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Patient-centered management of actinic keratosis. Results of a multi-center clinical consensus analyzing non-melanoma skin cancer patient profiles and field-treatment strategies

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ABSTRACT

Introduction: Actinic keratosis (AK) is a chronic skin condition that can be a precursor to cutaneous squamous cell carcinoma. AK can recur and patients are likely to undergo multiple treatments. It is important that AK lesions are managed appropriately, and that patients are involved in treatment decisions.

Materials and methods: The Supporting Professional Expertise in AK (SPEAK) program aims to facilitate this patient-centered care by identifying patient needs and aiding healthcare practitioners (HCPs) in selecting optimal treatment and communication strategies for different types of patients. Twenty-two dermatologists with established expertise in the treatment of AK collaborated to describe commonly encountered psychosocial patient profiles, and to develop respective communication and treatment strategies.

Results and conclusion: Six patient profiles were defined based on different psychosocial characteristics and were used to develop appropriate management approaches. We provide a systematic way of identifying these patient profiles in clinical practice and we outline communication strategies tailored to the primary needs of each type of patient. In addition, we provide recommendations for potential field-treatments that may be best suited for each profile. The recommendations provided here may help improve the communication and relationship between patients and HCPs, resulting in higher treatment adherence and improved patient outcomes.

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Introduction

Actinic keratosis (AK), a chronic skin condition caused predominantly by prolonged exposure to ultraviolet (UV) radiation, is a precursor to cutaneous squamous cell carcinoma (SCC). Estimates range from 0.1% to 10% of AK progressing to SCC (1,2); in addition, ~97% of cutaneous SCCs are contiguous to an AK (3), which may represent carcinoma *in situ* (4).

Whilst many AK lesions resolve spontaneously, some can be potentially invasive, regardless of their intra-epidermal thickness (2,5), and it is not possible to draw conclusions about the histology of AK lesions from their clinical appearance (6). For this reason, coupled with a lack of supporting long-term prognostic studies, it is important that AK lesions are managed appropriately (2). Appropriate management of AK can be in the form of lesion-specific or field-directed therapy. Visible AK lesions can arise from subclinical changes that affect a wider area of skin, a process known as cancerization (3,7), in these instances a field-directed therapy may be advantageous allowing effective treatment of sub-clinical AK lesions that may be missed with lesion-specific therapy. Moreover, current studies have highlighted, that the

potential to develop squamous cell carcinoma is associated with subclinical basal proliferating AKs as well as clinical hyperkeratotic AKs, indicating a need for standardized, and approved field therapy (8,9). When deciding on a management strategy it is important to consider a multitude of factors, including treatment duration, compliance, cost and risk factors for recurrence and the age of the patient (2).

In addition, patients increasingly expect to be involved in decision-making about treatments, especially as AK can recur and people with AK are likely to need multiple treatment courses throughout their lifetime (10). Therefore, a practical tool that takes into account patient-related factors may be particularly useful for assisting doctors in optimizing the efficiency of their consultations.

Indeed, patient-centric care is now a widely accepted part of high-quality healthcare in general, and seems to improve outcomes, quality of life, satisfaction and treatment adherence. Patient-centric care may also aid the adoption of patient-defined treatment goals and outcomes (11), and in turn, help manage expectations.

Based on this, the Supporting Professional Expertise in AK (SPEAK) program aims to facilitate patient-centric care in AK