Dermatology Update

January 2023

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Please contact Holly if you would like more information, or further evidence searches: holly.cook3@nhs.net.

Contents

1. Dupilumab-induced skin-associated side effects in patients with chronic rhinosinusitis with nasal polyposis

Item Type: Journal Article

Authors: Chromy, David;Bartosik, Tina;Brkic, Faris F.;Quint, Tamara;Tu, Aldine;Eckl-Dorna, Julia;Schneider, Sven and Bangert, Christine

Publication Date: 2023

Journal: The Journal of Dermatology 50(1), pp. 89-93

Abstract: Chronic rhinosinusitis with nasal polyposis (CRSwNP) is a typical type-2 inflammation involving T-helper type-2 cells and impairing quality of life due to nasal obstruction, discharge and reduced sense of smell. Recently, the anti-IL4Rα antibody dupilumab was approved for CRSwNP. While dermatologic side effects in patients treated with dupilumab for atopic dermatitis are frequently observed, there is limited knowledge about these effects in patients with CRSwNP. We aimed to investigate frequency and characteristics of dermatologic side effects following initiation of dupilumab treatment in a cohort of Austrian CRSwNP patients. Therefore, CRSwNP patients presenting at the Department of Otorhinolaryngology, Head and Neck Surgery at the Vienna General Hospital were retrospectively evaluated for newly developed skin eruptions while under dupilumab treatment. Incidence was calculated and details on clinical symptoms were collected. One hundred and ninety-two CRSwNP patients receiving dupilumab treatment were included, comprising a cumulative follow-up of 89.65 years (median: 5.5, IQR: 5.9). We observed dermatologic side effects in four patients starting at a median time of 15.5 (range 4-23) weeks after dupilumab initiation corresponding to an incidence-rate of 4.46 (95%-confidence interval 1.39-11.23) events per 100 patient-years follow-up. The majority (75%, 3/4) of affected patients developed psoriasis-like dermatitis, whereas one individual experienced rosacea-like folliculitis and alopecia areata. While dupilumab dosing was reduced in 3/4 CRSwNP patients, one patient completely stopped dupilumab therapy. Our study provides the first comprehensive evaluation of both frequency and characteristics of dermatologic side effects caused by dupilumab in CRSwNP patients. All affected patients developed Th1-inflammatory associated skin disorders - previously observed only in individuals with prior affections of the skin (i.e. atopic dermatitis). Thus, individuals receiving dupilumab for CRSwNP may develop novel symptoms that require interdisciplinary management. Future studies on dupilumab in a real-world setting will be required to further explore its spectrum of side effects. (© 2022 The Authors. The Journal of Dermatology published by John Wiley & Sons Australia, Ltd on behalf of Japanese Dermatological Association.)

Access or request full text: https://libkey.io/10.1111/1346-8138.16595

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36177732&custid=ns023446

2. Hospital triage and skin disease: hospital outcomes are differentially associated with cutaneous morphology

Item Type: Journal Article

Authors: Pettit, Cory;Trinidad, John;Chung, Catherine;Patterson, Andrew and Kaffenberger, Benjamin H.

Publication Date: 2023

Journal: International Journal of Dermatology
Abstract: Background: Determining the exact dermatologic diagnosis is difficult in the inpatient setting.; Objective: Determine whether morphologic classification rather than specific diagnosis is associated with hospital outcomes.; Methods: Retrospective single-center study. Information from 1798 inpatient dermatology consults at The Ohio State University Wexner Medical Center from 2012 to 2014 was queried. Dermatologic diseases were categorized into 16 groups based on appearance. Logistic regression was performed comparing mortality rate vs morphology. Linear regression was performed comparing the length of stay (LOS) vs morphology.; Results: Morphology was associated with a mortality rate (P = 0.038). The morphologic subgroups acneiform/follicular/occlusion (P = 0.011), blistering disorders (P = 0.009), retiform purpura (P = 0.011), and vasculitis/vascular (P = 0.007) were associated with increased mortality. Morphology was associated with LOS (P = 0.004), and the morbilliform subgroup was associated with increased LOS (P < 0.001).; Conclusion: This study demonstrated the importance of morphologic diagnosis and its association with mortality rate and LOS. This information may help triage cutaneous disorders in the inpatient setting and determine the relative risk of dermatologic conditions when assessing the need for hospital transfers and more aggressive therapies. (© 2023 The Authors. International Journal of Dermatology published by Wiley Periodicals LLC on behalf of the International Society of Dermatology.)

Access or request full text: https://libkey.io/10.1111/ijd.16575

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36637060&custid=ns023446

3. Generalized pustular psoriasis: a global Delphi consensus on clinical course, diagnosis, treatment goals, and disease management

Item Type: Journal Article

Authors: Puig, L.;Choon, S. E.;Gottlieb, A. B.;Marrakchi, S.;Prinz, J. C.;Romiti, R.;Tada, Y.;von Bredow, D. and Gooderham, M.

Publication Date: 2023

Journal: Journal of the European Academy of Dermatology and Venereology : JEADV
Abstract: Background: Generalized pustular psoriasis (GPP) is a rare and highly heterogenous skin disease, characterized by flares of neutrophilic pustules and erythema. As a rare disease with few clinical studies and no standardized management approaches, there is a paucity of knowledge regarding GPP.; Objectives: Conduct a Delphi panel study to identify current evidence and gain advanced insights into GPP.; Methods: A systematic literature review was used to identify published literature and develop statements categorized into four key domains: clinical course and flare definition; diagnosis; treatment goals; and holistic management. Statements were rated on a Likert scale by a panel of dermatologists in two rounds of online questionnaires; the threshold for consensus was agreement by ≥80%.; Results: Twenty-one panelists reached consensus on 70.9%, 61.8%, 100.0%, and 81.8% of statements in the "clinical course and flare definition", "diagnosis", "treatment goals", and "holistic management of GPP" domains, respectively. There was clear consensus on GPP being phenotypically, genetically, and immunologically distinct from plaque psoriasis. Clinical course is highly variable, with an extensive range of complications. Clinical and histologic features supporting GPP diagnosis reached high

levels of agreement, and although laboratory evaluations were considered helpful for diagnosis and monitoring disease severity, there was uncertainty around the value of individual tests. All acute and long-term treatment goals reached consensus, including rapid and sustained clearance of pustules, erythema, scaling and crust, clearance of skin lesions, and prevention of new flares. Potential triggers, associated comorbidities, and differential diagnoses achieved lower rates of consensus, indicating that further evidence is needed.; Conclusions: Global consensus between dermatologists was reached on clinically meaningful goals for GPP treatment, on key features of GPP flares, and on approaches for assessing disease severity and multidisciplinary management of patients. On this basis, we present a management algorithm for patients with GPP for use in clinical practice. (This article is protected by copyright. All rights reserved.)

Access or request full text: https://libkey.io/10.1111/jdv.18851

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36606566&custid=ns023446

4. Effect of a 2-week interruption in methotrexate treatment versus continued treatment on COVID-19 booster vaccine immunity in adults with inflammatory conditions (VROOM study): a randomised, open label, superiority trial

Item Type: Journal Article

Authors: Abhishek, Abhishek;Boyton, Rosemary J.;Peckham, Nicholas;McKnight, Áine;Coates, Laura C.;Bluett, James;Barber, Vicki;Cureton, Lucy;Francis, Anne;Appelbe, Duncan;Eldridge, Lucy;Julier, Patrick;Valdes, Ana M.;Brooks, Tim;Rombach, Ines;Altmann, Daniel M.;Nguyen-Van-Tam, Jonathan,S.;Williams, Hywel C. and Cook, Jonathan A.

Publication Date: 2022

Journal: The Lancet.Respiratory Medicine 10(9), pp. 840-850

Abstract: Background: Immunosuppressive treatments inhibit vaccine-induced immunity against SARS-CoV-2. We evaluated whether a 2-week interruption of methotrexate treatment immediately after the COVID-19 vaccine booster improved antibody responses against the S1 receptor-binding domain (S1-RBD) of the SARS-CoV-2 spike protein compared with uninterrupted treatment in patients with immune-mediated inflammatory diseases.; Methods: We did an open-label, prospective, two-arm, parallel-group, multicentre, randomised, controlled, superiority trial in 26 hospitals in the UK. We recruited adults from rheumatology and dermatology clinics who had been diagnosed with an immune-mediated inflammatory disease (eg, rheumatoid arthritis, psoriasis with or without arthritis, axial spondyloarthritis, atopic dermatitis, polymyalgia rheumatica, and systemic lupus erythematosus) and who were taking low-dose weekly methotrexate (≤25 mg per week) for at least 3 months. Participants also had to have received two primary vaccine doses from the UK COVID-19 vaccination programme. We randomly assigned the participants (1:1), using a centralised validated computer randomisation program, to suspend methotrexate treatment for 2 weeks immediately after their COVID-19 booster (suspend methotrexate group) or to continue treatment as usual (continue methotrexate group). Participants, investigators, clinical research staff, and data analysts were unmasked, while researchers doing the laboratory analyses were masked to group assignment. The primary outcome was S1-RBD antibody titres 4 weeks after receiving the COVID-19 booster vaccine dose, assessed in the intention-to-treat population. This trial is registered with ISRCT, ISRCTN11442263; following the pre-planned interim analysis, recruitment was stopped early.; Findings: Between Sept 30, 2021 and March 3, 2022, we recruited 340 participants, of whom 254 were included in the interim analysis and had been randomly assigned to one of the two groups: 127 in the continue methotrexate group and 127 in the suspend methotrexate group. Their mean age was 59·1 years, 155 (61%) were female, 130 (51%) had rheumatoid arthritis, and 86 (34%) had psoriasis with or without arthritis.

After 4 weeks, the geometric mean S1-RBD antibody titre was 22 750 U/mL (95% CI 19 314-26 796) in the suspend methotrexate group and 10 798 U/mL (8970-12 997) in the continue methotrexate group, with a geometric mean ratio (GMR) of 2·19 (95% CI 1·57-3·04; p<0·0001; mixed-effects model). The increased antibody response in the suspend methotrexate group was consistent across methotrexate dose, administration route, type of immune-mediated inflammatory disease, age, primary vaccination platform, and history of SARS-CoV-2 infection. There were no intervention-related serious adverse events.; Interpretation: A 2-week interruption of methotrexate treatment for people with immune-mediated inflammatory diseases resulted in enhanced boosting of antibody responses after COVID-19 vaccination. This intervention is simple, low-cost, and easy to implement, and could potentially translate to increased vaccine efficacy and duration of protection for susceptible groups.; Funding: National Institute for Health and Care Research.; Competing Interests: Declaration of interests The institutions of the authors received funding from the NIHR-MRC-EME programme (award number NIHR 134607) towards conducting this research. LC reports research grants from Abbvie, Amgen, Celgene, Eli Lilly, Janssen, Novartis, Pfizer, and UCB, and personal consulting fees or lecture fees from AbbVie, Amgen, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Gilead, Galapagos, GlaxoSmithKline, Janssen, Medac, Moonlake, Novartis, Pfizer, and UCB in the past 36 months. JB reports research grants from Pfizer and travel or conference fees from UCB, Pfizer, and Eli Lilly. AA reports institutional research grants from AstraZeneca and Oxford Immunotec, personal author royalties from UpTodate and Springer, personal consulting fees from Inflazome and NGM Biopharmaceuticals, and personal payments for lectures from Menarini Pharmaceuticals and Cadilla Pharmaceuticals, in the past 36 months and unrelated to the current work. AA is also co-chair of the OMERACT CPPD Working Group and co-chair of the ACR/EULAR CPPD Classification Criteria Working Group. JSN-V-T was seconded to the Department of Health and Social Care in England until March 31, 2022.

Access or request full text: https://libkey.io/10.1016/S2213-2600(22)00186-2

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35772416&custid=ns023446

5. Describing, predicting and explaining adherence to total skin self-examination (TSSE) in people with melanoma: a 12-month longitudinal study

Item Type: Journal Article

Authors: Allan, Julia L.;Johnston, Derek W.;Johnston, Marie and Murchie, Peter

Publication Date: 2022

Journal: BMJ Open 12(8), pp. e056755

Abstract: Objectives: To describe trajectories in melanoma survivors' adherence to monthly total skin self-examination (TSSE) over 12 months, and to investigate whether adherence trajectories can be predicted from demographic, cognitive or emotional factors at baseline.; Design: A longitudinal observational study nested within the intervention arm of the ASICA (Achieving Self-Directed Integrated Cancer Aftercare) randomised controlled trial.; Setting: Follow-up secondary care in Aberdeen and Cambridge UK.; Participants: n=104 adults (48 men/56 women; mean age 58.83 years, SD 13.47, range 28-85 years; mean Scottish Index of Multiple Deprivation score 8.03, SD 1.73, range 2-10) who had been treated for stage 0-IIC primary cutaneous melanoma in the preceding 60 months and were actively participating in the intervention arm of the ASICA trial.; Interventions: All participants were using the ASICA intervention-a tablet-based intervention designed to support monthly TSSE.; Primary and Secondary Outcome Measures: The primary outcome was adherence to guideline recommended (monthly) TSSE over 12 months. This was determined from time-stamped TSSE data

recorded by the ASICA intervention app.; Results: Latent growth mixture models identified three TSSE adherence trajectories (adherent -41%; drop-off -35%; non-adherent -24%). People who were non-adherent were less likely to intend to perform TSSE as recommended, intending to do it more frequently (OR=0.21, 95% CI 0.06 to 0.81, p=0.023) and were more depressed (OR=1.31, 95% CI 1.06 to 1.61, p=0.011) than people who were adherent. People whose adherence dropped off over time had less well-developed action plans (OR=0.78, 95% CI 0.63 to 0.96, p=0.016) and lower self-efficacy about TSSE (OR=0.92, 95% CI 0.86 to 0.99, p=0.028) than people who were adherent.; Conclusions: Adherence to monthly TSSE in people treated for melanoma can be differentiated into adherent, drop-off and non-adherent trajectories. Collecting information about intentions to engage in TSSE, depression, self-efficacy and/or action planning at outset may help to identify those who would benefit from additional intervention.; Trial Registration Number: ClinicalTrials.gov Registry (NCT03328247).; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/bmjopen-2021-056755

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36041758&custid=ns023446

6. Skin diseases in hospitalized geriatrics: a 9-year analysis from a University Dermatology Center in Germany

Item Type: Journal Article

Authors: Ansorge, Claudia;Miocic, Johannes M. and Schauer, Franziska

Publication Date: 2022

Journal: Archives of Dermatological Research 314(5), pp. 427-437

Abstract: The demographic trend of an ageing society is mirrored in the rising number of hospitalized geriatric patients in Germany. However, there is still a wide gap of knowledge regarding the dermatological diseases, comorbidities and performed procedures within this growingly important group of patients. The study was conducted as a retrospective monocentric data analysis of all patients 65 years or older from the Department of Dermatology, Medical Center-University of Freiburg, Germany. In total, 10,009 individual hospitalisations were included from 2009 to 2017, and there was a notable increase of geriatric patients in the study period. This study illustrates the following: leading major diagnoses included malignant neoplasm of the head and neck, ulcerated and non-ulcerated inflammatory spectrum of chronic venous insufficiency, whereas angina pectoris, type 2 diabetes and cardiac diseases were noted most frequently as secondary diagnoses. Patients with venous diseases had considerably more often cardiopulmonary minor diagnoses, whereas endocrine diagnoses peaked in the cohort of patients with psoriasis and psychiatric and muscululoskeletal disorders in patients with bullous dieseases. Moh's surgery, dressings and multimodal dermatological treatments were the most often encoded procedures. (© 2021. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s00403-021-02244-9

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=34076756&custid=ns023446

7. Perceived stress in patients with inflammatory and non-inflammatory skin conditions. An observational controlled study among 255 Norwegian dermatological outpatients

Item Type: Journal Article

Authors: Balieva, Flora;Schut, Christina;Kupfer, J. örg;Lien, Lars;Misery, Laurent;Sampogna, Francesca;von Euler, Love and Dalgard, Florence J.

Publication Date: 2022

Journal: Skin Health and Disease 2(4), pp. e162

Abstract: Background: Inflammation may increase stress, while stress may promote inflammation. Most dermatological conditions are chronic and inflammatory, while some, such as cancer, naevi and tumours are non-inflammatory, but may cause stress because of the fear of malignancy and the necessity for surgical and other invasive treatments. Stress among patients with skin diseases is little explored.; Objectives: To assess perceived stress in patients with inflammatory and non-inflammatory skin conditions compared to healthy controls.; Methods: Observational cross-sectional study. Consecutive outpatients (N = 255) visiting the Department of Dermatology, Stavanger University Hospital, Norway and 148 skin-healthy controls contributed by answering questionnaires on sociodemographics, stressful life events, economic difficulties, self-rated health and perceived stress. The validated Perceived Stress Scale10 was used to evaluate stress. A dermatologist examined patients and registered their diagnoses and comorbidities. Controls included in this study were not examined by a dermatologist and self-reported their comorbidities.; Results: Patients with an inflammatory skin disease or psoriasis have a tripled risk of reporting moderate to high stress compared with controls when adjusted for relevant confounders, including having experienced a stressful life event recently or having a comorbidity. Patients with a purely non-inflammatory skin disease perceived stress no differently than controls.; Conclusion: Patients with inflammatory skin disease perceived higher stress than controls and patients with non-inflammatory skin conditions. Dermatologists may play a role in awareness of the importance of stress in skin disease.; Competing Interests: No conflicts of interest to declare. (© 2022 The Authors. Skin Health and Disease published by John Wiley & Sons Ltd on behalf of British Association of Dermatologists.)

Access or request full text: https://libkey.io/10.1002/ski2.162

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36479271&custid=ns023446

8. A Retrospective Real-World Study of the Effectiveness and Tolerability of Tildrakizumab in UK Adults with Moderate-to-Severe Chronic Plaque Psoriasis

Item Type: Journal Article

Authors: Becher, Gabrielle;Conner, Sophia;Ingram, Jennifer A.;Stephen, Karen E.;McInnes, Alison C.;Heald, Adrian H.;Riley, Paul A.;Davies, Mark;Domenech, Arnau and Kasujee, Ismail

Publication Date: 2022

Journal: Dermatology and Therapy 12(10), pp. 2343-2354

Abstract: Introduction: As with most medicines historically, clinicians prescribing tildrakizumab have relied on information derived from registration studies undertaken in a prospective controlled clinical trial setting. More recently, clinicians, policymakers, and commissioners increasingly rely on real-world data to inform both policy and practice.; Methods: A retrospective real-world data study was undertaken at four specialist dermatology departments in the United Kingdom. All adult patients treated with tildrakizumab for moderate-to-severe

plaque psoriasis were included, with data being collected for 122 patients.; Results: Psoriatic patients on tildrakizumab tended to be overweight (median body mass index of 32 (range 19-59) (n = 61); 26/68 (38%) 120 kg). The study population had high levels of comorbidities (83/116, 72%), multiple special sites (39/117, 33%), and histories of biological treatments (81/100, 81%). Most patients (61/80, 76%) initiated on tildrakizumab were switched from another biological treatment. Tildrakizumab was effective, with 91/122 (75%) patients remaining on treatment for the duration of the study-a median of 12 months per patient (range 1-29 months)-and achieving a change in median Psoriasis Area and Severity Index (PASI) from 12 to 0.35 and in Dermatology Life Quality Index (DLQI) from 20 to 0. The response rate was 57/66 (86%) when tildrakizumab was used as the first- or second-line biologic compared to 19/31 (61%) when used as the third- to seventh-line. Thirty-three (78.6%) patients over 90 kg of weight received the 200-mg dose of tildrakizumab. All but one (n = 8) patient with body weight over 120 kg maintained response over time. There was one treatment discontinuation; a patient who had a local sensitivity reaction.; Conclusions: In UK clinical practice, tildrakizumab was well tolerated and effective at doses of 100 mg or 200 mg in a range of patient phenotypes. (© 2022. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-022-00800-3

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36076145&custid=ns023446

9. Comparison of real-world treatment outcomes of systemic immunomodulating therapy in atopic dermatitis patients with dark and light skin types

Item Type: Journal Article

Authors: Bosma, Angela L.;Ouwerkerk, Wouter;Heidema, Madeline J.;Prieto-Merino, David;Ardern-Jones, Michael;Beattie, Paula;Brown, Sara J.;Ingram, John R.;Irvine, Alan D.;Ogg, Graham;Patel, Prakash;Reynolds, Nick J.;Hearn, R. M. R.;Wan, Mandy;Warren, Richard B.;Woolf, Richard T.;Hyseni, Ariënna M.;Gerbens, Louise A. A.;Spuls, Phyllis I.;Flohr, Carsten, et al

Publication Date: 2022

Journal: JAAD International 10, pp. 14-24

Abstract: Background: Few data exist on differences in treatment effectiveness and safety in atopic dermatitis patients of different skin types.; Objective: To investigate treatment outcomes of dupilumab, methotrexate, and ciclosporin, and morphological phenotypes in atopic dermatitis patients, stratified by Fitzpatrick skin type.; Methods: In an observational prospective cohort study, pooling data from the Dutch TREAT (TREatment of ATopic eczema) NL (treatregister.nl) and UK-Irish A-STAR (Atopic eczema Systemic TherApy Register; astar-register.org) registries, data on morphological phenotypes and treatment outcomes were investigated.; Results: A total of 235 patients were included (light skin types LST]: Fitzpatrick skin type 1-3, n = 156 Ethnicity, White: 94.2%]; dark skin types DST]: skin type 4-6, n = 68 Black African/Afro-Caribbean: 25%, South-Asian: 26.5%, and Hispanics: 0%]). DST were younger (19.5 vs 29.0 years; P .05).; Limitations: Unblinded, non-randomized.; Conclusion: Atopic dermatitis differs in several characteristics between LST and DST. Skin type may influence treatment effectiveness of dupilumab.; Competing Interests: A. L. Bosma, S. J. Brown, P. I. Spuls, C. Flohr, and M. A. Middelkamp-Hup are investigators on the European Union Horizon 2020-funded BIOMAP Consortium (http://www.biomap-imi.eu/). M. R. Ardern-Jones has undertaken consultancy or received sponsorship or his department has received funding from Abbvie, Almirall, Ducentis, Janssen, Leo, Lilly Pfizer, and Sanofi Genzyme. S. J. Brown holds a Wellcome Trust Senior Research Fellowship (220875/Z/20/Z) and has received research funding but no personal payments from Pfizer, Abbvie, Janssen, Sosie-Heptares, and the European Lead Factory. J. R. Ingram receives a stipend as Editor-in-Chief of the British Journal of Dermatology and an authorship honorarium from UpToDate. He is a consultant for Boehringer Ingelheim, ChemoCentryx, Novartis,

and UCB Pharma and has served on advisory boards for Insmed, Kymera Therapeutics, and Viela Bio, all in the field of hidradenitis suppurativa (HS). He is co-copyright holder of HiSQOL, Investigator Global Assessment and Patient Global Assessment instruments for HS. His department receives income from copyright of the Dermatology Life Quality Instrument (DLQI) and related instruments. A. D. Irvine received consulting fees from Arena, Amirall, Pfizer, Regenron, Sanofi, Novarti, Abbvie, Benevolent Ai, and Lilly; payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing, or educational events from Leo, Abbvie, Lilly, and Sanofi; participation on a Data Safety Monitoring Board or Advisory Board for Novartis (paid); leadership or fiduciary role in other board, society, committee, or advocacy group at International Eczema Council (unpaid) and Irish Hospital Consultants Association (unpaid). G. Ogg is funded by the Medical Research Council and NIHR Oxford Biomedical Research Centre and has received research awards or undertaken advisory roles for Sanofi, Leo Pharma, Eli Lilly, UCB, Novartis, Janssen, and BMS. N. J. Reynolds has performed consultancy work/lectures for Almirall UK LTD, Abbvie, LEO Pharma, Lilly UK, and Novartis UK Sanofi Genzyme though Newcastle University. Income to Newcastle University, no personal income (over last 5 years). R. B. Warren has received research grants from AbbVie, Almirall, Amgen, Celgene, Janssen, Lilly, Leo, Medac, Novartis, Pfizer, and UCB and consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, DiCE, GSK, Janssen, Lilly, Leo, Medac, Novartis, Pfizer, Sanofi, Sun Pharma, UCB, and UNION. R. T. Woolf is principal or co-investigator in clinical trials—Abbvie, Amgen, Anaptys Bio, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Galderma, Janssen-Cilag, Kymab, Leo Pharma, Pfizer, Sanofi, and UCB; received honoraria from and consultancy work for Abbvie, Eli Lilly, Janssen-Cilag, Leo Pharma, Novartis, Sandoz, Sanofi, and UCB; and received honoraria from NICE (clinical expert). P. I. Spuls has done consultancies in the past for Sanofi 111017 and AbbVie 041217 (unpaid), received a departmental independent research grants for TREAT NL registry from Pharma since December 2019, is involved in performing clinical trials with many pharmaceutical industries that manufacture drugs used for the treatment of, for example, psoriasis and atopic dermatitis, for which financial compensation is paid to the department/hospital and is chief investigator (CI) of the systemic and phototherapy atopic eczema registry (TREAT NL) for adults and children. C. Flohr is Chief Investigator of the UK National Institute for Health Research-funded TREAT (ISRCTN15837754) and SOFTER (Clinicaltrials.gov: NCT03270566) trials as well as the UK-Irish Atopic eczema Systemic Therapy Register (A-STAR; ISRCTN11210918) and a principle investigator in the European Union (EU) Horizon 2020-funded BIOMAP Consortium (http://www.biomap-imi.eu/). He also leads the EU Trans-Foods Consortium. His department has received funding from Sanofi-Genzyme for skin microbiome work. M. A. Middelkamp-Hup has done consultancies for Sanofi, Pfizer, and Leo Pharma and is one of the main investigators of the TREAT NL registry. (© 2022 Published by Elsevier Inc on behalf of the American Academy of Dermatology, Inc.)

Access or request full text: https://libkey.io/10.1016/j.jdin.2022.09.006

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36387062&custid=ns023446

10. Impact of Pediatric Alopecia Areata on Quality of Life of Patients and Their Family Members: A Nationwide Multicenter Questionnaire Study

Item Type: Journal Article

Authors: Choi, Jee Woong;Kim, Yul Hee;Kwak, Hyunbin;Park, Jin;Lee, Won-Soo;Kang, Hoon;Kim, Jung Eun;Yoon, Tae-Young;Kim, Ki-Ho;Jang, Yong Hyun;Kim, Do Won;Kim, Moon-Bum;Lew, Bark-Lynn;Sim, Woo-Young;Jeon, Jiehyun;Seo, Soo Hong;Kwon, Ohsang;Huh, Chang-Hun;Lee, Dong-Youn;Lee, Yang Won, et al

Publication Date: 2022

Journal: Annals of Dermatology 34(4), pp. 237-244

Abstract: Background: Pediatric alopecia areata (AA) can affect the quality of life (QoL) of patients and their family members. Research on the QoL and burden on family members in pediatric AA is limited.; Objective: This nationwide multicenter questionnaire study described the QoL and burden of the family members of patients with pediatric AA.; Methods: This nationwide multicenter questionnaire study enrolled AA patients between the ages of 5 and 18 years from March 1, 2017 to February 28, 2018. Enrolled patients and their parents completed the modified Children's Dermatology Life Quality Index (CDLQI) and the modified Dermatitis Family Impact (mDFI). The disease severity was measured using the Severity of Alopecia Tool (SALT) survey scores.; Results: A total of 268 patients with AA from 22 hospitals participated in this study. Our study found that the efficacy and satisfaction of previous treatments of AA decreased as the severity of the disease increased. The use of home-based therapies and traditional medicines increased with the increasing severity of the disease, but the efficacy felt by patients was limited. CDLQI and mDFI scores were higher in patients with extensive AA than those with mild to moderate AA. The economic and time burden of the family members also increased as the severity of the disease increased.; Conclusion: The severity of the AA is indirectly proportional to the QoL of patients and their family members and directly proportional to the burden. Physicians need to understand these characteristics of pediatric AA and provide appropriate intervention to patients and their family members.; Competing Interests: The authors have nothing to disclose. (Copyright © The Korean Dermatological Association and The Korean Society for Investigative Dermatology.)

Access or request full text: https://libkey.io/10.5021/ad.21.202

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35948325&custid=ns023446

11. Inflammatory Bowel Disease Risk Variants Are Associated with an Increased Risk of Skin Cancer

Item Type: Journal Article

Authors: Cushing, Kelly C.;Du, Xiaomeng;Chen, Yanhua;Stetson, L. C.;Kuppa, Annapurna;Chen, Vincent L.;Kahlenberg, J. M.;Gudjonsson, Johann E.;Vanderwerff, Brett;Higgins, Peter D. R. and Speliotes, Elizabeth K.

Publication Date: 2022

Journal: Inflammatory Bowel Diseases 28(11), pp. 1667-1676

Abstract: Background: Inflammatory bowel disease is associated with an increased risk of skin cancer. The aims of this study were to determine whether IBD susceptibility variants are also associated with skin cancer susceptibility and if such risk is augmented by use of immune-suppressive therapy.; Methods: The discovery cohort included participants in the UK Biobank. The validation cohort included participants in the Michigan Genomics Initiative. The primary outcome of interest was skin cancer, subgrouped into nonmelanoma skin cancers (NMSC) and melanoma skin cancers (MSC). Multivariable logistic regression with matched controls (3 controls:1 case) was performed to identify genomic predictors of skin malignancy in the discovery cohort. Variants with P < .05 were tested for replication in the validation cohort. Validated Single nucleotide polymorphisms were then evaluated for effect modification by immune-suppressive medications.; Results: The discovery cohort included 10,247 cases of NMSC and 1883 cases of MSC. The validation cohort included 7334 cases of NMSC and 3304 cases of MSC. Twenty-nine variants were associated with risk of NMSC in the discovery cohort, of which 5 replicated in the validation cohort (increased risk, rs7773324-A DUSP22; IRF4], rs2476601-G PTPN22], rs1847472-C BACH2], rs72810983-A CPEB4]; decreased risk, rs6088765-G PROCR; MMP24]). Twelve variants were associated with risk of MSC in the discovery cohort, of which 4 were replicated in the validation cohort (increased risk, rs61839660-T IL2RA]; decreased risk, rs17391694-C GIPC2; MGC27382], rs6088765-G PROCR; MMP24], and rs1728785-C ZFP90]). No effect modification was observed.; Conclusions: The results of

this study highlight shared genetic susceptibility across IBD and skin cancer, with increased risk of NMSC in those who carry risk variants in IRF4, PTPN22, CPEB4, and BACH2 and increased risk of MSC in those who carry a risk variant in IL2RA. (© The Author(s) 2022. Published by Oxford University Press on behalf of Crohn's & Colitis Foundation. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

Access or request full text: https://libkey.io/10.1093/ibd/izab336

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35018451&custid=ns023446

12. Cognition/Psychological Burden and Resilience in Cutaneous T-Cell Lymphoma and Psoriasis Patients: Real-Life Data and Implications for the Treatment

Item Type: Journal Article

Authors: Damiani, Giovanni;Tacastacas, Joselin D.;Wuerz, Timothy;Miller, Lindsay;Fastenau, Philip;Bailey, Christopher;Chawa, Mansi Sethi;Argenas, Amanda;Fiore, Marco;Cooper, Kevin D. and Lerner, Alan J.

Publication Date: 2022

Journal: BioMed Research International 2022, pp. 8802469

Abstract: Background: Psoriasis and cutaneous T-cell lymphoma (CTCL) expose patients to chronic inflammation as well as physical and psychological disabilities, but the impact of such alterations on cognitive function is unknown.; Objective: This study is aimed at determining if CTCL and psoriasis impact cognitive functioning in relation to psychological and health-related quality of life (HR-QOL) status.; Methods: A cross-sectional study was performed in an outpatient dermatology clinic of a university teaching hospital. Thirty-nine subjects with CTCL (N = 20) or psoriasis (N = 19) who met eligibility criteria were included. The cognitive domains of memory, attention and processing speed, and executive function were assessed with standard neuropsychological tests. Subjects were assessed for depression, anxiety, and HR-QOL (using the SKINDEX-29 questionnaire).; Results: Study participants were CTCL and psoriasis subjects; cognitive impairment was found in the domain of memory in 17.9% subjects with CTCL or psoriasis. Lower scores on executive function tests were predicted by higher (worse HR-QOL) SKINDEX-29 functioning scores (p = 0.01). A higher estimated baseline intellectual functioning predicted lower scores (better HR-QOL) on the symptoms and functioning domains of SKINDEX-29 (p = 0.01 and 0.02, respectively) and a statistical trend (p = 0.07) for the emotion domain. Memory and acute anxiety were adversely impacted by shorter disease duration (p = 0.01 for both).; Conclusions: Memory impairment may be associated comorbidity in CTCL and psoriasis. Subjects with stronger cognitive resources appear to cope better with health-related quality of life (HR-QOL) challenges.; Competing Interests: The authors declare that they have no conflicts of interest. (Copyright © 2022 Giovanni Damiani et al.)

Access or request full text: https://libkey.io/10.1155/2022/8802469

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35937394&custid=ns023446

13. Introducing Athena: Clinical and Experimental Dermatology's article to help prepare for the UK Dermatology Specialty Certificate Examination.

Item Type: Journal Article

Authors: Daunton, A.

Publication Date: 2022

Journal: Clinical and Experimental Dermatology 47(7), pp. 1227

URL: https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emexb&AN=2010607992 https://libkey.io/libraries/1293/openurl?genre=article&sid=OVID:embase&id=pmid:33641226&id=doi:10.1111%2Fced.14585&issn=0307-6938&isbn=&volume=47&issue=7&spage=1227&pages=1227&date=2022&title=Clinical+and+Experimental+Dermatology&atitle=Introducing+Athena%3A+Clinical+and+Experimental+Dermatology%27s+article+to+help+prepare+for+the+UK+Dermatology+Specialty+Certificate+Examination&aulast=Daunton&pid=%3Cauthor%3EDaunton+A.%3C%2Fauthor%3E%3CAN%3E2010607992%3C%2FAN%3E%3CDT%3EEditorial%3C%2FDT%3E

14. Non-Invasive Physical Plasma for Preventing Radiation Dermatitis in Breast Cancer: A First-In-Human Feasibility Study

Item Type: Journal Article

Authors: Dejonckheere, Cas Stefaan;Torres-Crigna, Adriana;Layer, Julian Philipp;Layer, Katharina;Wiegreffe, Shari;Sarria, Gustavo Renato;Scafa, Davide;Koch, David;Leitzen, Christina;Köksal, Mümtaz Ali;Müdder, Thomas;Abramian, Alina;Kaiser, Christina;Faridi, Andree;Stope, Matthias Bernhard;Mustea, Alexander;Giordano, Frank Anton and Schmeel, Leonard Christopher

Publication Date: 2022

Journal: Pharmaceutics 14(9)
Abstract: Radiation dermatitis (RD) is the most common acute side effect of breast irradiation. More than a century following the therapeutic utilisation of X-rays, potent preventative and therapeutic options are still lacking. Non-invasive physical plasma (NIPP) is an emerging approach towards treatment of various dermatological disorders. In this study, we sought to determine the safety and feasibility of a NIPP device on RD. Thirty patients undergoing hypofractionated whole-breast irradiation were included. Parallel to radiation treatment, the irradiated breast was treated with NIPP with different application regimens. RD was assessed during and after NIPP/radiation, using clinician- and patient-reported outcomes. Additionally, safety and feasibility features were recorded. None of the patients was prescribed topical corticosteroids and none considered the treatment to be unpleasant. RD was less frequent and milder in comparison with standard skin care. Neither NIPP-related adverse events nor side effects were reported. This proven safety and feasibility profile of a topical NIPP device in the prevention and treatment of RD will be used as the framework for a larger intrapatient-randomised double-blind placebo-controlled trial, using objective and patient-reported outcome measures as an endpoint.; Competing Interests: None of the authors declared any conflict of interest or personal, financial, professional, political, or legal interes that could have a significant chance of interfering with the data presented here. The sponsors had no role in the design, execution, interpretation, or writing of the study.

Access or request full text: https://libkey.io/10.3390/pharmaceutics14091767

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36145515&custid=ns023446

15. Atezolizumab, vemurafenib, and cobimetinib in patients with melanoma with CNS metastases (TRICOTEL): a multicentre, open-label, single-arm, phase 2 study

Item Type: Journal Article

Authors: Dummer, Reinhard;Queirolo, Paola;Abajo Guijarro, Ana Maria;Hu, Youyou;Wang, Dao;de Azevedo, Sergio Jobim;Robert, Caroline;Ascierto, Paolo Antonio;Chiarion-Sileni, Vanna;Pronzato, Paolo;Spagnolo, Francesco;Mujika Eizmendi, Karmele;Liszkay, Gabriella;de la Cruz Merino, Luis and Tawbi, Hussein

Publication Date: 2022

Journal: The Lancet.Oncology 23(9), pp. 1145-1155

Abstract: Background: Targeted therapy and immunotherapy have shown intracranial activity in melanoma with CNS metastases, but there remains an unmet need, particularly for patients with symptomatic CNS metastases. We aimed to evaluate atezolizumab in combination with cobimetinib or vemurafenib plus cobimetinib in patients with melanoma with CNS metastases.; Methods: TRICOTEL was a multicentre, open-label, single-arm, phase 2 study done in two cohorts: a BRAF V600 wild-type cohort and a BRAF V600 mutation-positive cohort, recruited at 21 hospitals and oncology centres in Brazil, France, Germany, Hungary, Italy, Spain, and Switzerland. Eligible patients were aged 18 years or older with previously untreated metastatic melanoma, CNS metastases of 5 mm or larger in at least one dimension, and an Eastern Cooperative Oncology Group performance status of 2 or less. Patients in the BRAF V600 wild-type cohort received intravenous atezolizumab (840 mg, days 1 and 15 of each 28-day cycle) plus oral cobimetinib (60 mg once daily, days 1-21). Patients in the BRAF V600 mutation-positive cohort received intravenous atezolizumab (840 mg, days 1 and 15 of each 28-day cycle) plus oral vemurafenib (720 mg twice daily) plus oral cobimetinib (60 mg once daily, days 1-21); atezolizumab was withheld in cycle 1. Treatment was continued until progression, toxicity, or death. The primary outcome was intracranial objective response rate confirmed by assessments at least 4 weeks apart, as assessed by independent review committee (IRC) using modified Response Evaluation Criteria in Solid Tumours version 1.1. Because of early closure of the BRAF V600 wild-type cohort, the primary endpoint of intracranial objective response rate by IRC assessment was not done in this cohort; intracranial objective response rate by investigator assessment was reported instead. Efficacy and safety were analysed in all patients who received at least one dose of study medication. This trial is closed to enrolment and is registered with ClinicalTrials.gov, NCT03625141.; Findings: Between Dec 13, 2018, and Dec 7, 2020, 65 patients were enrolled in the BRAF V600 mutation-positive cohort; the BRAF V600 wild-type cohort was closed early after enrolment of 15 patients. Median follow-up was 9·7 months (IQR 6·3-15·0) for the BRAF V600 mutation-positive cohort and 6·2 months (3·5-23·0) for the BRAF V600 wild-type cohort. Intracranial objective response rate was 42% (95% CI 29-54) by IRC assessment in the BRAF V600 mutation-positive cohort and 27% (95% CI 8-55) by investigator assessment in the BRAF V600 wild-type cohort. Treatment-related grade 3 or worse adverse events occurred in 41 (68%) of 60 patients who received atezolizumab plus vemurafenib plus cobimetinib in the BRAF V600 mutation-positive cohort, the most common of which were lipase increased (15 25%] of 60 patients) and blood creatine phosphokinase increased (ten 17%]). Eight (53%) of 15 patients treated with atezolizumab plus cobimetinib in the BRAF V600 wild-type cohort had treatment-related grade 3 or worse adverse events, most commonly anaemia (two 13%]) and dermatitis acneiform (two 13%]). Treatment-related serious adverse events occurred in 14 (23%) of 60 patients in the BRAF V600 mutation-positive cohort and two (13%) of 15 in the BRAF V600 wild-type cohort. One death in the BRAF V600 mutation-positive cohort (limbic encephalitis) was considered to be related to atezolizumab treatment.; Interpretation: Adding atezolizumab to vemurafenib plus cobimetinib provided promising intracranial activity in patients with BRAF V600 -mutated melanoma with CNS metastases.; Funding: F Hoffmann-La Roche.; Competing Interests: Declaration of interests RD reports consulting fees and honoraria from Alligator, Amgen, Bristol Myers Squibb, Catalym, Merck Sharp & Dohme, MaxiVAX, Novartis, Pfizer, Pierre Fabre, Regeneron, Roche, Sanofi, Second Genome, Sun Pharma, T3 Pharma, Takeda, and touchIME, and research funding from Amgen, Bristol Myers Squibb, Merck Sharp & Dohme, Novartis, and

Roche. PQ reports consulting fees and honoraria from Bristol Myers Squibb, Merck, Merck Sharp & Dohme, Novartis, Pierre Fabre, Roche, Sanofi, and Sun Pharma, and travel, accommodations, or other expenses from Merck Sharp & Dohme and Sanofi. AMAG reports former employment with F Hoffmann-La Roche, current employment with Daiichi-Sankyo, and stock or other ownership with Daiichi-Sankyo. YH and DW report employment with Roche. SJdA reports research funding from Roche-Genentech. CR reports consulting fees and honoraria from AstraZeneca, Bristol Myers Squibb, Merck Sharp & Dohme, Novartis, Pfizer, Pierre Fabre, Roche, and Sanofi. PAA reports consulting fees from 4SC, Bio-Al Health, Bristol Myers Squibb, Idera, Italfarmaco, Lunaphore, Medicenna, Merck Serono, Merck Sharp & Dohme, Nektar, Novartis, Pfizer/Array, Pierre-Fabre, Roche-Genentech, Sandoz, Sanofi, and Sun Pharma; research funding from Bristol Myers Squibb, Pfizer/Array, Roche-Genentech, and Sanofi; and participation on a data safety monitoring board or advisory board for AstraZeneca, Boehringer-Ingelheim, Bristol Myers Squibb, Daiichi Sankyo, Eisai, Immunocore, iTeos, Merck Sharp & Dohme, Nouscom, Novartis, Oncosec, Regeneron, Roche-Genentech, and Seagen. VC-S reports consulting fees from Bristol Myers Squibb, Merck-Serono, Novartis, and Pierre Fabre; honoraria from Bristol Myers Squibb and Novartis; and travel, accommodations, or other expenses from Bristol Myers Squibb and Pierre Fabre. FS reports honoraria from Bristol Myers Squibb, Merck, Merck Sharp & Dohme, Novartis, Pierre Fabre, Roche, Sanofi, and Sun Pharma, and consulting fees from Merck Sharp & Dohme, Novartis, Philogen, Pierre Fabre, and Sun Pharma. GL reports consulting fees, honoraria, and participation on a data safety monitoring board or advisory board for Bristol Myers Squibb, Merck Sharp & Dohme, Novartis, Pfizer, Roche, and Sanofi; research funding from Roche, Clinical Excellence Program, establishment of The National Tumor Biology Laboratory, and Investment of the Future; and a leadership role with College of Dermatology, Hungarian Medical Research Council, and CEEAO. LdlCM reports consulting fees from Bristol Myers Squibb, Gilead, Incyte, Merck Sharp & Dohme, Novartis, and Roche, and research funding from Celgene, Merck Sharp & Dohme, and Roche. HT reports consulting fees from Boxer Capital, Bristol Myers Squibb, Eisai, Genentech, Iovance, Jazz Pharmaceuticals, Karyopharm, Medicenna, Merck, and Novartis, and research funding from Bristol Myers Squibb, Celgene, Dragonfly, Eisai, EMD Serono, Genentech, GlaxoSmithKline, Merck, Novartis, and RAPT Therapeutics. All other authors declare no competing interests.

Access or request full text: https://libkey.io/10.1016/S1470-2045(22)00452-1

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35940183&custid=ns023446

16. Circulating Brodalumab Levels and Therapy Outcomes in Patients With Psoriasis Treated With Brodalumab: A Case Series

Item Type: Journal Article

Authors: Enevold, Christian;Loft, Nikolai;Bregnhøj, Anne;Zachariae, Claus;Iversen, Lars;Skov, Lone and Nielsen, Claus Henrik

Publication Date: 2022

Journal: JAMA Dermatology 158(7), pp. 762-769

Abstract: Importance: Given the possible treatment modalities in psoriasis management, little is known about whether drug monitoring is associated with response rate.; Objective: To determine whether drug monitoring is associated with response to brodalumab therapy.; Design: A multicenter case series study of patients with psoriasis treated with brodalumab whose treatment with previous IL-17A inhibitor therapy failed. Patients were recruited from the Departments of Dermatology at Gentofte and Aarhus University Hospitals, Denmark, between 2018 and 2020. Patient visits were conducted after 4 and 12 weeks of therapy. Patients not achieving

Psoriasis Area and Severity Index 75% improvement from baseline (PASI 75) after 12 weeks were discontinued and considered nonresponders. Patients maintaining PASI 75 response were followed up for up to 52 weeks.; Exposure: Treatment with brodalumab, 210 mg, at weeks 0, 1, 2, then every 2 weeks.; Main Outcomes and Measures: Outcome measures were PASI reductions vs brodalumab levels and antibrodalumab antibodies.; Results: Twenty patients with psoriasis (13 65%] were male; median age, 50 years range, 19-66 years]) were included. After 12 weeks of therapy, patients with quantifiable levels of brodalumab (≥0.05 µg/mL) experienced significantly higher PASI reductions than those without (median, 93%; range, 61%-100% vs median, -3; range, -49% to 94%, respectively; P = .006). After 12 weeks of therapy, 4 of 5 patients (80%) not achieving PASI 75 had subquantifiable drug levels (<0.05 µg/mL), although this finding was seen for only 3 of 14 PASI 75 responders (21%). None of 7 patients (35%) with subquantifiable drug levels after 12 weeks of therapy maintained response. No antibrodalumab antibodies were detected in any of the tested samples.; Conclusions and Relevance: Results of this case series study suggest that circulating brodalumab level is a factor associated with clinical treatment response. Monitoring patient levels of circulating brodalumab may aid clinical decision-making and help prevent ineffective therapy.

Access or request full text: https://libkey.io/10.1001/jamadermatol.2022.1863

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35648430&custid=ns023446

17. COVID-19 Vaccine: A Common Suspect but Rare Culprit in Drug Rash With Eosinophilia and Systemic Symptoms (DRESS) Syndrome

Item Type: Journal Article

Authors: Hanna, Mary and Yang, Samuel

Publication Date: 2022

Journal: Cureus 14(11), pp. e31310

Abstract: Drug rash with eosinophilia and systemic symptoms (DRESS) syndrome is a rare drug reaction that commonly presents with rash, fever, lymphadenopathy, eosinophilia, and multiorgan involvement. We present a case of this syndrome in a 31-year-old male who presented with a diffuse erythematous morbilliform rash with high fever and elevated liver enzymes. Upon history taking, the patient reported acute onset of multiple seizures that required intubation and ICU admission six weeks prior, which started 24 hours after receiving the Johnson and Johnson Janssen coronavirus disease 2019 (COVID-19) vaccine. During that hospitalization, he was given antiseizure medications Keppra (levetiracetam) and Dilantin (phenytoin), which he was eventually discharged home with. During our encounter with the patient, Dermatology was consulted and recommended punch skin biopsy, which revealed spongiotic dermatitis with subcorneal pustules along with superficial perivascular and mixed lymphocytic and neutrophilic infiltrate with dermal edema and rare eosinophils. Given these findings in conjunction with the patient's fever, elevated liver function, and cervical lymphadenopathy, the rash was consistent with DRESS syndrome or a pustular drug eruption likely secondary to phenytoin or levetiracetam. This case was eventually resolved with treatment with oral and topical corticosteroids and close outpatient follow-up with Dermatology. Prompt diagnosis and treatment of DRESS syndrome are therefore critical as the mortality rate can be as high as 10% in the setting of liver failure.; Competing Interests: The authors have declared that no competing interests exist. (Copyright © 2022, Hanna et al.)

Access or request full text: https://libkey.io/10.7759/cureus.31310

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36514624&custid=ns

023446

18. Dermatological Conditions Inducing Acute and Chronic Pain

Item Type: Journal Article

Authors: Hayoun-Vigouroux, Mathilde and Misery, Laurent

Publication Date: 2022

Journal: Acta Dermato-Venereologica 102, pp. adv00742

Abstract: Pain is a common condition in dermatology. The aim of this review is to analyse the characteristics of pain in dermatology. Some skin diseases are conventionally known to cause pain; e.g. ulcers, pyoderma gangrenosum and herpes zoster. Common dermatoses, such as psoriasis or atopic dermatitis, can also cause significant pain. Some conditions are characterized by neuropathic pain and/or pruritus, without visible primary lesions: e.g. the neurocutaneous diseases, including small fibre neuropathies. Patients often fear pain in skin surgery; however, surgical procedures are rather well tolerated and any pain is mainly due to administration of local anaesthetic. Some therapies may also be uncomfortable for the patient, such as photodynamic therapy or aesthetic procedures. Thus, pain in dermatology is common, and its aetiology and characteristics are very varied. Knowledge of the different situations that cause pain will enable dermatologists to propose suitable analgesic solutions.

Access or request full text: https://libkey.io/10.2340/actadv.v102.284

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35393624&custid=ns023446

19. Dermoscopy as an adjunct to surgical excision of nonmelanoma Skin lesions: a systematic review and Meta-analysis

Item Type: Journal Article

Authors: Hurley, Anna R.;Totty, Joshua P. and Pinder, Richard M.

Publication Date: 2022

Journal: The Journal of Clinical and Aesthetic Dermatology 15(9), pp. 45-49

Abstract: Background: Nonmelanoma skin cancers (NMSC) have an incidence of 152,000 cases per year in the United Kingdom (UK), which continues to rise. Incomplete excision rates for NMSC are estimated to be around 10 percent and result in patients having a higher risk of recurrence or having to undergo further treatment.; Objective: The objective of our study was to determine whether the use of dermoscopy as an adjunct to clinical examination could improve the rates of incomplete excision in NMSC lesions.; Methods: Electronic literature search of MEDLINE, EMBASE, and Cochrane Central databases plus manual reference checks of articles on dermoscopy use in surgery between inception and November 2020. Two levels of screening were used on 452 studies. A random effects model was used in the meta-analysis, with the DerSimonian-Laird method used to pool data.; Results: A total of six fully extracted studies were included with a total of 592 patients; with five of these studies reported on basal cell carcinomas and one reported on squamous cell carcinomas. The odds ratio of incomplete excision when guided by dermoscopy was 0.29 (95%CI 0.25; 0.34). Heterogeneity was assessed

with the I 2 statistic and was found to be 0 percent.; Limitations: The number of studies included was small, with three of the studies from the same authors. Studies included are nonrandomized and as such hold a significant risk of bias.; Conclusion: Incomplete excision rates were reduced when using dermoscopy to mark surgical excision margins in comparison to naked eye evaluation alone.; Competing Interests: DISCLOSURES: The authors report no conflicts of interest relevant to the content of this article.

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36213603&custid=ns023446

20. Burden of Moderate to Severe Atopic Dermatitis in Adults from France, Italy, and the UK: Patient-Reported Outcomes and Treatment Patterns

Item Type: Journal Article

Authors: Kleyn, C. E.;Barbarot, Sébastien;Reed, Catherine;Losi, Serena;von Arx, Lill-Brith;Robert, Camille;Anderson, Peter;Grond, Susanne and Costanzo, Antonio

Publication Date: 2022

Journal: Dermatology and Therapy 12(8), pp. 1947-1965

Abstract: Introduction: Moderate to severe atopic dermatitis (AD) is associated with a significant disease burden, impacting sleep, quality of life, and treatment needs. The aim of this study was to characterize disease burden and treatment patterns for adults with moderate to severe AD in three European countries: France, Italy, and the UK.; Methods: This retrospective analysis of adult patients with moderate to severe AD in Europe used medical records and physician/patient survey data collected in August 2019 to April 2020. Demographic and baseline disease characteristics, information on current comorbidities, disease flares, and current and previous treatments were collected by the physician. Patient-perceived burden was assessed using patient-reported outcome (PRO) questionnaires, which were completed on a voluntary basis and included the following instruments: Patient-Oriented Eczema Measure (POEM), Dermatology Life Quality Index (DLQI), EuroQol five-dimensional (EQ-5D), and Work Productivity and Activity Impairment (WPAI). Disease severity was subjectively assessed by physicians and was based on their own definition of the terms mild, moderate, and severe. Data were analyzed descriptively.; Results: The physician-reported sample included 912 patients with moderate to severe disease from France (n = 314), Italy (n = 309), and the UK (n = 289); approximately 30% of patients provided PRO data. Across these countries, 22-41% of patients reported current flares; mean POEM and DLQI scores were 10.6-13.1 and 9.5-11.1, respectively, indicating a high disease burden. However, systemic therapy use was low (e.g., conventional systemics were used by 18-24% of patients). Physician-assessed disease severity did not fully align with EASI scores, indicating that factors in addition to skin signs are impacting AD severity.; Conclusion: Patients with moderate to severe AD report significant disease burden, highlighting unmet treatment needs, particularly with respect to the underuse of systemic treatments despite AD being a systemic disease and the associated disease burden.

Access or request full text: https://libkey.io/10.1007/s13555-022-00777-z

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35913548&custid=ns023446

21. Oral minocycline plus rifampicin versus oral linezolid for complicated skin and skin structure infections caused by methicillin-resistant Staphylococcus aureus : The AIDA

open label, randomized, controlled Phase 4 trial

Item Type: Journal Article

Authors: Kotsaki, Antigone;Tziolos, Nikolaos;Kontopoulou, Theano;Koutelidakis, Ioannis M.;Symbardi, Styliani;Reed, Vaughan;O'Hare, Miriam;Alexiou, Zoi;Sambatakou, Helen;Toutouzas, Konstantinos;Akinosoglou, Karolina;Lada, Malvina;Giamarellos-Bourboulis, Evangelos and MacGowan, Alasdair

Publication Date: 2022

Journal: EClinicalMedicine 56, pp. 101790

Abstract: Background: The need for oral, cost-effective treatment for complicated skin and skin structure infections (cSSSIs) due to methicillin-resistant Staphylococcus aureus (MRSA) was addressed by the non-inferiority comparisons of oral minocycline plus rifampicin with linezolid.; Methods: In the AIDA multicenter, open label, randomized, controlled clinical trial, hospitalized adults with cSSSI and documented MRSA were randomly assigned at a 2:1 ratio to either oral 600 mg rifampicin qd plus 100 mg minocycline bid or oral 600 mg linezolid bid for 10 days. The primary endpoint was the clinical cure rate in the clinically evaluable (CE) population at the test-of-cure visit (14 days). Non-inferiority was confirmed if the lower confidence limit (CI) did not fall below the accepted error margin of 15%. The study is registered with EudraCT number 2014-001276-56.; Findings: 123 patients recruited between November 2014 and January 2017 were randomly assigned to treatment (81 patients to minocycline plus rifampicin and 42 patients to linezolid). Cure rates were 78.% (46/59, 90% CI 67.3-86.5) and 68.6% (24/35, 90% CI 53.4-81.3), respectively (P = 0.337). The percent difference in cure rates was 9.4% (90% CI -7.2 to 26.8%). Minocycline plus rifampicin combination was deemed non-inferior to linezolid as the lower CI was -7.2% i.e. smaller than the accepted error margin of -15%. Although statistically not significant, the overall rate of adverse events was higher in the linezolid group (47.6%, 20/42 versus 38.3%, 31/81).; Interpretation: Oral minocycline plus rifampicin was non-inferior to oral linezolid treatment providing alternative oral treatment for cSSSI.; Funding: The EU Seventh Research Framework Programme.; Competing Interests: Helen Sambatakou has received honoraria from MSD Greece, Elpen Hellas, Mylan Hellas and Pfizer Greece. E.J. Giamarellos-Bourboulis has received honoraria from Abbott CH, bioMérieux, Brahms GmbH, GSK, InflaRx GmbH, Sobi and XBiotech Inc; independent educational grants from Abbott CH, AxisShield, bioMérieux Inc, InflaRx GmbH, Johnson & Johnson, MSD, Sobi and XBiotech Inc.; and funding from the Horizon2020 Marie Skłodowska-Curie International Training Network “the European Sepsis Academy” (granted to the National and Kapodistrian University of Athens), and the Horizon 2020 European Grants ImmunoSep and RISCinCOVID (granted to the Hellenic Institute for the Study of Sepsis). Alasdair MacGowan has research grants/activities with the following: Merck, Shionogi, Venatorx, InfectoPharm, GSK, Bioversys, MRC (UK), NIHR (UK). All other authors declare no competing interests. (© 2022 The Authors.)

Access or request full text: https://libkey.io/10.1016/j.eclinm.2022.101790

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36618892&custid=ns023446

22. The effect of the Covid-19 pandemic on illness perceptions of psoriasis and the role of depression: Findings from a cross-sectional study

Item Type: Journal Article

Authors: Lada, Georgia;Chinoy, Hector;Talbot, Peter S.;Warren, Richard B. and Kleyn, C. E.

Publication Date: 2022

Journal: Skin Health and Disease 2(3), pp. e145

Abstract: Background: Illness perceptions in psoriasis have an impact on adherence and disability. Changes in dermatological healthcare provision during the Covid-19 pandemic and distress may have affected illness perceptions in psoriasis patients.; Objectives: To test whether illness perceptions about psoriasis changed during the first year of the Covid-19 pandemic compared to pre-pandemic in a tertiary population with psoriasis and whether pandemic effects differed depending on depressive burden, given this population's high depression prevalence.; Methods: In a cross-sectional survey of n = 188 tertiary patients with dermatologist-confirmed psoriasis recruited before and during the pandemic, eight illness perceptions domains were assessed using the Brief-Illness Perceptions Questionnaire (BIPQ). Presence of depression was assessed with the Hospital Anxiety and Depression Scale (HADS).; Results: Beliefs about treatment control and patients' understanding of psoriasis were significantly worse in patients responding during the pandemic compared to before Covid-19. These differences were greater when depression was absent (treatment control: adjusted $p < 0.001$; coherence: adjusted $p = 0.01$). However, participants during the pandemic felt less emotionally affected (adjusted $p = 0.02$) and concerned (adjusted $p = 0.007$) about psoriasis, independently of depression.; Conclusions: We found diverse pandemic effects on illness perception domains in psoriasis. Uncertainty and reduced healthcare access may drive poorer treatment and coherence beliefs during Covid-19. These beliefs can hinder patients' health-promoting behaviours and may explain the high pandemic non-adherence reported previously in psoriasis. Appropriate interventions are needed to establish positive long-term cognitions and improve psoriasis management, for example, using the PsoWell patient materials. Dermatology services should invest in engaging and educating patients regardless of concurrent psychological distress.; Competing Interests: C. Elise Kleyn has received honoraria, consultant and/or research funding from Janssen, Eli Lilly, LEO, Novartis, Abbvie, UCB, Almirall, Pfizer, and L'Oréal. Hector Chinoy has received personal compensation for activities with Novartis, UCB, Lilly, Biogen, Orphazyme as a speaker, advisory board member or consultancy, grants via The University of Manchester from Novartis, UCB and MedImmune, and has received travel support from Abbvie and Janssen. Richard B. Warren has received research grants from AbbVie, Almirall, Amgen, Celgene, Janssen, Lilly, Leo, Medac, Novartis, Pfizer, and UCB and consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, DiCE, GSK, Janssen, Lilly, Leo, Medac, Novartis, Pfizer, Sanofi, Sun Pharma, UCB, and UNION. GL has received speaker honoraria from Janssen, Lilly, Leo, and Novartis. Peter S. Talbot has no conflicts of interest. (© 2022 The Authors. Skin Health and Disease published by John Wiley & Sons Ltd on behalf of British Association of Dermatologists.)

Access or request full text: https://libkey.io/10.1002/ski2.145

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36092261&custid=ns023446

23. Cytokine/Chemokine assessment as a complementary diagnostic tool for inflammatory skin diseases

Item Type: Journal Article

Authors: Liu, Timothy J.;Lin, Lynlee L.;McMeniman, Erin;Wu, Jason;Kao, Yung-Ching;Kumari, Snehlata;Boyle, Glen M.;Wells, James W.;Soyer, H. P. and Gonzalez-Cruz, Jazmina

Publication Date: 2022

Journal: Frontiers in Immunology 13, pp. 1028435

Abstract: Inflammatory skin conditions are the 4 th leading cause of non-fatal health burden in the general

population worldwide. The diagnosis of skin lesions due to systemic drug reactions, viral or bacterial exanthems, or in patients with psoriasis, atopic dermatitis or contact dermatitis is often difficult and relies heavily upon conventional histopathologic examination. Conversely, it is widely accepted that the cutaneous profile of inflammatory markers, or 'inflammatory signature', is differentially expressed in various skin conditions. In this pilot study, we investigated the possibility of inflammatory skin disease diagnosis from an immunological perspective in small punch biopsies. We collected lesional and perilesional punch biopsies from 139 patients suffering from a variety of inflammatory skin conditions and attending the Dermatology Department at the Princess Alexandra Hospital in Brisbane, Australia. Using bead-based immunoassays we were able to measure 13 out of 17 inflammatory markers from a pre-selected multi-analyte panel and to detect significant differences between lesional and perilesional biopsies from each individual patient. Hierarchical and unbiased clustering methods based on inflammatory signatures grouped psoriasis and atopic dermatitis lesions into individual clusters in contrast to other skin conditions, highlighting the potential of inflammatory signatures to be used as diagnostic differentiators and to inform alternative targets in anti-inflammatory treatment strategies.; Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. (Copyright © 2022 Liu, Lin, McMeniman, Wu, Kao, Kumari, Boyle, Wells, Soyer and Gonzalez-Cruz.)

Access or request full text: https://libkey.io/10.3389/fimmu.2022.1028435

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36466878&custid=ns023446

24. A qualitative assessment of patient satisfaction with remote dermatology consultations utilized during the UK's first wave of the COVID-19 pandemic in a single secondary care dermatology department

Item Type: Journal Article

Authors: Livesey, Amy;Plant, Alice;Simmonds, Roshni and Mitchell, Charles

Publication Date: 2022

Journal: Clinical and Experimental Dermatology 47(10), pp. 1866-1868

Abstract: During the first wave of the SARS-CoV-2 coronavirus (COVID-19) pandemic, many dermatology departments in the UK delivered remote consultations in order to minimize viral transmission. To assess patient perception of remote consultations delivered in a single dermatology department during this time, we retrospectively contacted patients via an electronic questionnaire and the responses are summarized. We anticipate that increased use of remote consultations will be a legacy of the pandemic, although healthcare professionals will have a responsibility for ensuring appropriate patient suitability. (© 2022 British Association of Dermatologists.)

Access or request full text: https://libkey.io/10.1111/ced.15295

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35700115&custid=ns023446

25. Unsettling experiences: A qualitative inquiry into young peoples' narratives of diagnosis for common skin conditions in the United Kingdom

Item Type: Journal Article

Authors: McNiven, Abigail and Ryan, Sara

Publication Date: 2022

Journal: Frontiers in Psychology 13, pp. 968012

Abstract: Skin conditions such as eczema and psoriasis are relatively prevalent health concerns in children, adolescents and young adults. Experiences of these dermatology diagnoses in adolescence have hitherto not been the focus of research, perhaps owing to assumptions that these diagnoses are not particularly impactful or intricate processes, events or labels. We draw on a thematic secondary analysis of in-depth interviews with 42 adolescents and young people living in the United Kingdom and, influenced by the sociologies of diagnosis and time, highlight the psychological, emotional, social and temporal complexities involved in their diagnosis experiences. Firstly, we describe how participants remembered, re- and co-constructed their diagnosis experiences during the interview. Secondly, we explore the pace and rhythm of diagnosis, including mis-diagnoses, highlighting the jarring potential for adolescents on being diagnosed, even for conditions typically deemed minor. Thirdly, we consider the ways in which these diagnoses have the capacity to reformulate notions of past, present and future, including projecting into imagined futures and reinterpreting past bodily sensations. Finally, we examine how memories about and the meaning of diagnosis are revisited, revised and potentially replaced as a child or adolescent grows older, and increases their management of their condition and encounters with healthcare professionals. In unsettling an assumption that diagnosis experiences for adolescents of common skin conditions is unproblematic or straightforward, our qualitative analysis critically engages with and contribute to tenets of health research that are of interest to quantitative and qualitative researchers, clinicians and patients.; Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. (Copyright © 2022 McNiven and Ryan.)

Access or request full text: https://libkey.io/10.3389/fpsyg.2022.968012

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36186350&custid=ns023446

26. A real-world retrospective observational study exploring NHS resource use in England for the management of moderate-to-severe atopic dermatitis in secondary care for children and adolescents

Item Type: Journal Article

Authors: McPherson, Tess;Cork, Michael J.;Goodhead, Charlotte;Michaelis, Louise J.;Flohr, Carsten;Petrovic, Milos;Hennessy, Liz;Rajkovic, Ivana and Hudson, Richard

Publication Date: 2022

Journal: Pediatric Dermatology

Abstract: Purpose: To describe secondary care health care resource utilization (HCRU) for children and adolescents with atopic dermatitis (AD).; Patients and Methods: This UK chart review of patients with moderate-to-severe AD was conducted in four National Health Service hospitals. Cohorts were defined by age (children 6-11 years, adolescents 12-17) at first consultation. Eligible patients were selected consecutively, starting with the most recently consulting patient. At least 12 months' data were abstracted from medical

records. Data were collected on HCRU, demographics/clinical characteristics, treatment, and patient-reported outcomes.; Results: Data were abstracted for 55 patients. Most patients (80%) had severe AD at first referral, a mean (SD) of 3.2 (10.7) patient-reported flare episodes/patient/year-of-observation, and 18.5 (16.7) tests/scans/procedures/patient/year. Mean (SD) observation duration was 3.6 (1.8) years. Patients had tried mean (SD) 7.9 (5.3) treatments/patient/year of observation. Topical corticosteroids (TCS; 24.5% of prescriptions) were most frequently prescribed. Mean (SD) use of emollients/moisturizers, TCS, systemic corticosteroids, and systemic immunosuppressants was 30.9 (21.3), 21.1 (23.4), 1.7 (8.3), and 7.8 (8.2) months. There was a mean (SD) of 5.3 (2.9) consultations/patient/year-of-observation; 116 (10.7%) for flare. Most hospitalizations (87.5%) were for children; the 8/55 (15%) hospitalized patients (mean 2.0 hospitalizations/patient during observation period) spent 6.2 (SD: 5.1) nights in hospital/hospitalization. Earliest mean (SD) Children's Dermatology Life Quality Index score was 15.3 (7.2); latest was 12.9 (7.5).; Conclusion: Children and adolescents with moderate-to-severe AD had a high HCRU burden and small changes in quality of life, indicating that current treatments may provide suboptimal AD control in most cases. (© 2022 Wiley Periodicals LLC.)

Access or request full text: https://libkey.io/10.1111/pde.15134

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36127813&custid=ns023446

27. Getting to the Bottom of Saddle Sores: A Scoping Review of the Definition, Prevalence, Management and Prevention of Saddle Sores in Cycling

Item Type: Journal Article

Authors: Napier, Daniel and Heron, Neil

Publication Date: 2022

Journal: International Journal of Environmental Research and Public Health 19(13)
Abstract: Objectives: To summarise and map the existing evidence relating to the definition, prevalence, prevention and management of saddle sores within the literature and highlight research gaps. Design: Scoping review. Data Sources: Three databases were searched using an appropriate search strategy agreed on by the authors with the aid of an experienced medical librarian; these databases were MEDLINE, EMBASE and Web of Science. Eligibility Criteria: To be included in this review, studies must have made specific reference to dermatological conditions that affect the saddle area, specifically arising from cycling, in either sex. Results : Seventeen studies were selected for inclusion. Saddle sores in males were the focus of thirteen studies, with only two reporting in females. Saddle sores were defined as connective tissue lesions affecting the skin in the saddle area, which can be both acute and chronic. Commonly cited preventions were chamois cream, high quality, well-fitting cycling equipment and good personal hygiene. Management in the early stages usually involves rest. Topical and intralesional steroids and lubricating creams are recommended treatments for small saddle sores, with surgical excision an option for larger, persistent saddle sores. However, surgery and steroid use may increase risk of recurrence. Conclusions: Saddle sores are an underrepresented, male-dominated issue within the literature. There is particularly limited evidence around treatment options, including topical steroids and surgical removal. Further well-designed observational studies and/or randomised controlled trials will help provide further evidence on prevalence, prevention and treatment available in the future.

Access or request full text: https://libkey.io/10.3390/ijerph19138073

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35805731&custid=ns

023446

28. Dupilumab in children aged 6 months to younger than 6 years with uncontrolled atopic dermatitis: a randomised, double-blind, placebo-controlled, phase 3 trial

Item Type: Journal Article

Authors: Paller, Amy S.;Simpson, Eric L.;Siegfried, Elaine C.;Cork, Michael J.;Wollenberg, Andreas;Arkwright, Peter D.;Soong, Weily;Gonzalez, Mercedes E.;Schneider, Lynda C.;Sidbury, Robert;Lockshin, Benjamin;Meltzer, Steven;Wang, Zhixiao;Mannent, Leda P.;Amin, Nikhil;Sun, Yiping;Laws, Elizabeth;Akinlade, Bolanle;Dillon, Myles;Kosloski, Matthew P., et al

Publication Date: 2022

Journal: Lancet (London, England) 400(10356), pp. 908-919

Abstract: Background: Current systemic treatments for children younger than 6 years with moderate-to-severe atopic dermatitis that is uncontrolled with topical therapies might have suboptimal efficacy and safety. Dupilumab is approved for older children and adults with atopic dermatitis and for other type 2 inflammatory conditions. We aimed to evaluate efficacy and safety of dupilumab with concomitant low-potency topical corticosteroids in children aged 6 months to younger than 6 years with moderate-to-severe atopic dermatitis.; Methods: This randomised, double-blind, placebo-controlled, parallel-group, phase 3 trial was conducted in 31 hospitals, clinics, and academic institutions in Europe and North America. Eligible patients were aged 6 months to younger than 6 years, with moderate-to-severe atopic dermatitis (Investigator's Global Assessment IGA] score 3-4) diagnosed according to consensus criteria of the American Academy of Dermatology, and an inadequate response to topical corticosteroids. Patients were randomly assigned (1:1) to subcutaneous placebo or dupilumab (bodyweight ≥5 kg to <15 kg: 200 mg; bodyweight ≥15 kg to <30 kg: 300 mg) every 4 weeks plus low-potency topical corticosteroids (hydrocortisone acetate 1% cream) for 16 weeks. Randomisation was stratified by age, baseline bodyweight, and region. Patient allocation was done via a central interactive web response system, and treatment allocation was masked. The primary endpoint at week 16 was the proportion of patients with IGA score 0-1 (clear or almost clear skin). The key secondary endpoint (coprimary endpoint for the EU and EU reference market) at week 16 was the proportion of patients with at least a 75% improvement from baseline in Eczema Area and Severity Index (EASI-75). Primary analyses were done in the full analysis set (ie, all randomly assigned patients, as randomly assigned) and safety analyses were done in all patients who received any study drug. This study was registered with ClinicalTrials.gov, NCT03346434.; Findings: Between June 30, 2020, and Feb 12, 2021, 197 patients were screened for eligibility, 162 of whom were randomly assigned to receive dupilumab (n=83) or placebo (n=79) plus topical corticosteroids. At week 16, significantly more patients in the dupilumab group than in the placebo group had IGA 0-1 (23 28%] vs three 4%], difference 24% 95% CI 13-34]; p<0·0001) and EASI-75 (44 53%] vs eight 11%], difference 42% 95% CI 29-55]; p<0·0001). Overall prevalence of adverse events was similar in the dupilumab group (53 64%] of 83 patients) and placebo group (58 74%] of 78 patients). Conjunctivitis incidence was higher in the dupilumab group (four 5%]) than the placebo group (none). No dupilumab-related adverse events were serious or led to treatment discontinuation.; Interpretation: Dupilumab significantly improved atopic dermatitis signs and symptoms versus placebo in children younger than 6 years. Dupilumab was well tolerated and showed an acceptable safety profile, similar to results in older children and adults.; Funding: Sanofi and Regeneron Pharmaceuticals.; Competing Interests: Declaration of interests ASP has been an investigator for AbbVie, AnaptysBio, Dermavant, Eli Lilly, Incyte, Janssen, Krystal Biotech, LEO Pharma, Regeneron Pharmaceuticals, and UCB; a consultant with honorarium for AbbVie, Acrotech, Almirall, Amgen, Amryt Pharma, Arcutis Antiobix, Arena Pharmaceuticals, Azitra, BioCryst, BiomX, Boehringer Ingelheim, Botanix, BridgeBio, Bristol Myers Squibb, Castle Creek Biosciences, Catawba Research, Eli Lilly, Exicure, Gilead, Incyte, Janssen, Johnson & Johnson, Kamari Pharma, LEO Pharma, Novartis, OM Pharma, Pfizer, Pierre Fabre Dermo-Cosmetics, RAPT Therapeutics, Regeneron Pharmaceuticals, Sanofi,

Seanergy, UCB, and Union; and on the data and safety monitoring board for AbbVie, Abeona, Bausch, Galderma, and Novan. ELS has been an investigator for AbbVie, Eli Lilly, Incyte, Kyowa Hakko Kirin, LEO Pharma, Pfizer, Regeneron Pharmaceuticals, Sanofi, and Trevi Therapeutics; received consultant fees from AbbVie, Amgen, Arena Pharmaceuticals, Aslan Pharma, Benevolent AI Bio Limited, BiomX, Bluefin Biomedicine, Boehringer Ingelheim, Boston Consulting Group, Collective Acumen, Coronado, Corevita, Dermavant, Eli Lilly, Evidera, ExcerptaMedica, Forté Bio RX, Galderma, GSK, Incyte, Janssen, Kyowa Hakko Kirin, LEO Pharma, Menlo Therapeutics, Merck, Novartis, Pfizer, Pierre Fabre Dermo-Cosmetics, Regeneron Pharmaceuticals, Roivant, Sanofi, SPARC India, Trevi Therapeutics, and Valeant; received study grants from AbbVie, Amgen, Arcutis, Aslan Pharma, Corevita, Eli Lilly, Incyte, Kyowa Hakko Kirin, LEO Pharma, Novartis, Pfizer, Regeneron Pharmaceuticals, Sanofi, and Trevi Therapeutics; served as a speaker for Eli Lilly, Incyte, LEO Pharma, Pfizer, Regeneron Pharmaceuticals, and Sanofi; and served on advisory boards for Arena Pharmaceuticals, Eli Lilly, GSK, Janssen, Kyowa Hakko Kirin, LEO Pharma, Pfizer, Regeneron Pharmaceuticals, and Sanofi. ECS has been a consultant for AbbVie, Dermavant, Eli Lilly, Pfizer, Regeneron Pharmaceuticals, and Verrica Pharmaceuticals; on the data and safety monitoring board for GSK, LEO Pharma, Novan, Pfizer, and USB; served on advisory boards for Sanofi; and a principal investigator in clinical trials for Eli Lilly, Regeneron Pharmaceuticals, and Verrica Pharmaceuticals. MJC has been an investigator and consultant for Astellas, Galapagos, Hyphens Pharma, Johnson & Johnson, LEO Pharma, L'Oréal, Novartis, Oxagen, Pfizer, Reckitt Benckiser, Regeneron Pharmaceuticals, and Sanofi; and a consultant for AbbVie, Almirall, Anacor Pharmaceuticals, Boots, Dermavent, Galderma, Menlo Therapeutics, and Proctor & Gamble; and received research grants from Hyphens Pharma, Johnson & Johnson, LEO Pharma, L'Oréal, Pfizer, Regeneron Pharmaceuticals, and Sanofi. AW has been an investigator for Beiersdorf, Eli Lilly, Galderma, LEO Pharma, MedImmune, Novartis, Pfizer, Regeneron Pharmaceuticals, and Sanofi; a consultant for AbbVie, Almirall, Anacor Pharmaceuticals, Eli Lilly, Galapagos, Galderma, LEO Pharma, MedImmune, Novartis, Pfizer, Regeneron Pharmaceuticals, and Sanofi; and received research grants from Beiersdorf, LEO Pharma, and Pierre Fabre. PDA has been an investigator for Regeneron Pharmaceuticals; and received a research grant and been an advisor for Sanofi. WS has been a speaker, advisory board member, and investigator for AbbVie, Amgen, AstraZeneca, GSK, LEO Pharma, Pfizer, Regeneron Pharmaceuticals, and Sanofi; a consultant for AbbVie, LEO Pharma, and Regeneron Pharmaceuticals; received investigator grants from AbbVie, Aimmune Therapeutics, Genentech, GSK, Incyte, LEO Pharma, Novartis, Pfizer, Teva, and Vanda Pharmaceuticals; a speaker for Teva; and an advisor for Genentech. MEG has been an investigator for AbbVie, Arcutis Biotherapeutics, Dermira, Dermavant, Eli Lilly, Incyte, Krystal Biotech, Regeneron Pharmaceuticals, Sun Pharma, and Verrica Pharmaceuticals; a speaker for Galderma, Pfizer, Primus Pharmaceuticals, Regeneron Pharmaceuticals, and Sanofi; and a consultant for Unilever and Verrica Pharmaceuticals. LCS has been an investigator for DBV Technologies and Regeneron Pharmaceuticals; received research support from Genentech; and has been a consultant for AbbVie, Alladapt Immunotherapeutics, LEO Pharma, Regeneron Pharmaceuticals, and Sanofi. RS has been an investigator for Galderma, Regeneron Pharmaceuticals, and UCB; an advisory board member for LEO Pharma and Pfizer; and speaker for Beiersdorf. BL has been an investigator for Castle, Dermira, Franklin Biosciences, and Pfizer; an investigator, speaker, and consultant for AbbVie, Dermtech, Eli Lilly, Incyte, LEO Pharma, Regeneron Pharmaceuticals, and UCB; an investigator and consultant for Strata; and a speaker and consultant for Dermavant and Sanofi. SM has been an investigator for AstraZeneca, Pfizer, and Regeneron Pharmaceuticals. ZW, YS, BA, MD, MPK, MAK, DMW, GDY, and AB are employees and shareholders of Regeneron Pharmaceuticals. LPM, EL, NP, AD-B, and JTO are employees of and may hold stock or stock options in Sanofi. NA is a former employee and shareholder of Regeneron Pharmaceuticals.

Access or request full text: https://libkey.io/10.1016/S0140-6736(22)01539-2

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36116481&custid=ns023446

29. Reducing NHS outpatient follow-up activity by 25%: can it be done in dermatology?.

Item Type: Journal Article

Authors: Patel, N. P.

Publication Date: 2022

Journal: Clinical and Experimental Dermatology 47(9), pp. 1730-1731

URL: https://libkey.io/libraries/1293/openurl?genre=article&sid=OVID:embase&id=pmid:35686609&id=doi:10.1111%2Fced.15270&issn=0307-6938&isbn=&volume=47&issue=9&spage=1730&pages=1730-1731&date=2022&title=Clinical+and+Experimental+Dermatology&atitle=Reducing+NHS+outpatient+follow-up+activity+by+25%25%3A+can+it+be+done+in+dermatology%3F&aulast=Patel&pid=%3Cauthor%3EPatel+N.P.%3C%2Fauthor%3E%3CAN%3E2018180920%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E

30. 34369 Could current skin typing systems in Dermatology contribute to data bias for the development of clinical digital technologies in the UK?.

Item Type: Journal Article

Authors: Paul, N.

Publication Date: 2022

Journal: Journal of the American Academy of Dermatology Conference, pp. AA

Abstract: Introduction: The UK population is expected to grow to 84.5 million by 2061 with the percentage of ethnic minority groups expanding from 8% to 30% during this time. Our background research uncovered a lack of diversity in the images of skin conditions in educational resources and datasets for research. Dark skin comprises just 4.5% of images in medical textbooks.

URL: https://libkey.io/libraries/1293/openurl?genre=article&sid=OVID:embase&id=pmid:&id=doi:10.1016%2Fj.jaad.2022.06.644&issn=0190-9622&isbn=&volume=87&issue=3+Supplement&spage=AB153&pages=AB153&date=2022&title=Journal+of+the+American+Academy+of+Dermatology&atitle=34369+Could+current+skin+typing+systems+in+Dermatology+contribute+to+data+bias+for+the+development+of+clinical+digital+technologies+in+the+UK%3F&aulast=Paul&pid=%3Cauthor%3EPaul+N.%3C%2Fauthor%3E%3CAN%3E2020120322%3C%2FAN%3E%3CDT%3EConference+Abstract%3C%2FDT%3E

31. Monitoring for methotrexate-induced liver fibrosis in many UK dermatology centres is out of date and needs reform.

Item Type: Journal Article

Authors: Raahimi, M.;Sheppeard, R. and Livesey, A.

Publication Date: 2022

Journal: Clinical and Experimental Dermatology 47(9), pp. 1740-1741

URL: https://libkey.io/libraries/1293/openurl?genre=article&sid=OVID:embase&id=pmid:35486673&id=doi:10.

1111%2Fced.15242&issn=0307-6938&isbn=&volume=47&issue=9&spage=1740&pages=1740-1741&date=2022&title=Clinical+and+Experimental+Dermatology&atitle=Monitoring+for+methotrexate-induced+liver+fibrosis+in+many+UK+dermatology+centres+is+out+of+date+and+needs+reform&aulast=Raahimi&pid=%3Cauthor%3ERaahimi+M.%3BSheppeard+R.%3BLivesey+A.%3C%2Fauthor%3E%3CAN%3E2017537831%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E

32. Prevalence of most common skin diseases in Europe: a population-based study

Item Type: Journal Article

Authors: Richard, M. A.;Paul, C.;Nijsten, T.;Gisondi, P.;Salavastru, C.;Taieb, C.;Trakatelli, M.;Puig, L. and Stratigos, A.

Publication Date: 2022

Journal: Journal of the European Academy of Dermatology and Venereology : JEADV 36(7), pp. 1088-1096

Abstract: Background: The assessment of the prevalence of diseases is of primary importance in planning health policies. No complete data on the prevalence of skin diseases across European countries are available.; Objective: To estimate the prevalence of the most frequent skin conditions or diseases in 27 European countries (24 EU countries, plus Norway, Switzerland, and the United Kingdom).; Methods: We conducted a population-based study on representative and extrapolable samples of the general population aged 18 years or more in each of the 27 countries surveyed. Participants were selected using stratified, proportional sampling with a replacement design. Data were collected using a web-based online survey. All participants were asked to fill in a questionnaire with sociodemographic data and to declare if they have had one or more skin conditions or diseases during the previous 12 months.; Results: A total of 44 689 participants from 27 countries responded to the questionnaire, 21 887 (48.98%) men and 22 802 (51.02%) women. The proportion of participants who reported having suffered from at least one dermatological condition or disease during the previous 12 months was 43.35% (95% CI: 42.89%, 43.81%). The projection in the total population of the 27 countries included in the study resulted in 185 103 774 individuals affected by at least one dermatological condition or disease. Accordingly, we can estimate that more than 94 million Europeans complain of uncomfortable skin sensations like itch, burning, or dryness. The most frequent conditions were fungal skin infections (8.9%), acne (5.4%), and atopic dermatitis or eczema (5.5%). Alopecia, acne, eczema, and rosacea were more common in women, whereas men were more likely to suffer from psoriasis and sexually transmitted infections.; Conclusion: Skin diseases are an important public health concern. Their high prevalence has to be taken into account in planning access to dermatological care to address patient needs. (© 2022 European Academy of Dermatology and Venereology.)

Access or request full text: https://libkey.io/10.1111/jdv.18050

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35274366&custid=ns023446

33. Prevalence of skin pressure injury in critical care patients in the UK: results of a single-day point prevalence evaluation in adult critically ill patients

Item Type: Journal Article

Authors: Rubulotta, Francesca;Brett, Stephen;Boulanger, Carole;Blackwood, Bronagh;Deschepper, Mieke;Labeau, Sonia O. and Blot, Stijn

Publication Date: 2022

Journal: BMJ Open 12(11), pp. e057010

Abstract: Objectives: Hospital-acquired pressure injuries (PIs) are a source of morbidity and mortality, and many are potentially preventable.; Design: This study prospectively evaluated the prevalence and the associated factors of PIs in adult critical care patients admitted to intensive care units (ICU) in the UK.; Setting: This service evaluation was part of a larger, international, single-day point prevalence study of PIs in adult ICU patients. Training was provided to healthcare givers using an electronic platform to ensure standardised recognition and staging of PIs across all sites.; Participants: The characteristics of the ICUs were recorded before the survey; deidentified patient data were collected using a case report form and uploaded onto a secure online platform.; Primary and Secondary Outcome Measures: Factors associated with ICU-acquired PIs in the UK were analysed descriptively and using mixed multiple logistic regression analysis.; Results: Data from 1312 adult patients admitted to 94 UK ICUs were collected. The proportion of individuals with at least one PI was 16% (211 out of 1312 patients), of whom 8.8% (n=115/1312) acquired one or more PIs in the ICU and 7.3% (n=96/1312) prior to ICU admission. The total number of PIs was 311, of which 148 (47.6%) were acquired in the ICU. The location of majority of these PIs was the sacral area, followed by the heels. Braden score and prior length of ICU stay were associated with PI development.; Conclusions: The prevalence and the stage of severity of PIs were generally low in adult critically ill patients admitted to participating UK ICUs during the study period. However, PIs are a problem in an important minority of patients. Lower Braden score and longer length of ICU stay were associated with the development of injuries; most ICUs assess risk using tools which do not account for this.; Trial Registration Number: NCT03270345.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Access or request full text: https://libkey.io/10.1136/bmjopen-2021-057010

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36418122&custid=ns023446

34. Evaluation of Nomacopan for Treatment of Bullous Pemphigoid: A Phase 2a Nonrandomized Controlled Trial

Item Type: Journal Article

Authors: Sadik, Christian D.;Rashid, Hanan;Hammers, Christoph M.;Diercks, Gilles F. H.;Weidinger, Anke;Beissert, Stefan;Schauer, Franziska;Fettiplace, James;Thaçi, Diamant;Ngai, Yenting;Nunn, Miles A.;Zillikens, Detlef and Horváth, Barbara

Publication Date: 2022

Journal: JAMA Dermatology 158(6), pp. 641-649

Abstract: Importance: Bullous pemphigoid is a difficult-to-treat autoimmune blistering skin disease that predominantly affects older adults and is associated with an increased mortality rate.; Objective: To examine the safety and therapeutic potential of nomacopan, an inhibitor of leukotriene B4 and complement C5, in patients with bullous pemphigoid.; Design, Setting, and Participants: This multicenter, single-group, phase 2a nonrandomized controlled trial was conducted in the dermatology departments of universities in the Netherlands and Germany. Participants were enrolled between September 2018 and April 2020. Older adult patients (aged ≥55 years) with mild to moderate, new-onset or relapsing bullous pemphigoid were recruited

into the study.; Interventions: Patients received nomacopan, 90 mg, subcutaneously on day 1 and 30 mg subcutaneously daily until day 42.; Main Outcomes and Measures: The primary end point was the proportion of patients with grade 3 to 5 (severe) adverse events associated or possibly associated with nomacopan. Secondary end points included mean absolute and percentage changes in the Bullous Pemphigoid Disease Area Index (BPDAI) activity score, the BPDAI pruritus score, and the patient-reported outcome measures Dermatology Life Quality Index (DLQI) and Treatment of Autoimmune Bullous Disease Quality of Life (TABQOL).; Results: A total of 9 patients (median range] age, 75 55-85] years) with bullous pemphigoid were included in the trial, of whom 5 were women (55.6%). No serious adverse events associated with nomacopan were found. The mean (90% CI) BPDAI activity score decreased from 32.0 (8.7) points on day 1 to 19.6 (9.0) points on day 42. Seven of 9 patients (77.8%) responded to nomacopan with a reduction in the BPDAI activity score of at least 8 points between days 1 and 42; in 3 responders, the reduction was 80% or greater. On day 42, the mean (90% CI) BPDAI pruritus score had decreased by 6.8 (4.6) points from 17.6 (4.0) points on day 1. The mean (90% CI) DLQI score decreased from 11.3 (4.2) points at baseline to 6.4 (3.8) points by day 42, and the mean (90% CI) TABQOL score decreased from 14.6 (5.4) points at baseline to 10.3 (5.0) points on day 42.; Conclusions and Relevance: Results of this nonrandomized controlled trial suggest that nomacopan can be well tolerated in older patients with bullous pemphigoid and may have therapeutic benefits for suppressing acute flares of this disease. A larger, placebo-controlled randomized clinical trial is warranted to confirm this safety profile and to establish nomacopan as a new therapeutic option for bullous pemphigoid.; Trial Registration: ClinicalTrials.gov Identifier: NCT04035733.

Access or request full text: https://libkey.io/10.1001/jamadermatol.2022.1156

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35507334&custid=ns023446

35. Hospital Admissions Related to Infections and Disorders of the Skin and Subcutaneous Tissue in England and Wales

Item Type: Journal Article

Authors: Samannodi, Mohammed

Publication Date: 2022

Journal: Healthcare (Basel, Switzerland) 10(10)
Abstract: Objectives: To investigate hospital admissions in England and Wales due to infections and diseases of the skin and subcutaneous tissue.; Methods: Data from the Patient Episode Database for Wales (PEDW) and the Hospital Episode Statistics (HES) database in England for the years between April 1999 and April 2020 were used in this study. Using all the relevant diagnosis codes (L00-L99), hospital admissions related to various skin infections and diseases of the subcutaneous tissue were identified.; Results: Hospital admissions for all causes increased overall by 78.8%, from 276,464 in 1999 to 494,433 in 2020, representing an increase in hospital admission rate of 56.1% (from 530.23 (95% CI 528.26-532.20) in 1999 to 827.92 (95% CI 825.62-830.22) per 100,000 people in 2020, $p \leq 0.05$). The most prevalent diagnoses were disorders of the skin's appendages, infections of the skin and subcutaneous tissue, and other disorders of the skin and subcutaneous tissue. Nearly half of all hospital admissions were for males and for patients between the ages of 15 and 59. In 2020, the hospital admission rate for males increased by 60.2%, from 540.16 (95% CI 537.32-543.01) per 100,000 people in 1999 to 865.10 (95% CI 861.76-868.44) in 2020. From 520.75 (95% CI 518.02-523.48) in 1999 to 791.03 (95% CI 787.86-794.19) in 2020, the hospital admission rate for females grew by 51.9%.; Conclusion: Hospital admission due to infections and disorders of the skin and subcutaneous tissue increased during the past two decades in England and Wales. Further studies are needed to explore the risk factors associated with infections and disorders of the skin and subcutaneous tissue complications, and its associated admissions.

Access or request full text: https://libkey.io/10.3390/healthcare10102028

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36292475&custid=ns023446

36. Ireland has the highest per capita use of fake tan in the world: effect on dermatology clinics.

Item Type: Journal Article

Authors: Shafik, L.;Griffin, L. and Laing, M.

Publication Date: 2022

Journal: Clinical and Experimental Dermatology 47(11), pp. 2030-2032

URL: https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emexb&AN=2018510308 https://libkey.io/libraries/1293/openurl?genre=article&sid=OVID:embase&id=pmid:35767007&id=doi:10.1111%2Fced.15315&issn=0307-6938&isbn=&volume=47&issue=11&spage=2030&pages=2030-2032&date=2022&title=Clinical+and+Experimental+Dermatology&atitle=Ireland+has+the+highest+per+capita+use+of+fake+tan+in+the+world%3A+effect+on+dermatology+clinics&aulast=Shafik&pid=%3Cauthor%3EShafik+L.%3BGriffin+L.%3BLaing+M.%3C%2Fauthor%3E%3CAN%3E2018510308%3C%2FAN%3E%3CDT%3ELetter%3C%2FDT%3E

37. Introduction of a Specific Dermatological Rehabilitation Programme for Patients with Chronic Pruritus: A Pilot Study

Item Type: Journal Article

Authors: Von Martial, Sophia;Kok, Lisa;Gründel, Sonja;Augustin, Matthias;Blome, Christine;Zeidler, Claudia;Steinbrink, Kerstin;Ständer, Sonja and Tsianakas, Athanasios

Publication Date: 2022

Journal: Acta Dermato-Venereologica 102, pp. adv00831

Abstract: Chronic pruritus is a common symptom, associated with several severe medical conditions, great psychological burden, and reduced quality of life. It also poses socio-economic challenges concerning patients' work loss and healthcare costs. In Germany, medical rehabilitation programmes represent an integral part of the medical care of patients with chronic inflammatory skin diseases. However, such programmes play only a rudimentary role in the treatment of other dermatological diseases, such as dermatological oncology, genetic skin diseases, and chronic pruritus. Therefore, a specific antipruritic dermatological rehabilitation programme was developed in cooperation between the Department of Dermatology of the Medical Rehabilitation Center Bad Bentheim and the Center for Chronic Pruritus of the University Hospital of Muenster, Germany. This prospective study compared short-term patient-reported outcomes (n = 121) at the beginning and end of the rehabilitation programme. The majority of subjects had chronic pruritus on primary diseased, inflamed skin. Significant improvements in pruritus intensity ($p \leq 0.001$), quality of life ($p \leq 0.001$), anxiety symptoms ($p \leq 0.001$) and depression ($p \leq 0.001$), as well as an overall patient-relevant benefit (Patient Benefit Index 2.6 ± 1.06) and treatment-related patients' satisfaction, were shown. This suggests that implementation of this

standardized rehabilitation programme for treatment of patients with chronic pruritus was successful.

Access or request full text: https://libkey.io/10.2340/actadv.v102.2930

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36317589&custid=ns023446

38. Celebrating 20 years of the UK Dermatology Clinical Trials Network. Part 1: Developing and delivering high-quality independent clinical trials.

Item Type: Journal Article

Authors: Williams, H. C.;McPhee, M. J.;Layfield, C. P.;Jones, S.;Layfield, C.;Matin, R.;Levell, N.;Cowdell, F.;Burton, T.;Adams, L. M.;Frankel, J.;Thomas, K.;Perera, G.;Sommerlad, M.;Charman, C.;Worboys, S.;Young, H.;Belmo, S.;Sach, T.;Bradshaw, L., et al

Publication Date: 2022

Journal: Clinical and Experimental Dermatology 47(6), pp. 1048-1059

Abstract: The UK Dermatology Clinical Trials Network (UK DCTN) was formed in 2002 with the aim of developing and supporting high-quality independent national clinical trials that address prioritized research questions for people with skin disease. Its philosophy is to democratize UK dermatological clinical research and to tackle important clinical questions that industry has no incentive to answer. The network also plays a key role in training and capacity development. Its membership of over 1000 individuals includes dermatology consultants, trainees, dermatology nurses, general practitioners, methodologists and patients. Its organizational structures are lean and include a co-ordinating team based at the Centre of Evidence-Based Dermatology in Nottingham, and an executive with independent members to ensure probity and business progression. A prioritization panel and steering group enable a pipeline of projects to be prioritized and refined for external funding from independent sources. The UK DCTN has supported and completed 12 national clinical trials, attracting investment of over 15 million into UK clinical dermatology research. Trials have covered a range of interventions from drugs such as doxycycline (BLISTER), silk clothing for eczema (CLOTHES) and surgical interventions for hidradenitis suppurativa (THESEUS). Trial results are published in prestigious journals and have global impact. Genuine partnership with patients and carers has been a strong feature of the network since its inception. The UK DCTN is proud of its first 20 years of collaborative work, and aims to remain at the forefront of independent dermatological health technology assessment, as well as expanding into areas including diagnostics, artificial intelligence, efficient studies and innovative designs.

URL: https://libkey.io/libraries/1293/openurl?genre=article&sid=OVID:embase&id=pmid:35199857&id=doi:10.1111%2Fced.15140&issn=0307-6938&isbn=&volume=47&issue=6&spage=1048&pages=1048-1059&date=2022&title=Clinical+and+Experimental+Dermatology&atitle=Celebrating+20+years+of+the+UK+Dermatology+Clinical+Trials+Network.+Part+1%3A+Developing+and+delivering+high-quality+independent+clinical+trials&aulast=Williams&pid=%3Cauthor%3EWilliams+H.C.%3BMcPhee+M.J.%3BLayfield+C.P.%3BJones+S.%3BLayfield+C.%3BMatin+R.%3BLevell+N.%3BCowdell+F.%3BBurton+T.%3BAdams+L.M.%3BFrankel+J.%3BThomas+K.%3BPerera+G.%3BSommerlad+M.%3BCharman+C.%3BWorboys+S.%3BYoung+H.%3BBelmo+S.%3BSach+T.%3BBradshaw+L.%3BAbbott+R.%3BMacbeth+A.%3BShipley+D.%3BMakrygeorgou+A.%3BMcPherson+T.%3BDeGiovanni+C.%3BDavies+E.%3BLlewellyn+R.%3BWestmoreland+M.%3BPathak+A.%3BWainman+H.%3BMacNeil+C.%3BBarlow+R.%3Bde+Brito+M.%3BFrewen+J.%3BLalonde+A.%3BSudhakaran+S.%3BEarp+E.%3BSteele+L.%3BHodder+A.%3BLowe+A.%3BLayton+A.%3BLloyd-Lavery+A.%3BWalton+S.%3BSears+A.%3BBurden-Teh+E.%3BDurack+A.%3BWernham+A.%3BThomson+J.%3BMarrouche+N.%3BAhmed+A.%3BSimpson+R.%3C%

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39. Unmet Need in People with Psoriasis and Skin of Color in Canada and the United States

Item Type: Journal Article

Authors: Yadav, Geeta;Yeung, Jensen;Miller-Monthrope, Yvette;Lakhani, Omair;Drudge, Christopher;Craigie, Samantha;Mendell, Ari and Park-Wyllie, Laura

Publication Date: 2022

Journal: Dermatology and Therapy 12(11), pp. 2401-2413

Abstract: The experience of dermatological conditions such as psoriasis is different for people with skin of color (SoC) than for white individuals. The objective of this literature review was to understand challenges and unmet needs associated with access to care, diagnosis, and treatment of psoriasis among people with SoC in Canada and the United States. The review focused on studies published in the last 5 years. After screening 919 unique records, 26 studies were included. Importantly, lack of culturally competent care was identified as a key unmet need for psoriasis among people with SoC. In addition, cost of care and cultural views of psoriasis may influence decisions to seek care among people with SoC. Baseline patient characteristics in psoriasis studies and the prevalence/incidence of psoriasis vary across racial/ethnic groups, which may reflect differences in the rate and/or timing of diagnosis. The presentation of psoriasis differs across racial/ethnic groups, which may contribute to challenges in proper and timely diagnosis. Compared with white patients with psoriasis, individuals with SoC may be less familiar with and have different rates of treatment with biologic therapies for psoriasis, are more likely to be hospitalized for psoriasis, and their access to physicians may differ. Further, people with SoC are underrepresented in clinical trials of psoriasis therapies. Overall, the results of this literature review suggest that people with psoriasis and SoC face unique challenges in their disease experience. It is essential that clinicians and other stakeholders recognize and address these disparities to ensure equitable care. (© 2022. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-022-00811-0

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36131193&custid=ns023446

40. Drug Survival Associated With Effectiveness and Safety of Treatment With Guselkumab, Ixekizumab, Secukinumab, Ustekinumab, and Adalimumab in Patients With Psoriasis

Item Type: Journal Article

Authors: Yiu, Zenas Z. N.;Becher, Gabrielle;Kirby, Brian;Laws, Philip;Reynolds, Nick J.;Smith, Catherine H.;Warren, Richard B. and Griffiths, Christopher E. M.

Publication Date: 2022

Journal: JAMA Dermatology 158(10), pp. 1131-1141

Abstract: Importance: Drug survival of biologic therapies for psoriasis is a proxy for longer-term treatment effectiveness and safety. Patient factors that are associated with the survival of each biologic differently (effect modifiers) may inform the decision to choose between biologics.; Objective: To assess the drug survival associated with the effectiveness and safety of commonly used biologics for psoriasis in the UK and Ireland and identify effect modifiers for these biologics and their survival.; Design, Setting, and Participants: We conducted a prospective cohort study of patients with psoriasis using data from the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) between November 2007 and August 2021.; Exposures: Adalimumab, ustekinumab, secukinumab, guselkumab, ixekizumab.; Main Outcomes and Measures: We conducted a survival analysis and fitted separate flexible parametric models for drug survival as a proxy for effectiveness and safety.; Results: A total of 16 122 treatment courses were included: 6607 (41.0%) in which treatment with adalimumab was initiated, 5405 (33.5%) with ustekinumab, 2677 (16.6%) with secukinumab, 730 (4.5%) with guselkumab, and 703 (4.4%) with ixekizumab. The crude survival functions at year 1 for measures of effectiveness for treatment with adalimumab was 0.81 (95% CI, 0.80-0.82), 0.89 for ustekinumab (95% CI, 0.88-0.89), 0.86 for secukinumab (95% CI, 0.85-0.87), 0.94 for guselkumab (95% CI, 0.92-0.96), and 0.86 for ixekizumab (95% CI, 0.83-0.89). The adjusted survival curves from the multivariable model for effectiveness showed that treatment with guselkumab had the higher survival (adjusted hazard ratio, 0.13; 95% CI, 0.03-0.56) and adalimumab had the lower survival (adjusted hazard ratio, 2.37; 95% CI, 2.03-2.76) compared with ustekinumab. Secukinumab and ixekizumab had similar survival curves over time. Psoriatic arthritis, previous biologic exposure, nail involvement, and ethnicity were effect modifiers for survival in association with treatment effectiveness. The crude survival functions at year 1 for safety were 0.91 for treatment with adalimumab (95% CI, 0.90-0.91), 0.94 for ustekinumab (95% CI, 0.94-0.95), 0.94 for secukinumab (95% CI, 0.92-0.94), 0.96 for guselkumab (95% CI, 0.94-0.98), and 0.92 for ixekizumab (95% CI, 0.89-0.94). Guselkumab, ustekinumab, and secukinumab had similar adjusted survival curves for safety, while adalimumab (adjusted hazard ratio, 1.66; 95% CI, 1.46-1.89) and ixekizumab (adjusted hazard ratio, 1.52; 95% CI, 1.13-2.03) had lower survival compared with ustekinumab.; Conclusions and Relevance: The results of this cohort study suggest that guselkumab had the highest drug survival in BADBIR of the included biologics for treatment persistence that was associated with effectiveness, and guselkumab had highest drug survival for safety compared with other biologics except ustekinumab. Psoriatic arthritis, nail involvement, previous biologic exposure, and ethnicity were effect modifiers for biologics and their survival in association with treatment effectiveness. This information on longer-term treatment persistence, safety, and tolerability may help patients and their clinicians make an informed decision to initiate treatment with a biologic therapy.

Access or request full text: https://libkey.io/10.1001/jamadermatol.2022.2909

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35791876&custid=ns023446

41. A deep learning-based approach toward differentiating scalp psoriasis and seborrheic dermatitis from dermoscopic images

Item Type: Journal Article

Authors: Yu, Zhang;Kaizhi, Shen;Jianwen, Han;Guanyu, Yu and Yonggang, Wang

Publication Date: 2022

Journal: Frontiers in Medicine 9, pp. 965423

Abstract: Objectives: This study aims to develop a new diagnostic method for discriminating scalp psoriasis and seborrheic dermatitis based on a deep learning (DL) model, which uses the dermatoscopic image as input and achieved higher accuracy than dermatologists trained with dermoscopy.; Methods: A total of 1,358 pictures

(obtained from 617 patients) with pathological and diagnostic confirmed skin diseases (508 psoriases, 850 seborrheic dermatitides) were randomly allocated into the training, validation, and testing datasets (1,088/134/136) in this study. A DL model concerning dermatoscopic images was established using the transfer learning technique and trained for diagnosing two diseases.; Results: The developed DL model exhibits good sensitivity, specificity, and Area Under Curve (AUC) (96.1, 88.2, and 0.922%, respectively), it outperformed all dermatologists in the diagnosis of scalp psoriasis and seborrheic dermatitis when compared to five dermatologists with various levels of experience. Furthermore, non-proficient doctors with the assistance of the DL model can achieve comparable diagnostic performance to dermatologists proficient in dermoscopy. One dermatology graduate student and two general practitioners significantly improved their diagnostic performance, where their AUC values increased from 0.600, 0.537, and 0.575 to 0.849, 0.778, and 0.788, respectively, and their diagnosis consistency was also improved as the kappa values went from 0.191, 0.071, and 0.143 to 0.679, 0.550, and 0.568, respectively. DL enjoys favorable computational efficiency and requires few computational resources, making it easy to deploy in hospitals.; Conclusions: The developed DL model has favorable performance in discriminating two skin diseases and can improve the diagnosis, clinical decision-making, and treatment of dermatologists in primary hospitals.; Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. (Copyright © 2022 Yu, Kaizhi, Jianwen, Guanyu and Yonggang.)

Access or request full text: https://libkey.io/10.3389/fmed.2022.965423

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36405606&custid=ns023446

42. Biologics for psoriasis patients under 18 years of age: Real-world evidence from the Chinese psoriasis real world evidence research group

Item Type: Journal Article

Authors: Zheng, Yu-Xin;Ye, Li-Ran;Yan, Bing-Xi;Chen, Si-Qi;Cai, Sui-Qing and Man, Xiao-Yong

Publication Date: 2022

Journal: Frontiers in Medicine 9, pp. 1009991

Abstract: Background: Treatment for pediatric psoriasis is challenging because of the lack of real-world evidence, especially for biological therapies.; Objectives: This study evaluated the efficacy and safety of biologics in children with psoriasis based on real-world evidence.; Methods: Pediatric psoriasis patients aged <18 years who were treated with biologics in our hospital (2020-2022) were prospectively analyzed. Patients treated with adalimumab, secukinumab, or ixekizumab were followed up for at least 16 weeks, and 22 of 38 patients completed the 52-week observation period. Dermatologist raters were blinded to ensure the reliability of the PASI, BSA, and PGA score assessments. PASI 75 or PGA 0/1 at week 12 represented an efficient indicator.; Results: Thirty-eight patients (20 males and 18 females; median age, 12.6 ± 4.1 years) were enrolled, and none were lost to follow-up. All participants were diagnosed with psoriasis, including plaque psoriasis (n = 36), nail psoriasis (n = 1), and pustular psoriasis (n = 1). Within 12 weeks, all patients achieved scores above PASI 75 and PGA 0/1. The average time to reach PASI 75 was 4.3 ± 2.0, 3.2 ± 1.8, and 2.4 ± 0.4 weeks in patients using adalimumab, secukinumab, and ixekizumab, respectively, and, 27.2% (3/11), 86.4% (19/22), and 75.0% (3/4) of these patients achieved PASI 100 at week 12, respectively. Moreover, 18 of 20 patients with plaque psoriasis maintained ≥PASI 75 after 52 weeks. The most commonly reported adverse effect was upper respiratory tract infection, and no severe adverse effects were reported.; Conclusions: Our real-world data demonstrated the safety and effectiveness of adalimumab, secukinumab, and ixekizumab in children with psoriasis.; Competing Interests: The authors declare that the research was conducted in the absence of any commercial or financial

relationships that could be construed as a potential conflict of interest. (Copyright © 2022 Zheng, Ye, Yan, Chen, Cai and Man.)

Access or request full text: https://libkey.io/10.3389/fmed.2022.1009991

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=36160145&custid=ns023446

43. Cost-minimisation analysis of oritavancin for the treatment of acute bacterial skin and skin structure infections from a United Kingdom perspective

Item Type: Journal Article

Authors: Zinzi, Daniela;Vlachaki, Ioanna;Falla, Edel;Mantopoulos, Theo and Nathwani, Dilip

Publication Date: 2022

Journal: The European Journal of Health Economics : HEPAC : Health Economics in Prevention and Care 23(8), pp. 1371-1381

Abstract: Background: Early discharge (ED) from hospital and outpatient parenteral antibiotic therapy (OPAT) are effective approaches for the management of a range of infections, including acute bacterial skin and skin structure infections (ABSSSI). Strategies that facilitate ED, thereby reducing complications such as healthcare-acquired infection whilst enhancing patient quality of life, are being increasingly adopted in line with good antimicrobial stewardship practice. This study presents a cost-minimisation analysis for the use of oritavancin at ED versus relevant comparators from a National Health Service (NHS) and personal and social services United Kingdom perspective.; Methods: A cost-minimisation model considering adult patients with ABSSSI with suspected or confirmed methicillin-resistant Staphylococcus aureus (MRSA) infection, was developed based on publicly available NHS costs, practice guidelines for ABSSSI and clinical expert's opinion. Cost of treatment and treatment days were compared for oritavancin at ED to dalbavancin, teicoplanin, daptomycin and linezolid.; Results: Following the empiric use of either flucloxacillin or vancomycin in the inpatient setting, oritavancin was compared to OPAT with dalbavancin, teicoplanin and daptomycin, and oral linezolid from day 4 of treatment. Oritavancin at ED reduced treatment duration by 0.8 days and led to cost savings of £281 in comparison to dalbavancin. In comparison to teicoplanin, daptomycin and linezolid, oritavancin reduced treatment duration by 5 days, with marginally higher costs (£446, £137, and £1,434, respectively).; Conclusion: Oritavancin, used to support ED, is associated with lower costs compared with dalbavancin and reduced treatment duration relative to all comparators. Its use would support an ED approach in MRSA ABSSSI management. (© 2022. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s10198-022-01432-2

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=35113269&custid=ns023446