Health disparities in clinical trials for mycosis fungoides/Sezary syndrome: A systematic review
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Despite the growing evidence of health disparities in cancer clinical trials, there is a dearth of similar evidence for mycosis fungoides (MF)/Sezary syndrome (SS). We aimed to determine whether participants in clinical trials for MF/SS would differ demographically, either by age, gender, or race, compared to the United States (US) population of MF/SS patients. Per the Surveillance, Epidemiology and End Results (SEER) database, the incidence of MF/SS is highest in people between ages 70-79. Incidence is also higher in males, with a male:female (M:F) ratio of 1.57, and in black patients, with a black:white (B:W) ratio of 1.55. A systematic review was performed of all studies in MEDLINE via PubMed, Embase, Scopus, and Cochrane, with inclusion of Trials of Treatments for mycosis fungoides in clinical trials for MF/SS in the US from 1984 – 2020. Two reviewers performed title/abstract review and data extraction. Forty studies met inclusion criteria, comprising 1,496 participants with a median age of 61. There were 839 (56%) males and 632 (42%) females, with a M:F of 1.32. All trials included participants within the age range of 18 – 96. 36% (538) included race, and there was no significant difference in the reporting of race among articles published before and after 2000 (p = 0.07) when calculated using chi-square. In trials in which race was specified, there were 205 (21%) black and 863 (77%) white participants, with a B:W ratio of 0.23. A sub-analysis of clinical trials that led to FDA-approved medications, eight trials qualified. The median age of participants was 61. The M:F ratio was 1.1. Of the six (75%) trials that included data on race, three in each category, among black patients, gender was inadequately exemplified in clinical trials, there is a discrepancy in age, with trials favoring younger patients. More prominently, there remains a great disparity in race, particularly among black patients. The limited reporting of race in clinical trials highlights the need to specify racial backgrounds to ensure equitable representation.

Discerning patient perspectives towards specific treatments of alopecia areata using artificial intelligence
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A 54-year-old man presented to the dermatology clinic with an itchy red papule on the right scrotum for 2 years, which gradually expanded to a yellow central ulcerated plaque and the involved skin was erythematous. Topical corticosteroids and antibiotics were started but failed. Fluorescent microscopy for fungus was negative, as well as antibodies to syphilis and HBV. There was no similar history in his family, and he had hypertension for 14 years, type 2 diabetes for a year with normal renal function. Biopsy revealed epidermal necrosis and crust with transepidermal penetration and elimination of collagen. Therefore, the diagnosis was acquired reactive penetrating collagenosis (ARPC). Follow-up for 3 months after resolution with no recurrence. Reactive perforating collagenosis is a rare skin disease that includes both inflammatory and non-inflammatory types. ARPC is associated with diabetes, chronic renal failure, hypothyroidism, and hypertension. It usually occurs on the trunk and limbs, characterized by multiple umbilicated hyperkeratotic papules or nodules with Koebner’s phenotype clinically, but no scrotal lesions have been reported.

Organ-specific toxicity of Romidepsin in patients with pre-existing cardiac, renal, and hepatic disease: A retrospective analysis
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Background: Romidepsin is a histone deacetylase inhibitor (HDACi) used in the treatment of non-Hodgkin’s and Hodgkin’s lymphomas. Initial clinical trials of romidepsin excluded patients with pre-existing cardiovascular, hepatic, and renal disease. The aim of this study was to investigate the incidence of adverse cardiovascular, hepatic, and renal events in patients with relevant pre-existing conditions receiving romidepsin. Methods: The medical records of patients at Columbia University Irving Medical Center from 2010-2020 who received >1 dose of romidepsin with 6 months of follow-up data were retrospectively reviewed. Data collected included demographics, clinical data, and adverse events both while receiving romidepsin and 6 months following the end of therapy. Results: There were 41 patients who met the study criteria. Mean patient age was 57.19 (range: 23-83); the cohort was 37.2% female (n = 16). The mean number of cycles of romidepsin therapy received by study patients was 6.02 (range: 1 to 21); dosages ranged from 10mg/m2 to 14mg/m2. Pre-existing cardiovascular disease was observed in 17/43 (39.5%) patients. In total, 44/1.93% patients experienced cardiovascular adverse events during the review period. Of these patients, 2/4 had pre-existing cardiovascular disease. No significant difference was observed in the relationship between cardiovascular adverse events while receiving romidepsin and pre-existing cardiovascular disease (p = 1.0). Furthermore, no patients with pre-existing hepatic or renal disease experienced relevant adverse events during the observation period. Adjustment for combination therapies and number of cycles received did not affect significance. Conclusions: Our results suggest that patients on romidepsin therapy with pre-existing cardiovascular, hepatic, and renal disease may not have a greater risk of adverse cardiac, hepatic, and renal events than patients without pre-existing cardiovascular disease.

Organic-surface toxicity of Romidepsin in patients with pre-existing cardiac, renal, and hepatic disease: A retrospective analysis
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Spirulina use and its temporal association with dermatomyositis exacerbation
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The immunostimulatory effects of complementary and alternative medicine (CAM) may lead to the exacerbation of autoimmunity. As a result, there is a need to characterize the temporal relationship between immunostimulatory CAM use and autoimmune skin diseases. We performed a nested retrospective study of prospectively-collected CAM usage data at UPenn. Patients with dermatomyositis (DM), cutaneous lupus erythematosus (CLE), autoimmune blistering disease (ABD), and healthy controls (HC) without autoimmune disease were surveyed for history of immunostimulatory CAM usage (Spirulina, Chlorella, Alfalfa, Green Algae, Echinacea) and dates of autoimmune disease onset/flare. Analysis of herbal supplement use in autoimmune patients compared to HC was performed using Fisher exact tests at a significance level of 0.05. Temporal analysis from CAM use to disease onset/flare was performed with a Kaplan-Meier survival analysis and log-rank test, censored at 2 years, at a significance level of 0.05. 450 patients were enrolled, including 158 DM, 122 CLE, 31 ABD, 426 diabetes for a year with normal renal function. Biopsy revealed epidermal necrosis and crust with transepidermal penetration and elimination of collagen. Therefore, the diagnosis was acquired reactive penetrating collagenosis (ARPC). Follow-up for 3 months after resolution without recurrence. Reactive perforating collagenosis is a rare skin disease that includes both inflammatory and non-inflammatory types. ARPC is associated with diabetes, chronic renal failure, hypothyroidism, and hypertension. It usually occurs on the trunk and limbs, characterized by multiple umbilicated hyperkeratotic papules or nodules with Koebner’s phenotype clinically, but no scrotal lesions have been reported.