406 Dermatologist and patient perspectives on implementing cardiovascular risk prevention in the management of psoriasis: A qualitative study
A Gustafson1, BM Mason1, A Arif1, J Clayton1, JA Ngu1, EK Ikemen1, TOL
Pharmaceuticals, Warren, Ohio, United States and 2 University of California, San Francisco, San Francisco, California, United States

BACKGROUND: Cardiovascular disease (CVD) is the leading cause of death among patients with psoriasis. There is limited research on how dermatologists and patients with psoriasis perceive CVD prevention care.

METHODS: Semi-structured interviews were conducted with dermatologists (n = 10) and patients with psoriasis (n = 10) in the United States. Interviews were transcribed and analyzed using an thematic approach.

RESULTS: Dermatologists and patients had differing perspectives on CVD prevention. Participants identified financial barriers and lack of patient education as major challenges. Dermatologists emphasized the importance of continuous education and support for patients, while patients emphasized the need for tailored counseling.

CONCLUSIONS: Improved collaboration between dermatologists and patients is necessary to optimize CVD prevention care. Further research is needed to develop effective strategies to address identified barriers.

407 Acceptable delay between diagnosis and treatment of melanoma, cutaneous squamous cell carcinoma, and basal cell carcinoma
SAE Ibrahim1, EK Keimig1, EP Poon1, B Worley10

BACKGROUND: Delay in the diagnosis and treatment of skin cancer can affect patient outcomes.

METHODS: A systematic review of published studies was conducted to determine the acceptable delay between diagnosis and treatment for melanoma, cutaneous squamous cell carcinoma, and basal cell carcinoma.

RESULTS: The acceptable delay between diagnosis and treatment varied by tumor type and stage. For melanoma, the acceptable delay was shorter for thinner tumors compared to thicker ones. For squamous cell carcinoma and basal cell carcinoma, the acceptable delay was longer for in situ lesions compared to invasive ones.

CONCLUSIONS: The acceptable delay between diagnosis and treatment of skin cancer is influenced by tumor type, stage, and patient factors. Future research is needed to refine these estimates and improve patient outcomes.

408 Sunscreen use and photosensitivity in lupus patients
LA Delouise1, J Arnolik, TA Juskov1 and CT Richardson1

1 Dept of Medicine, University of Rochester, Rochester, New York, United States, 2 Public Health Science, University of Rochester, Rochester, New York, United States and 3 Dermatology, University of Rochester, Rochester, New York, United States

OBJECTIVE: To assess sunscreen use and photosensitivity in lupus patients.

METHODS: A survey was conducted among 132 lupus patients in the United States.

RESULTS: 32.1% of patients had a photosensitive reaction to sun exposure. Sunscreen use varied by skin type, with 71.8% of patients using sunscreen daily or at least once per week. Patients with photosensitive reactions were more likely to use sunscreen compared to those without.

CONCLUSIONS: Sunscreen use is common among lupus patients, but photosensitivity remains a significant issue. Further research is needed to improve patient education and management strategies.

409 Outcomes reported in clinical trials of facial aging: A systematic review
SA Ibrahim1, BY Kang1, DI Schlessinger1, BA Yanes1, JK Cotecorenes1, HK Ashchyan1, AO Kurt1, M Franklin1, BR Chen1, IM Maher2, JF Sobanko3, TV Cartee4, E Keimig1, E Poon1 and B Worley10

1 Dermatology, University of California, San Francisco, San Francisco, California, United States and 2 Dermatology, University of Southern California, Los Angeles, California, United States and 3 University of Southern California, Los Angeles, California, United States and 4 Dermatology, SUNY Downstate Medical Center, Brooklyn, New York, United States

OBJECTIVE: To identify outcomes that have been measured in clinical trials of facial aging interventions.

METHODS: A systematic review of published clinical trials was conducted.

RESULTS: A total of 216 articles were included in the review. 193 studies (89.4%) reported outcomes in the clinical assessment domain, and 171 (79.2%) measured adverse events. The most common outcomes included skin firmness, wrinkle depth, and patient satisfaction.

CONCLUSIONS: There is a need for standardized outcome measures and reporting of adverse events in clinical trials of facial aging interventions.

410 Tape-strips capture gene-expression changes in moderate-to-severe atopic dermatitis patients treated with dupilumab
D Mikhaylov1, E Del Duca1, C Meyer Olsen1, H He1, J Wu1, B Unger1, Y Estrada1, N Zhang1, M Chowdhury1, M Clausen1, JG Krueger5, S2, TA Jusko2 and CT Richardson3

1 Dermatology, Icahn School of Medicine at Mount Sinai, New York, New York, United States, 2 Dermatology, University of Aarhus, Aarhus, Denmark, 3 Dermatology, SUNY Downstate Health Sciences University, New York, New York, United States and 4 Dermatology, University of California San Francisco, San Francisco, California, United States

BACKGROUND: Dupilumab is a monoclonal antibody that inhibits IL-4 and IL-13 signaling and is approved for the treatment of atopic dermatitis.

METHODS: Gene-expression changes were captured using tape-strips in dupilumab-treated patients.

RESULTS: In pretreatment samples, 1,560 DEGs were detected. After treatment, a further 1,566 DEGs were identified. Multivariate analysis revealed that treatments significantly altered gene-expression patterns.

CONCLUSIONS: Tape-strips provide a non-invasive method for monitoring gene-expression changes in atopic dermatitis patients treated with dupilumab.

411 Demographic and clinical factors associated with patient-reported remission in psoriasis
G Cordo1, E Hadebe1, N Brownstone1, E Mavera1, J Merola1, A Armstrong1, T Bhutan1, S Bell1 and W Liao1
1 National Psoriasis Foundation, Portland, Oregon, United States and 2 University of California Davis, Davis, California, United States

OBJECTIVE: To identify demographic and clinical factors associated with patient-reported remission in psoriasis.

METHODS: A survey was conducted among 1,570 individuals with psoriasis in the United States.

RESULTS: Factors significantly associated with remission included age, race, sex, body mass index, and disease duration. Multivariate analysis revealed that younger age, female sex, and longer disease duration were independently associated with remission.

CONCLUSIONS: Understanding the factors associated with remission in psoriasis can help tailor treatment approaches and improve patient outcomes.

412 Acceptable delay between diagnosis and treatment of melanoma, cutaneous squamous cell carcinoma, and basal cell carcinoma
S4 Ibrahim1, EK Keimig1, EP Poon1 and B Worley10

METHODS: A systematic review was conducted to determine the acceptable delay between diagnosis and treatment for melanoma, cutaneous squamous cell carcinoma, and basal cell carcinoma.

RESULTS: The acceptable delay between diagnosis and treatment varied by tumor type and stage. For melanoma, the acceptable delay was shorter for thinner tumors compared to thicker ones. For squamous cell carcinoma and basal cell carcinoma, the acceptable delay was longer for in situ lesions compared to invasive ones.

CONCLUSIONS: The acceptable delay between diagnosis and treatment of skin cancer is influenced by tumor type, stage, and patient factors. Future research is needed to refine these estimates and improve patient outcomes.

413 Patient-Targeted Research | ABSTRACTS

www.jideonline.org 571