

# Tretinoin Is Well Tolerated for Skin Ca Prevention

BY ERIK GOLDMAN  
Contributing Writer

PHILADELPHIA — High-dose topical tretinoin is generally well tolerated for chemoprevention of basal and squamous cell carcinomas, Dr. Amy Geng said at the annual meeting of the Society for Investigative Dermatology.

Daily application of 0.1% tretinoin causes some irritation, but it is generally mild, and tolerability tends to improve over time.

“Dermatologists tend to use 0.05% concentrations or lower, in an attempt to reduce the chances of irritation or other side effects. This is especially true for young patients with acne,” said Dr. Geng of the department of dermatology at Veterans Affairs Medical Center, Providence, R.I., and Brown University in Providence. But when using retinoids for long-term prevention of skin cancers, the lower concentrations may not give the full benefit. The challenge is always to balance optimal clinical outcomes

against the potential for adverse effects.

Dr. Geng presented tolerability data from the VA Topical Tretinoin Chemoprevention Trial (VATTC), a large-scale, long-term study involving 736 elderly men with histories of keratinocyte skin cancers (BCC or SCCD). The patients were randomized to treatment with a vehicle cream or a 0.1% tretinoin cream on an ongoing basis. All of the study participants, who had an average age of 71 years, had had two or more keratinocyte skin cancers

in the 6 months prior to enrollment.

The patients were instructed to apply the assigned treatment once daily for the first 3 weeks and twice daily thereafter. At any time during the study they could step back down to once-daily application if the twice-daily dosing proved to be too irritating. They could also apply sunscreens and moisturizers whenever they felt the need.

Investigators at the four participating centers saw the patients for follow-up visits every 6 months. To date, the patients have been on the protocol for a range of 1.5 to 5.5 years.

There is no question that the tretinoin produced more irritation than did the placebo. At 6 months, 61% of the tretinoin-treated patients reported some sort of retinoid-associated symptoms such as burning, itching, tingling, or other localized reactions, compared with 42% of those using the vehicle alone. Burning sensations, the most common reason people discontinue retinoid therapy, were reported by 39% of the tretinoin group but only 17% of the placebo group during the first 6 months.

The prevalence of all side effects tended to drop off steadily as the patients continued with treatment. By 30 months, there was no longer any statistically significant difference between the two groups in terms of frequency or severity of burning.

Overall, the side effects were mild, and there was no difference in severity of burning sensations between the patients in the two treatment groups.

There were more treatment cessations or dosing step-downs in the tretinoin group than in the placebo group. In all, 30% of those on the retinoid maintained their twice-daily dosing schedules, compared with 42% of those on placebo. Of the tretinoin patients, 15% had stopped using the medication, compared with 9% in the placebo group.

“By 6 months, the patients in the tretinoin group were less likely than were the controls to apply the treatment twice daily, but they were more likely to be using it twice daily than not at all,” Dr. Geng said. “Overall, 0.1% tretinoin is well tolerated, even with twice-daily application. It may be better tolerated in older people who have had keratinocyte cancers than in younger acne patients.”

THINK  
**COPD** FIRST:  
Factors to consider

ADVERTISEMENT

Chronic obstructive pulmonary disease (COPD) is a prevalent and important health concern.<sup>1</sup> Patients can benefit if physicians diagnose and treat this progressive disease, but COPD is usually not identified in patients until it has advanced to moderate severity levels.<sup>2</sup>

### ► Smoking: The most common cause of COPD<sup>1</sup>

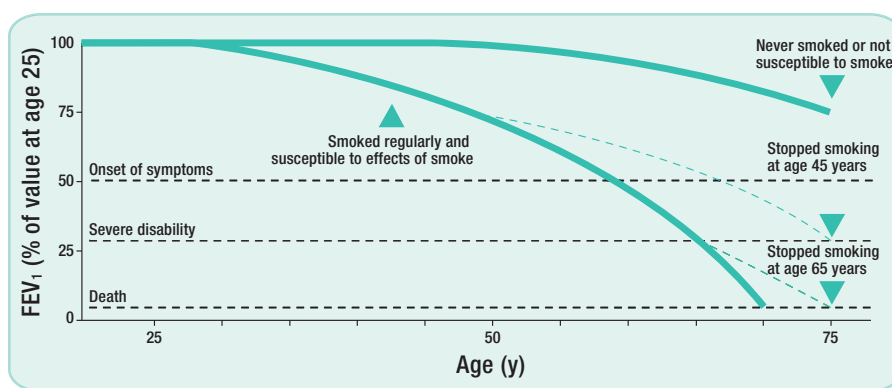
When you see a patient with breathing problems who is also a smoker, think COPD first. That's because smoking causes approximately 80% to 90% of COPD cases.<sup>3</sup>

### ► Identifying COPD

Due to the prominent role smoking plays in the development of COPD, physicians should consider COPD in patients 45 years of age or older<sup>4</sup> with a history of smoking and respiratory symptoms.<sup>1</sup> These include chronic cough,<sup>1</sup> sputum production,<sup>1</sup> dyspnea,<sup>1,2</sup> and wheezing.<sup>2</sup> Patients with COPD may also report that they are unable to perform daily activities.<sup>2</sup> Sometimes, COPD is misdiagnosed as asthma—but COPD is actually more common than asthma in patients 45 years of age or older.<sup>4</sup> When diagnosing COPD, it's important to keep in mind that it can present as chronic bronchitis or emphysema<sup>5,6</sup>; in fact, most COPD patients have both.<sup>5,6</sup> Diagnosis should be confirmed with spirometry.<sup>1,2</sup>

### ► Proper COPD diagnosis leads to appropriate intervention

Patients diagnosed with COPD should be advised to stop smoking. Since airway narrowing is a component of chronic bronchitis and emphysema, effective bronchodilation is required for both.<sup>2,7</sup> Evidence-based guidelines state that bronchodilators are central to the treatment of COPD.<sup>1,2</sup>



Adapted and reprinted with permission from BMJ Publishing Group (*Br Med J.* 1977;1:1645-1648).<sup>8</sup>

By “thinking COPD first,” physicians can intervene earlier and treat patients with COPD appropriately.

**References:** 1. Celli BR, MacNee W, and ATS/ERS Task Force committee members. Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS position paper. *Eur Respir J.* 2004;23:932-946. 2. Global Initiative for Chronic Obstructive Lung Disease. *Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease: Updated 2005.* Bethesda, Md/Geneva, Switzerland: National Heart, Lung, and Blood Institute/World Health Organization; 2005. Available at: <http://www.goldcopd.org>. Accessed March 9, 2006. 3. Bernstein AB, Hing E, Moss AJ, et al. *Health Care in America: Trends in Utilization.* Hyattsville, Md: U.S. Department of Health and Human Services; 2004. DHHS publication no. 2004-1031. Available at: <http://www.cdc.gov/nchs/data/misc/healthcare.pdf>. Accessed March 9, 2006. 4. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Summary health statistics for U.S. adults: national health interview survey, 2003 (updated 2005). Data from the National Health Interview Survey, DHHS publication no. (PHS) 2005-1553. 5. Soriano JB, Davis KJ, Coleman B, et al. The proportional Venn diagram of obstructive lung disease: two approximations from the United States and the United Kingdom. *Chest.* 2003;124:474-481. 6. Celli BR, Snider GL, Hefner J, and the committee for the American Thoracic Society. Standards for the diagnosis and care of patients with chronic obstructive pulmonary disease. *Am J Respir Crit Care Med.* 1995;152:S77-S120. 7. Casaburi R, Conoscenti CS. Lung function improvements with once-daily tiotropium in chronic obstructive pulmonary disease. *Am J Med.* 2004;117:335-40S. 8. Fletcher C, Peto R. The natural history of chronic airflow obstruction. *Br Med J.* 1977;1:1645-1648.



SP272587A

Printed in the U.S.A.

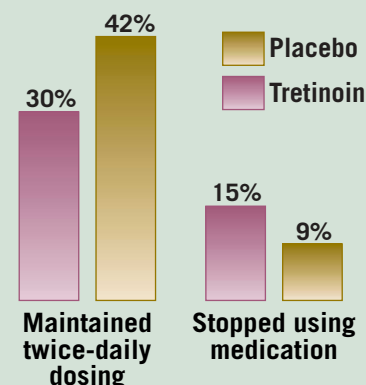
Copyright ©2006, Boehringer Ingelheim Pharmaceuticals, Inc. All rights reserved.

(05/06)

SV11923



### More Patients Used Tretinoin Twice a Day Than Not at All



Note: Based on a study of 736 patients.  
Source: Dr. Geng