15525

Efficacy and safety of short-contact topical calcipotriene foam in combination with 5% or 1% fluorouracil cream after cryotherapy for actinic keratosis

Angela Yen Moore, MD, Arlington Research Center, Arlington, Texas
Baylor University Medical Center, Dallas, Texas, University of Texas Medical Branch, Galveston, and Texas College of Osteopathic Medicine, University of North Texas Health Science Center, Fort Worth; Stephen Moore, Arlington Research Center; Madalyn Nguyen

Background: Treatments for actinic keratoses (AKs) include cryotherapy (LN2) and topical fluorouracil (5-FU), imiquimod, ingenol mebutate, and vitamin D. Due to irritation from usage, short-contact topical regimens have been reported.

Objective: The objective is to evaluate efficacy and safety of short-contact combination therapy of topical calcipotriene foam (Vit D) with either 5% 5-FU or 1% 5-FU cream after LN2.

Methods: Retrospective data between 2016 and 2019 were collected on patients with AKs treated with short-contact 1) Vit D + 5% 5-FU after LN2 (n = 24), 2) 5% 5-FU after LN2 (n = 27), 3) Vit D + 1% 5FU after LN2 (n = 50), 4) 1% 5-FU after LN2 (n = 50), 5) Vit D after LN2 (n = 25), and 6) LN2 (n = 50). Lesion counts of AKs were assessed at baseline, 51-100 days, 101-200 days, and 201-300 days.

Results: Statistically significant reductions in AKs over LN2 alone were observed with Vit D + 5% 5-FU after LN2 at 51-100 days, with Vit D+ 1% 5FU after LN2 at 101-200 days, and with Vit D after LN2 at 201-300 days. Addition of Vit D foam decreased irritation from 85% to 50% for short-contact 5% 5-FU after LN2 and from 30% to 10% for short-contact 1% 5-FU after LN2.

Limitations: This is a retrospective study.

Conclusions: Short-contact topical Vit D+ 5% 5-FU cream after LN2 demonstrates faster onset of action (51-100 days) and decreased irritation than short-contact topical Vit D +1% 5-FU after LN2 (101-200 days).

Commercial disclosure: 10% funding from Mayne Pharma for chart review and analysis in this investigator-initiated trial.

15533

Lupus or leprosy? A tale of two diseases

Cici Zhou, Oklahoma University College of Medicine; Kara Reardon, Department of Dermatology, Oklahoma University; Pamela Allen, Department of Dermatology, University of Oklahoma Health Sciences Center

Leprosy and systemic lupus erythematosus (SLE) share many clinical and laboratory characteristics1. Clinically, both diseases may present with skin lesions, peripheral neuropathy, and arthritis. They also share serologic similarities, including ANA2,3, anti-TPO3, RF, ANCA, anti-CCP4, aPL5, AMA, anti-La/SSB, and anti-cardiolipin antibodies. Further confounding the distinction is the possibility that patients may truly have both diseases concurrently. At the moment, there is no consensus on how to distinguish between leprosy-induced SLE-like symptoms and true SLE. Here we present the case of a 43-year-old African-American woman who was originally diagnosed with SLE before skin biopsy revealed leprosy. As she had no risk factors for leprosy, we suggest considering the diagnosis in even seemingly low-risk patients with SLE-like symptoms. We discuss her symptoms and laboratory findings in the context of both SLE and leprosy and highlight the importance of early diagnosis and intervention to decrease neurologic sequelae associated with leprosy.

Commercial disclosure: None identified.

15554

Personality and its effects on dermatologic conditions: A review

Matthew Arffa, MD, Department of Internal Medicine (Dermatology), Dell Medical School, University of Texas, Austin; Sasha D. Jaquez, PhD, Ammar Ahmed, MD, Dell Medical School, University of Texas, Austin

Dermatologic conditions can have a significant impact on quality of life and psychosocial functioning. However, the psychosocial impact of a skin condition does not always correlate to objective medical severity. This discordance may, in part, be from differences in personality characteristics. As new methods of measuring personality have been developed, there has been more research into how personality affects dermatologic conditions. This review seeks to summarize research analyzing the interaction between personality and dermatologic conditions. Studies to date suggest associations of various personality characteristics with outcomes in some common, chronic skin conditions. In patients with atopic dermatitis (AD), those with higher conscientiousness exhibited less severe disease, and patients who developed AD during childhood displayed higher levels of agreeableness and openness as adults. Meanwhile, experimental studies suggest that agreeableness may help reduce symptoms. In contrast, patients with psoriasis demonstrated lower levels of extraversion. Experimental studies in psoriasis also revealed that lower agreeableness was associated with greater scratching and self-consciousness with greater itch. In vitiligo, high neuroticism and low extraversion was associated with worse quality of life. Importantly, the perceived severity of vitiligo was better explained by a patient's personality and less by clinical objective measures. These findings show that personality characteristics can vary among different skin diseases, possibly augmenting patients' symptoms or developing afterwards in response. In addition, experimental studies demonstrate that some personality characteristics may promote behaviors that prevent improvement of disease. Future research should further analyze which personality characteristics can impede treatment and to develop methods that improve outcomes.

Commercial disclosure: None identified.

15570

Characterization of the burden of prior authorizations for systemic therapy at a psoriasis treatment center

Clive Liu, MD, Emily Leung, Bellevue Dermatology; Melanie Ramirez

Background: Undertreatment of patients with moderate to severe psoriasis is a well documented phenomenon1. The burden in the prior authorization (PA) process may inhibit the wider utilization of systemic therapies.

Methods: This prospective analysis (n = 43) assessed the time and resources utilized in obtaining systemic therapies at a dedicated psoriasis treatment center with staff well versed in the preferred formulary of the insurance plans. All patients were treated and failed, or did not tolerate methotrexate, or had a medical contraindication. We tracked the time it took for patients to receive their treatment and for notification of their PA denial or approval status. We also evaluated the time utilized for nurse counseling, PA enrollment, PA request, emails, scans, faxes, and phone calls.

Results: Of the 43 patients, 26 were approved and 17 were denied for the medication. Of the 17 denials, 13 eventually received their medication through further appeals. On average it took 27 days until receival of medication. For those denied, it took on average 46 days with a range of 11 to 112 days. The utilization of staff time totalled an average of 36 minutes with a range of 7 to 73 minutes.

Conclusions: This study supports the notion of high resource utilization and time needed to obtain systemic therapies. We believe that our data demonstrates the most optimal scenario and expect that prior authorizations would be a greater burden for most other medical facilities.

Commercial disclosure: None identified.