Utilization of dermatologic care by patients with advanced melanoma after initiation of immunotherapy and targeted therapy: A retrospective cohort analysis

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Adjusted total hospital cost (TOTcost) increased from 12,909 US dollars in 2008 to 14,739 US dollars in 2018, among all participants, and 12,469 US dollars in 2008 to 13,511 US dollars in 2018 for patients with stage I and II melanoma. Descriptive statistics were done in SPSS. Exploratory trend analyses were done in SAS with a Bonferroni adjustment for multiple comparisons. A p-value of <0.05 was considered statistically significant. Inpatient mortality ranged from 3.9% in 2008 to 4.5% in 2018, while that of Hispanics increased from 6.4% in 2008 to 8.8% in 2018 (adjusted p-trend <0.0001). The proportion of whites decreased from 82.7% in 2008 to 76.2% in 2018, while those with CCI score of 1 increased from 10.9% in 2008 to 13.8% in 2018 (adjusted p-trend <0.0001), while that of black increased from 42.6% in 2008 to 47.7% in 2018 (adjusted p-trend =0.04). The proportion of Hispanics and Asians also increased from 7.1% & 5.2% in 2008 to 9.9% & 11.1% in 2018 (adjusted p-trend <0.0001 & 0.034 respectively). The proportion of patients with Charlson co-morbidity index (CCI) score of 0 decreased from 68.9% in 2008 to 76.2% in 2018, while those with CCI score of ≥3 increased from 11.1% in 2008 to 23.8% in 2018 (adjusted p-trend <0.0001). Inpatient mortality ranged from 0.3% to 0.6% across the years (adjusted p-trend=0.614). The incidence and co-morbidity burden of hospitalizations of HS patients in the US has increased in the last decade. The proportion of hospitalized whites has reduced, with an increase in minorities such as blacks, Hispanics, and Asians. This may be due to minorities having less access to outpatient specialist care, hence increasing their rate of hospitalization. An interdisciplinary approach is essential in managing hospitalizations of HS patients during the study period. There was no trend in inpatient mortality of readmitted HS patients after adjusting for co-morbidities. Strategies targeted at improving access to urgent outpatient dermatologic care are essential in preventing unplanned readmissions of HS patients.

Incidence, racial profile, and co-morbidity burden of hidradenitis suppurativa hospitalization has changed in the last decade: A longitudinal study of the national inpatient sample

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The National Inpatient Sample is a 20% stratified sample of all non-federal community hospitals in the US. The National Inpatient Sample (NIS) database. We performed a retrospective 11-year longitudinal trend analysis of NS 2008-2018 databases. We searched for hospitalizations with principal diagnosis of HS using ICD codes for the corresponding year. We excluded elective and traumatic readmissions. The trend in the 30-day readmission rate was stable over time, adjusted p-value of >0.05. Multivariate logistic and linear regression was used to calculate adjusted p-trend for categorical and continuous outcomes, respectively. The incidence of adult psoriasis has increased in psoriatic patients, particularly in the biologics only group. Treatment for psoriasis has been augmented in recent decades by the development of biologic agents targeting specific inflammatory regulators. Given their recent introduction compared to older systemic immunosuppressants, their impact on patients’ long-term cancer risk has yet to be fully elucidated. We compared the incidence of cutaneous as well as solid organ and hematologic cancers in a large multi-institution cohort of patients with prior cancer treatment only (TNF-a, IL-12,23, or IL-17 inhibitors, n =51,022). We identified 69,391 psoriatic patients treated between 1/1/1990 and 10/1/2020. Patients with prior cancer history or a competing autoimmune induction for immunosuppression were excluded. We calculated incidence of cancer during the corresponding cancer induction (n =69,391) and select comorbidities relative to patients not receiving systemic treatment (n =51,022). Treatment with only biologic therapy resulted in a significant reduction in non-cancerous cancer (HR 0.41 [0.32-0.53], p <0.001). A protective effect was also observed with exclusion of solid organ and hematologic cancers (HR 0.76 [0.64-0.88], p <0.001) or mixed regimens (HR 0.63 [0.52-0.76], p <0.001). Overall, our study suggests that systemic immunomodulation may reduce cancer incidence in psoriatic patients, particularly in the biologics only group.