| No | Questions and possible answers | Total votes | Survey results (number of votes, %) | | |
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| | | | A | B | C |
| 1 | **Recommended for all cancer patients: psychosocial rehabilitation methods; therapeutic physical training; incorporation of fruits, vegetables, and whole grains into the diet, provided there are no contraindications; limitation of carbonated sugary drinks, alcoholic beverages, and fast food; maintenance of an age-appropriate weight to prevent obesity; cessation of smoking; and adherence to a basic skincare regimen.**<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 12 votes<br>**100 %** | - | - |
| 2 | **A basic skin care is recommended for all cancer patients, including gentle skin cleansing with mild water-washable detergents (syndets) and/or non-water-washable micellar water/cleansing emulsion (milk), regular moisturizing with emulsions (creams) (apply daily to face, hands, feet, legs, neck, back and chest); active photoprotection with sunscreen with SPF > 30, PPD > 1/3 SPF (apply carefully to exposed areas before going outdoors); it is necessary to avoid injuries, contact with aggressive reagents (soap, detergents, cleaning agents, etc.); it is recommended to wear loose and comfortable clothing and shoes, preferably cotton underwear.**<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 12 votes<br>**100 %** | - | - |
| 3 | **When treating cancer patients, it is essential to take the same precautions as with other patients, paying special attention to immunosuppression, skin toxicity, drug interactions, interactions with existing cancer treatments, and overall oncological safety. All procedures involving apparatus, injections, and aesthetic cosmetology for oncology patients should be carried out by a dermatologist-cosmetologist in strict consultation with the attending oncologist.**<br>***Note:*** For any procedures involving fillers, botulinum toxin, or laser treatments, special care must be taken due to potential changes in the integrity of the cancer patient's skin barrier. Given that many patients may already have compromised skin, it is critical to ensure maximum aseptic conditions. If necessary, systemic antibiotic or systemic antiviral therapy (episodic suppressive therapy) should be considered to minimize the risk of infectious complications arising from these procedures.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 12 votes<br>**100 %** | - | - |

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| 4 | **BOTULINOTHERAPY for wrinkle correction may be considered in cancer patients who have completed chemotherapy or chemoradiotherapy and are not scheduled for any further anti-tumor treatments, provided that all necessary precautions are taken. Treatment initiation depends on potential interactions with anti-tumor drugs: it is recommended to wait at least 4-6 weeks after the completion of chemotherapy or chemoradiation before starting botulinotherapy.**<br>***Note:*** Studies have indicated that botulinum toxin injections can enhance the efficacy of radiotherapy and chemotherapy, as the toxin-induced vasodilation may improve the tumor's response to treatment.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 10 votes<br>**84 %** | 1 vote<br>**8 %** | 1 vote<br>**8 %** |
| 5 | **BOTULINOTHERAPY for wrinkle correction may be considered for cancer patients who have completed hormone therapy or targeted therapy and are not scheduled for any further anti-tumor treatments, provided all safety precautions are observed. The initiation of treatment depends on potential interactions with anti-tumor drugs. After the completion of hormone therapy, botulinotherapy can begin after three months to ensure the complete elimination of the medication from the body. For patients who have completed targeted therapy with monoclonal antibodies, treatment may be initiated after six months. In the case of targeted therapy with small molecules, treatment can commence after three months.**<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reache**d | 12 votes<br>**100 %** | 9 votes<br>**75 %** | - | 3 votes<br>**25 %** |
| 6 | **BOTULINOTHERAPY for wrinkle correction is not recommended for cancer patients under the following circumstances:**<br>**1. With the same precautions as for other patients;**<br>**2. During or following immunotherapy (including anti-PD-1, anti-PD-L1, or anti-CTLA-4 treatments);**<br>**3. While undergoing systemic glucocorticosteroid therapy.**<br>***Note:*** There is an increased risk of developing neutralizing antibodies against proteins expressed by botulinum toxin after or during immunotherapy.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 8 votes<br>**67 %** | - | 4 votes<br>**33 %** |

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| 7 | **FILLERS. Facial contouring using fillers, such as hyaluronic acid, is considered safe and highly biocompatible. Filler is injected either intradermally or subcutaneously. This technique may be applied to cancer patients who are in confirmed sustained remission following the completion of complex or combined treatment for malignant neoplasms at stages I-III.**<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 12 votes<br>**100 %** | - | - |
| 8 | **FILLERS. Periosteal filler injections are not recommended in patients with malignant neoplasms who have received, are receiving, or are scheduled to receive osteomodifying agents (OMAs)—bisphosphonates or denosumab—for prophylactic/therapeutic purposes due to the risk of osteonecrosis of the jaw (ONJ).**<br>***Note:*** A wide range of drugs induce or exacerbate ONJ in cancer patients, including:<br>Antiresorptive agents: OMAs (bone-accumulating bisphosphonates, denosumab), romosozumab.<br>Anti-angiogenic agents: Bevacizumab, aflibercept, ramucirumab.<br>Targeted therapies: Sunitinib, sorafenib, pazopanib, axitinib, imatinib, regorafenib, rituximab, infliximab, everolimus, temsirolimus.<br>Other: Radium-223 (Ra-223), raloxifene, methotrexate, glucocorticosteroids.<br>Prior to OMA initiation, clinicians should ensure strict oral hygiene, perform a comprehensive dental examination, and educate patients about early ONJ symptoms. Non-restorable teeth or teeth with poor prognoses must be extracted. Dental implants are contraindicated.<br>The etiology of ONJ remains poorly understood, though tooth extraction is the primary precipitating factor (65%). Clinical presentation may be nonspecific, necessitating evaluation by a dental specialist.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 12 votes<br>**100 %** | - | - |
| 9 | **FILLERS. Fillers are not recommended for cancer patients who are receiving or have received immunotherapy (anti-PD-1/PD-L1 or anti-CTLA-4).**<br>***Note:*** Patients undergoing immunotherapy may experience granulomatous reactions. Foreign body reactions occur in 0.04–0.3% of filler injections. Case reports describe granulomatous inflammation in immunotherapy patients who received filler injections years prior.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 12 votes<br>**100 %** | - | - |
| 10 | **FILLERS. Fillers are not recommended for cancer patients who are receiving targeted therapies.**<br>***Note:*** Case reports document granulomatous/sarcoid-like reactions in patients treated with anti-BRAF agents.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 10 votes<br>**84 %** | - | 2 votes<br>**16 %** |

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| 11 | **VITAMIN E (TOCOPHEROL)-BASED MESOTHERAPY is administered intradermally, subcutaneously. Treatment initiation should be timed to account for potential pharmacokinetic interactions with antineoplastic agents: ≥3 months after completion of hormone therapy post-treatment (to ensure complete drug elimination); ≥6 months after completion of targeted therapy with monoclonal antibodies; ≥3 months after completion of targeted therapy with small-molecule inhibitors; ≥4-5 months after completion of immunotherapy (anti-PD1/anti-PDL1 or anti-CTLA4). Patients should have completed all systemic anticancer therapies and should not be scheduled for other anticancer treatment, including surgery and/or radiotherapy.**<br>***Note:*** Tocopherol (vitamin E) is metabolized by cytochrome P450 enzymes (CYP4F2, CYP3A4) and exhibits a broad spectrum of drug interactions. Preclinical studies suggest vitamin E may enhance immunotherapy efficacy. Local low-dose administration minimizes systemic exposure, reducing the likelihood of significant drug-drug interactions.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>100 % | 10 votes<br>**84 %** | 2 votes<br>**16 %** | - |
| 12 | VITAMIN C-BASED MESOTHERAPY is administered intradermally, subcutaneously. Treatment initiation should be timed to minimize possible interactions with antitumor drugs. After discontinuing hormone therapy, it is possible to start after ≥3 months (ensuring complete drug elimination); at the end of targeted therapy with monoclonal antibodies: after ≥6 months, and with small molecules: after ≥3 months; at the end of immunotherapy (PD-1/PD-L1 inhibitors or CTLA-4 inhibitors): after ≥4–5 months.<br>***Note:*** In experimental models, vitamin C may potentiate antineoplastic effects in preclinical models through enhanced tumor microenvironment modulation (e.g., increased T-lymphocyte infiltration, cytokine production). Local administration of low-dose vitamin C minimizes systemic exposure, reducing the likelihood of significant drug-drug interactions.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 11 votes<br>**93 %** | 1 vote<br>**7 %** | - |
| 13 | MESOTHERAPY WITH RETINOID-CONTAINING FORMULATIONS induces photosensitivity in cancer patients, increasing the risk of ultraviolet (UV)-induced adverse effects.<br>***Note:*** The use of this drug during radiation therapy is also undesirable.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 12 votes<br>**100 %** | - | - |

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| 14 | **BBL, RF lifting, IPL, LASER. The concurrent use of light and laser procedures with antitumor drugs may induce phototoxic or photoallergic reactions in cancer patients.**<br>***Note:*** List of photosensitizing agents:<br>Antimetabolites: Methotrexate, pemetrexed, 5-fluorouracil (5-FU), capecitabine, tegafur, gemcitabine;<br>Targeted therapeutics: Vemurafenib, dabrafenib, EGFR inhibitors (panitumumab), RET inhibitors (vandetanib), c-KIT inhibitors (cabozantinib, sunitinib, pazopanib and imatinib), mogamulizumab, monoclonal antibody against chemokine receptor 4 (CCR4), brigatinib (anti-ALK), rucaparib (PARP inhibitor), palbociclib (CDK4/6 inhibitor);<br>Plant alkaloids: vinblastine, taxanes, etoposide;<br>Alkylating agents: cisplatin, busulfan, cyclophosphamide, dacarbazine;<br>Antitumor antibiotics: doxorubicin, bleomycin.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 11 votes<br>**92 %** | - | 1 vote<br>**8 %** |
| 15 | **PILLING. Peeling may occur in cancer patients achieving durable remission following intensive multimodal therapy for stages I–III malignant neoplasms.**<br><br>***Note:*** The use of topical acid agents for peeling management is generally discouraged during concurrent chemoradiotherapy due to heightened cutaneous sensitivity and xerosis secondary to treatment, and potential drug interactions with chemotherapeutic agents.<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 10 votes<br>**84 %** | - | 2 votes<br>**16 %** |
| 16 | **The inclusion of a cosmetic dermatologist in the multidisciplinary care team is recommended when developing comprehensive, patient-centered and problem-oriented treatment and rehabilitation plans for cancer patients, particularly in clinical scenarios requiring specialized dermatological expertise.**<br><br>**Answer options:**<br>**A.** In favor<br>**B.** Against<br>**C.** Abstain<br><br>**Consensus reached** | 12 votes<br>**100 %** | 12 votes<br>**100 %** | - | - |