013
WHO surgical checklist in dermatology: compliance, attitudes, & barriers
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Background & aims: The WHO surgical checklist is associated with reduced morbidity, mortality, and improved team work. However its efficacy depends on compliance. The aim of this study was to assess attitudes & barriers to the surgical checklist for dermatological procedures.

Methods: A questionnaire was distributed to nurses & doctors working in dermatology wards at a British regional centre. 469 responses were collated.

Results: 95.2% of respondents felt checklist use would improve compliance. Methods: Records of patients who had dermatological surgery at a British regional centre were studied December 2014 - May 2015. Questionnaires were sent to staff to establish attitudes & barriers. Changes were implemented including delivering educational sessions & allocating a specified time for checklist compliance. Compliance was re-assessed 4 weeks later. Results: 217 patient notes were studied. The most common procedure was excision biopsy (66%); 13% had surgery to multiple sites. On average, 76% of checklists were completed. We evaluated the time between checklist completion and surgery. The lowest percentage completion were 'Face Maker' (93%), 'Allergies' (90%), 'Immunosuppression' (90%); items with the lowest were 'Identity' 76%, 'Site' (72%), 'Antibiotic' (67%). Questionnaire responses from 10 nurses and 15 doctors showed the Checklist was felt to be important for communication, safety, and is applicable to dermatology. Key barriers were lack of time, need for checklist information through 'educational sessions' and 'online resources'. Barriers were addressed & compliance was reassessed in 100 patient notes. There were significant improvements in compliance (p<0.0001) with average completion rate 98% vs. 76% previously, and full completion rate 71% vs. 5%. 'Surgical Site' & 'Identity' both had 100% compliance, compared to 76% & 72% previously. Conclusions: The WHO Checklist is relevant & important in Dermatology, but lack of time may explain baseline compliance. 'Patient identity' & 'surgical site' were the least filled items, which could lead to wrong patient or wrong site surgery especially as a sixth of our patients have multiple-site surgery. Providing specified time for CheckList completion and different information formats can increase 'buy-in' from staff, and significantly improve compliance and patient safety.

015
Anti-lyp monoclonal antibody (omalizumab) in refractory and relapsing eosinophilic granulomatosis with polyangiitis: data from 17 patients
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1 Department of Dermatology, Hôpital Cardinal Léonard De Vinci, Paris, France, 2 Internal Medicine, CHU, Dijon, France, 3 Pulmonology, Hôpital Edouard Herriot, Lyon, France, 4 Internal Medicine, Hôpital Foch, Suresnes, France, 5 Internal Medicine, Hôpital Estang, Clermont Ferrand, France and 6 Internal Medicine, Hôpital Cochin, Paris, France. Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare systemic small-vessel vasculitis associated with asthma and blood and tissue, whose management remains a therapeutic challenge. We aimed to describe the efficacy and safety of omalizumab, an anti-lyp monoclonal antibody, in patients with refractory and/or relapsing EGPA. We conducted a nationwide retrospective study including EGPA patients who received omalizumab. Response was defined as the absence of asthma and/or sinonasal exacerbations with a prednisone dose ≤ 5 mg/day (≤ 7.5 mg/day in cases of >7.5 mg/day previous prednisone use, median age 45 years) received omalizumab for severe steroid-dependent asthma (88%) and/or sinonasal involvement (18%). After a median follow-up of 22 months, 6 patients (35%) achieved a complete response. 5 patients (30%) a partial response and 6 patients (35%) had no improvement. Median BVAS dropped from 2.5 at baseline to 0.5 at 12 months. Median rate of exacerbations decreased from 1/month at baseline to 0.1 at 12 months, and median forced expiratory volume in 1 second (FEV1) increased from 63% at baseline to 85% of the average value at 12 months. Median prednisone dose decreased from 16 mg/day at baseline to 11 and 9 mg/day at 6 and 12 months, respectively. Omalizumab was discontinued in 8 patients because of remission (25%), refractory disease (25%), or relapse (50%). Relapses included retrobulbar optic neuritis attributable to EGPA in 2 cases and severe asthma flare in 2 others. This study suggests that omalizumab may have corticosteroid-sparing effect in EGPA with asthmatic and/or sinonasal manifestations, but reducing corticosteroid doses may also increase the risk of severe EGPA flares, raising the question of its safety in this condition.

016
Ordinal logistic regression and Monte Carlo simulation in the mapping of DLQI scores to EQ-5D utility values
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The Dermatology Life Quality Index (DLQI) and the European Quality of Life-5 Dimension (EQ-5D) are patient reported outcome measures used to obtain quality of life (QoL) information. The DLQI is a specialty-specific measure unlike the EQ-5D, a generic measure from which utility values can be derived. This often results in several measures being implemented in studies with increased cost and patient burden. Ordinal logistic regression was used to develop a model to convert DLQI to EQ-5D based utility values. Data from 4,010 patients were randomly divided into estimation and validation sets to fit and test the model. A series of ordinal logistic regressions were fitted in SPSS v22 for the five EQ-5D dimensions based on age, sex and all 10 individual items of the DLQI as predictors. The model produced three estimated probabilities per subject per EQ-5D domain. Using these estimated probabilities, a series of 10 Monte Carlo (MC) simulations were run for each subject resulting in predicted domain responses. From these, utility values were calculated and compared to actual patient values. After excluding subjects with missing variable data there were 1769 patients in the estimation set and 1773 in the validation set. The model was shown to be highly predictive and repeated simulations demonstrated a stable model. The average predicted utility value for the entire validation set ranged from 0.742 to 0.753 across the 10 MC simulations compared to the actual average utility value of 0.754. The model reliably predicts EQ-5D scores at a group level demonstrated by very close utility score predictions. This model provides a methodology that will enable researchers to predict EQ-5D utility values in a specialty-specific study population using a specialty-specific QoL tool.

018
Impact of biologic therapies on the quality of life of psoriasis patients: results from the British Association of Dermatologists’ Biologics Interventions Register
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Definition of quality of life (QoL) of psoriasis patients receiving biologic therapies in the “real-world” is relatively unknown. We assessed the impact of biologics on QoL & studied potential predictors for improved QoL, using a cohort of 2152 psoriasis patients (adalimumab (n=1239), etanercept (n=517) & ustekinumab (n=396); 81% were biologic-naive) registered with the British Association of Dermatologists Biologics Interventions Register & followed-up for ≥6-months (ms). Changes in QoL were assessed using the Dermatology Life Quality Index (DLQI) & EuroQol5D-EDQ (EQcov) at 6 & 12 ms. For the entire cohort, the median (interquartile range) DLQI & EQcov utility scores improved from 18.13 (12.62 & 21.70) at baseline to 20.70 (18.85 & 21.70) at 6 ms & 20.70 (18.85 & 21.70) at 12 ms respectively, 46% & 54% of patients achieved a DLQI of 0/1 & a clinically meaningful change of ≥0.05 in their EQcov. Improvements were generally maintained at 12 ms. At 6 ms the multivariable regression models showed that these changes, with multiple comorbidities, & with lower QoL at baseline were significantly less likely to show either EQcov improvements or achieve a DLQI of 0/1. As compared with adalimumab, patients on etanercept, but not ustekinumab, were less likely to achieve a DLQI of 0/1. A higher change in DLQI was associated with improvement in EQcov. Age, smoking & psoriatic arthritis were determinants of poor improvement in EQcov. Similar factors were associated with QoL improvement at 12 ms. In routine clinical practice, biologics were associated with improvement in QoL in psoriasis patients. The results of this study will help inform clinical decisions in psoriasis management.