Outcomes reported in clinical trials of postinflammatory hyperpigmentation: A systematic review
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BACKGROUND: Due to heterogeneity in outcomes measured in clinical trials of post-inflammatory hyperpigmentation (PIH), it is difficult to compare different treatment modalities. Reviewing the diversity in reported outcomes is a necessary step in developing a core outcome set (COS), or a minimal set of outcomes that should be reported in all clinical trials of PIH to ease outcome inequality. We identified 40 studies through 5 databases (36 studies included, and 101 outcomes were identified and grouped into 6 domains: adverse events/effects, clinical assessment, clinical recurrence, perception of health, patient satisfaction, and quality of life. The most commonly reported outcome was “Erythema” as an adverse event (reported in 16 of 36 studies, 44%). Additionally, common outcomes were “Darkness/intensity of pigmentation” (15 of 36 studies, 41.7%) and “Global improvement of pigmentation” (14 of 36 studies, 38.9%). CONCLUSION: There is considerable heterogeneity in outcomes reported in clinical trials of PIH. Development of a COS is necessary to standardize outcomes reporting in future clinical trials, which will help to facilitate later comparison of outcomes across multiple studies.

Circulating tumor DNA as a biomarker for treatment response in an advanced Merkel cell carcinoma patient
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Notwithstanding recent advances, Merkel cell carcinoma (MCC) persists as an often-lethal cancer for the majority of patients failing initial chemotherapy. There are unmet clinical demands for effective alternative therapies and novel sensitive methods for monitoring therapeutic response of immunotherapy and beyond. Recently, circulating tumor DNA (ctDNA) analysis using a next generation sequencing (NGS) platform has shown to be sensitive and effective in postoperative management, early detection of relapse, and predicting treatment response and prognosis in several human cancers. To the first time to our knowledge, we report on a patient with MCC that was recently diagnosed and treated with off-label therapy. We performed RNA-Seq on blood samples of 9 patients with MCC treated with off label therapy. Therefore, we sought to investigate alteration of gene signature in peripheral blood of patients treated with off label therapy. We performed RNA-Seq on blood samples of 9 patients with MCC treated with off label therapy. Gene expression was analyzed before and after sirolimus treatment for an average of six months. Raw counts were aligned using STAR and differential expression analysis using edgeR. Differential gene expression was analyzed using a wall chi-squared test. We have identified n=498 FDR α≤0.05, n=10 adjusted p value <0.05) upregulated and n=396 (p <0.05) downregulated genes post treatment in our dataset. The vast majority of clinical phenotypes that were patients analyzed were reflected in their gene expression profiles in peripheral blood. Interestingly, the gene expression profiles became more clustered and exhibited resemblance post treatment, whereas pre-invasive treatment represented, 39 patients had similar gene expression pattern for 37 65% of the patients had significant changes in gene expression profiles in peripheral blood. We used gene ontology pathway analysis demonstrated changes in addition to PI3K/ MAP2K1, Tie2 and PIK3CA. This indicates that exhibit similar regulatory effects for different vascular and n

Clinical risk factors associated with MRSA incidence in inpatient pediatric cellulitis
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History and current admission demographics and antibiotic treatment history were included in the analysis. RESULTS: 36 studies were included, and 101 outcomes were identified and grouped into 6 domains: adverse events/effects, clinical assessment, clinical recurrence, perception of health, patient satisfaction, and quality of life. The most commonly reported outcome was “Erythema” as an adverse event (reported in 16 of 36 studies, 44%). Additionally, common outcomes were “Darkness/intensity of pigmentation” (15 of 36 studies, 41.7%) and “Global improvement of pigmentation” (14 of 36 studies, 38.9%). CONCLUSION: There is considerable heterogeneity in outcomes reported in clinical trials of PIH. Development of a COS is necessary to standardize outcomes reporting in future clinical trials, which will help to facilitate later comparison of outcomes across multiple studies.

Mycochromenol moieller and methotrexate in dermatomyositis treatment
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While dermatomyositis (DM) treatment often follows a stepwise sequence, data is lacking regarding mycochromenol moieller (MFM) use. We compared outcomes of MFM and methotrexate (MTX) in DM patients. A cohort of 31 patients with currently skin-predominant DM taking MTX or MFM with ≥2 study visits within a 500 day retrospective observation period was seen at The University of Pennsylvania. The Cutaneous Dermatomyositis Disease Area and Severity Index (CDAI) was used to assess severity and outcomes. Patients with mild disease activity defined as a CDAI activity score c14 (maximum sub-score of 100) were excluded from the analysis as were any patients who were taking other medications to treat their cutaneous disease. Patients with severe disease activity or for whom no data was selected for 10 patients were treated with MFM and 14 were selected for MTX treatment. The most common antecedents for the commencement of MFM were the expectation of chronic antimalarial or topical medications. The most common antecedents for the commencement of MTX were the expectation of chronic antimalarial or topical medications. There was a significant difference in daily CDAI activity change between responders and non-responders, -0.466 (p=0.001) for MFM and -0.046 (p=0.014) for MTX. Either MFM or MTX may be added to traditional treatment plans for patients with DM who have not responded to antimalarial therapy. In the current study, data suggest that responders continued to improve over many months while most non-responders showed improvement at first follow-up (ranging from 2-6 months) during the observation period.

Quality appraisal of recent guidelines for adult atopic dermatitis
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Introduction: In 2017, Dupilumab was approved for adults with moderate-to-severe atopic dermatitis (AD). Clinical practice guidelines (CPGs) have since incorporated this option into treatment algorithms. Studies on CPGs quality are needed. Objective: Assess quality of methods and development processes of adult AD CPGs reported since approval of Dupilumab. Methods: A literature search was conducted in June 2020 on MEDLINE, EMBASE, SCOPUS and CINAHL (2017-current). Two reviewers independently screened reports with management recommendations for adults. Quality was independently assessed by 3 reviewers using validated Appraisal of Guidelines for Research & Evaluation II (AGREE II) criteria (32 criteria) [1]. The majority (n=26/32) agreed to 7 (strongly agree) ≥75% was considered good quality. Results: Twelve CPGs were retrieved. Median scores per domain were (in %): scope/purpose (r=50-96); clarity of presentation, 85 [r=50-96]; stakeholder involvement, 54 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presentation, 85 [r=21-63]; clarity of presenta...