

# Efficacy of cold atmospheric plasma versus diclofenac 3% gel in patients with actinic keratoses/field cancerization: preliminary results of a prospective, randomized, rater-blinded study (ACTICAP)

K. A. Salva <sup>1</sup> and M. Wirtz <sup>2</sup>, F. Koch <sup>1</sup>, M. McGovern <sup>3</sup>, D. Schadendorf <sup>1</sup>, A. Roesch <sup>1</sup>

Department of Dermatology, University Hospital Essen, Hufelandstr. 55 45122, Essen, Germany (1), Decamed Skin and Laser Centre, Feldeggstr. 69, CH-8008 Zürich, Switzerland (2), Adtec Europe Limited, Alice Way, Hounslow Business Park, Hounslow, Middlesex, TW3 3UD, United Kingdom (3)

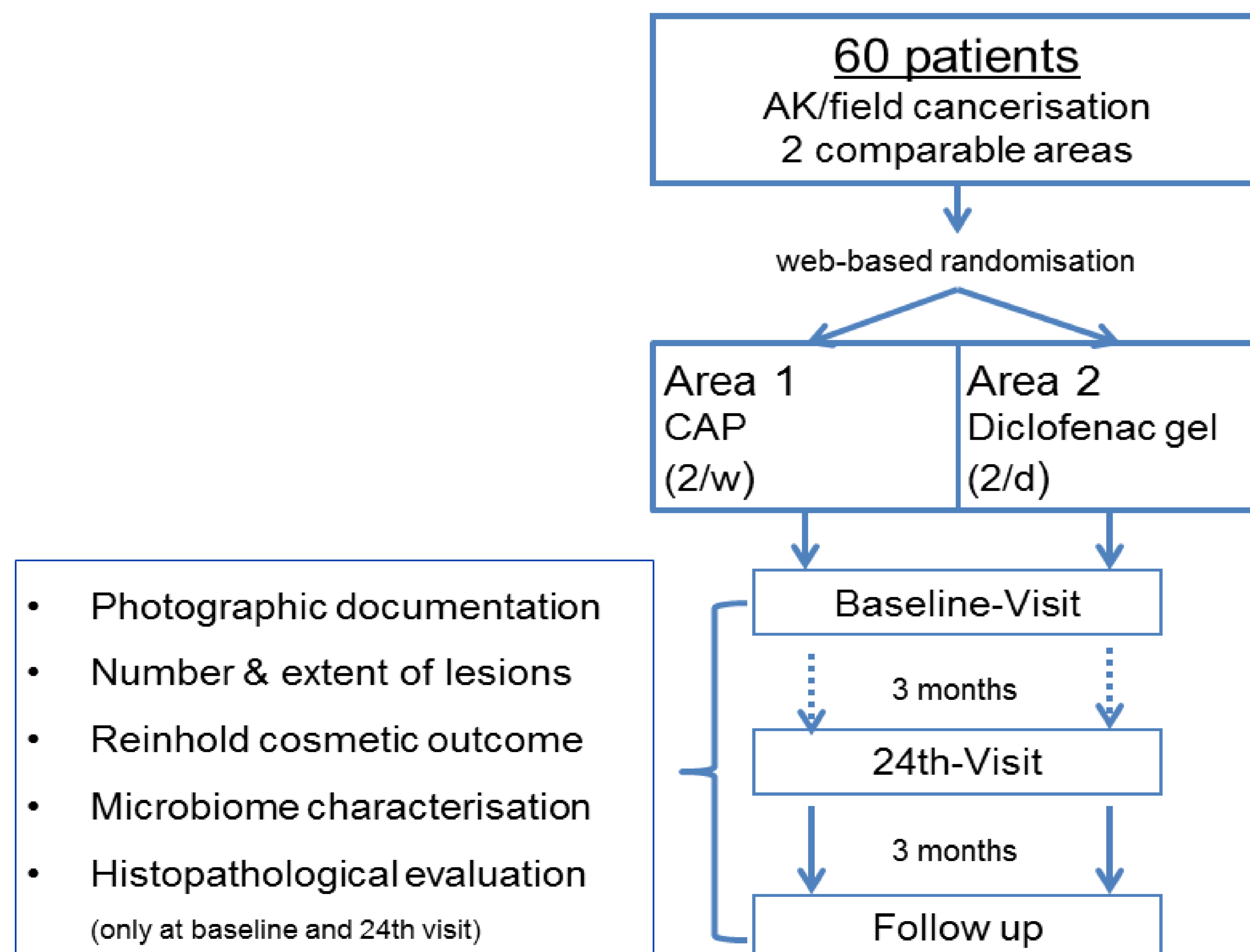
## INTRODUCTION

- Actinic keratoses (AK) represent the most common skin malignancy worldwide and are considered the earliest stage of squamous cell carcinoma (SCC). Importantly, up to 20% of AK transform into invasive SCC within 10-25 years.
- Conventional treatments for AK and field cancerization bear significant side effects and/or are restricted to small skin areas. Thus, there is a continuing need for effective as well as non-toxic lesion- and field-directed therapies for AK.
- Cold atmospheric plasma (CAP) is a partially ionized gas containing a mixture of reactive oxygen and nitrogen species.
- In addition to the well-documented antimicrobial properties of CAP, growing evidence points to antitumoral effects *in vitro* and *in vivo* as well as in clinical settings <sup>1,2</sup>. Moreover, anecdotal observations suggested promising clinical response in several subjects with AK treated with various CAP devices <sup>3</sup>.

## OBJECTIVE

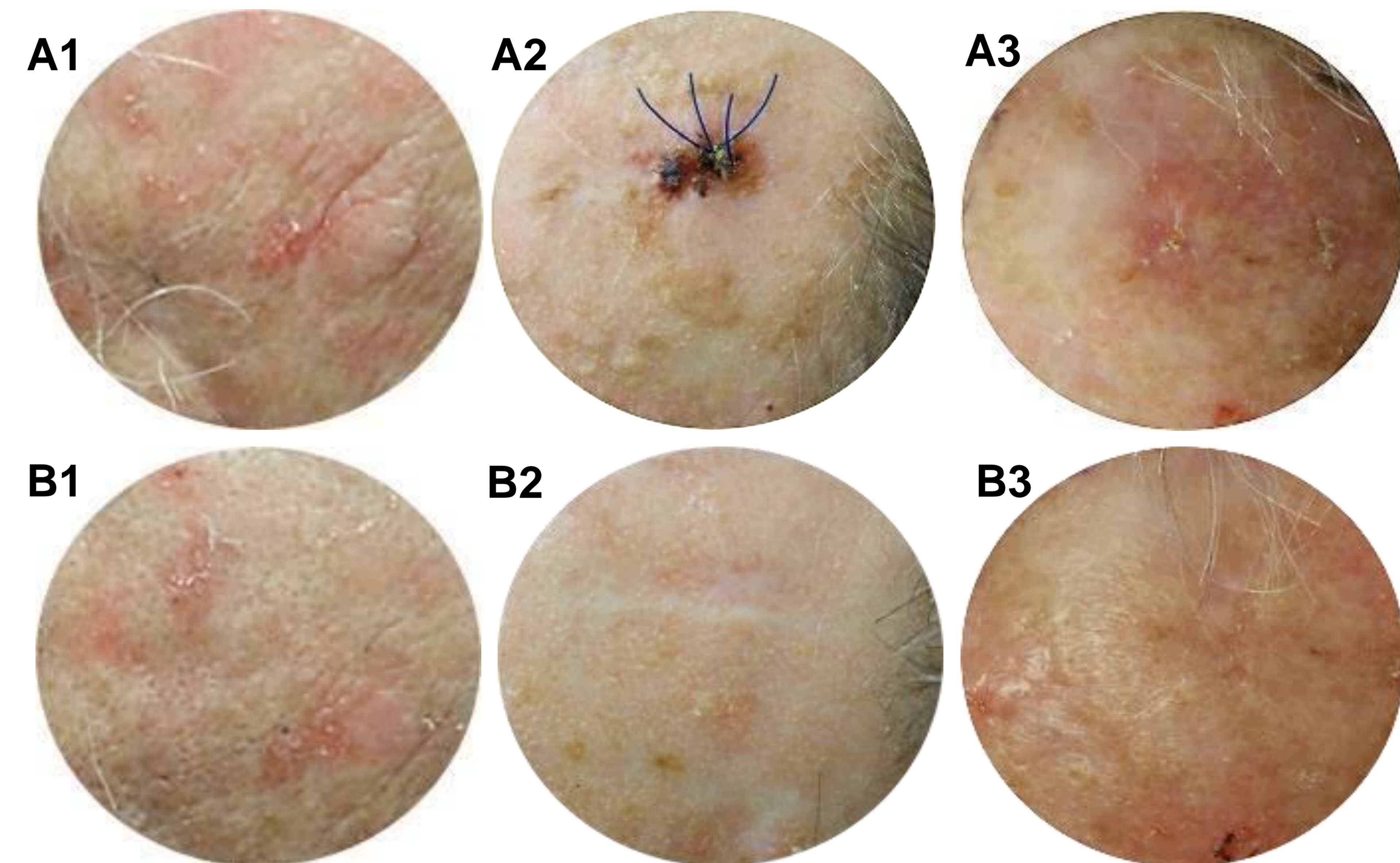
- To compare the clinical efficacy and safety of cold atmospheric argon plasma versus diclofenac 3% gel in patients with AK/field cancerization.

## MATERIALS AND METHODS



## RESULTS

- The current results are based on data from 34 study subjects.
- After the final treatment, the total number of AK within the CAP-treated areas was reduced on average by 43% versus 22% within the diclofenac-treated areas. Similarly, the surface area affected by AK decreased by 47% (CAP) as compared to 32% (diclofenac). There were no CAP-related adverse effects.
- At the time of follow-up, the affected surface area was reduced by 50% (CAP) versus 26% (diclofenac). Median Reinhold cosmetic outcome scores were decreased by 2 points and 1 points post CAP and diclofenac, respectively.
- Images A1-3: before CAP, B1-3: after CAP (24<sup>th</sup> visit).



## CONCLUSIONS

- CAP is a safe as well as effective tool for the treatment of AK and field cancerization.
- CAP might be especially beneficial for patients in whom non-toxic treatment options are preferable, such as immunosuppressed individuals.
- CAP could be successful in cases that previously failed conventional therapies.
- The skin rejuvenating effects of CAP observed here deserve further exploration.

## REFERENCES

- S. Arndt *et al.*, PLoS One 2013; 12; 8(11): e79325
- M. Schuster *et al.*, J Craniomaxillofac Surg 2016; 44(9): 1445-1452
- M. Wirtz *et al.*, JEADV 2018; 32(1): e37-e39

