205 Neurofibromatosis type 1 related breast cancer: Increased risk, exceptional histopathological characteristics and poor survival

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Neurofibromatosis type 1 (NF1) is an autosomal dominant tumor predisposition syndrome with an incidence as high as 1/2,000. We have recently shown that the incidence of breast cancer in NF1 women <40 years is 11 times higher than that of normal population. The aim of the current study was to further characterize breast cancer in terms of histopathology, clinical characteristics and survival. A population-based cohort of 1,404 NF1 patients (20,248 person-years of follow-up) was cross-referenced with the Finnish Cancer Registry. A total of 31 NF1 breast cancers were diagnosed during 1987-2013. The estimated lifetime risk for breast cancer in NF1 women was 18.0%. Archival tissue specimens were obtained from 26 invasive breast cancers of female NF1 patients. Age and sex matched breast cancer control data was used to further study the breast cancer survival and the tumor characteristics. In the analysis, NF1 breast cancers were more commonly associated with unfavorable prognostic factors such as estrogen receptor and progesterone receptor negativity and HER2-amplification. However, these characteristics did not solely explain the poor survival of the NF1 breast cancer since a further analysis with a control group matched by age, sex and estrogen receptor status still revealed a worse survival in the NF1 group (p=0.022). Analysis of the TCGA Dataset showed that NF1 mutations and deletions were associated with similar characteristics in the breast cancers of the general population as those observed in breast cancers of NF1 patients. The results are in accordance to previous findings showing that NF1 gene is one of the driver genes of breast cancer. The results also emphasize a need for follow-up of NF1 patients.

207 Association of atopic dermatitis with cardiometabolic diseases and risk factor

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Atopic dermatitis (AD) has been recently reported to increase the risk for cardiovascular diseases (i.e. the total number of physician contacts due to reasons other than AD), AD was suggested that the checklist could be used to guide hospital managers on understanding how to make appropriate discharge decisions. Seventeen (100% response) consultant dermatologists anonymously completed a Delphi 3-Round questionnaire survey, using a 5-point Likert scale to rate each item in importance and how frequently used in practice. The items of least importance, 3 important, 5 important, and 7 very important.

Consensus was reached when at least 75% of the dermatologists rated an item as very important or important. Twenty-six items that met this criterion were divided into three categories: 1) case related, patient empowerment and patient concerns, 2) item related, patient empowerment and patient concerns, 3) item related, patient empowerment and patient concerns. The item related, patient empowerment and patient concerns were also included in the checklist.

Eighteen dermatology clinicians of different grades evaluated the checklist. 67% accepted the checklist, 56% felt it was applicable to the outpatient setting, 17% felt it guided the plan, patient's ability to self-manage, patient's easy re-access to secondary care, patient's concerns and whether the patient and clinician are happy with the decision to discharge.

The European prevalence of hidradenitis suppurativa (HS) remains highly uncertain, with estimates ranging from 0.05% to 4%; our study was designed to determine HS prevalence more accurately and to investigate disease associations. The Clinical Practice Research Datalink (CPRD), a primary care database of 12 million UK residents, was analysed to determine the prevalence of documented HS cases. To identify undiagnosed 'proxy' cases, algorithms were created to detect multiple skin boils in flexural sites. Proxy cases were validated in a subgroup of patients by sending questionnaires to their general practitioners (GPs), requesting confirmation of at least five skin boils on separate occasions in flexural sites. A case-control study compared disease associations between documented HS cases, proxy patients and age and gender-matched controls, one control matched to each case. In 2013, there were 23,333 documented HS cases from a total of 4,364,108 research-standard patient records. Read code algorithms identified 68,890 proxies (p<0.001) and the breast cancers were more commonly associated with unfavorable prognostic factors such as estrogen receptor and progesterone receptor negativity and HER2-amplification. However, these characteristics did not solely explain the poor survival of the NF1 breast cancer since a further analysis with a control group matched by age, sex and estrogen receptor status still revealed a worse survival in the NF1 group (p=0.022). Analysis of the TCGA Dataset showed that NF1 mutations and deletions were associated with similar characteristics in the breast cancers of the general population as those observed in breast cancers of NF1 patients. The results are in accordance to previous findings showing that NF1 gene is one of the driver genes of breast cancer. The results also emphasize a need for follow-up of NF1 patients.

209 Development and clinical evaluation of a “Traffic-light” design dermatology outpatient discharge checklist

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Our aims were to develop and evaluate a high quality discharge checklist, to assist clinicians make appropriate discharge decisions. Seventeen (100% response) consultant dermatologists anonymously completed a Delphi 3-Round questionnaire survey, using a 5-point Likert scale (1=unimportant, 2=of least importance, 3=moderately important, 4=important and 5=very important). Consensus was reached when at least 75% of the dermatologists rated an item as very important or important. Twenty-six items that met this criterion were divided into three categories: case related, patient empowerment and patient concerns. Items with related meanings were combined into one statement. There were 13 statements in the checklist, including certainty of diagnosis, disease severity, appropriateness of treatment, patient management, clinician's role for patient's benefit, patient's benefit for IFN-γ, patient's benefit for treatment decision, disease outcome and treatment side effects, the availability of a clear and effective plan, patient's ability to self-manage, patient's easy re-access to secondary care, patient's concerns and whether the patient and clinician are happy with the decision to discharge.

Eighteen dermatology clinicians of different grades evaluated the checklist. 67% accepted the checklist, 56% felt it was applicable to the outpatient setting, 17% felt it guided their thought processes and 8% wanted slight modification of the checklist. Consultants suggested the checklist could be used to guide hospital managers on understanding how to make appropriate discharge decisions. The findings of this study indicate that the Delphi exercise had identified appropriate criteria for the discharge checklist, as demonstrated by its high level of acceptability and applicability.