Conclusion: The relationship between long-term antibiotics for acne and infectious or respiratory infections. Studies had mixed findings and most had a serious or critical bias risk. A tumor size initiates of adjuvant RT may shed light on how timeliness of RT initiation is prioritized for standing of factors associated with a greater time interval following primary resection to lymphovascular invasion (OR 0.70, 95% CI 0.52-0.92, p<0.001). Due to heterogeneity it was not possible to perform meta-analysis. Four reviewed and seven studies were included comprising one RCT, five cohort studies and one case-control study. Due to heterogeneity it was not possible to perform meta-analysis. Furthermore, subjects with a family history of sensitive skin also exhibited higher prevalence of cutaneous sensory symptoms in comparison with those without family history (p<0.0001). Likewise, high prevalence of cutaneous sensory symptoms was observed in subjects with either dry or oily skin as compared with those with normal skin. The sensitive scales of all symptoms except pain and itching were higher in females than in males. Triggering factors were associated with both gender and type of skin disorders. Taken together, these results demonstrate that prevalence, sensitive scales and triggering factors of cutaneous sensory symptoms are associated with gender and type of skin disorders. Conclusion: Prevalence, triggering factors and symptoms of cutaneous sensation vary with gender and skin disorders.

How patient satisfaction impacts healthcare utilization is rarely studied in adults with skin diseases. Healthcare utilization, such as hospitalizations, accounts for one-third of the annual economic burden of psoriasis. We sought to determine the impact of patient satisfaction on healthcare utilization among U.S. adult patients with psoriasis. One way that patient satisfaction is measured is through evaluation of patients’ perception of provider-patient communication. We performed a cross-sectional study using the Medical Expenditure Panel Survey (MEPS) from 2000-2017. Among 10,011,316 (weighted) U.S. adults (≥18 years) with psoriasis reported during the 18-year period, 428,767 (4%) reported low patient satisfaction; 5,673,170 (57%) reported medium patient satisfaction, and 3,911,550 (39%) reported high patient satisfaction. Healthcare utilization was measured using emergency room (ER) visit and overnight inpatient hospitalization frequencies. We adjusted for socio-demographic characteristics, comorbidities, and type of skin disorder. Low patient satisfaction with healthcare providers is associated with greater healthcare utilization among U.S. adults with psoriasis.

The association between antibiotics for acne and subsequent infection sequelae and antimicrobial resistance: A systematic review

Method: We searched the following databases: Embase, MEDLINE, Cochrane and Web of Science using strategies developed with a librarian. Searches ran in July 2019 and abstracts were screened in duplicate by two reviewers. Inclusion criteria: RCT, cohort or case-control studies investigating oral antibiotics for minimum of 28 days compared to those with acne not treated and Web of Science using strategies developed with a librarian. Searches ran in July 2019 and abstracts were screened in duplicate by two reviewers. Inclusion criteria: RCT, cohort or case-control studies investigating oral antibiotics for minimum of 28 days compared to those with acne not treated. Average antibiotic use for acne ranges from a few months to worldwide. Despite strengthened regulation, arsenic concentrations commonly found in U.S. water supplies. Thousands of cSCCs may be prevented by further restricting arsenic in U.S. water supplies. An estimated 1.6 million out of 33 million non-Hispanic white private well users had detectable levels of arsenic. An estimated 1.6 million out of 33 million non-Hispanic white private well users had detectable levels of arsenic. An estimated 32,512 out of 2,548,845 cSCCs annually in the U.S. are attributable to arsenic in water supplies. This estimate includes 26,228 cSCCs among public water users and 6,284 among private well users. Separately, water supply data suggest that at least 10,361 and 4,380 cSCCs attributable to arsenic in public water supplies and in private wells, respectively. Overall, up to 1.3% of cSCC incidence in the U.S. may be attributed to arsenic in current water supplies. Thousands of cSCCs may be prevented by further restricting arsenic in U.S. water supplies.

Estimation of cutaneous squamous cell carcinoma incidence attributable to arsenic in U.S. water supplies

Factors associated with late initiation of adjuvant radiotherapy in Merkel cell carcinoma

Factors associated with initial diagnosis of adjuvant radiotherapy in Merkel cell carcinoma

Introduction: Merkel Cell Carcinoma (MCC) is a rare skin malignancy with risk for locoregional recurrence and metastasis after definitive surgery. Several retrospective studies have suggested a survival benefit to be associated with the use of adjuvant radiotherapy (RT) after primary surgical resection and adjuvant RT is considered standard of care for high risk patients. Ideally, adjuvant RT should be initiated promptly after resection as delays in adjuvant therapy may allow tumor to re-grow. Methods: We examined 4,615 cases of MCC in the National Cancer Database (NCDB). Patients that were diagnosed at age ≥18, pathologic stage I, and pathologic stage II were included. Patients with nodal involvement, no surgery, or palliative radiation were excluded. Patients who started RT more than 42 days after definitive surgery were considered to have received late adjuvant RT. Results: Factors associated with later initiation of RT included: primary tumor size of the upper limbs and shoulder vs. the head and neck (Odds Ratio [OR] 0.73, 95% Confidence Interval [95% CI] 0.54-0.98, p<0.041), tumor size of 1-2 cm vs. tumor size <1 cm (OR 0.69, 95% CI 0.50-0.94, p=0.020), a tumor size ≥3 cm vs. tumor size <1 cm (OR 0.67, 95% CI 0.48-0.91, p=0.018), and lymphovascular invasion (OR 0.70, 95% CI 0.52-0.92, p=0.021). Discussion: An understanding of factors associated with a greater time interval following primary resection to initiation of adjuvant RT may shed light on how timeliness of RT initiation is prioritized for patients. Future studies investigating clinical workflow are needed to determine if current anti-RT algorithms are appropriate for all patients. When implementing a new app, the results suggest that it is important to consider the following factors 1) providing in-person as well as remote training to dermatologists and providing easily accessible resources on use of the app, 2) considering clinician and staff workload and availability, 3) introducing additional incentives for providers, and 4) advertising the availability and requirements of the app to appropriate patients.