Fable II.
 Percentage of patient-driven temporary biologic treatment discontinuation during the coronavirus disease 2019 pandemic

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Variable	Combined	Combined Adalimumab	Brodalumab	Certolizumab		Etanercept Guselkumab Infliximab Ixekizumab	Infliximab	Ixekizumab	Risankizumab	Risankizumab Secukinumab Ustekinuma	Ustekinumab
Total patients*	2095	290	29	46	365	388	48	249	105	204	371
Discontinued before April 1	17 (0.81)	5 (1.7)	0	0	0	5 (1.3)	1 (2.1)	2 (0.8)	0	0	4 (1.08)
Discontinued before May 1 18 (0.86)	18 (0.86)	5 (1.7)	0	0	0	6 (1.5)	1 (2.1)	0	0	1 (0.5)	5 (1.35)
Discontinued before June 1 18 (0.86)	18 (0.86)	5 (1.7)	0	0	0	6 (1.5)	1 (2.1)	1 (0.4)	0	1 (0.5)	4 (1.08)
Total no. of restarts	2	2	0	0	0	0	0	2	0	0	_
Combined all months [†]	23 (1.1)	7 (2.4)	0	0	0	6 (1.5)	1 (2.1)	3 (1.2)	0	1 (0.5)	5 (1.35)

*Total number of patients receiving a biologic for psoriasis as of February 1, 2020, and followed throughout the entire 4-month study period Total number of patients who discontinued their biologic, including those who restarted before June 1. (%) unless otherwise indicated Data are presented as No.

consultant, and investigator for AbbVie, Allergan, Amgen, Astellas, Boehringer Ingelheim, Celgene, Centocor, Coherus, Dermira, Eli Lilly, Forward, Galderma, GSK, Janssen, Leo, Medimmune, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi Genzyme, Takeda, UCB, Valeant, and Xenon. Drs Georgakopoulos and Mufti have no conflicts of interest to declare.

Reprints not available from the authors.

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REFERENCES

- 1. Warren RB, Gooderham M, Burge R, et al. Comparison of cumulative clinical benefits of biologics for the treatment of psoriasis over 16 weeks: results from a network meta-analysis. *J Am Acad Dermatol*. 2019;82(5):1138-1149.
- Kim HJ, Lebwohl MG. Biologics and psoriasis: the beat goes on. Dermatol Clin. 2019;37(1):29-36.
- Johns Hopkins Coronavirus Resource Center. COVID-19 case tracker. Available at: https://coronavirus.jhu.edu/; 2020. Accessed June 2, 2020.
- Lebwohl M, Rivera-Oyola R, Murrell DF. Should biologics for psoriasis be interrupted in the era of COVID-19? J Am Acad Dermatol. 2020;82(5):1217-1218.
- Shah P, Zampella JG. Use of systemic immunomodulatory therapies during the coronavirus disease 2019 (COVID-19) pandemic. J Am Acad Dermatol. 2020;82(6):e203-e204.

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Applying to dermatology residency during the COVID-19 pandemic



To the Editor: As the coronavirus disease 2019 pandemic continues to unfold, the medical community has been forced to make a number of social and institutional adaptations to reduce the risk to patients and providers. Changes to the residency application process are particularly influential on students pursuing competitive specialties such as dermatology. In April 2020, the Dermatology Residency Program Directors released a consensus statement regarding the 2020-2021 application cycle. In this announcement, program directors acknowledged disruptions that may occur in extracurriculars, such as in-person clinical projects and community outreaches, research, United States Medical Licensing Examination (USMLE) step 2, and subinternships of dermatology applicants, calling for understanding from residency programs in this coming application cycle and making

suggestions for how to best fill the gaps from missed opportunities.

Away rotations have been opportunities for students to foster relationships with faculty, residents, and programs; obtain letters of recommendation; and demonstrate a strong interest in specific dermatology programs. Because of the delay in or cancellation of away rotations and research conferences, the ability for students to establish professional connections outside of their institution has become challenging. In lieu of typical in-person rotations, it has been suggested that students be offered virtual away rotations. Virtual rotations include online didactics, use of the American Academy of Dermatology's online modules, and interactive sessions led by residents and faculty.² According to the Dermatology Residency Program Directors, away rotations "should not be perceived as required or necessary for matching into dermatology residency," with the exception of applicants without a home dermatology program.

Similarly, the Association of American Medical Colleges has officially recommended that programs conduct all residency interviews virtually via telephone or video conference. This essential recommendation adds an additional layer of difficulty for both programs and applicants as they seek ways to determine their best fit. To help standardize and optimize the process, the American Academy of Dermatology has released a proposal detailing how web-based interviews should be conducted.3 Furthermore, the Association of American Medical Colleges has provided virtual interviewing tips to assist applicants navigating this application cycle.⁴ Applicants should familiarize themselves with the technology being used during the interviews and ensure that they have a stable internet connection. The interview should be conducted in a private and well-lit space in which the applicant is clearly visible to the interviewer. Additionally, applicants should wear professional clothing and come prepared with relevant interview materials just as they would for an in-person residency interview.

Among the uncertainty and anxiety surrounding this unusual application cycle, some residency programs are pushing for reexamination of the characteristics used to stratify and select applicants. It has been suggested that applicants be evaluated by a holistic process, taking into consideration the personal and professional journey that led them to dermatology. An emphasis should be placed on seeking out applicants who "exhibit selflessness or grit and will enhance the robustness and diversity of

our workforce."⁵ Dermatology applicants and residencies must remain understanding, flexible, and willing to adapt, as all of medicine must do in these unprecedented times.

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REFERENCES

- Dermatology Residency Program Director Consensus Statement on 2020-21 Application Cycle. 2020. Available at: https://aamc-orange.global.ssl.fastly.net/production/media/filer_public/0f/7b/0f7b547e-65b5-4d93-8247-951206e7f726/updated_dermatology_program_director_statement_on_2020-21_application_cycle_.pdf. Accessed July 23, 2020.
- Stewart CR, Chernoff KA, Wildman HF, Lipner SR. Recommendations for medical student preparedness and equity for dermatology residency applications during the COVID-19 pandemic. J Am Acad Dermatol. 2020;83(3):e225-e226.
- PAAMC. Virtual Interviews: Tips for Interviewers. Available at: https://www.aamc.org/system/files/2020-05/Virtual_Interview_ Tips_for_Program_Directors_05142020.pdf. Accessed July 23, 2020.
- Muzumdar S, Grant-Kels JM, Feng H. Dear dermatoethicist: web-based dermatology residency interviews in the time of COVID-19. J Am Acad Dermatol. 2020;83: 707-708.
- Karasik D, O'Connor DM, Nathan NR. What matters most: why the COVID-19 pandemic should prompt us to revisit the dermatology resident selection process. J Am Acad Dermatol. 2020;83(1):e55.

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Risk of COVID-19 in dermatologic patients receiving long-term immunomodulatory therapy



To the Editor: As the coronavirus disease 2019 (COVID-19) pandemic has rapidly spread around the globe, concern has been raised regarding susceptibility of patients receiving immunomodulatory therapies to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Although