12. PRURITUS AND QUALITY OF LIFE

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Objectives: Itching is the most frequently described symptom in dermatology. As it is a subjective symptom that cannot be verified by physical or biophysical examination, the patient's evaluation including past medical history, personal factors of life style, psychological factors and measurement of its severity is a challenge. The clinician attempting to identify the underlying causes of pruritus and trying to treat the patient appropriately frequently faces difficulties in achieving all these demands in a practicable way.
Methods: For this purpose, a questionnaire is very helpful, especially in those patients who suffer from severe pruritus as the main and leading symptom. The questions ought to concern frequency, localisation, duration and quality of itching and scratching. The patients should also be asked about their idea of hypothesized causes. Past medical history, personal life style factors, co-diseases, drug consumption and previous therapeutical regimens of their itching should be included. Additionally, patients should be questioned for associated symptoms such as e.g. sleeplessness, nervousness, uneasiness, sweating, indigestion. Finally, it is important to ask for their self-evaluation and personal opinion concerning quality of life.
Results: We present data about 132 patients (59 men, 73 women) aged 14 to 84 years who completed a special questionnaire for pruritus patients. 56.8% (group 1) suffered from pruritus due to a primary dermatological aetiology (e.g. eczema, prurigo, lymphoma), in 35.6% (group 2), it was a symptom of an underlying systemic disease (e.g. renal, hepatic, neoplastic pruritus) and in 7.6% (group 3) pruritus was of unkown origin. Differences in frequency, quality, circadian rhythm of itching and scratching were found. The quality of life including mood and emotional status is more affected in group 1. Additionally, we applied the English version of this questionnaire to 84 African dermatology patients in Uganda.
Conclusions: This questionnaire helps to obtain important information about pruritus patients in a purposeful time-frame and facilitates the identification of possible causes and the best individual therapy for pruritus. Besides, the physician obtains insights into the patient's mental health and quality of life.

13. ADVERSE REACTIONS TO INJECTABLE FILLER SUBSTANCES IN AESTHETIC DERMATOLOGY – RESULTS OF THE INJECTABLE FILLER SAFETY-STUDY (IFS-STUDY)

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Objectives: To describe adverse reactions in patients treated with injectable filler substances and to develop hypothesis on risk factors prior to further studies on the safety of these medical devices.
Methods: With help of the Berlin Medical Association all local dermatologists, plastic surgeons as well as oral surgeons were identified, contacted and asked to report possible adverse reactions that occurred between 2000 and 2003. Additional cases were obtained from a private practice from Munich. All reported patients were interviewed by a questionnaire and additional documentation (photographs) was obtained, whenever possible. Adverse reactions were evaluated by patient as well as area treated. All data was analyzed by descriptive measures.
Results: 57 patients (1 male, 56 female, age 47 $\pm$ 11 (sd) years) treated with 13 different filler materials could be found. 42 patients were treated with only one filler, 15 with 2 and more fillers. From the 15 patients treated with 2 and more fillers, 7 patients were defined as being treated with only one filler as the other fillers in these patients were injected in areas where no adverse reaction developed. From the patients treated with only one filler (by this definition) 22 were injected with a temporary and 23 with a permanent filler. In the 42 patients treated with only one filler all together 213 areas were treated. In 142 (66,7%) areas adverse reactions occurred. Time until appearance was 13,1 $\pm$ 15,9 (sd) months after injection. As adverse events continuing pain, swelling, nodules, pigmentation and erythema were found. For four different substance classes (HEMA and hyaluronic acid $n=12$, PLA $n=11$, collagen $n=9$, PMMA and collagen $n=6$) characteristic side effect profiles could be described.

None of these patients had been reported to the German Federal Institute for Drugs and Medical Devices (BfArM) before.
Conclusions: The existing adverse event reporting system is able to identify only a limited number of cases. With a partially population based registry the IFS-study did provide the largest number so far of patients with adverse reactions to injectable fillers. The results support the continuation of the Berlin registry to gain further insight in theses sometimes extremely disfiguring adverse reactions.

14. IS ATOPY A PROTECTIVE OR RISK FACTOR FOR CANCER? A REVIEW OF EPIDEMIOLOGICAL STUDIES

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Objective: Evidence of a link between a history of atopy and cancer risk has been accumulating over the past few decades. The purpose of this paper is to review the recently published epidemiological studies on the association between atopy and the risk of cancers.
Methods: Through a MEDLINE electronic search (January 1986 to April 2004) with an additional review of cited references, we identified studies with quantitative data on the relation of atopy (irrespective of its definition or subtype) to cancer.
Results: A total of 63 articles were reviewed, including 52 case-control studies and 11 cohort studies. The protective effect of atopy in colorectal cancer has been observed consistently in the case-control studies, but not in cohort studies. A consistent inverse association between self-reported atopy and glioma risk has been shown, but there is absence of such an association for meningioma. In most studies, the risk of leukaemia, in particular childhood leukaemia, tends to be lower among people with a history of atopy. Studies which looked at the association between atopic disease and risk of cancers of pancreatic, breast, lymphoma showed varying outcomes. Most studies on the atopy-pancreatic cancer relation suggested an inverse association. For lymphoma, most studies have shown no substantial association. Overall evidence indicates an increased risk of lung cancer among persons with a history of atopy.
Conclusion: Despite the mixed results, the emerging picture from most of the currently available epidemiologic data indicate that atopic disease is associated with a reduced risk for cancer. Further research should focus on a more carefully documented "atopy" status, to advance our understanding of role that allergies can play in the risk of developing cancer.

15. SCREENING FOR SKIN CANCER IN AN ADULT WORKING POPULATION

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Objectives: Melanoma and non melanoma skin cancer (NMSC) are now the most common types of cancer in the white populations and increasing incidence rates for skin cancer has been a major public health concern. However, the benefit of skin cancer screening is still controversial. The aims of this study were 1) To enhance awareness and early detection of non-melanoma and melanoma skin cancer in a population of factory employees; 2) To identify the proportion of the employees who have an increased risk of developing skin cancer.
Methods: In combination with a short questionnaire we offered on-site free skin examinations to the employees of five large companies in Germany. We recorded the demographics, skin cancer risk factors (changing mole, skin-type, family history, size of congnital naevus) and presumptive cancer or cancer-related diagnoses (actinic keratosis (AK), basal cell carcinoma (BCC), squamous cell carcinoma(SCC), dysplastic nevus (DN), and melanoma).
Results: In total, we screened 14,553 subjects(10,715 males and 3838 females) with mean age of 40 years, during a series of consecutive sessions. A presumptive diagnosis related to skin cancer was detected in 782 (5%), including 72 (0.5 %) with presumptive AK, 52 (0.4 %) with BCC, 2 (0.01%) with SCC, 634 (4%) with DN, and 22 (0.2%) with possible melanoma. In all, 33% of those examined had at least one risk factor and 8% had at least two risk factors: 13% reported a changing mole, and 22% had skin type I or II.
Conclusions: As expected, rates of suspected melanoma and NMSC in the screening was low in this relatively young population. About one third of the screenees who had increased risk for developing skin cancer will benefit from the screening. In the cost-benefit analysis of a factory-based health promotion campaign, increased skin cancer awareness should be taken into account for the rationale to offer such screening programs. We concluded that this skin cancer screening campaign fulfilled the basic principles of screening for diseases.

16. EFFICACY OF INTERVENTION TO INCREASE THOROUGH SKIN SELF-EXAMINATION AND EFFECT ON SURGERY ON THE SKIN: RESULTS OF THE CHECK-IT-OUT PROJECT

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Monthly thorough skin self-examination (TSSE) is increasingly recommended for early detection of melanoma, and it may be effective in reducing melanoma mortality. However, it has been the focus of relatively little research given the associated publicity. We report results of the Check-It-Out Project, a randomized trial of an intervention designed to encourage monthly TSSE.

The intervention included a 14-minute video, cues, aids, a tailored follow-up letter, and other material that encouraged TSSE. The control intervention focused on a healthy diet. Participants were recruited at routine visits to their primary care clinician and were interviewed by telephone before randomization and at 2, 6, and 12 months after. Of the 1356 participants, 80%, 75%, and 66% completed the 2-, 6-, and 12-month interviews. The two groups had similar proportions of completed interviews at each time point, and no differences in baseline characteristics.

The proportion who reported performing TSSE (within the prior 2 months) in the skin and diet groups were 18% and 17% at baseline ($p=.7$), but there was a marked difference at 2 months (53% and 31%, $p<.0001$), which persisted at 6 and 12 months (55% and 35% at both time points, $p<.0001$). Similarly, of the 7 areas of the body investigated specifically, the skin and diet groups examined a mean of 2.6 and 2.5 at baseline ($p=.4$), but at 2, 6, and 12 months they examined 5.3 vs. 3.9, 5.2 vs. 4.0, and 5.1 vs. 3.8 areas (all $p<.0001$). We also asked "Did the doctor or nurse biopsy, freeze, or cut the skin"? Medical records were sought to verify all affirmative responses. During the 6 months prior to randomization, at least one surgical procedure on the skin was verified in 6.5% of the skin group and 6.0% of the diet group ($p=.7$). From randomization to 2 months, those numbers were 4.0% and 2.4% ($p=.14$). From 2 to 6 months, they were 6.1% and 1.8% ($p=.0006$), and from 6 to 12 months, 6.3% and 4.8% ($p=.3$).

We observed a substantial effect of our intervention on performance of TSSE, and this was associated with a substantial increase in surgical procedures performed on the skin, although by 6 to 12 months after intervention that increase had diminished despite a sustained effect on performance of TSSE. This may mean that a campaign can be crafted to increase early detection of melanoma in the long-term through TSSE without causing a long-term increase in morbidity and cost associated with surgical procedures on the skin.

17. UNITED AGAINST SKIN CANCER

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Concern over the increasing incidence of melanoma and non-melanoma skin cancers have prompted substantial funds be put towards public cancer education since the 1980s.

Countries like Australia and America have well-established campaigns and have been investing in this field for well over 20 years. But campaigns on prevention or early detection have been going on across all continents. Projects which commenced as small community efforts in South America 10 years ago have gradually become formal year-round programmes. European countries are at varying stages of campaign development, the United Kingdom and Italy manage now to reach most members of the public regularly. In Africa no established prevention programmes exist (albinos (1:2000–5000 people) are at high risk) whereas South Africa has a more structured approach in its public education efforts, related to that of Australia.

The successes, problems and future of adopted solar protection policies and practices across these continents will be presented in association with preliminary findings from the systematic review currently underway, "educational programmes for skin cancer prevention", which evaluates the effectiveness of different methods of public skin cancer education in different population settings, from beachgoers to school children to outdoor workers.