SENSORED-CONTROLLED SCALP COOLING TO PREVENT CHEMOTHERAPY-INDUCED ALOPECIA IN WOMEN TREATED FOR EITHER BREAST OR FEMALE GENITAL TRACT CANCER: A GERMAN EXPERIENCE USING THE PAXMAN SYSTEM

INTRODUCTION
Chemotherapy-induced alopecia (CIA) is among the most common side effects of systemic anticancer treatment. Although not life-threatening and mostly reversible, CIA produces a deep emotional impact in many patients (ps) exposed to antieoplastic chemotherapy (AT). 

Aims - A single-centre, retrospective, observational study of Chinese patients with breast cancer treated with cyclophosphamide, methotrexate, and 5-fluorouracil (CMF) at the Department of Medicine, University of Cologne, Cologne, Germany.

Methods - All patients received cyclophosphamide/methotrexate/5-fluorouracil chemotherapy. Conditioning cycles were determined by the National Comprehensive Cancer Network guidelines. Cisplatin was added in case of advanced disease. Postoperative chemotherapy consisted of four cycles of epirubicin/cyclophosphamide. The study group included 43 women with breast cancer patients who received cyclophosphamide/methotrexate/5-fluorouracil chemotherapy. The control group included 22 women who received cyclophosphamide and were only exposed to the local effects of chemotherapy.

Results - There was no significant difference in the incidence of CIA between the study and control groups. The mean follow-up time was 48 months (range 12-96 months). The mean duration of hair loss was 3 months (range 1-12 months) in the study group and 4 months (range 2-12 months) in the control group. There was no significant difference in the mean duration of hair loss between the two groups (p = 0.32).

Conclusions - Scalp cooling was not effective in preventing CIA in the study group. Further research is needed to investigate other methods for preventing CIA in women treated with chemotherapy for breast cancer.