Epidemiology of alopecia areata in black patients

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Black patients have greater odds of alopecia areata when compared to whites (odds ratio, 1.77; 95% confidence interval, 1.37-2.28). A few studies in the literature have examined the epidemiology of alopecia areata in US black populations, demonstrating a need for understanding in this area. To investigate the epidemiology of alopecia areata in Black patients, a retrospective analysis was conducted in 265 pediatric and adult patients diagnosed and treated for alopecia areata at Wake Forest Baptist Health between January 2015 and December 2020. Patients were assessed according to distribution by age, sex, medical and autoimmune comorbidities. 190 (71.7%) of patients were female (female-to-male ratio, 2.5:1). The largest age group presenting for care was the 18-44 year age group (35.9%). Patients were stratified into quintiles by total UVR exposure, defined as average July noon-time cumulative UV exposure, and cancer risk. We used an established spatiotemporal exposure model to model cumulative time-varying average UV exposure, defined as average July noon-time erythemal UV. Our sample included 47,714 males from HPS, and 112,507 and 99,940 females from NHANES, respectively. In each study, participants were stratified into quintiles by UVR exposure and cancer risk. To address this discrepancy, we examined three ongoing U.S. prospective cohort studies, the Health Professionals Follow-Up Study (HPFS) and Nurses’ Health Study (NHS I and II), to identify associations between cumulative UV exposure and cancer risk. Results: History of chemical exposures was associated with greater disease severity (p < 0.005), but not with pain/itch severity (p = 0.118). Disease severity and stage were associated with worse QoL (p < 0.021), but not with stage (p = 0.582). Conclusion: 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.

Age of melanoma diagnosis in patients with limited English proficiency

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Patients with Limited English Proficiency (LEP) often receive substandard care. The United States LEP population was 8% as of 2013 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. Our results indicate the need for melanoma screening and awareness in LEP populations for earlier detection of melanoma. Limitations to the study include not having the patient's stage of melanoma, self-reported data, and a small sample size.

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Lifestyle and demographic risk factors in mycosis fungoides and Sezary syndrome

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Background: Mycosis fungoides (MF) and Sezary syndrome (SS) are common subtypes of 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 Skin- dex-29, pain and itch 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 (IA-IIB) versus late (IIIA-IV) stage disease (p = 0.034) 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.