THE IMPORTANCE OF CAREGIVING IN PATIENTS WITH ADVANCED BASAL CELL CARCINOMA IN TREATMENT WITH HEDGEHOG-PATHWAY INHIBITORS: AN OBSERVATIONAL PROSPECTIVE STUDY

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Background

Oral target therapy with hedgehog-pathway inhibitors (HPIs) has revolutionized the standard of care for patients with advanced basal cell carcinoma. (1,2) Two HPIs are currently available: vismodegib (Erivedge®; Genentech) and sonidegib (Odomzo®, Sun Pharmaceutical Industries); both HPIs share a number of class-related adverse events (AEs). (3) Most advanced basal cell carcinoma (BCC) patients are frail and elderly patients with various comorbidities and on pharmacological polytherapy. (4,5) This scenario requires the clinician to manage the AEs that can have a significant impact on therapeutic adherence. (6)

Methods

All patients included in this observational prospective study have histologically confirmed metastatic or locally advanced BCC and were treated with HPIs from January 2016 to December 2021 at the Department of Dermatology at the University of Florence, Italy. The collected patient data included age, sex, BCC site and extension, marital status (single, divorced, married/live-in, widow/widower), and information such as living with someone, and the presence of any caregivers. Other information regarding number of cycles, dose, duration and tolerability of the therapy were collected during a monthly follow-up visit during which any AE were recorded.

Results

The most important data that emerged from our study was that BCC patients treated with HPIs, **patients who were married or lived with a care-giver could better tolerate the therapy relative to single patients who live alone**. Indeed, married/live-in patients and/or those with an adequate caregiver experienced **greater therapeutic adherence and tolerated AEs better**. (Figure 1 and Table 1)

Conclusions

Information regarding civil status, co-habitation, and the presence of a partner during follow-up visits are basic in **predicting therapeutic adherence and managing the timing of control visits.** Furthermore, given the greater therapeutic adherence of married/live-in patients whose caregiver is the partner, it is essential to consider patient's marital status. It is advisable to **involve the caregiver upon enrollment**. There should be a training discussion on the various possible adverse events and the best way to mitigate them. Patients who live alone should have closer and more frequent checks and psychological support to avoid interruption of therapy.

Success in therapy is linked not only to an informed patient but also to a trained caregiver.

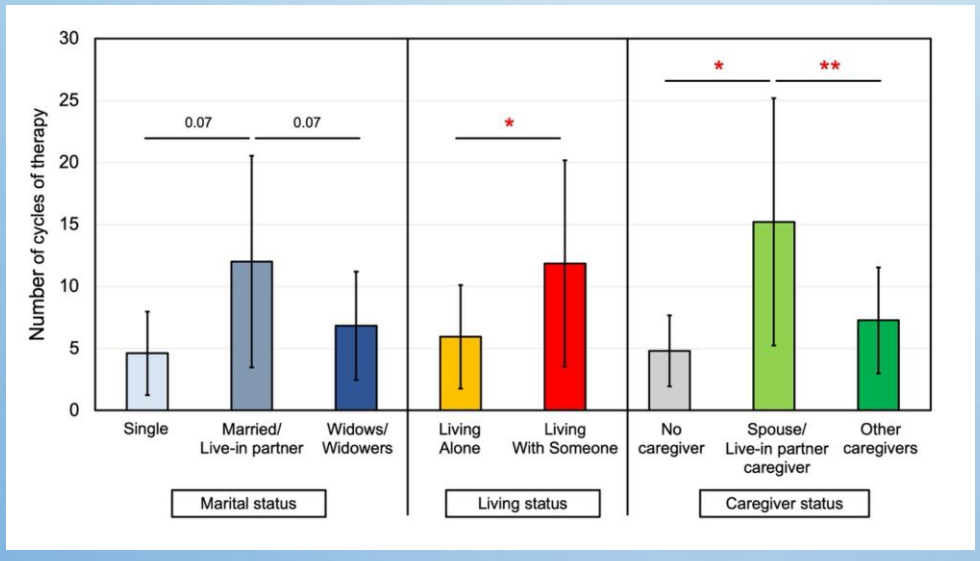

Figure 1. Number of cycles of therapy with HPI before discontinuation according to marital, living and caregiver status. Data are reported as mean±standard deviation.
* $p < 0.05$, ** $p < 0.01$; Student's t-test.

Table 1. Impact on course of therapy following AE tolerability in marital status.

	Married/live-in	Wisdow	Single	Total
Withdrawal	17% (3)	9% (1)	60% (3)	7
Pulsed therapy	33% (6)	55% (6)	20% (1)	13
No modifications needed	50% (9)	36% (4)	20% (1)	14
Total	100% (18)	100% (11)	100% (5)	34

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