Ensuring the content validity of a quality-of-life measure for patients with chronic itch
L. Ehsani, K. G. Schlundt, K. Bonnet and M. Chen 1 Dermatology, Vanderbilt University Medical Center, Nashville, Tennessee, United States and 2 Psychology, Vanderbilt University, Nashville, Tennessee, United States

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 for chronic itch.

Skindex-16 Module– were retained for further testing. These qualitative analyses of responses from patients with chronic itching were asked to describe their itching and its impact on their quality of life. Transcripts were coded and analyzed using an iterative inductive/deductive methodology. Deductive codes, contrasts, and themes were grouped by an explicit biopsychosocial framework. Qualitative and 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. Items were compared to the Skindex-16 item set, and 17 items—called the Itch 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 would have enhanced content validity compared to the parent Skindex-16 alone.

Geographic distribution of non-melanoma skin cancer in the Russian Federation
A. Muntasyu1, F. Ghasawii2, A. Zubarev3 and I. Livanov1 1 Division of Dermatology, McGill University Health Centre, Montreal, Quebec, Canada and 2 Division of Dermatology, University of Ottawa Faculty of Medicine, Ottawa, Ontario, Canada

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.

Geographic 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. Prevalence of described dermatology were used to study incidence and mortality rates by age groups, years, and jurisdictions (i.e., Federal Districts and Federal Subjects). In total, 713,723 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 29.6/100,000 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.

Characterizing silicone granulomas: A multicenter cohort of 21 patients
K. Kim, B. Karasali, M. Min, D. Mazori and A. Lachman Dermatology, Brigham and Women’s Hospital, Boston, Massachusetts, United States

Limited data exist on patients with granulomatous reactions to soft tissue silicone injections and ruptured implants, termed silicone granulomas (SG). This study aims to characterize the clinical features and treatment outcomes for patients with SG from two large academic medical centers. A multicenter database was queried using SG-related ICD-9/10 codes and the search term ‘silicone’. 21 patients with SG were identified. Data were collected on demographics, symptoms, type and site of silicone administration and treatment outcomes. Statistical analysis was done using Fisher’s exact. Median age was 61 years. 80% were cisgender women, 10% cisgender men and 10% transgender women. 48% were White, 43% Latina, 5% Asian and 5% Middle Eastern. Symptoms were pain (57%), nodular formation (38%), skin changes (29%), hyperpigmentation (14%) and pruritus (14%). Median time from silicone administration to symptom onset was 7 years. 14 patients had SG from silicone injected to sites including the buttocks (50%), lower extremities (29%), breasts (21%) and face (12%). 10 of these patients had complications, defined as periprosthetic fluid accumulation, infection, ruptured implant or migration. 7 patients had SG from ruptured silicone breast implants. 43% had silicone migration; migration to distant body parts was limited to 2 injection patients including 1 with life-threatening lung involvement. Treatments included prednisone, doxycycline, minocycline, hydroxychloroquine, methotrexate, mycophenolate mofetil, adalimumab and surgery. 38% had complete treatment response, 52% partial response, 5% no response, and 5% await follow-up. This study reports the largest SG cohort to date. Pain was the most common symptom. SG developed almost a decade after siliconie administration, reflecting the delayed nature of the reaction. Although migration was observed in 43%, morbidity was limited to one injection patient. While surgical excision provided benefit in the majority of patients with ruptured implants, surgery did not result in improvement following silicone injection.

The impact of inflammatory dermatoses on cancer patients undergoing inpatient chemotherapy administration
J. Han1,2, S. O’Neal1,2, A. Gravel1 and N. Goldfarb1,2 1 Dermatology, Minneapolis VA Health Care System, Minneapolis, Minnesota, United States and 2 Dermatology, University of Minnesota, Minneapolis, Minnesota, United States

Patient Population Research | ABSTRACTS

Currently, it is unclear how inflammatory skin diseases impact hospital outcomes for cancer patients receiving chemotherapy. Our objective was to assess the impact of inflammatory dermatoses on hospitalization outcomes for cancer patients undergoing inpatient chemotherapy. Using routine internal discharge data from the 2014 U.S. Nationwide Readmission Database. We utilized patient discharge diagnoses for chemotherapy administration (ICD 9 CM code V56.1) to identify our primary study population. The subset of patients with inpatient hospitalizations and with primary discharge diagnosis of skin and subcutaneous tissue, urtica, and signs 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 diagnosis, while controlling for other covariates of interest. After adjusting for age, sex, opening 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 dermatosis diagnosis was positively associated with adjusted hospital length of stay (P<0.01). Adjusted hospital length of stay increased 3.91 days for inflammatory dermatosis diagnosis when controlling for all other covariates (95% CI [3.91–4.26]). 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.

Physicians’ attitudes towards active surveillance for basal cell carcinoma
J. Han1,2, S. O’Neal1,2, A. Gravel1 and N. Goldfarb1,2 1 Dermatology, Minneapolis VA Health Care System, Minneapolis, Minnesota, United States and 2 Dermatology, University of Minnesota, Minneapolis, Minnesota, United States

Basal cell carcinomas (BCCs) 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 BCCs. The objectives of this study were to determine physicians’ comfort level with active surveillance of BCC, and to assess which factors 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 BCCs. 136 dermatologists completed the survey (response rate 94%). Most physicians were comfortable with active surveillance of BCCs 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
T. Sweis1, C. L. Presley1, M. D. Szeto1, A. A. Amin1, S. M. Lada1, M. Laughter1, MB Maymon1 and R. D’Ellawalla1 1 Dermatology, University of Colorado, Denver, Colorado, United States and 2 Michigan State University College of Human Medicine, East Lansing, Michigan, United States and 3 Rocky Vista University College of Osteopathic Medicine, Parker, Colorado, United States

Peer-reviewed literature informs evidence-based dermatology clinical decision making. Physicians 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, as well as updated databases. The top 25 “Dermatology & Venereal 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 of the composite score; and 3) ICF score. These scores were provided by the database; author gender was compiled via Google. Career-long metrics showed a predominance of top authors from the United States: 12/25 (48%) by total citations, 13/25 (52%) by career-long h-index, and 17/25 (68%) by career-long ICF score. Franciscus was the most common institutional affiliation (≥2 top authors per metric). Women were consistently underrepresented (average ~10%). Single-year data from 2019 revealed marked increases in international and institutional representation. Gender-proportional representation was achieved when self-citations (a more realistic approximation of the citations displayed similar trends (increasing diversity in gender, institution, and country). Given that citations accumulate over time, inclusion of citations outside 1996-2019 is warranted, along with inclusion of non-white patients and non-American authors potentially gaining prominence.