Epidemiology of alopecia areata in black patients

Northwestern University Feinberg School of Medicine, Chicago, Illinois, United States

Background: Mycosis fungoides (MF) and Sezary syndrome (SS) are common subtypes of cutaneous T-cell lymphoma (CTCL). Risk factors and impact on quality of life (QoL) are poorly understood. Previous studies of CTCL risk factors have not analyzed disease stage, severity, and QoL. Together, we explored associations between demographic and lifestyle factors and these parameters.

Methods: A cohort study was conducted at a large CTCL multidisciplinary clinic from April 2019 to December 2020. REDCap surveys were administered to 115 MF/SS patients, investigating 11 demographic and lifestyle factors. QoL was evaluated using SKINDEX-29, pain, itch and QoL with Likert scales. Disease severity was assessed using the modified Severity Weighted Assessment Tool (mSWAT). Factors were compared using t-test, chi-squared, and linear or logistic regression models. Results: History of chemical exposures was associated with greater disease severity (p = 0.034) and worse QoL (p = 0.005), but not with pain/itch severity (p = 0.118). Disease severity and stage were associated with worse QoL (both p < 0.001). There were significant racial differences in early (African-American versus late (European American) stage disease (p = 0.014) and QoL (p = 0.039). There was a significant relationship between smoking and disease stage (p = 0.028) but not severity (p = 0.360). Obesity was correlated with disease severity (p = 0.021), but not with stage or QoL (p = 0.582; 0.232). Conclusion: We provide an analysis of patient lifestyle and demographic factors in the context of MF/SS severity, stage, and QoL. We identified race and smoking as potential risk factors for advanced disease, and chemical exposures and obesity for increased disease severity. Worse QoL was significantly associated with a history of chemical exposure, severe pain/itch, race, and stage. Identification of demographic and lifestyle associations in MF/SS will enable physicians to provide more individualized patient care and education.

Racial and language disparities in telemedicine visits for acne during the COVID-19 pandemic

B Razzaque, DP DeMeo and BT Carroll
1 Case Western Reserve University School of Medicine, Cleveland, Ohio, United States and 2 Dermatology, University Hospitals, Cleveland, Ohio, United States

Patients with Limited English Proficiency (LEP) often receive substandard care. The United States LEP population was 8% as of 2011 and continues to grow. We aim to estimate the association between stage of melanoma diagnosis and LEP by comparing age of melanoma diagnosis between patients with differing self-reported household English-use from a national representative sample. We performed a retrospective cross-sectional study with pooled data from the 1999/2000 through 2017/2018 National Health and Nutrition Examination Surveys (NHANES). Demographics and self-reported age of melanoma diagnosis were compared between non-LEP and LEP patients, defined as speaking some English versus no English in the household, respectively. Frequencies and risks were compared between these groups using Rao-Scott χ² and design-based t-tests, respectively, using a weighted-subject, stratified design. A total of 114 unweighted adult melanoma patients were identified from 1999/2000 to 2017/2018, of which 114 were included. This amounted to 1,708,858 weighted adult melanoma patients (95% CI: 1,438,719-1,978,998), of whom 4,297 were LEP (95% CI: 1,07-1,34; p < 0.002; Phet = 0.70). These findings suggest that UVR is associated with increased risk of both melanoma and non-cancerous cancers. Despite emerging data for the protective benefits of UVB against cancer, further research is necessary to understand the health effects of sun exposure and underlying mechanisms.