Ensuring the content validity of a quality-of-life measure for patients with chronic itch

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Clinicians routinely ask patients, "How are you doing?" but patients—especially those with chronic conditions that affect many aspects of their lives—may feel unable to respond comprehensively. Accurate and complete data about a disease's impacts is critical to personalize health care, and quantitative disease-specific assessments that are reliable and valid can generate useful data for treatment and research. However, the content validity of measurement scales is too often ignored, with more emphasis placed on construct and predictive validity. Our goal was to enhance the content validity of the Skindex-16 for use as an outcome measure in clinical trials and in practice. The Skindex-16 is a chronic skin disease-specific quality-of-life instrument. Skin problems range in severity from mild to severe, and impacts on quality of life can be multifaceted. Clinicians diagnosed with NMSC in Russia over the period 2007-2017 and compare findings to other European countries. An international database, the Skindex-Surveillance database, was used to evaluate major thematic categories, and quotes from the transcripts were used to generate potential measurement items. Nine thematic domains and 47 potential items were identified: 1) Self-management practices; 2) Relationship impacts; 3) Activities of daily living; 4) Work; 5) Concentration; 6) Sleep/fatigue; 7) Pain/irritation; 8) Unpredictability; and 9) All-encompassing. Patients were compared to the Skindex-16 item set, and 17 items—called theitch Module—were retained for further testing. These qualitative analyses of responses from patients with chronic itching showed that the Skindex-16 plus the itch Module had enhanced content validity compared to the parent Skindex-16 alone.

Geographic distribution of non-melanoma skin cancer in the Russian Federation

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Non-melanoma skin cancer (NMSC) incidence has been increasing steadily around the world. The aim of the study is to describe geographic trends in incidence and mortality of NMSC in Russia between 2007 and 2017 and compare findings to other European countries. Oncological data from the Moscow Oncology Research Institute, Ministry of Health of the Russian Federation, for the years 2007–2017 was gathered, geographic information system (GIS) was used to map incident cases, and descriptive analyses were performed. International Classification of Diseases (ICD) C44 code (comprising C44.0–C44.9) was used to identify NMSC cases. Additionally, we assessed the relationship between ethnicity, geographic latitude/longitude, and NMSC incidence. The methods of descriptive epidemiology were used to study incidence and mortality rates by age groups, years, and jurisdictions (i.e., Federal Districts and Federal Subjects). In total, 733,723 patients were diagnosed with NMSC in Russia over the period 2007–2017, of whom 63% were women. The overall age-standardized incidence and mortality rates were 29.64/100,000 and 0.70/100,000, respectively. There was a consistent increase in age-standardized incidence rates over the study period, with a decreasing mortality rate. Geographic mapping revealed a north-to-south gradient corresponding to increasing UV exposure and east-to-west gradients due to darker skin phenotype and colder climates in the east. This study demonstrated the burden of NMSC in Russia as well as the longitudinal trends for NMSC incidence. Skin phenotype, latitude/longitude, climate zones, and cultural practices remain dominant risk factors defining the epidemiology of NMSC. Moreover, this work identified several regions in the country (i.e., Republic of Adygea, Samara, Krasnodar Krai, etc.), where patient education/sun awareness campaigns will be useful to help reduce the risk of this malignancy.

Physicians' attitudes towards active surveillance for basal cell carcinoma

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Basal cell carcinomas (BCC) are typically slow growing, and 30-50% remain stable or shrink in size over time. Most BCCs are treated regardless of life-expectancy and over 100,000 BCCs per year are treated in patients’ final year of life. Active surveillance has been proposed as a method for managing patients with limited life-expectancy. Limited data is available on physician comfort and practice in regard to active surveillance of BCC. The objectives of this study were to determine physicians’ comfort level with active surveillance of BCC, and understand which factors and concerns influence their decisions. We conducted a cross-sectional survey study of physician members of the Association of Professors of Dermatology in August/September 2019 to evaluate physicians’ attitudes regarding active surveillance of BCC. Eighty-three percent of respondents identified lack of information and patient comfort as the most important reasons for offering active surveillance. Factors influencing their decision to monitor BCC, and feared complications. Seventy out of 528 members (13%) responded to the survey. Eighty-three percent of respondents felt comfortable monitoring nodal and/or superficial BCCs. Factors such as medical comorbidities (90%), functional status (84%), age (82%), anatomic location (77%), size (71%), and histologic subtype (66%) determined the level of comfort with monitoring BCC. Over 70% of physicians would feel comfortable monitoring BCC in patients with level 4 functional ECOG status and age older than 85. The top feared complications were large surgical site defects (84%), bleeding (83%), ulceration (80%), local destruction to adjacent vital organs (64%), and pain (51%). Metastasis (6%) and death (6%) were uncommon concerns. There were no significant differences in responses between general dermatologists and Mohs micrographic surgeons. Most physicians were comfortable with active surveillance of BCC in elderly adults with low functional status, taking into consideration, size, anatomic location and histologic subtype.

Most influential authors in dermatology: Standardized citation indicators from updated databases

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Peer-reviewed literature informs evidence-based dermatology clinical decision making. Sweis and colleagues created a comprehensive database utilizing standardized citation indicator data from Scopus. Authors were systematically assessed for career-long citation impact and impact during 2019. A composite score integrating six citation metrics, notably considering authorship position, was calculated and reported with common metrics, such as h-index. The top 25 “Dermatology & Venereology Diseases” authors in each dataset were identified according to three metrics, excluding self-citations: 1) total number of citations from 1996-2019 ("career-long") or 2019 alone; 2) h-index as of December 2019; and 3) composite score. The authors included in this study were Ioannidis and colleagues created a comprehensive database utilizing standardized citation indicator data from Scopus. Authors were systematically assessed for career-long citation impact and impact during 2019. A composite score integrating six citation metrics, notably considering authorship position, was calculated and reported with common metrics, such as h-index. The top 25 “Dermatology & Venereology Diseases” authors in each dataset were identified according to three metrics, excluding self-citations: 1) total number of citations from 1996-2019 ("career-long") or 2019 alone; 2) h-index as of December 2019; and 3) composite score. The main outcomes were identified by citations for other inflammatory conditions and skin and subcutaneous tissue, urticaria, and symptoms involving skin and other integumentary tissue (ICD 9 CM 690-698, 708, and 782, respectively). In total, 20,848 patient discharges met inclusion criteria. We performed multiple stepwise linear regression to predict hospital length of stay from inflammatory dermatoses diagnoses, while controlling for other covariates of interest. After adjusting for age, sex, operating room procedures, elective procedures, number of yearly admissions, number of chronic conditions, hospital admittance, and whether the patient had a solid organ or hematologic cancer, we determined an inflammatory dermatitis diagnosis was positively associated with adjusted hospital length of stay (P<.001). Adjusted hospital length of stay increased 3.91 days for inflammatory dermatitis diagnosis when controlling for all other covariables (95% CI [3.21-4.66]). Limitations of the study include evaluating a range of ICD-9 codes, including non-specific skin disease (ICD 9 CM 782) diagnoses, in only a single year. Based on this data, Inflammatory dermatoses negatively impact hospital outcomes for cancer patients receiving inpatient chemotherapy. Further research is needed to evaluate skin morphologies and diseases most responsible for these effects.