Needs and preferences of patients with basal cell carcinoma and squamous cell carcinoma

These researchers from Rotterdam explain that despite the high and rising incidence rate of keratinocyte cancer (KC) and the importance of incorporating patient values into evidence-based care, few studies have focused on the perspectives of patients with KC. Their aim was to identify the needs and preferences of patients with basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) regarding care. They carried out a qualitative study consisting of three focus groups with patients with BCC and three focus groups with patients with SCC. In total 42 patients participated. In each focus group the patients’ needs and preferences regarding treatment and follow-up were discussed, using a predefined topic list. All sessions were transcribed verbatim and analysed by two researchers. The following needs and preferences were identified: (i) the need to receive all relevant, tailored information; (ii) a physician who takes you seriously and communicates well; (iii) a short waiting period and the best treatment with direct results; (iv) to be seen by the same physician; a preference for a dermatologist during waiting period and the best treatment with direct results; (v) treatment and (vi) follow-up; (vii) a general need for structured follow-up care and (viii) a full-body skin examination during follow-up. Patients with BCC additionally expressed the need for openness and transparency and wanting to participate in shared decision making. The authors concluded that more effort should be made to underpin the patient–physician relationship, and to personalize the type and form of information and the follow-up schedules. Adding the patient’s perspective to current guidelines could facilitate this process.

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Serological diagnosis of antilaminin 332 mucous membrane pemphigoid

This study, by an international team of researchers, concerns antilaminin 332 mucous membrane pemphigoid (MMP), an autoimmune subepidermal blistering disease with predominant mucosal involvement and autoantibodies against laminin 332. The authors explain that malignancies have been associated with this disease; however, no standardized detection system for antilaminin 332 serum antibodies is widely available. Their aim was to develop a sensitive and specific assay for the detection of antilaminin 332 antibodies. To do this, they developed an indirect immunofluorescence (IF) assay using recombinant laminin 332; this was probed with a large number of antilaminin 332 MMP patient sera (n = 93), as well as sera from patients with antilaminin 332-negative MMP (n = 153), bullous pemphigoid (n = 20), pemphigus vulgaris (n = 20) and noninflammatory dermatoses (n = 22), and healthy blood donors (n = 100). Their results are reported in this issue of the BJD. They concluded that their novel IF-based assay will facilitate the serological diagnosis of antilaminin 332 MMP and may help to identify patients at risk of a malignancy.

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Omalizumab in patients with antihistamine-resistant chronic spontaneous urticaria

Bérard et al. from France carried out a prospective, open-label, phase IV study to evaluate the efficacy and safety of omalizumab in French adult patients with chronic spontaneous urticaria that was nonresponsive to H1-antihistamine treatment. They recruited 136 patients, who were stratified 1 : 2 (with angio-oedema : without angio-oedema) and received omalizumab 300 mg subcutaneously every 4 weeks for 12 weeks. Study assessments included the urticaria control test (UCT), 7-day urticaria activity score (UAS7), angio-oedema activity score and D-dimer levels. Their results are reported in this issue of the BJD. They concluded that omalizumab was efficacious in patients with CUU nonresponsive to H1-antihistamines. They also found that the UCT was a reliable tool for disease assessment and that the scores correlated well with the UAS7. This study did not support the usefulness of D-dimer to monitor long-term disease progression in adult urticaria; however, it may indicate patients who respond to omalizumab.

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Psychiatric morbidity and suicidal behaviour in psoriasis

Paris and colleagues from Manchester, U.K. explain that psychological distress among people with psoriasis may lead to elevated risks of suicide and nonfatal self-harm. Their aim with this study was to investigate psychiatric comorbidity, psychotropic medication prescribing and risk of suicidality in people with psoriasis. A cohort of patients with psoriasis (1998–2014) was delineated using the Clinical Practice Research Datalink, with linkage to Hospital Episode Statistics and Office for National Statistics mortality records. Each patient with psoriasis was matched with up to 20 patients without psoriasis on age, sex and general practice. A stratified Cox regression model was used to estimate the hazard ratios for suicide and nonfatal self-harm risks adjusted for socioeconomic status. The results are reported in full this issue of the BJD. The authors concluded that the prevalence of mental illness was raised in people with psoriasis, which may lead to a greater risk of self-harm. Nevertheless, having psoriasis does not appear to be associated with an increased risk of suicide. They recommended that healthcare professionals caring for patients with psoriasis should continue to monitor and tackle effectively the psychological needs of these individuals.

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