The association between topical calcineurin inhibitor use and risk of cancer: A systematic review and meta-analysis

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1.09, 95% CI 1.0-1.1), after adjusting for socio-demographic factors. In conclusion, while epine use (adjusted OR 8.17, 95% CI 5.3-12.7), depression (adjusted OR 3.28, 95% CI 2.0-5.4), and utilization of mental health services (60% vs 46%, p = 0.001) were also used to query the outcome of interest, stroke, as well as other clinical risk factors. Logistic regression was used to examine the association of psoriasis and other risk factors with stroke. Of 966,199 end-stage renal disease (ESRD) patients, we identified 89,700 (9.3%) subjects with stroke and 6,286 (0.7%) with psoriasis. Of the 6,286 patients with psoriasis, 796 (12.7%) were female and 90 (12.6%) were male. In an adjusted model [odds ratio (OR)=1.16; confidence interval (CI)=1.08-1.25] when accounting for age, sex, race, ethnicity, dialysis modality, access type, congestive heart failure, myocardial infarction, pulmonary disease, connective tissue disease, peptic ulcer disease, liver disease, diabetes, paraplegia, cancer, metastatic cancer, AIDS, and tobacco and alcohol dependence, the final adjusted model showed that psoriasis was not associated with stroke (OR=0.96, CI=0.88-1.04). Congestive heart failure was found to be a confounder of the association of psoriasis with stroke, with a final adjusted OR of 1.79 (CI=1.75-1.83). Thus, contrary to prior research in the general population, in ESRD patients, psoriasis was not associated with an increased risk of stroke after controlling for various demographic and clinical parameters. Our findings emphasize the importance of controlling for a wide variety of sociodemographic and clinical risk factors when determining population-based associations between diseases and risk factors.

Opiate use in dermatology in the United States: A population-based study using the national ambulatory medical care survey

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The natural history of atopic dermatitis (AD) in adulthood remains poorly understood. Adults with AD struggle chronically through their lives, and often have severe or resistant dermatitis. In North America, adult patients were previously orphaned from on-label systems, with support and real-world data lacking. Studies remained limited. This led to the establishment of the first adult AD-dedicated Canadian tertiary clinic in 2018, the McGill University Hospital Network Centre of Excellence for Adult AD (McGill COE-AD), with a need to describe its patient population. The purpose of this study was to characterize the first adult AD clinic in Canada and its population. A cross-sectional questionnaire was administered to 122 patients at McGill COE-AD from April 2018 to November 2020. Patient age, gender, age at diagnosis, lifetime AD severity (EASI), skin hygiene, and AD severity (EASI) were collected. Descriptive statistical analyses were performed. The population, 56% female, had age distributed as: 27% age 18-29; 29% age 30-39; 19% age 40-49; and 25% age >49. 77% had childhood eczema and 18% were diagnosed after age 21. 40% of patients self-reported having asthma and 60% self-reported having seasonal allergies. Notably, 94% routinely applied emollients and 72% had consulted Dermatology prior to visiting COE-AD for uncontrolled disease, while 45% had a primary care provider. Despite this, 85% of patients reported washing their eczema each time they bathed, most often with liquid soaps. AD severity was distributed as follows: 11% mild (EASI 1-7.0); 41.7% moderate (EASI 7.1-12.9); 9.7% severe (EASI 11.1-50.0); and 37.5% very severe (EASI 50.1-72). Our findings are consistent with a growing recognition of adult-onset AD, with nearly one-fifth of this Canadian cohort being diagnosed after age 21. A majority of patients had previously consulted with Dermatology but remained uncontrolled or unaware of general measures such as avoidance of soaping. Our findings highlight both a high prevalence of adult AD and unmet needs for knowledge translation.