



2019

21 - 23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Scalp cooling for prevention of chemotherapy-induced alopecia The 'real world' experience

Corina van den Hurk

MASCC/ISOO

Annual Meeting on Supportive Care in Cancer

www.mascc.org/meeting

Follow us on Twitter: @CancerCareMASCC



MASCC
Multinational Association
of Supportive Care in Cancer



ISOO
INTERNATIONAL SOCIETY
of ORAL ONCOLOGY



#MASCC19

Disclosures

If you DO have financial relationship(s) to disclose:

☒ I, the undersigned, and/or my first-degree relative currently has a financial interest/arrangement, affiliations, or other relationships with a commercial interest.

* Please Click "Add" in the grid below to report a relationship.

Company Name	For What Role?	What Was Received	Money Paid to You?	Money Paid to Your Institution?	Purchased with your personal funds?	Actions	Company Vetted?
Paxman	Speaker	Other Financial Benefit	Self	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<button>Edit</button>	Approved
Dignitana	Principal Investigator	Grants/Research Funding	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<button>Edit</button>	Approved
Paxman	Principal Investigator	Grants/Research Funding	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<button>Edit</button>	Approved



2019

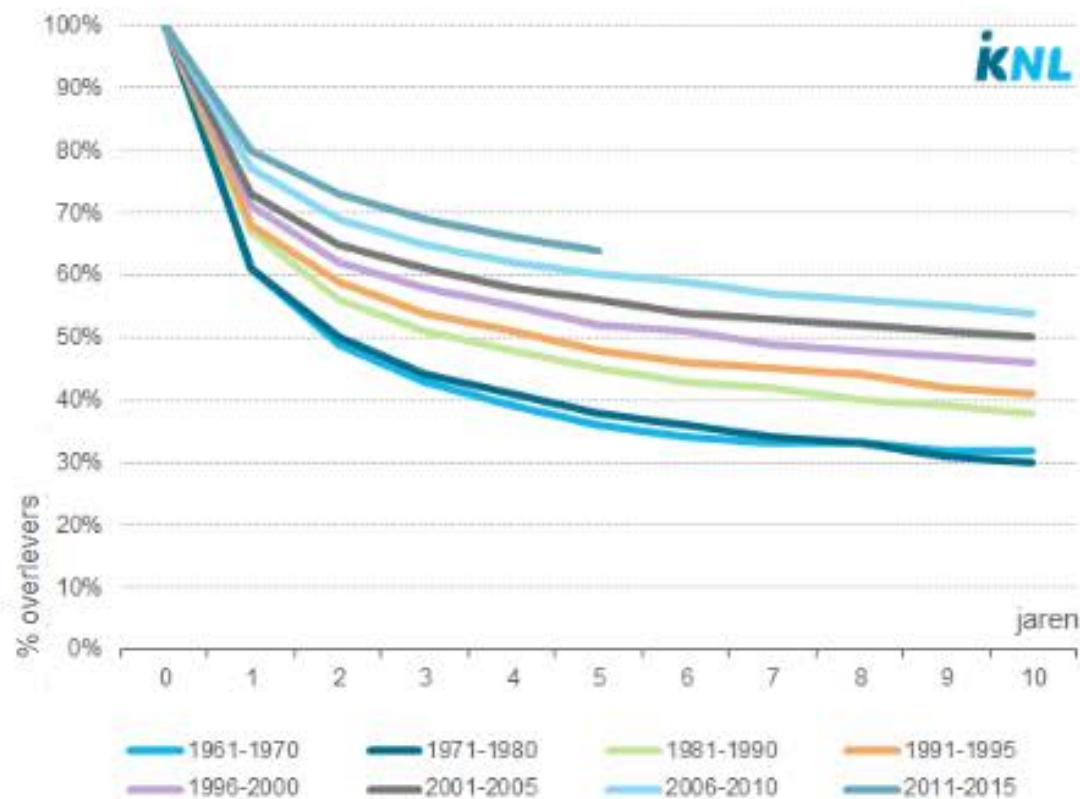
21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



Overleving alle vormen & alle stadia van kanker 1961-2015



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



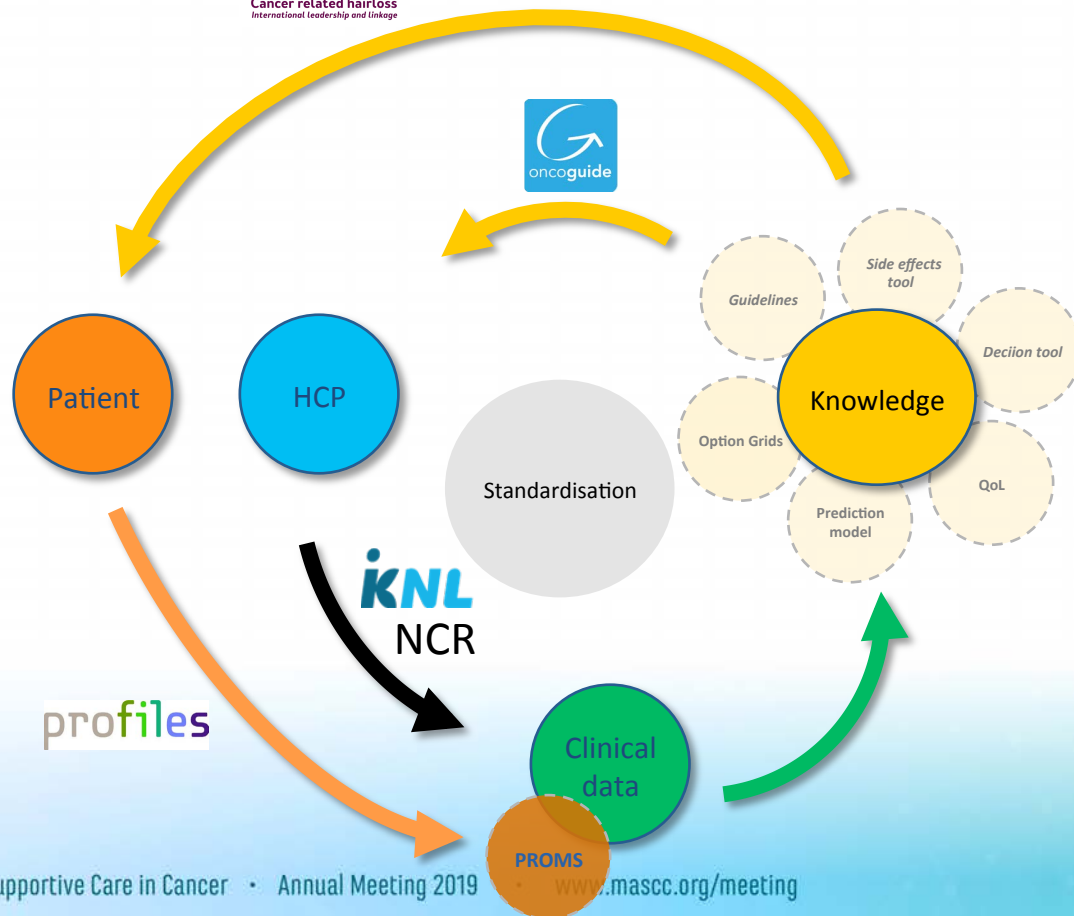


2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



Dutch Registry/ Give hair a chance foundation

Wim Breed, MD PhD

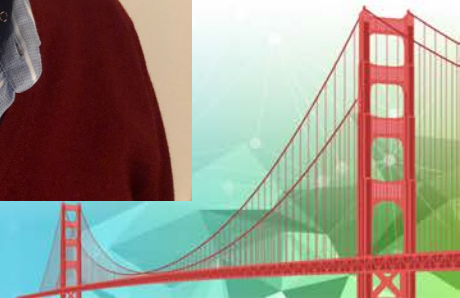


2019

21-23 JUNE

SAN FRANCISCO

**SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE**



Dutch 'real life' registry

- Prospective, longitudinal
- 2006-2017, 68 Dutch hospitals (60%), n>7000
- Adults, both sexes
- Solid tumor: 75% breast, 8% prostate
- All stages of disease: 62% Adjuvant
- Post-infusion cooling times: 90 minutes, except
 - docetaxel 20 mins
 - taxol 90 or 45



Dutch 'real life' registry

HCP

- Chemotherapy type, dose and infusion time
- Cancer type and stage

Patient

- Baseline: patient characteristics (e.g. type of hair, thickness of hair)

Each scalp cooling session:

- Cooling procedure (e.g. cooling time, wetting the hair)
- Result on hair preservation



Harvest from a 'real life' registry

Improving supportive care

- Knowledge: efficacy, safety (by linking to NCR)
- Detecting best practices/ benchmark
- Guidelines (NCCN/eviQ)
- Patient information



Knowledge: efficacy

Overall 57% no wig/head cover

Chemotherapy (mg/m ²)	Number of patients	% no wig/head cover
		Overall
A60C600	1442	44
D75	710	94
D100	241	72
D75A50C500	159	12
F500A50C500	59	53
F500E90C500	628	51
F500E100C500	607	33
F500E100C500-D100 ^a	808	44
Irino 350	196	27
T80	415	86
T90	87	79
T175Car ^b	178	39

A: doxorubicine, C: cyclofosfamide, Car: carboplatin, D: docetaxel
E: epirubicine, F: 5-fluorouracil, Irino: irinotecan, T: paclitaxel

* 3xFEC followed by 3xD ** AUC6



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



Best practices

Overall 57% no wig/head cover



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Chemotherapy (mg/m ²)	Number of patients	% no wig/head cover	
		Overall	Variation between hospitals (min-max) ^{c,d}
A60C600	1442	44	19-72
D75	710	94	82-100
D100	241	72	38-88
D75A50C500	159	12	0-18
F500A50C500	59	53	n.a.
F500E90C500	628	51	40-82
F500E100C500	607	33	7-60
F500E100C500-D100 ^a	808	44	25-79
Irino 350	196	27	7-37
T80	415	86	60-95
T90	87	79	n.a.
T175Car ^b	178	39	22-70

A: doxorubicine, C: cyclofosfamide, Car: carboplatin, D: docetaxel
E: epirubicine, F: 5-fluorouracil, Irino: irinotecan, T: paclitaxel

* 3xFEC followed by 3xD ** AUC6



Best practices

Variation in protocols/ satisfaction

- Inclusion $n > 10$
 - Satisfaction with information about scalp cooling: 80-100% of patients
 - Satisfaction nursing expertise: 55-100% of patients
- Wetting the hair: 0-100% of patients



Knowledge: determinants

Influence of infusion time and wetting hair on efficacy

Irinotecan 350 mg/m² n=189

A60C600 mg/m² n= 1408



2019
21-23 JUNE
SAN FRANCISCO

CARE
LLENT
SSIBLE

	Irinotecan (n (%))				AC (n (%))			
	Infusion time (min.)			p-value	Infusion time (min.)			p-value
Head cover	30	60	90		0-25	26-40	40+	
Yes	16 (64)	53 (75)	70 (75)		134 (59)	408 (54)	239 (57)	
No	9 (36)	18 (25)	23 (25)		95 (41)	344 (46)	183 (43)	
Total	25	71	93	0.5	229	752	422	0.5



Knowledge: determinants

Influence of infusion time and wetting hair on efficacy

Irinotecan 350 mg/m² n=189

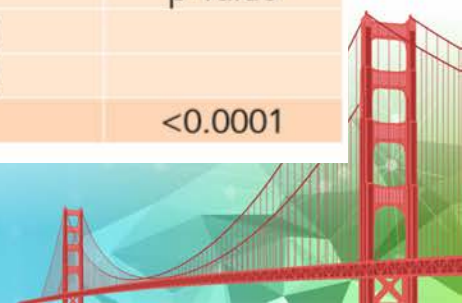
A60C600 mg/m² n= 1408



2019
21-23 JUNE
SAN FRANCISCO

CARE
LLENT
SSIBLE

	Irinotecan (n (%))				AC (n (%))			
	Infusion time (min.)			p-value	Infusion time (min.)			p-value
Head cover	30	60	90		0-25	26-40	40+	
Yes	16 (64)	53 (75)	70 (75)		134 (59)	408 (54)	239 (57)	
No	9 (36)	18 (25)	23 (25)		95 (41)	344 (46)	183 (43)	
Total	25	71	93	0.5	229	752	422	0.5
	Wetting the hair				Wetting the hair			
	Yes	No	p-value		Yes	No	p-value	
Yes	41 (30)	96 (70)			331 (42)	448 (58)		
No	15 (29)	37 (71)			386 (61)	243 (39)		
Total	56	133	0.9		717	691	<0.0001	



Knowledge: determinants

Influence of infusion time and wetting hair on efficacy



Uni variate OR (p-value)		Multi variate		
		OR*	95% CI	p-value
Irinotecan				
Infusion time (min.)				
30	1.0	1.0	-	-
60	0.6 (NS)	0.4	(0.1-1.1)	0.08
90	0.6 (NS)	0.3	(0.09-0.9)	0.03
Wetting the hair	1.0 (NS)	0.8	(0.4-1.9)	0.6

*corrected for: age, previous chemotherapy, hair mass, post-infusion cooling time; NS: non significant

AC: additionally corrected for adjuvant/palliative setting and hair type **Irinotecan**: additionally corrected for gender

Knowledge: determinants

Influence of infusion time and wetting hair on efficacy



Uni variate OR (p-value)		Multi variate		
		OR*	95% CI	p-value
Irinotecan				
Infusion time (min.)				
30	1.0	1.0	-	-
60	0.6 (NS)	0.4	(0.1-1.1)	0.08
90	0.6 (NS)	0.3	(0.09-0.9)	0.03
Wetting the hair	1.0 (NS)	0.8	(0.4-1.9)	0.6
AC				
Infusion time (min.)				
0-25	1.0	1.0	-	-
26-40	1.2 (NS)	1.0	(0.7-1.3)	0.9
40+	1.1 (NS)	0.8	(0.6-1.1)	0.2
Wetting the hair	2.2 (<0.0001)	2.3	(1.8-2.9)	<0.0001

*corrected for: age, previous chemotherapy, hair mass, post-infusion cooling time; NS: non significant

AC: additionally corrected for adjuvant/palliative setting and hair type **Irinotecan:** additionally corrected for gender

Knowledge: determinants

Influence of infusion time and wetting hair on efficacy

- n>7000
- Uncorrected for chemotherapy type/dose



Characteristics	Uni variate OR	Multi variate ^a		
		OR	95% CI	P-value
Dampen hair				
No ^d	1.0	1.0	-	-
Yes	1.4	1.5	(1.3-1.6)	<0.0001



Harvest from a 'real life' registry

Improving supportive care

- Knowledge: efficacy, safety (by linking to NCR)
- Detecting best practices/ benchmark
- Guidelines (NCCN/eviQ)
- Patient information

Work in progress

- International CHILL registry, sharing data
- CIA among scalp cooled and non-scalp cooled patients
- In the USA, Australia, the UK and the Netherlands



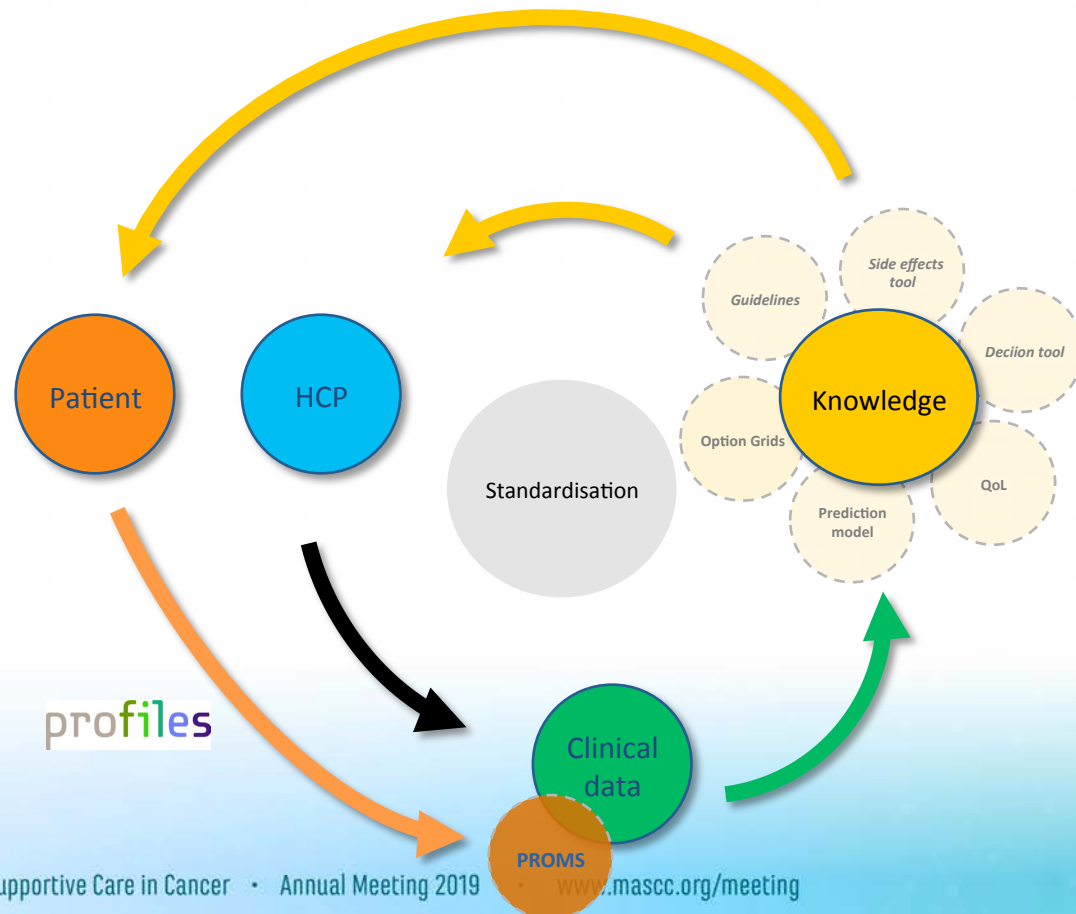


2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE





2019

21-23 JUNE

SAN FRANCISCO

**SUPPORTIVE CARE
IS EXCELLENT
WHEN CARE POSSIBLE**





Cancer related hairloss
International leadership and linkage



the
Mater



THE UNIVERSITY OF
SYDNEY



**Memorial Sloan Kettering
Cancer Center**

UCSF Helen Diller Family
Comprehensive
Cancer Center

Baylor
College of
Medicine

DAN L DUNCAN
COMPREHENSIVE
CANCER CENTER

c.vandenhurk@iknl.nl
www.cancerhairloss.org