Bibliografia

Ahmady S et al , Risk of Invasive Cutaneous Squamous Cell Carcinoma After Different Treatments for Actinic Keratosis: A Secondary Analysis of a Randomized Clinical Trial. JAMA Dermatol. 2022 Apr 27;

de Berker D et al. British Association of Dermatologists' guidelines for the care of patients with actinic keratosis 2017. Br J Dermatol. 2017;176(1):20-43.

Eisen DB et al., Guidelines of care for the management of actinic keratosis J Am Acad Dermatol. 2021 Oct;85(4):e209-e233.

Klisyri RCP

https://ec.europa.eu/health/documents/community-register/2021/20210716152138/anx_152138_it.pdf

Krawtchenko N et al. A randomised study of topical 5% imiquimod vs. topical 5-fluorouracil vs. cryosurgery in immunocompetent patients with actinic keratoses: a comparison of clinical and histological outcomes including 1-year follow-up. Br J Dermatol 2007; 157 Suppl : 34–40.

Peris et al. Italian expert consensus for the management of actinic keratosis in immunocompetent patients. J Eur Acad Dermatol Venereol. 2016;30(7):1077-84.

Pflugfelder A, et al. Open label randomized study comparing 3 months vs. 6 months treatment of actinic keratoses with 3% diclofenac in 2.5% hyaluronic acid gel: a trial of the German Dermatologic Cooperative Oncology Group. J Eur Acad Dermatol Venereol. 2012 Jan;26:48-53.

Pirard D et al. Three percent diclofenac in 2.5% hyaluronan gel in the treatment of actinic keratoses: a metaanalysis of the recent studies Arch Dermatol Res 2005; 297: 185–9.

Simon JC et al. A prospective randomized exploratory study comparing the efficacy of once-daily topical 0.5% 5-fluorouracil in combination with 10.0% salicylic acid (5-FU/SA) vs. cryosurgery for the treatment of hyperkeratotic actinic keratosis. J Eur Acad Dermatol Venereol 2015;29:881-889.

Solaraze 3% Gel Public Assessment Report. Repeat-Use Mutual Recognition Procedure. UK/H/0226/002/E02 http://www.mhra.gov.uk/home/groups/par/documents/websiteresources/con103057.pdf

Stockfleth E et al. Reduction in lesions from Lmax: a new concept for assessing efficacy of field-directed therapy for actinic keratosis. Results with imiquimod 3.75%. Eur J Dermatol 2014;24:23-7.

Stockfleth E et al. Efficacy and Safety of 5-Fluorouracil 0.5%/Salicylic Acid 10% in the Field-Directed Treatment of Actinic Keratosis: A Phase III, Randomized, Double-Blind, Vehicle-Controlled Trial. Dermatol Ther (Heidelb). 2017;7(1):81-96.

Swanson N et al. Imiquimod 2.5% and 3.75% for the treatment of actinic keratoses: results of two placebo-controlled studies of daily application to the face and balding scalp for two 2-week cycles. J Am Acad Dermatol 2010;62:582-90.

Tolerak RCP

https://farmaci.agenziafarmaco.gov.it/aifa/servlet/PdfDownloadServlet?pdfFileName=footer_005282_046491 RCP.pdf&retry=0&sys=m0b1l3

Weinstock MA et al Veterans Affairs Keratinocyte Carcinoma Chemoprevention Trial (VAKCC) Group. Chemoprevention of basal and squamous cell carcinoma with a single course of fluorouracil, 5%, cream: a randomized clinical trial. JAMA Dermatol. 2018;154(2):167-174.

Werner RN et al. Evidence- and consensus-based (S3) Guidelines for the Treatment of Actinic Keratosis – International League of Dermatological Societies in cooperation with the European Dermatology Forum – Short version. JEADV 2015, 29, 2069–79.

Wolf JE et al. Topical 3.0% diclofenac in 2.5% hyaluronan gel in the treatment of actinic keratoses. Int J Dermatol. 2001 Nov;40(11):709-13. (a 3 mesi)

Zane C et al. A randomized clinical trial of photodynamic therapy with methyl aminolaevulinate vs. diclofenac 3% plus hyaluronic acid gel for the treatment of multiple actinic keratoses of the face and scalp. Br J Dermatol. 2014;170:1143-50.