION WITH THE FINAL SCALP COOLING RESULT

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No statistical difference in satisfaction with the final result between the 3 treatment groups (p=0.252).

Headcover use was negatively associated with satisfaction with the result, as was WHO score 3 (p<.001).

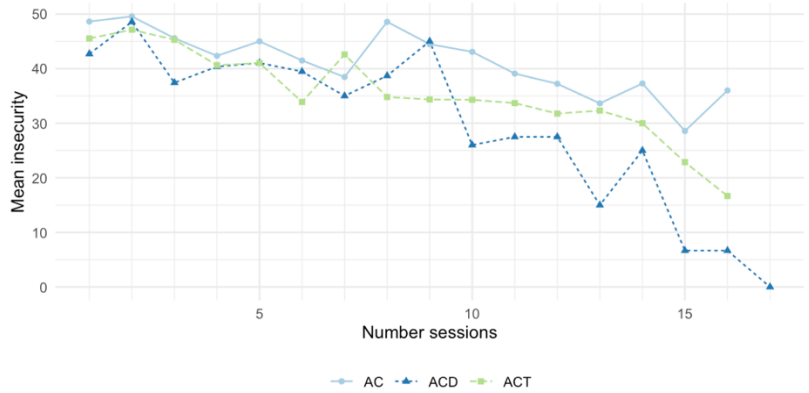
WHO score 0 and 1 were positively associated with satisfaction with the result (p<.001).

Head cover use is a reliable indicator of satisfaction with the final result of SC and is is not influenced by clinical location (p=0.347).

The experience of scalp cooling based on the information provided was not associated with the expertise of the nursing staff (n = 278, p=0.380).

No other factors were found to be significantly associated with satisfaction with the final result.

Patient scores relating to insecurity with the final result successively decreased with prolonged scalp cooling use

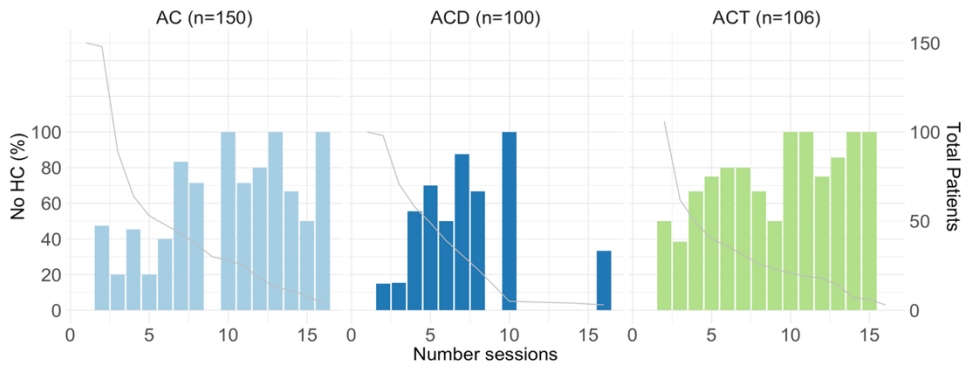


Mean insecurity: 0 (not at all) - 100 (massively) (n = 356).
Average insecurity relating to the current result of chemotherapy (+ SC) based on successive reporting.

Background: Chemotherapy-induced alopecia (CIA) is a distressing side effect of chemotherapy that can be prevented using scalp cooling (SC). The Dutch Scalp Cooling Registry (DSCR) is a multi-cohort database of information collected from patients who underwent chemotherapy using SC (2006 – 2019). Through analysis of this data, the aim is to make reliable conclusions about efficacy of SC to predict a patient's chance for successful hair retention during chemotherapy and identify the best practices for adjusting SC factors during specific treatment regimens (*Brook et al., 2024). Using entries from the last cohort within the DSCR (2015-2019) we examined (e)PROMs to evaluate overall satisfaction with SC and insecurity with the result over time.

Methods: Patients from 23 clinical locations completed questionnaires at each chemotherapy session with SC to document their demographics, their cancer type and treatment and their experience with SC. Their experience was evaluated using hair loss severity (WHO score 0-3), head cover (HC) use (Y/N) and satisfaction with the overall SC result (Y/N), reported at the final SC session. During each session patients also reported their level of insecurity relating to the result at that particular point in time (0 (not at all annoying) - 100 (massively annoying)). At SC session 2, patients reported both the expertise of the nursing staff (minimally/fairly/very knowledgeable), and their experience of SC based on the information provided (same/better/worse (than) expected). Primary outcomes included overall HC use and WHO scores. Data was stratified for female breast cancer patients receiving AC (+/- sequential docetaxel (D)/ paclitaxel (T), n = 356). Outcomes were evaluated with chi2 for independence with post-hoc analysis performed to determine association between categorical groups.

The proportion of patients reporting no headcover (HC) use at their final scalp cooling session increased with prolonged use



Grey line represents the number of patients remaining in the study at the relative chemotherapy (+ SC) session.

Conclusion:

- Most hair loss occurs after the initial sessions, thereafter the chance of hair loss decreases (headcover use and WHO score).
- Insecurity about the final result successively decreases with prolonged scalp cooling use.
- HC use is a reliable indicator of satisfaction with the final result of SC.
- Patients need to be adequately informed of the benefits of SC for hair regrowth and encouraged to continue throughout scheduled treatments.
- The lack of significant differences between outcomes from different clinical locations indicates the importance of standardised care.

*Brook, T. S., et al. (2024). Results of the Dutch scalp cooling registry in 7424 patients: analysis of determinants for scalp cooling efficacy. The Oncologist. https://doi.org/10.1093/oncolo/oyae116