366 Psoriasis and co-morbidity
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Psoriasis is associated with multiple co-morbid medical conditions. The purpose of this study is to evaluate the relationships between psoriasis and cardiovascular disease, psoriatic arthritis, mental health conditions, and immune-mediated diseases, respectively. A literature search was performed during the study period January 1, 2015 to December 31, 2018. Of 2,499 records identified, 28 met our criteria selection and were included in this review. Based on these findings, the relationships between psoriasis and these multiple comorbid disease conditions are discussed. Psoriasis is associated with cardiovascular disease, and chronic inflammation likely plays a major role in this relationship. Treatment of psoriasis improves underlying inflammation and TNF inhibitor therapy may provide a protective effect against risk of MACE for patients with psoriasis, which would ultimately promote better health outcomes for these patients. Additionally, psoriatic arthritis is a common comorbid condition associated with psoriasis that can lead to permanent disability. Early treatment is imperative to help prevent complications of psoriatic arthritis. Autoimmune diseases have also been reported to be associated with psoriasis, which may suggest that the pathogenesis of psoriasis may involve autoimmune mechanisms. Moreover, it is important to address and treat comorbid psychiatric conditions among patients with psoriasis, including depression, suicidal behavior, and behavioral health. Early recognition and treatment of comorbid disease conditions is important to consider when developing the treatment plan and overall management of patients with psoriasis to help improve the quality of life for these patients.

367 Low English proficiency is associated with decreased biologic access in psoriasis
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Language proficiency is an integral aspect of patient-provider communication, and it affects healthcare choices and access. Disparities in access to biologic medications in psoriasis patients exist, but the influence of English proficiency is unknown. We conducted a cross-sectional study using the Medical Expenditure Panel Survey (MEPS) from 2013 to 2017 to compare biologic medication use among psoriasis patients of differing English proficiency. We compared patients in exclusively English speaking households to patients with a family member who speaks a language other than English (AA), which we defined as having less than perfect English proficiency. Among 5,426,851 U.S. psoriasis patients (weighted), 325,907 (6.0%) had less than perfect English proficiency. We conducted a multivariate analysis adjusting for age, gender, race/ethnicity, Charlson comorbidity index, insurance status, income, region, and education. This multivariate analysis showed that those less proficient in English had significantly less use of biologic medications (OR: 0.159, 95% CI: 0.081–0.312) compared to patients in households that spoke exclusively English. Exploratory analysis showed that there was no significant difference in biologic access by sex (OR: 0.59, 95% CI: 0.319–1.025). Blacks are less likely to be prescribed biologics compared to whites (OR: 0.462, 95% CI: 0.2196–0.9737). Psoriasis patients with less than perfect English proficiency are more than six times less likely to be prescribed biologics after adjusting for medical insurance and other factors. For optimization of psoriasis management, providers need to be aware of this difference in biologic access based on patients’ English language proficiency. Strategies to improve patient-provider communication aimed at decreasing language barriers are critical in dermatology.

368 Epidemiology and clinical outcomes of 151 patients with mycosis fungoides at the Kosin University Gospel Hospital: Retrospective 27-year review
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Mycosis fungoides (MF) is the most common form of cutaneous T-cell lymphoma with a variety of clinicopathological features. A single-center-based large scale study with long-term follow up in Korea has not been reported. This study was conducted to investigate epidemiologic features and clinical outcomes of MF patients at the authors’ hospital over a 27-year period. This is a pilot study conducted on 151 patients diagnosed as MF, from 1991 to 2018, with the retrospective review. Of 151 patients, 62.9% were male and 37.1% female. The mean age at the diagnosis was 44.2 years (range, 5–82). The mean duration of symptoms was 50.4 months (range, 0.25–360). The mean follow-up duration was 57.6 months (range, 2–251). Common subtypes were classic MF (45.0%), mycosis fungoides palmars et plantaris (23.8%), and folliculotropic MF (7.9%). In early-stage MF (A-IIA) of 143 patients (94.7%), the 10-year overall survival (OS) was 93.6%. In advanced-stage MF (III-B/IV) of eight patients (5.3%), the 10-year OS was 23.4%. Complete remission (CR) and disease progression were found in 63.6% and 4.6% of the patients. The recurrence after CR was observed in 33 patients (21.9%) and the mean recurrence free-duration was 24.1 months (range, 1–118). In summary, clinical outcomes generally paralleled the previous reports with favorable prognosis in the early-stage MF. Recurrence was not uncommon, largely due to greater prevalence of MEPP.