



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Skin Toxicities from Immunotherapy

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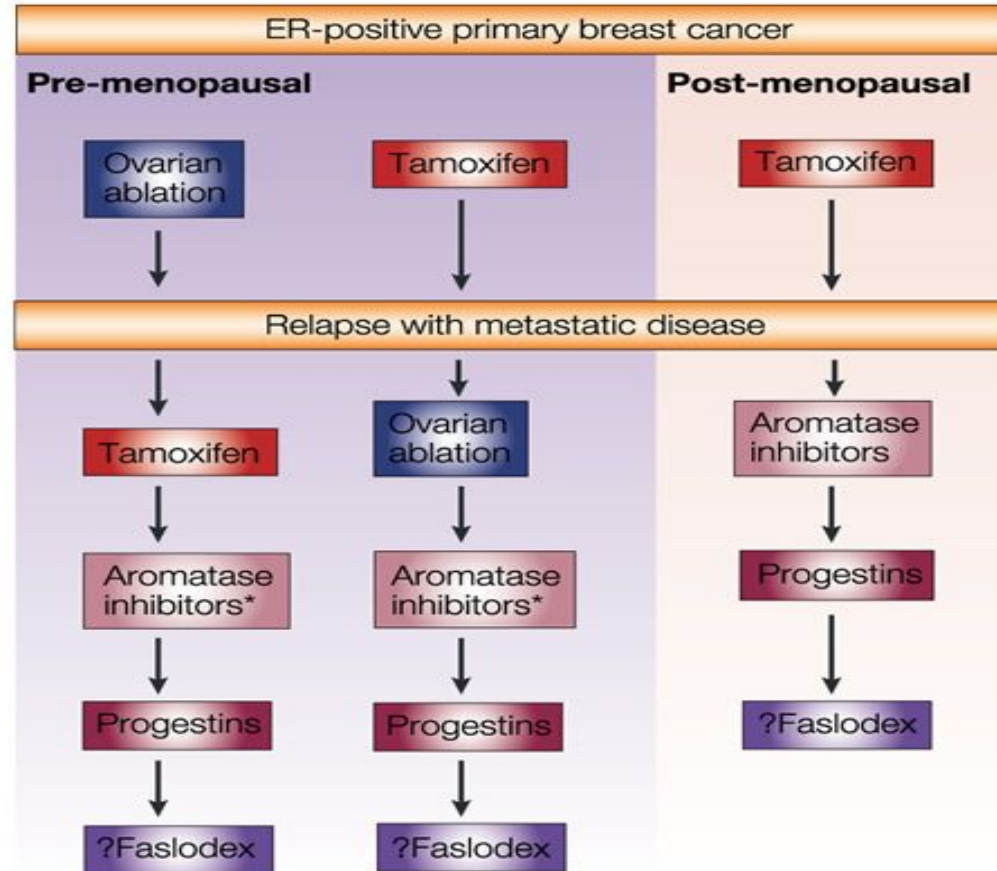
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<https://openpaymentsdata.cms.gov/physician/302987/summary>

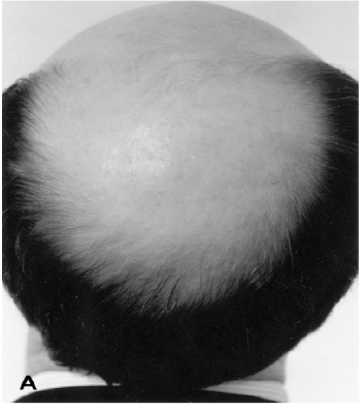


Endocrine Therapy in Breast Cancer



Estrogen (not Testosterone) is Good for Hair

**Estradiol +
Spironolactone**



Endocrine Therapy-Induced Alopecia (EIA)

- SERMs, Aromatase inhibitors
 - Meta analysis (n=13,145): 4.4%
 - Survey (n=868): 31.8%



Tamoxifen 1 yr



Anastrozole 3yrs



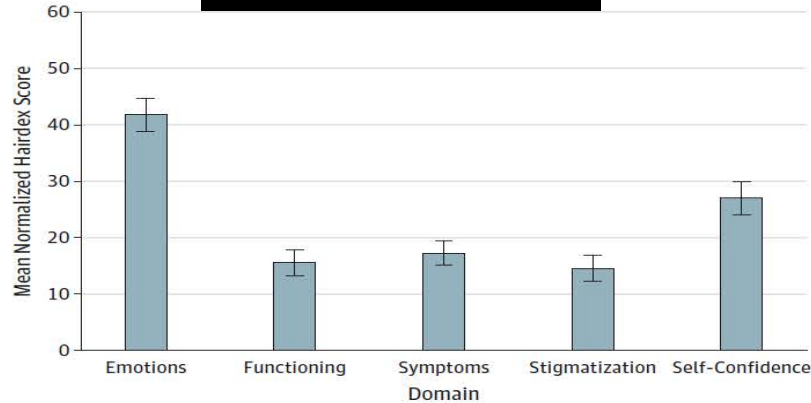
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Endocrine Therapy-Induced Alopecia in Patients With Breast Cancer

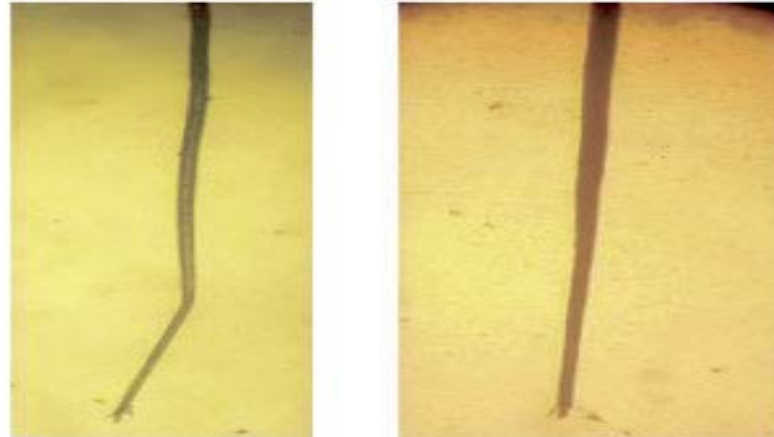


- Alopecia related to AI/SERM
 - AGA pattern: 75%
 - Grade 2 in 13%

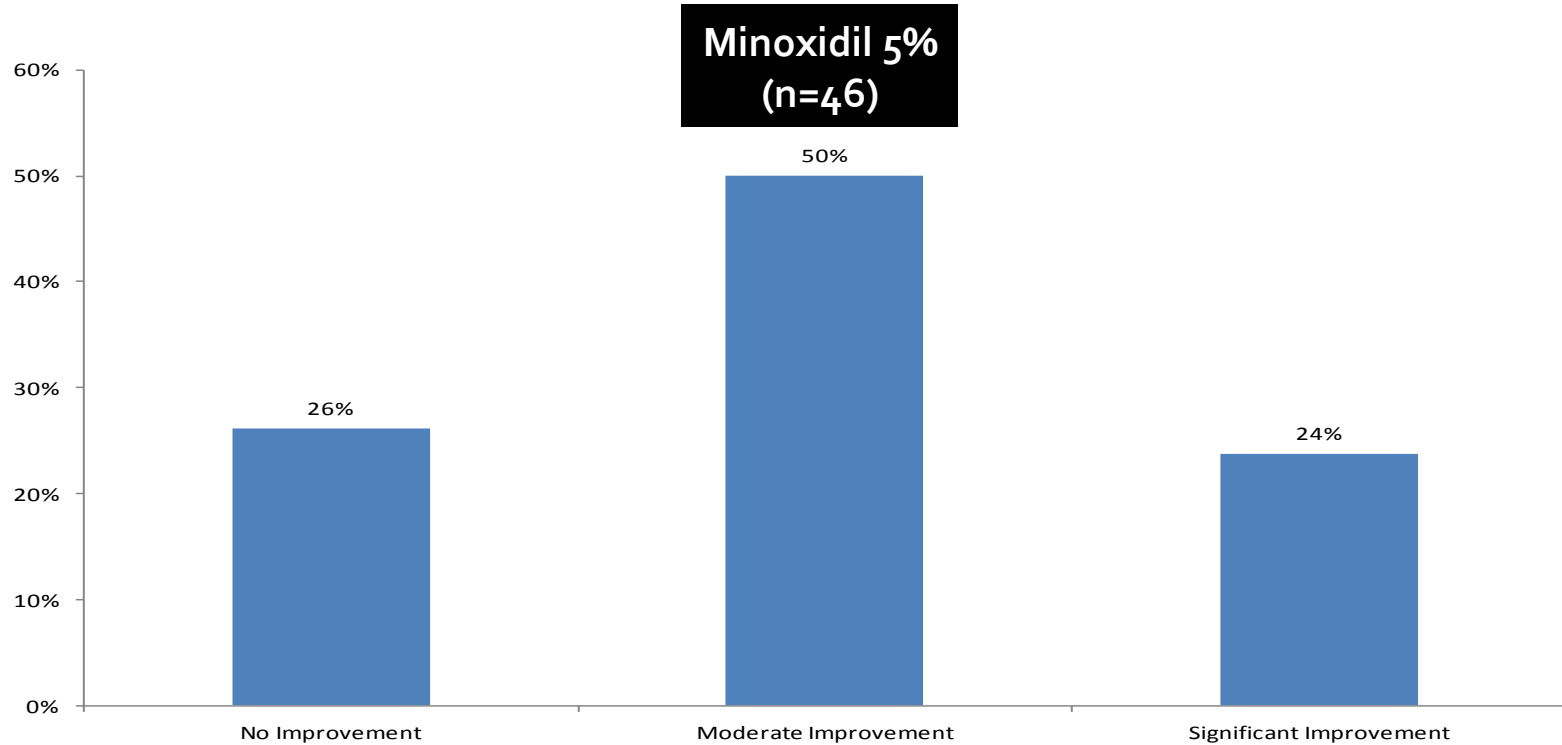
Quality of Life
n=52



Hair Shaft Diameter
(n=41)



Endocrine Therapy-Induced Alopecia in Patients With Breast Cancer

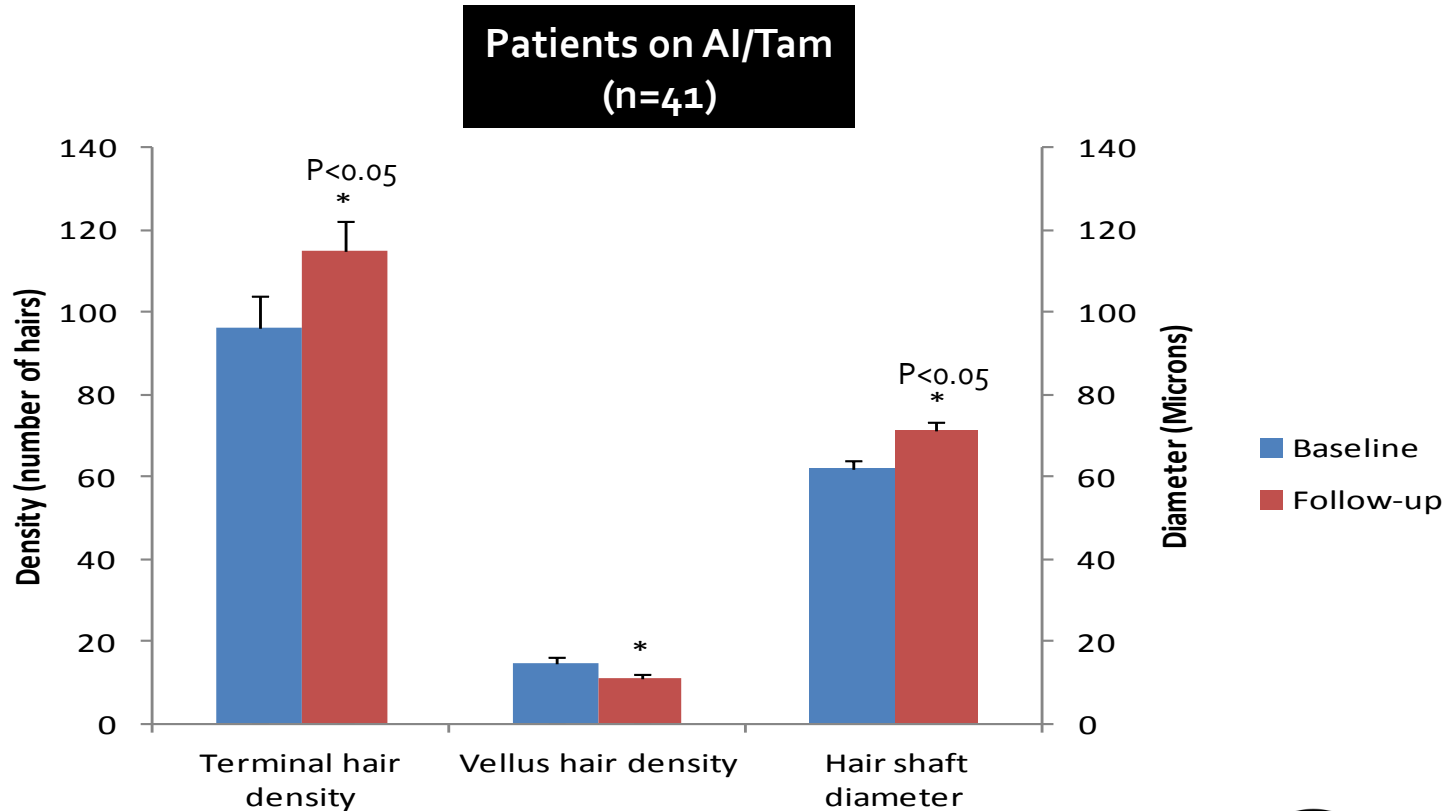


Endocrine Therapy-Induced Alopecia in Patients With Breast Cancer

Anastrozole, 72 y/o



EIA Management-Trichoscopic Outcome



Addition of CDK4/6i to AI: Increased Alopecia

The **NEW ENGLAND**
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ESTABLISHED IN 1812

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Palbociclib and Letrozole in Advanced Breast Cancer

All-grade Alopecia
(%)

Palbo+AI

32.9

Placebo+AI

15.8

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ORIGINAL ARTICLE

Ribociclib as First-Line Therapy
for HR-Positive, Advanced Breast Cancer

All-grade Alopecia
(%)

Ribo+AI

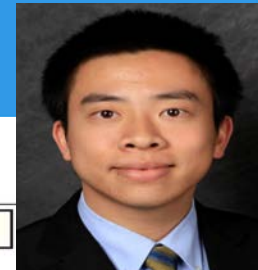
33.2

Placebo+AI

15.5



Addition of CDK4/6i to AI: Increased QoL Impact



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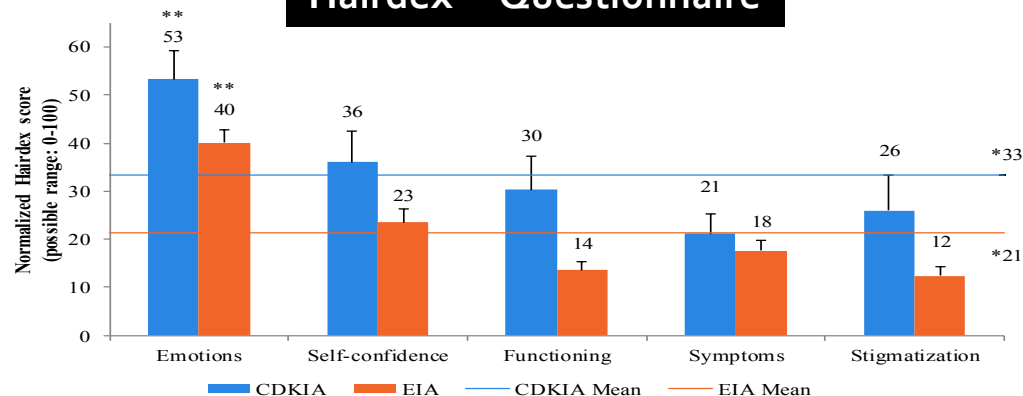
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Hairdex Questionnaire



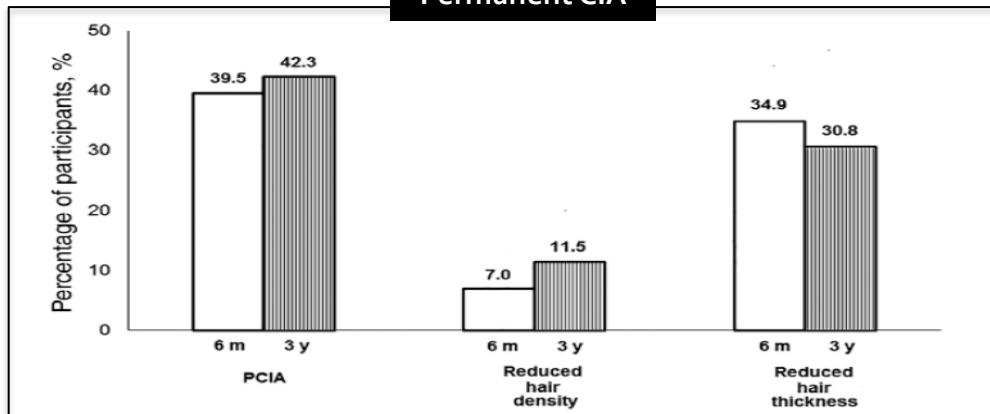
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Permanent Chemotherapy-Induced Alopecia in Patients with Breast Cancer: A 3-Year Prospective Cohort Study

Patients n=61

Characteristics	n (%)
Age, y, mean (SD)	47.1 (9.5)
Marital status (married)	48 (78.7)
Education (less than college)	33 (54.1)
Working status (employed)	17 (27.9)
BMI, kg/m ² , mean (SD)	23.0 (2.9)
Breast surgery type (mastectomy)	25 (41.0)
Disease stage at diagnosis	
Stage I	19 (31.2)
Stage II	21 (34.4)
Stage III	21 (34.4)
Number of cycles	
4 cycles (AC or TC)	16 (26.2)
6 cycles (FAC or TAC)	16 (26.2)
8 cycles (AC+T)	29 (47.5)
Taxane-based chemotherapy	32 (52.5)
Hormone therapy (yes)	43 (70.5)
Tamoxifen	31 (50.8)
Aromatase inhibitor	12 (19.7)
Targeted therapy (trastuzumab)	32 (52.5)
Menopause (yes)	22 (36.1)
Comorbidities ^a (yes)	11 (18.0)

Permanent CIA



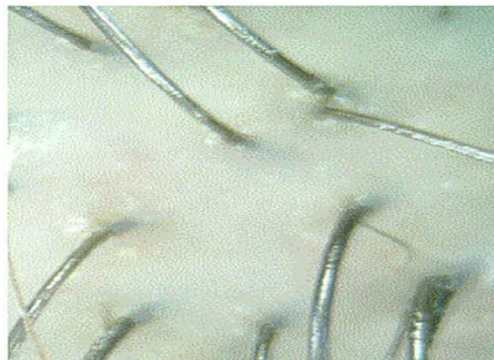
Impact on QoL

PCIA	n (%)	Body image score, mean (SD)
No PCIA	26 (60.5)	70.19 (21.24)
PCIA	17 (39.5)	51.96 (25.09)
p values		.014

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Before chemotherapy



Persistent Chemotherapy-Induced Alopecia

Post – Docetaxel (>3 years)



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Scalp Cooling Prevents Persistent CIA

Persistent CIA: Results

Uncooled patients

n=492



pCIA

Grade 1=40%

Grade 2=5-10%

Cooled patients

n=150



pCIA

Grade 1=0%

Grade 2=0%



Memorial Sloan Kettering
Cancer Center..

CHANCE Study:

Chemotherapy induced Hair Aging and Nail Sequelae in Breast Cancer Early Stage



Stage
o-III

Study groups	Cohorts	Treatment Regimen	Individual Drugs
CYTOTOXIC CHEMOTHERAPY	I (n=100)	ddAC-T	Doxorubicin + Cyclophosphamide + Paclitaxel
	II (n=100)	CMF	Cyclophosphamide + MTX + 5-FU
	III (n=100)	Newer Combination Regimens	e.g. Taxane + Trastuzumab; Taxane+ Carboplatin + Trastuzumab; Taxane + Cyclophosphamide
ENDOCRINE THERAPY	IV (n=100)	Tamoxifen	Tamoxifen
	V (n=100)	Aromatase Inhibitor	e.g. Anastrozole, Letrozole, Exemestane
COMPARATOR (menopausal women)	VI (n=100)	NA	No treatment

Conclusions

- **Endocrine therapy induced alopecia is frequent**
- **Minoxidil may benefit patients with EIA**
- **The importance of EIA will increase**
 - Combination therapies
 - Increasing time on tamoxifen/AI



Thank you

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