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Barriers to skin cancer screening examinations: A systematic review

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Introduction: Melanoma screening examinations support early diagnosis, yet there is a national shortage of dermatologists and most at-risk patients lack access to dermatologic care. Primary care physicians (PCPs) in the United States often bridge these access gaps and thus play a critical role in the early detection of melanoma. However, most PCPs do not offer skin examinations. We sought to determine the barriers to skin cancer screening examinations for PCPs and patients.

Methods: A systematic review of reported barriers to skin examinations to detect melanoma was performed using Cochrane Library, Embase, Medline, and PubMed from 1990 to 2019. Titles and abstracts were reviewed by two independent reviewers and conflicts resolved by discussion.

Results: After title and abstract review, 111 publications were included for full-text review. After 5 inclusion criteria were used, (n = 47; 42%) studies were selected. Lack of dermatologic training (89.4%), time constraints (70%), and competing comorbidities (51%) are the most common barriers reported by PCPs. Low perceived risk for melanoma (69%), long delays in appointment (46%), and lack of knowledge about melanoma (34.8%) are the most frequently reported patient barriers.

Conclusions: This review highlights the barriers faced by PCPs and patients in performing skin cancer examinations for patients at risk for melanoma. Systematically identifying barriers will facilitate development of multi-layered implementation approaches to support sustainable melanoma screening initiatives.

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The prevalence and correlates of sunscreen usage in the rural tristate Appalachia

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Introduction: Despite the proven efficacy of sunscreen usage for primary prevention of skin cancers, its usage remains inadequate among the US population. Numerous studies assessing sun protection behaviors among various population groups are available, however, such research in rural populations remains limited. Therefore, the purpose of our study was to assess prevalence and correlates of sunscreen usage among individuals living in rural tristate Appalachia.

Methods: In this cross-sectional study, a 26-item survey was administered to convenience sample patients at primary care clinics serving rural tristate (Kentucky, Tennessee, and Virginia) Appalachia. The survey primarily assessed sociodemographic information, sunscreen usage, and reasons for not using sunscreen.

Results: A total of 212 patients participated in this study, of which, 61.8% were females and 89.2% were White/Caucasian. The mean age of the participants was 49.66 (±17.35) years. About one-fourth (26.4%) of the participants often use sunscreen and 46.2% never or rarely use sunscreen. The most frequently reported reason for not using sunscreen was "I forget to apply sunscreen." Females had 3.955 times higher odds to use sunscreen than males ($P < .001$). Furthermore, higher propensity to burn (OR 3.764, $P < .001$), higher education (OR 2.356, $P = .003$), and higher income (OR 2.385, $P = .006$) were associated with an increased likelihood of using sunscreen, but increasing age (OR 0.968, $P = .006$), working mostly or only outdoors (OR 0.460, $P = .018$), increasing time outdoors (OR 0.389, $P = .003$) were associated with decreased likelihood of using sunscreen.

Conclusions: Sunscreen usage among the rural tristate Appalachia population is low. Interventions increasing sunscreen usage among this population are warranted.

Commercial disclosure: None identified.

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A randomized, controlled, evaluator-blinded, multicenter study to evaluate the effectiveness and safety of HArk versus a control in the augmentation of soft tissue fullness of the lip

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Purpose: To evaluate the effectiveness and safety of a new hyaluronic acid product, HArk, in lip augmentation and correction of upper perioral rhytids. The primary objective was to demonstrate non-inferiority of HArk versus a control (HAjvob) in lip augmentation 8 weeks after last injection (blinded evaluation). Design: In this 48-week, randomized, controlled, evaluator-blinded multicenter study (NCT03320824), treatment with HArk or control (randomized 2:1) was administered on day 1, with optional touch-up offered 4 weeks after initial injection. Assessments included lip fullness (Medicis Lip Fullness Scale [MLFS]), wrinkle severity (Wrinkle Assessment Scale), esthetic improvement (Global Esthetic Improvement Scale), subject satisfaction (FACE-Q scales), adverse events and subject diary entries of local tolerability symptoms. Summary: Subjects received a total (initial and touch-up) mean of 1.8 mL HArk (n = 185) or 2.2 mL control (n = 88) in the upper and lower lips. The primary objective was met; HArk was non-inferior to control in lip augmentation at 8 weeks after last injection. Confidence intervals for both intention-to-treat and per protocol populations were below 0.5 (mean change from baseline in upper/lower lip MLFS score: 1.8/1.8 [HArk], 1.7/1.8 [control]). HArk achieved lip fullness improvement and correction of upper perioral rhytids that persisted at week 48 after the last injection. HArk effectiveness was supported by a high degree of esthetic improvement and subject satisfaction. Treatment-related treatment-emergent adverse events and local tolerability symptoms were generally mild and transient.

Conclusions: HArk was noninferior to control, well tolerated, and effective for lip augmentation and correction of upper perioral rhytids. Effectiveness was sustained at week 48.

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Long-term efficacy and safety in clinical trials of brodalumab by prior response to adalimumab

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Background: We assessed the long-term efficacy and safety of brodalumab in patients with moderate to severe plaque psoriasis stratified by prior adalimumab response status at baseline.

Methods: In this post hoc analysis of the AMAGINE-2/-3 trials,1 skin clearance was assessed by PASI 75 and PASI 100 for patients who received any dose of brodalumab through 120 weeks (n = 3625). Safety was summarized via exposure-adjusted rates of treatment-emergent adverse events (TEAEs).

Results: At week 52, observed PASI 75 responses were 90.8% in those who responded to adalimumab treatment (n = 187; 5.2%) and 86.1% in those who did not (n = 199; 5.5%). PASI 75 responses using nonresponder imputation at week 52 were 68.4% in those who responded to prior adalimumab treatment and 65.3% in those who did not. At week 52, observed PASI 90 responses by prior adalimumab status (responded or did not respond) were 63.8% and 74.8%, respectively, and observed PASI 100 responses were 40.4% and 47.7%, respectively. At week 120, observed PASI 75 responses by prior adalimumab status (responded or did not respond) were 74.4% and 88.3%, respectively; observed PASI 90 responses were 66.7% and 73.4%, respectively; and observed PASI 100 responses were 43.6% and 52.1%, respectively. The exposure-adjusted TEAE rate per 100 patient-years was 326.4 years in those who responded to prior adalimumab treatment and 351.9 years in those who did not; the rate of serious adverse events was similar between groups.

Conclusions: Skin clearance and TEAE rates through 120 weeks in patients who received brodalumab were similar regardless of prior response to adalimumab.

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