392 Temporal trends in the incidence of metastatic melanoma and utilization of immunotherapy in the United States

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Background: Use of oral spironolactone for acne has grown over the past decade. However, whether the long-term effectiveness and safety of spironolactone is limited has led to limited trials and retrospective studies with limited follow-up. Objective: To characterize the long-term use of spironolactone for women with acne. Methods: We conducted a retrospective chart review of women with acne who were treated with spironolactone at an academic dermatology center from 2008 to 2018. We evaluated the proportion of patients whose acne had cleared at 12 months. Results: Among 6165 patients with acne who were treated with spironolactone, 72% had acne clearance at 12 months. The 5-year RFS was 55% for patients with DM compared to 78% for patients without DM (p < 0.001) (HR 3.33, 95% CI 1.58, 7.02, p = 0.001). The presence of coexisting DM adversely impacted OS and RFS in patients with SCC. SCC cancer did not affect glycemic control. How DM interacts with SCC to worsen outcomes requires further study.

394 Top 50 dermatology influencers on Twitter

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Social media has reshaped the interactions between patients and health care professionals. The increased visibility and accessibility of practitioners on social media has led to emerging "influencers" in all fields of medicine, including dermatology. The growing presence of dermatology influencers on social media prompts questioning of the identities of those influencers. In this study we sought to identify the top 50 dermatology influencers on Twitter, characterize their influence, and compare their annual percentage change in adjusted life-years (DALYs) metric between 1990-2017, derived from the GBD Study 2017. We analyzed detailed data on melanoma epidemiology (case number and age-standardized rate (ASR)) including incidence, mortality and the disability-adjusted life-years (DALYs) metric between 1990-2017, derived from the GBD Study 2017. Estimated annual percentage changes (EAPCs) in melanoma incidence, mortality and DALYs rate (ASIR, ASMR and ASDR), were sex by region, were calculated to quantify the temporal trends in melanoma ASR. Globally, in 2017, crude male and female incidence of melanoma was 0.83 and 0.50. There were not significant changes in blood pressure with spironolactone treatment. Statin therapy did not impact the spironolactone treatment response in acne patients. Limitations: This study was conducted in a single center from 2008 to 2018. We evaluated the proportion of patients whose acne had cleared at 12 months. For glucose, DM group status was significant (p < 0.001) as DM patients had higher glucose overall compared to non-DM. In mixed model analyses, HbA1c decreased over time in DM patients (p = 0.04). In patients with DM, the 5-year OS was 61%, compared to 78% in patients without DM (p = 0.004). The hazard ratio (HR) was 2.60, 95% CI 1.25-5.39, p = 0.01. The 5-year RFS was 55% for patients with DM compared to 78% for patients without DM (p < 0.001) (HR 3.33, 95% CI 1.58, 7.02, p = 0.001). The presence of coexisting DM adversely impacted OS and RFS in patients with SCC. SCC cancer did not affect glycemic control. How DM interacts with SCC to worsen outcomes requires further study.


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Numerous population-based studies have documented high morbidity and mortality of malignant skin melanoma (MSM) in light-skinned people. To update on the global epidemiology of melanoma, we provide an estimate of the burden of melanoma using data from the Global Burden of Disease (GBD) Study 2017. We analyzed detailed data on melanoma epidemiology (case number and age-standardized rate (ASR)) and mortality, and the disability-adjusted-life-years (DALYs) metric between 1990-2017, derived from the GBD Study 2017. Estimated annual percentage changes (EAPCs) in melanoma incidence, mortality and DALYs rate (ASIR, ASMR and ASDR) were calculated to quantify the temporal trends in melanoma ASR. Globally, in 2017, crude male and female incidence of melanoma was 0.83 and 0.50. There were not significant changes in blood pressure with spironolactone treatment. Statin therapy did not impact the spironolactone treatment response in acne patients. Limitations: This study was conducted in a single center from 2008 to 2018. We evaluated the proportion of patients whose acne had cleared at 12 months. For glucose, DM group status was significant (p < 0.001) as DM patients had higher glucose overall compared to non-DM. In mixed model analyses, HbA1c decreased over time in DM patients (p = 0.04). In patients with DM, the 5-year OS was 61%, compared to 78% in patients without DM (p = 0.004). The hazard ratio (HR) was 2.60, 95% CI 1.25-5.39, p = 0.01. The 5-year RFS was 55% for patients with DM compared to 78% for patients without DM (p < 0.001) (HR 3.33, 95% CI 1.58, 7.02, p = 0.001). The presence of coexisting DM adversely impacted OS and RFS in patients with SCC. SCC cancer did not affect glycemic control. How DM interacts with SCC to worsen outcomes requires further study.

397 Long-term effectiveness of spironolactone treatment for women with acne

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Background: Use of oral spironolactone for acne has grown over the past decade. However, whether the long-term effectiveness and safety of spironolactone is limited has led to limited trials and retrospective studies with limited follow-up. Objective: To characterize the long-term use of spironolactone for women with acne. Methods: We conducted a retrospective chart review of women with acne who were treated with spironolactone at an academic dermatology center from 2008 to 2018. We evaluated the proportion of patients whose acne had cleared at 3, 6, 12, and 24 months. To be conservative in our estimates, those who were lost to follow-up were considered to be “not clear.” In addition, the drug survival of spironolactone was assessed with time-to-event analysis using Cox regression analysis using stratification for matched pairs. Hormonolactone (HbA1c) and glucose level during the year following cancer diagnosis were compared using mixed models. The median follow-up time was 47 months in alive patients (range 2.1–124.3 months). For glucose, DM group status was significant (p < 0.001) as DM patients had higher glucose overall compared to non-DM. In mixed model analyses, HbA1c decreased over time in DM patients (p = 0.04). In patients with DM, the 5-year OS was 61%, compared to 78% in patients without DM (p = 0.004). The hazard ratio (HR) was 2.60, 95% CI 1.25-5.39, p = 0.01. The 5-year RFS was 55% for patients with DM compared to 78% for patients without DM (p < 0.001) (HR 3.33, 95% CI 1.58, 7.02, p = 0.001). The presence of coexisting DM adversely impacted OS and RFS in patients with SCC. SCC cancer did not affect glycemic control. How DM interacts with SCC to worsen outcomes requires further study.