Reply to the Letter to the Editor on ‘Scalp metastases and scalp cooling for chemotherapy-induced alopecia prevention’, by C. Christodoulou, G. Tsakalos, E. Galani & D. V. Skarlos (doi:10.1093/annonc/mdj008)

The topic of the possibility of protection of tumour cells in scalp skin against chemotherapy is insufficiently studied. With their letter, the authors make an important contribution to facts concerning skin scalp metastases after scalp cooling. They present the results of a substantial number of patients with a rather long-term follow-up; probably a mean observation time of 3–4 years [considerably longer than in the publications of Lemenager (1997) and Ridderheim (2003)]. They are cautious. However, at the end of their letter they wrongly posit that ‘the incidence of scalp metastases does not seem to influence the clinical outcome’, suggesting a generalization and not just their own results. Both Forsberg (2001) and Witman (1981) describe a patient with a haematological malignancy with a negative influence of cooling on the clinical outcome. So in my opinion a distinction should be made between cooling in patients with haematological malignancies with haematogenic metastases and in other patients. The conclusion of the authors should be changed: The development/incidence of scalp metastases after cooling in our two breast cancer patients and in the rare publications does not seem to lead to an adverse influence of cooling on the clinical outcome of patients with solid tumours. The authors pretend quite rightly that the incidence of scalp skin metastases after cooling is low. But it cannot be excluded that this is more than normal as the
incidence of metastases in part of the hairy scalp in solid
tumours is unknown. For the sake of clarity it may be better
to consistently use the appellation skin scalp metastases and
not scalp metastases.

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