**LB713**

**Proteomic identification of new diagnostic biomarkers of early-stage Cutaneous Mycosis Fungoides**

J Li, Z Liu, L Leng, S Zhang, Y Wang, J Wang and Y Liu, Peking Union Medical College Hospital, Dongcheng-qu, Beijing, China

Primary cutaneous T-cell lymphoma (CTCL) is responsible for two-thirds of cutaneous lymphoma cases. Mycosis fungoides (MF), the most common subtype of CTCL comprises approximately 60% of CTCLs. Due to the similar clinical features of MF and inflammatory diseases such as eczema and psoriasis, early-stage MF can easily be misdiagnosed as chronic inflammatory dermatoses, posing a diagnostic challenge to the dermatologist. Early-stage MF is characterized by a favorable prognosis with long-term survival similar to or slightly lower than that of age-matched healthy people, with a 5-year survival between 88% and 100%. In contrast, advanced-stage MF shows aggressive progression, and the median survival time of patients with lymph node and visceral involvement is only 13 months. Therefore, it is important to achieve early diagnosis to improve prognosis, yet there are few specific biomarkers for the early diagnosis and prognosis of MF. In this study, we described the pathological features of MF during the early and advanced stages through proteomics technology, providing clues for the pathogenesis of MF as well as biomarkers for malignant tumors in the early stage. More importantly, diagnostic biomarkers of early-stage MF were identified by comparing the proteomic characteristics of early-stage MF and inflammatory diseases, with the goal of preventing delayed therapy due to misdiagnosis.

**LB714**

**Differences in utilization of field therapy of Actinic Keratoses by varying practitioner type**

P Singh and SF Ibrahim, Dermatology, University of Rochester Medical Center, Rochester, New York, United States

We aimed to characterize trends in management of field cancerization of actinic keratoses by dermatologists and other clinicians. The 2013-2018 Medicare Public Use File and Physician Compare Tool were analyzed, including 116,441 unique clinicians. Specialties included dermatologists, primary care physicians (PCPs), and advanced practice providers (APPs). Claims of cryosurgery (Healthcare Common Procedure Coding System codes 17000, 17003, and 17004), topical therapies (fluorouracil, imiquimod, or ingenol mebutate), and photodynamic therapy (PDT) were compared. Utilization of each treatment modality was measured as a percentage of all field therapy claims filed. Mean proportions (standard deviation) of individual clinicians were compared. Utilization of each modality was compared versus practitioner type. Longitudinal analyses were performed by calendar year. Statistical significance for all analyses was determined using one-way analysis of variance. PCPs had the greatest mean proportion of cryosurgery (94.9% [21.3%], \( P < 0.0001 \)) vs. dermatologists (93.2% [19.7%]) or APPs (92.2% [22.7%]). APPs most often prescribed topical treatments (7.3% [22.4%]), while PDT was most utilized by dermatologists (0.6% [3.2%]). Longitudinally, use of cryosurgery decreased from 2013 to 2018 for every specialty (\( P < 0.0005 \) for all). Use of topicals increased for dermatologists and APPs (\( P < 0.0001 \) for both) but decreased for PCPs (\( P < 0.0001 \)). PDT use decreased for dermatologists and APPs (\( P < 0.0001 \) for both) but not PCPs (\( P = 0.95 \)). Our findings demonstrate an important practice gap for non-dermatologists managing field cancerization of actinic keratoses. It may be helpful to educate PCPs on more effective and tolerable therapies than cryosurgery or PDT of field cancerization. This may perhaps represent changing reimbursement rates set by Medicare as well as availability of more tolerable topical treatments.

**LB715**

**Epithelioid Hemangioma of the leg: A case report of a rare benign vasoformative lesion**

AS Babadjouni and R Ram, Midwestern University, Glendale, Arizona, United States and Western University of Health Sciences, Pomona, California, United States

Background: Epithelioid hemangoma (EH) is a rare, benign vasoformative lesion of unknown etiology that presents clinically as a slowly enlarging smooth-surface nodule. Herein, we report one case of unilateral EH and its clinical presentation. Additionally, we provide a comprehensive review of the literature. Objective: We aim to illustrate the histopathologic features unique to EH, investigate current theories of pathogenesis, provide differential diagnoses, offer useful diagnostic tools to improve EH detection, and discuss treatment options.

Materials and Methods: A primary literature review was conducted utilizing PubMed/MEDLINE and CINAHL databases with the following search terms: (epithelioid hemangoma OR angiolymphoid hyperplasia with eosinophilia). Exclusion criteria included studies that were written in languages other than English. Results: Reports of EH with metastatic features, such as multifocality and local aggressiveness, further complicate diagnosis. Ultrasoundography (US) paired with color doppler US is the initial imaging modality of choice. EH lesions may be positive for CD34 and factor VIII-related antigen, as well as, show diffuse (>50%) nuclear immunoreactivity for FOSB. With the pathogenesis of EH still in question, cases of EH suggest a reactive pattern may be at play. First-line therapy of EH is said to be surgical excision. Conclusion: Correct identification and differentiation of EH from similar benign and metastatic pathologies is of fundamental importance due to varying clinical courses, prognoses, and recommended treatments. Better understanding EHs mechanism of action may improve treatment.

www.jidonline.org B3