TikTok: An emerging social media platform for dermatologist influencers

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“duet” feature as a way to correct misinformation and answer questions pertaining to widely social media platforms. Although underrepresented on TikTok, dermatologists can use the educational tool for dermatologists, with increased user engagement when compared to other were in response to highly viewed posts. This study highlights TikTok as an effective educational, 23.33% advertisement, and 6.67% personal. Educational posts had the highest of likes, comments, views, and shares per post. 70% of total posts were classified as

In an effort to further illuminate gender representation in dermatology publications, we have completed this analysis to address the gap in dermatologic literature. Clarivate Analytics’ Web of Science was used to isolate the names of all first and last authors of published works in the Journal of Investigative Dermatology (JID), the Journal of the American Academy of Dermatology (JAAD), and Journal of the American Medical Association Dermatology (JAMA Derm) from 2009 to 2019. Gender API predicted binary gender for each name. We demonstrated that female first authorship (FFA) percentages have been roughly equal to their male counterparts for the past 10 years, with average FFA percentages for 2009-2019 at 32.15% (JID), 40.80% (JAAD), and 42.55% (JAMA Derm). In contrast, the average percentages of female senior or last authors (FSA) have remained substantially below that of their male colleagues at 38.55% (JID), 38.55% (JAAD), and 37.45% (JAMA Derm). No significant differences between journals were found for both FFA and FSA. Since senior authors are often those that are further and more advanced in their academic medical careers, the discrepancy between the percentage of female FFA and FSA can be attributed to unequal gender representation in university professorships. However, the closing gap in first authorship inequality suggests that time may also alter the disproportional distributions of FSA. Limitations include restricting our search to the top three dermatologic journals and determination of gender based on the GenderAPI algorithm. In an effort to more fully represent the community in which dermatologists serve, additional studies are required to reduce inequalities among dermatologic research.

Skin melanoma and subsequent risk of prostate cancer: A national cancer institute surveillance, epidemiology, and end results study

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Introduction: Prostate cancer and melanoma rank as the first and fifth most common cancers, respectively, among men in the United States. Existing studies have reported prostate and mela-noma cancer links due to a shared androgen-dependence hypothesis. However, the relationship between prior melanoma history and subsequent prostate cancer is largely unexplored. We aimed to elucidate the relationship between a history of malignant melanoma (MM) and subsequent risk of prostate cancer (PC) in the National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) database. Methods: The SEER database (2000-2016) was used to determine the overall risk for subsequent PC among patients diagnosed with an initial primary cutaneous MM who survived for at least 2 months after diagnosis of MM. Standardized Incidence Ratios (SIRs), defined as the ratio of the observed number of PC among MM survivors to the expected number among the general population (O:E ratios), and 95% confidence intervals (CIs), were calculated. Multivariate Poisson regression using Stata was used to determine factors associated with PC after MM diagnosis. Results: A total of 126,361 men diagnosed with MM and subsequent PC within a 5-year study period. Men ages 45-54 years, with a prior MM diagnosis at an increased risk of PC development (O.E 1.39, 95% CI 1.19-1.62) compared to the general population. Localized melanoma increased risk of PC, among this age group compared to non-localized or unknown disease (O.E 1.48, 95% CI 1.25- 1.73). While men ages 45-54 years, with a prior history of non-MM cancer had lower risk of PC development compared to the general population (O.E 0.69, 95% CI 0.65-0.74). Conclusions: The finding that localized melanoma increased risk of PC, within this age group compared to non-localized or unknown disease (O.E 1.48, 95% CI 1.25- 1.73) may be due to the risk of PC diagnosis within 5 years. Thus, it may be important for MM patients to be screened for a history of PC, in particular men ages 45-84 years old. More studies are recommended to explore the associations between these two cancers.

Sarcity of the LGBTQ community in dermatology literature

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Members of the lesbian, gay, bisexual, transgender, queer (LGBTQ) community face many challenges including stigmatization, discrimination, and lack of access to care. Dermatologic care for LGBTQ patients has not been widely discussed within the literature. Herein, we aim to examine the availability of dermatologic literature focused on this community and trends in these publications over the ten-year period of 2010-2020. Starting in 2015, post DOMA, JAAD and JAMA Derm ranged from 1-7 LGBTQ publications per year. Dermatologic Surgery published one article regarding this community between 2015-2020. The remaining journals did not publish any articles on this topic after 2015. At this community grows, dermatologists will undoubtedly treat LGBTQ patients within their practice. Therefore, an increase in evidence based knowledge of care and benefit. Singer et al. demonstrated that this community is higher risk for skin cancer, making low publications in surgical dermatology an area of focus by researchers. Acne, scabs, tanning behavior, and alopecia are complications for homosexual and transitioning patients that clinical dermatologic literature can address.