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

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Background: Teledermatology has emerged as an essential model of care during the COVID-19 pandemic. However, the impact of the rapid transition to telehealth on patients of certain demographic subgroups, especially those due to differential access to technology, lower digital literacy, language barriers, or cultural perceptions is unknown. We sought to identify race and language disparities in teledermatology utilization for patients with acne, one of the most common conditions depending on temporality of exposure. Methods: A retrospective chart review of all in-person and virtual visits for acne at a large academic dermatology department from March-May 2019 and March-May 2020 was conducted. Virtual visit types included video- or audio-only visits. Chi-squared analyses were performed to compare differences across visit types. Results: 3544 visits were analyzed with virtual visits accounted for 1229/1630 (75.6%) during pandemic visits. Racial and language distributions of patients for overall visits were not statistically significantly different pre- and during pandemic. However, video visits (versus audio-only) comprised a greater proportion of virtual visits during pandemic for White (86.9%) compared to non-White patients (82.0%), and for English-speaking (86.2%) compared to non-English-speaking patients (60.3%)(both p<0.001). Conclusion: Non-White and non-English-speaking patients were less likely to use video visits for acne during the pandemic than White and English-speaking patients. Non-English-speaking patients were less likely to receive interpreter use during virtual visits than in-person telehealth. These disparities in teledermatology access and barriers to interpreter use during virtual visits.

281 Cumulative ultraviolet radiation exposure is associated with both increased melanoma and non-cutanous cancer risk

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Background: UVR is a known risk factor for both melanoma and non-melanoma skin cancers. The cumulative effect of varying UVR exposure on melanoma and other cancers is less well understood. Methods: We studied 47,714 male laymen aged 18 years and older from the Health Professionals Follow-up Study (HPFS), a prospective cohort of male U.S. physicians followed between 1986 and 2017. We used the National Lung Cancer Screening Trial (National Lung Screening Trial) to estimate the average annual UVR exposure of HPFS participants during 1986-2017. We employed a case-control design with case-matched controls to study the association between UVR exposure and melanoma and other cancers. We used the Cox proportional hazards regression model to estimate the hazard ratio (HR) and 95% confidence interval (CI) for each quintile of UVR exposure. Results: A total of 72,853 controls were matched to 3,733 melanoma cases. Increasing UVR exposure was associated with significantly increased risk of melanoma (HR: 1.77; 95% CI: 1.37-2.28). Few studies in the literature have examined the relationship between skin cancer and non-cutanous cancers. We found that increasing UVR exposure was associated with increased risk of non-cutanous cancers (HR: 1.17; 95% CI: 1.07-1.29) but not overall cancer (HR: 1.04; 95% CI: 0.99-1.10). Conclusion: Our findings suggest a potential link between increased UVR exposure and both melanoma and non-cutanous cancer risk.

282 Rates, characteristics, and comparison of hidradenitis suppurativa readmissions in the united states: A national population-based study

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Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition that affects approximately 0.5% of the population. Despite its prevalence, HS has a high rate of hospital readmissions, with a 30-day readmission rate of 18.8%. This study aimed to describe HS readmission rates and to identify factors associated with readmission. Methods: This study used data from the National Inpatient Sample (NIS) for the years 2016-2017 to identify HS readmissions. The primary outcome was 30-day readmission rates. Bivariate analyses were conducted to identify factors associated with readmission. Results: A total of 416,280 HS hospitalizations were identified, with 75,015 (18.0%) readmitted within 30 days. The most common reasons for readmission were infection (18.0%) and failed treatment (13.7%). Age, race, and insurance status were associated with readmission. Conclusion: HS readmission rates are high, and interventions to reduce readmissions are needed.