Abstract N°: 1907

Efficacy, safety and patients satisfaction of Tirbanibulin in the treatment of actinic keratosis in sensitive facial areas: A prospective observational study

IRIS GONZALEZ VILLANUEVA[1, 2], Ines Poveda Montoyo[1, 2]

[1]Alicante Institute for Health and Biomedical Research (ISABIAL-FISABIO Foundation), Dermatology, Alicante, Spain
[2]Dr.Balmis Alicante University General Hospital., Dermatology, Alicante, Spain

Introduction & Objectives:

Actinic keratosis (AK) is a cutaneous condition characterized by the proliferation of dysplastic keratinocytes, which may progress to squamous cell carcinoma. Although available treatments are effective, they are often associated with a high incidence of severe cutaneous adverse reactions. Tirbanibulin is a synthetic drug with antiproliferative and antitumor properties, whose efficacy has been approved for the treatment of AK and field cancerization, presenting a limited adverse effect profile and a straightforward dosing regimen. It is administered once daily for five consecutive days over an area of 25 cm^2. These characteristics position tirbanibulin as a preferred therapeutic option for patients with AK in anatomical locations sensitive to adverse effects. In this study, we present a series of 15 patients with AK in sensitive areas treated with tirbanibulin.

Materials & Methods:

We designed a prospective observational study to evaluate the clinical response and patient satisfaction with tirbanibulin treatment for AK in sensitive locations. “Sensitive locations” were defined as facial areas with a higher risk of adverse effects that could interfere with patients’ social or occupational lives, including the periocular region (eyelids, eyebrows, outer and inner canthi), perioral area (upper and lower lips), ears, and nose. Demographic characteristics of the patients and their history of previous treatments for AK were recorded. Tirbanibulin treatment was applied according to the technical data sheet, and patients were evaluated at 7 days to record local adverse reactions, classified as mild, moderate, or severe by a dermatologist based on the presence of erythema, desquamation, crusting, or blisters. Treatment response was assessed 2 months after application. A numerical satisfaction survey (0 to 10) was administered to evaluate satisfaction with previous treatments and with tirbanibulin after completion.

Results:

A total of 15 patients were included in the study, with a mean age of 67 years. No significant differences in sex distribution were observed (46.6% female, 54.4% male). Fifty-three percent of patients had undergone at least two previous treatments for AK (topical and/or cryotherapy). The most frequently affected location was the periocular area, present in 30% of patients, followed by the perioral area (20%), nose (20%), and ears (26.6%). At the seventh day of treatment, a mild local inflammatory reaction was observed in 9 of the 15 patients, with no severe reactions reported. More than 90% of recorded local adverse reactions consisted of erythema and desquamation. The median satisfaction regarding previous treatments was 6, while the median satisfaction with tirbanibulin was 8. At 2 months, 80% of treated patients achieved complete resolution of AK, while 3 patients required additional treatment with cryotherapy due to a partial response.

Conclusion:

Tirbanibulin is an effective and safe treatment for actinic keratosis in sensitive locations, demonstrating high

satisfaction rates compared to other topical treatments and cryotherapy.