15345

A cross-sectional study of sun-safe skin practices and knowledge reveals room for improvement among Hispanic tattoo artists

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Background: Given the popularity of tattoos in the Hispanic community, tattoo shops and artists present a unique opportunity for offering early skin cancer detection.

Methods: Twenty tattoo artists (10 NHW, 10 Hispanic) participated in 1-hour semistructured interviews between 2017 and 2019. Participants were questioned about their baseline skin cancer knowledge, referral patterns to health care providers for suspected skin cancer, practices when encountering moles and sun safe recommendations as part of tattoo aftercare. Categoric data was evaluated using Fisher exact test for categoric data with two groups and means from the two groups were compared using *t* test.

Results: Demographics were similar except for mean age (NHW = 46 vs Hispanics = 30, $P < .05$). NHW were more educated on skin cancer (NHW 60% vs Hispanic 0%, $P < .05$), the ABCDE melanoma classification system (NHW 50% vs Hispanic 0%, $P < .05$), and more confident in their skin cancer identification ability than Hispanic tattoo artists (NHW 50% vs Hispanic 0%, $P < .05$). They were also more likely to notify clients of suspicious appearing lesions and refer to physicians for further evaluation (NHW 80% vs Hispanic 0%, $P < .001$). Hispanic artists recommended sun protection for tattoos only versus promoting full body sun protection (Hispanic 100% vs NHW 60%, $P < .05$).

Conclusions: Differences exist in the skin cancer knowledge and promotion of sun safe skin care practices as a part of tattoo aftercare between NHW and Hispanic tattoo artists. Further studies are warranted.

Commercial disclosure: None identified.

15350

Consistent scalp psoriasis clearance with mirikizumab maintenance treatment at 104 weeks in patients who had less than PASI 90 response at week 16: A phase 2 study analysis

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Background: Mirikizumab (miri) is a humanized monoclonal antibody directed against the p19 subunit of interleukin-23.

Objective: To evaluate miri maintenance dosing on scalp psoriasis clearance through 104 weeks in patients with <90% response on the Psoriasis Area and Severity Index (PASI90) at week 16.

Methods: Adults with moderate to severe psoriasis were randomized 1:1:1:1 to receive placebo (n = 52), miri 30 mg (n = 51), 100 mg (n = 51), or 300 mg (n = 51) at weeks 0 and 8 in a double-blind phase 2 multicenter study (NCT02899988). Patients with <PASI90 response at week 16 were switched to miri 300 mg every 8 weeks (q8w). Patients with baseline scalp involvement were studied for this analysis. The Psoriasis Scalp Severity Index (PSSI) was used to measure response with PSSI = 0 indicating complete clearance. Nonresponder imputation was used for missing PSSI = 0 data. PSSI percent improvements from baseline were assessed by mixed models repeated measure analysis.

Results: At week 104, the PSSI = 0 responses for patients with < PASI 90 response in placebo to miri 300 mg q8w (n = 46), 30 mg to 300 mg q8w (n = 31), 100 mg to 300 mg q8w (n = 21), and 300 mg to 300 mg q8w (n = 15) were 78.3%, 67.7%, 66.7%, and 60.0%, respectively. The mean (SE) percent improvements from baseline PSSI score in placebo to miri 300 mg q8w, 30 mg to 300 mg q8w, 100 mg to 300 mg q8w, and 300 mg to 300 mg q8w were 93.9 (3.8), 96.5 (4.7), 93.4 (5.6), and 94.3 (7.1), respectively.

Conclusions: Miri maintained scalp psoriasis clearance through 104 weeks.

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15352

Representation of international medical graduates among dermatology residents: A 5-year analysis

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Background: While there has been much discussion regarding the lack of diversity in dermatology, representation of international medical graduates (IMGs) has not been studied closely. We sought to examine trends in the dermatology trainee population with a specific focus on IMGs.

Methods: AAMC data were used to calculate the proportion of trainees who were IMGs in multiple specialties and subspecialties from 2013 to 2018. Corresponding proportions of the applicant pool constituted by IMGs were determined based on data from the NRMP.

Results: From 2013 to 2018, 3.53% of all dermatology residents in ACGME accredited programs were IMGs, compared with 24.8% of overall residents. Across all fields, only otolaryngology, orthopedic surgery and radiation oncology had lower percentages of IMGs (1.58%, 1.85%, and 1.94%, respectively). Percentages of IMGs among dermatology residents ranged from 3.09% to 4.37% annually, while IMGs constituted 5.07%-7.00% of dermatology applicants during the study period. IMGs made up a higher proportion of dermatopathology fellows (20%) than dermatology residents, but not as high as pathology residents (39%). Percentage of IMG procedural dermatology fellows was lower (2%) than for dermatology residents.

Discussion: Dermatology lags behind most specialties in IMG representation. The relative lack of IMGs among dermatology trainees is multifactorial. This study presents a first opportunity to characterize trends, with further exploration merited to fully explain these patterns. Open discussions are needed among dermatology educators regarding the consideration of IMGs in the commitment to diversity in dermatology.

Commercial disclosure: None identified.

15353

Presence of psoriatic arthritis has no impact on the clinical efficacy and safety of secukinumab in patients with psoriasis: Pooled analysis of four phase 3 clinical trials

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Background: We examined the incremental burden of baseline psoriatic arthritis (PsA) on the clinical efficacy and safety of secukinumab among patients with psoriasis.

Methods: Using pooled data from the phase 3 ERASURE (NCT01365455), FIXTURE (NCT01358578), FEATURE (NCT01555125), and JUNCTURE (NCT01636687) randomized controlled trials, efficacy comparisons were made at week 12 between secukinumab 150 mg and secukinumab 300 mg vs etanercept and placebo in patients with and without rheumatologist-confirmed PsA at baseline according to PASI75/90/100, IGA (2011 modified version) 0 and 0/1, and DLQI 0/1 responses and improvements in EQ-5D and EQ VAS scores. All analyses were for hypothesis generation only, without adjustment for multiple comparisons.

Results: Overall, 431/2401 patients (18.0%) had PsA at baseline and 1970/2401 (82.0%) did not. Compared with patients without PsA, patients with PsA were less likely to be male and had more prior systemic and biologic therapy use and longer time since diagnosis of psoriasis. Patients treated with secukinumab were more likely to achieve PASI and IGA responses at week 12 than those treated with etanercept and placebo; rates were comparable between patients with and without PsA (secukinumab 300 mg: PASI100, 26.2%/27.9%; IGA 0, 28.5%/30.2%). Secukinumab-treated patients more frequently achieved DLQI 0/1 responses and had no problems across EQ-5D domains than those treated with etanercept and placebo, with lower DLQI 0/1 response rates observed among patients with PsA (secukinumab 300 mg: DLQI 0/1, 49.6%/61.0% for PsA/no PsA).

Conclusions: Secukinumab treatment improved skin symptoms, quality of life, and activities of daily living, regardless of PsA at baseline.

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