Background

Chemotherapy induced alopecia (CIA) is one of the most common and distressing side effects of chemotherapy (CT), especially for women following breast surgery, which can lead to severe psychological stress. Scalp cooling is an effective method for the prevention of CIA for intermediate dose (≤ 75 mg/m²) anthracyclins and/or docetaxel regimens (46.8% vs 44% in Group A; p < 0.0017).

Methods

Due to uncertainties on safety and efficacy of scalp cooling, the first project of a randomized study was rejected by the ethics committee, but there is only limited data available on scalp cooling and its impact on quality of life.

Results

From 2002 to 2006, 911 pts were included in 8 centers and analysed 770 in Group A and 141 in Group B. Data are presented with a median follow-up of 36 months.

Efficacy and safety of cooling helmets for the prevention of chemotherapy-induced alopecia: a prospective study of 911 patients (pts)

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Inclusion criteria:
- CT regimens with etoposide, paclitaxel, ifosfamide, cyclophosphamide > 750 mg/m².
- An individual 'prognostic' factors regarding scalp cooling efficacy need to be assessed.

Exclusion criteria:
- Previous skull or brain radiotherapy
- Haematologic malignancies
- Previous alopecia (including androgenic alopecia)
- Known cephalic soft tissue scalp or brain metastasis
- Males
- CE events were prospectively recorded during a minimum 2 years follow-up (FU).

Conclusion

Scalp Cooling is an effective method for the prevention of CIA for intermediate dose (≤ 75 mg/m²) anthracyclins and/or docetaxel regimens. Data on patient's alopecia and discomfort assessments, quality of life and predictive factors of CH efficacy are pending and will be presented later.

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