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Epidemiology of alopecia areata in black patients
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Background: African Americans have higher incidence of alopecia areata compared to other racial groups, but studies are limited.
Methods: We conducted a retrospective study of 2371 patients with alopecia areata seen at Wake Forest University School of Medicine, from 1998 to 2019.
Results: Of the 2371 patients, 460 (19.4%) were Black. Compared to the overall cohort, Black patients were more likely to be female (73.1% vs. 66.4%, p < 0.001), have a positive family history of alopecia areata (42.6% vs. 31.6%, p < 0.001), be younger (median age of diagnosis: 26.0 vs. 34.0 years, p < 0.001), have a longer disease duration (median: 12.0 vs. 7.0 years, p < 0.001), and more likely to have an autoimmune comorbidity (70.0% vs. 55.0%, p < 0.001).
Conclusions: Our study adds to the literature on the epidemiology of alopecia areata in Black patients. Further studies are needed to understand the reasons for these differences.

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Racial and language disparities in telemedicine visits for acne during the COVID-19 pandemic
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Background: Telemedicine has emerged as an essential component of care during the COVID-19 pandemic. However, the impact of racial and language disparities in telemedicine utilization for acne care is unknown.
Methods: We conducted a retrospective study of all in-person and virtual visits for acne care from March 2019 to March 2020 at Wake Forest University School of Medicine. We compared the proportion of virtual visits by race and language as previously reported, controlling for age, gender, and acne severity.
Results: Of the 3544 visits analyzed, 1229 (35.6%) were virtual visits. Virtual visits accounted for 34.6% of all visits for in-person versus 9.3% of virtual visits (p < 0.001). Conclusions: Non-White and non-English-speaking patients were less likely to use virtual visits for acne during the pandemic than White and English-speaking patients. Further studies are needed to understand the reasons for these disparities.

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Lifestyle and demographic risk factors in mycosis fungoides and Sezary syndrome: A single institution cohort study
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Background: Mycosis fungoides (MF) and Sezary syndrome (SS) are subtypes of cutaneous T-cell lymphoma (CTCL). Risk factors and impact on quality of life (QoL) are poorly understood.
Methods: Among these, 392 (17.8%), 582 (33.9%), and 512 (48.6%) were readmitted within 30, 60, and 90 days. The readmissions cohort had a higher mean age of readmission (61.2 ± 17.1 years) compared to the non-readmission cohort (55.0 ± 17.1 years, p < 0.001). 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 = 0.005), but not with pain/itch severity (p = 0.021), and not with stage or QoL (p = 0.360). There was a significant relationship between smoking and disease stage (p = 0.028) but not severity (p = 0.360). Obese patients had a higher mean age of readmission (61.2 ± 17.1 years) compared to the non-obese patients (55.0 ± 17.1 years, p < 0.001). Smoking was associated with worse QoL (p = 0.021), but not with stage (p = 0.582), or severity (p = 0.232). Conclusion: Smoking, obesity, and stage were associated with worse QoL and obesity with increased risk of disease burden. Future studies should focus on understanding the impact of these factors on QoL and disease outcomes in patients with MF and SS.

283 Cumulative ultraviolet radiation exposure is associated with both increased melanoma and non-cutaneous cancer risk
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Background: Ultraviolet radiation (UVR) exposure is associated with increased risk of skin cancer. However, mixed evidence suggests a protective, inverse relationship between UVR and risk of certain non-cutaneous cancers, depending on temporality of exposure. 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 UVR exposure and cancer risk in the general population. We compared pooled data from the 1999/2000 through 2017/2018 National Health and Nutrition Examination Survey (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. Among NHS I and II, 14% of patients were LEP. 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.

284 Rates, characteristics, and comparison of hidradenitis suppurativa readmissions in the United States: A national population-based study
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This study aims to describe the rates and characteristics of non-elective 30-, 90- and 180-day readmissions for adult patients hospitalized for hidradenitis suppurativa (HS) in the United States (US). We also aim to compare HS 180-day readmission rates to that of heart failure (HF), the most common cause of readmissions for Medicare patients. We analyzed the 2017 National Readmission Database (NRD). We included hospitalizations for all adult HS and HF patients ≥18 years and excluded elective or planned readmissions. Chi-square tests were used to compare baseline characteristics between readmissions and index hospitalizations. Multivariable cox regression was used to identify independent predictors of readmissions. A total of 2204, 1719, and 1053 index hospitalizations with a primary diagnosis of HS, that were discharged alive, were included in the 30-, 60- and 90-day HS readmission analysis. Among these, 192 (17.8%), 582 (31.9%), and 512 (48.6%) were readmitted within 30, 60, and 180 days, respectively. For all three readmission timeframes, HS, followed by sepsis, were the two most common reasons for readmission. The 180-day readmission rate of HS patients was comparable to that of heart failure (48.6% vs 48.0%). HS readmissions within 90 days were associated with a total of 3,823 hospital days and 33 million US dollars in hospital charges. Compared to index hospitalizations, the readmissions cohort had a higher Charlson comorbidity index score, severe or extreme loss of function, electrolyte disturbance, and the need for mechanical ventilation. Our findings identify the need for increased awareness and early detection of melanoma. Limitations to the study include not having the patient’s stage of melanoma, self-reported data, and a small sample size.

285 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 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 Survey (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. Among NHS I and II, 14% of patients were LEP. 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.