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Impact of Dermatological Toxicities on Quality of Life in Early Breast Cancer Patients on Adjuvant Endocrine Therapy

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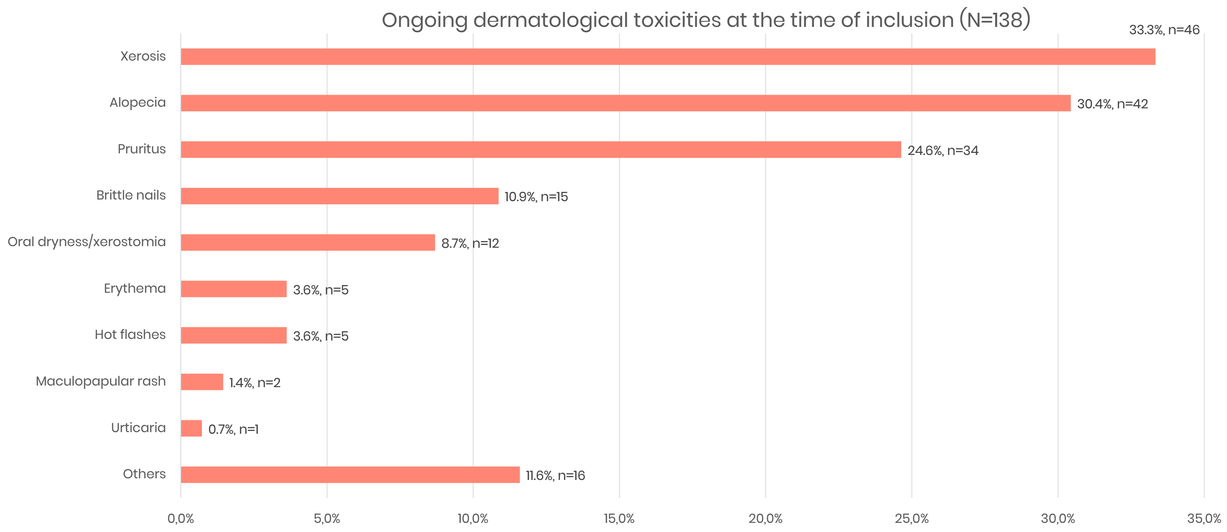
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Introduction & Objectives

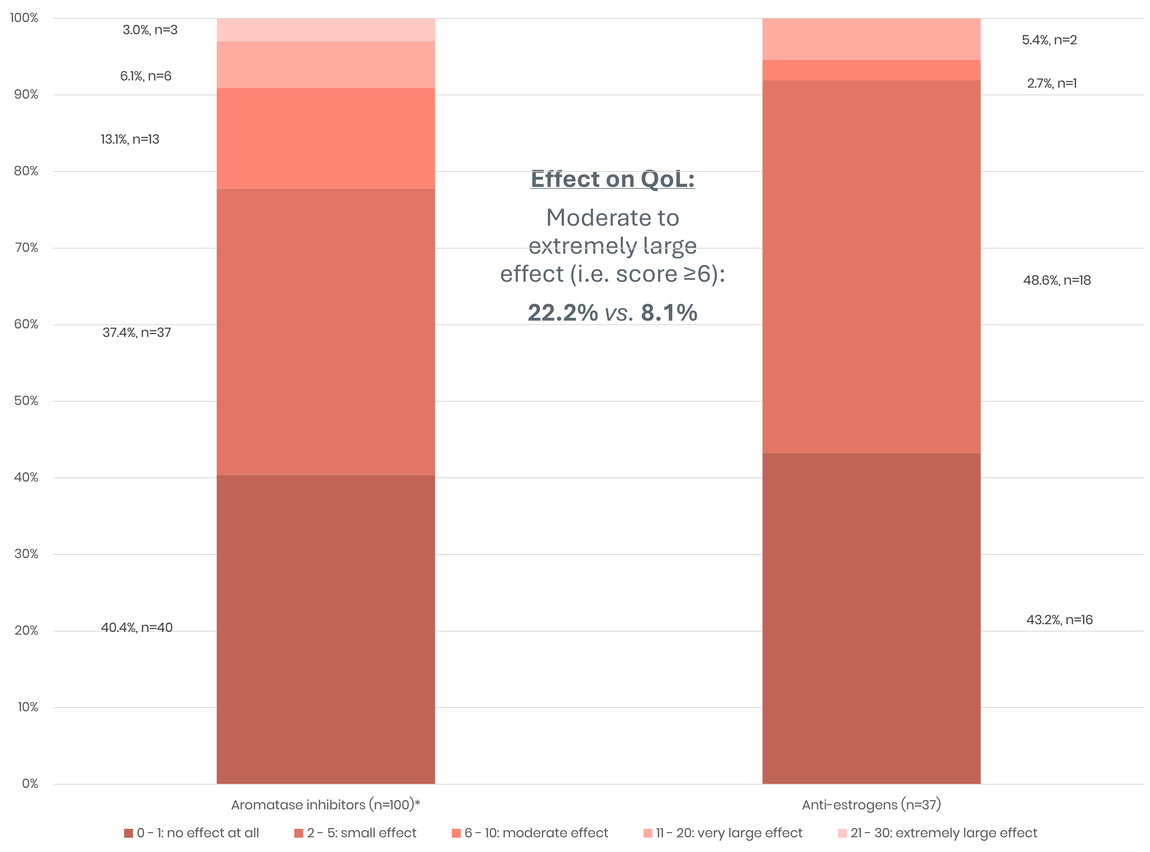
The development of **dermatological toxicities associated with endocrine therapy**, including skin inflammation, hair/nail changes, dry skin, and their relative impact on patients' physical, functional, emotional, and social well-being remain largely unknown and understudied.
The **BCARE (Breast Cancer Adjuvant Real-world Evaluation of dermatological adverse events) study** aims to address this gap by evaluating, on a large scale, the potential impact of drug-related dermatological toxicities on the quality of life (QoL) in patients with early-stage breast cancer (EBC) undergoing adjuvant endocrine therapy.
This cross-sectional, non-interventional study used the Dermatology Life Quality Index (DLQI) questionnaire as **primary outcome to measure the Quality of Life (QoL) related to dermatological toxicities[1]** in female patients aged 18 and older, with histologically confirmed EBC, who have been receiving adjuvant endocrine monotherapy for 2 to 3 years prior to inclusion..

Results

In total, a large majority of **patients (73.2% of the cohort, n= 101/138)** had developed at least one dermatological toxicity **since the initiation of adjuvant hormone therapy**, which was still present at baseline at the time of dermatological examination. **Their median time to onset since the initiation of treatment was 5 months**. The main types of dermatological toxicities were **xerosis in 33.3% of patients (n = 46/138), alopecia in 30.4% of patients (n = 42/138) and pruritus in 24.6% (n = 34/138) of patients.**
Among patients with xerosis, 39.1% (n = 18) had been prescribed a topical treatment, mostly with emollients. Of the patients with alopecia, 50% (n=21) had been treated with topical minoxidil.
Among patients with pruritus, 50% (n = 17) had been prescribed a topical treatment, mainly with topical corticosteroids, and/or emollients.



Primary objective:
The mean total score of DLQI was 3.55 ± 5.07, and the median (Q1-Q3) total score was 2.0 (0.0-4.0), corresponding to a low impact on quality of life for the majority of patients.
However, **18.2% of patients had a moderate to very significant impact on quality of life** (DLQI ≥ 6,. Similarly, 32% of the population had a DLQI score ≥ 4).
A sub-group analysis shown that there was a greater proportion of patients who had a low impact on quality of life in the tamoxifen group compared to the anti-aromatase group (91.9% vs. 77.8% with DLQI < 6, see Figure 2). The mean score was 3.85 ± 5.46 in the "anti-aromatase" group and 2.86 ± 3.84 in the "tamoxifen" group.



Materials & Methods

The study is conducted across 9 referent oncodermatology centers in 4 European countries (France, Greece, Italy, and Spain; FPI Nov 22, 2024).
Patients aged 18 and older with early breast cancer undergoing adjuvant endocrine monotherapy initiated 2 to 3 years ago
Patients receiving concomitant targeted therapies (e.g. CDK 4/6 inhibitors) and/or presenting with relevant or severe comorbidities are excluded.
Secondary outcomes include dermatological QoL assessed using Skindex-16[2], Hairdex[3], and ItchyQoL[4] questionnaires, and the clinical characterization of dermatological toxicities at inclusion.

155 patients were included and 138 enrolled in the study.

Conclusions

- These results suggest that, for most patients, the cutaneous adverse effects induced by hormone therapy had limited impact on overall dermatological QoL.
- Reported difficulties were mainly emotional, like embarrassment or frustration, or physical, such as itching or irritation, rather than impairments in daily functioning. **These findings highlight the importance of addressing both the emotional and physical dimensions of skin toxicities** during hormone therapy, suggesting that targeted support measures in these areas could improve patient experience and well-being.
- In addition, the implementation of a personalized skin care routine can significantly improve comfort and quality of life, while preventing treatment-related skin complications.
- **This is the first study** in many countries to specifically investigate this topic, making it an original contribution to oncological dermatology.
- **First comparative dermatological data between these two drug** classes: AIs associated with **nearly 3× higher rate** of significant QoL impairment
- These data will help **refine recommendations for the dermatological management** of patients undergoing hormone therapy.

References

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