Utilization of dermatologic care by patients with advanced melanoma after initiation of immunotherapy and targeted therapy: A retrospective cohort analysis HUDIA J. Ohorhomje1,1, H Shaka2,3 and P Eseaton2,4 1Department of Medicine, Atlanta, Georgia, United States and 2 Regional TeleHealth Service, VSN 7, Decatur, Georgia, United States. Patients with Stage III or IV melanoma are living longer with the introduction of immunotherapy and targeted therapy. Despite National Comprehensive Cancer Network (NCCN) guidelines recommending regular patient follow up with dermatology for skin checks and modal assessments, little is known about actual health service use in survivors. This study aims to evaluate the dermatologic utilization by advanced melanoma patients focusing on employment of dermatologic services in order to determine areas of improvement. A retrospective cohort analysis of Stage III and IV melanoma patients with age greater than 18 at the start of follow-up (immunotherapy / targeted therapy usage) who were seen at Dermatology clinic at the Emory Clinic or the Winship Cancer Institute from January 1st, 2011 to September 14, 2020 was done. Data was collected from the Emory Healthcare Clinical Data Warehouse and then validated using manual chart review. Primary outcome is the number of visits to Dermatology clinic per year. Descriptive statistics were done in SPSS. The proportion of dermatology clinic visits was collected from 77 patients who met study criteria. The majority of patients exclusively received immunotherapy (58%) while the minority were exclusively treated with targeted therapy (9%) or both (10%). The mean age at first dermatology follow up visit was 57.8 years old. The study population included 54.5% males and 45.5% females. The vast majority (90.9%) of patients were Caucasian or White. The mean number of dermatology visits per person-year was 1.9 visits. This did not statistically significantly differ (p=0.107) between patients treated exclusively with immunotherapy (1.8) and targeted therapy (2.4). Limitations include the fact that many patients obtained their dermatologic care at an outside clinic. Future research should examine optimal dermatologic follow up frequency for patients with advanced stage melanoma after immunotherapy and targeted therapy initiation.

Differences in musculoskeletal impact on health among patients with psoriasis based on disease type, disease severity and undiagnosed psoriatic arthritis (PsA) G Gondo1, S Bell1, J Merola1 and A Gottlieb1,1 1National Psoriasis Foundation, Portland, Oregon, United States and 2 St. George’s, University, St. George’s, Grenada. The proportion of patients with Charleston co-morbidity index (CCI) score of 0-2 decreased from 78.7% in 2008 to 63.9% in 2018, while hospitalizations in the U.S increased from 34 per 100,000 persons in 2008 to 52 per 100,000 persons in 2018. The mean age increased from 59.9 years in 2008 to 61.2 years in 2018 (adjusted p-trend <0.001). Incidence, age, co-morbidity burden, and resource utilization of dermatologic care by patients with advanced melanoma after initiation of immunotherapy and targeted therapy: A retrospective cohort analysis. Descriptive statistics were done in SPSS. We searched for hospitalizations for patients aged ≥18 years with a principal or secondary 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 our primary outcome. Multivariate logistic and linear regression was used to calculate adjusted p-trend for categorical and continuous outcomes, respectively. The proportion of patients with Charleston co-morbidity index (CCI) score ≥3 increased from 0% in 2010 to 37.4% in 2018 (adjusted p-trend<0.0001). Inpatient mortality of HS readmissions increased from 1.1% in 2010 to 1.2% in 2018, with a peak of 1.9% in 2014 (adjusted p-trend=0.086). HS was the most common reason for readmissions across all years. Sepsis was the 2nd most common reason for readmission in all years except in 2010 where cellulitis was the 2nd most common reason for readmission. Rates of 30-day readmissions and co-morbidity burden of hospitalized HS patients have increased in the US. HS itself remained the most common reason for readmission 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 N Theodosakis1, N Klebanov1, P Ugwu-Dike1, V Pahalyants1, W Murphy1, A Gusev2, S Gondo1, S Bell1, J Merola1 and A Gottlieb1,1 1Department of Dermatology, Johns Hopkins University, Baltimore, Maryland, United States and 2 Dermatology, Emory University, Atlanta, Georgia, United States. The proportion of readmitted patients with Charleston co-morbidity index (CCI) score ≥3 increased from 0% in 2010 to 37.4% in 2018 (adjusted p-trend<0.0001). Inpatient mortality of HS readmissions increased from 1.1% in 2010 to 1.2% in 2018, with a peak of 1.9% in 2014 (adjusted p-trend=0.086). HS was the most common reason for readmissions across all years. Sepsis was the 2nd most common reason for readmission in all years except in 2010 where cellulitis was the 2nd most common reason for readmission. Rates of 30-day readmissions and co-morbidity burden of hospitalized HS patients have increased in the US. HS itself remained the most common reason for readmission 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.