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Endocrine mucin-producing sweat gland carcinoma: Expanding the differential of eyelid tumors

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Endocrine mucin-producing sweat gland carcinoma (EMPSGC) is an uncommon low-grade adnexal neoplasm that most commonly occurs on the eyelid of elderly women. Clinically, this neoplasm presents as a flesh-colored to bluish or pink papule, nodule or swelling, often with overlying telangiectasias. It is often mistaken for basal cell carcinoma. Histopathologically, EMPSGC is positive for one or more neuroendocrine markers: synaptophysin, chromogranin, or neuron-specific enolase. It is often also positive for cytokeratin 7 (CK7), estrogen receptor (ER), and progesterone receptor (PR). Although EMPSGC is uncommon, it is being increasingly reported in the literature. This is likely due to an increase in diagnosis, not necessarily an increase in incidence. EMPSGC can be locally aggressive and can recur, but it is not known to metastasize. Treatment options include excision with wide margins or Mohs micrographic surgery. We present a case series of three biopsy proven EMPSGCs at our institution that demonstrated classic histopathologic and immunohistochemical patterns. We hope to increase awareness of this entity in the clinical and histopathologic differential diagnosis of eyelid tumors. We also hope to stress the importance of using immunohistochemistry to aid in the diagnosis of basaloid neoplasms.

Commercial disclosure: None identified.

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Use of educational pamphlets in dermatology clinics to increase patient awareness of tobacco's effects on the skin and to provide resources: impact on patient knowledge and tobacco cessation

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Background: Tobacco use contributes to cutaneous diseases, skin aging, and poor wound healing. Tobacco cessation counseling focusing on dermatologic disease has not been well studied. In-clinic educational interventions can facilitate quit attempts among patients.

Objective: To assess patient knowledge and quit attempts after tobacco cessation counseling by dermatologists utilizing educational pamphlets and cessation resources.

Methods: Educational pamphlets outlining tobacco's effects on dermatologic disease and tobacco cessation resources were designed. Tobacco-using patients at Saint Louis University Dermatology completed pre-visit questionnaires assessing tobacco use habits and knowledge of tobacco's effects on the skin. Dermatologists provided in-clinic tobacco cessation counseling using these educational pamphlets. One-week and 2-month post-visit phone calls were made to assess change in patients' knowledge and willingness to quit tobacco use.

Results: Forty-five patients completed the pre-visit questionnaire, 37 patients completed week 1 follow-up, and 18 patients completed month 2 follow-up. At week 1, 28 of 35 patients believed the pamphlet was informative and helpful. Ten of 37 patients made quit attempts with 1 known quitter, and 7 attributed these to dermatologists' counseling. Twenty-seven of 37 patients believed dermatologists were suited to provide tobacco cessation counseling. At month 2, 5 additional patients made quit attempts, and all were attributed to dermatologists' counseling. Patients displayed appropriate knowledge about tobacco's effects on the skin both before and after in-clinic counseling.

Conclusions: Educational pamphlets are an effective patient-physician discussion tool for tobacco cessation counseling. Counseling by dermatologists is welcomed by patients, and should be encouraged to trigger further tobacco use quit attempts.

Commercial disclosure: None identified.

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A randomized, double-blind, placebo-controlled, single ascending dose study to evaluate the safety, tolerability, pharmacokinetics, and pharmacodynamics of CBP-201 administered to healthy adult subjects

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Background: Suzhou Connect Biopharmaceuticals is developing CBP-201 for the treatment of atopic dermatitis (AD). CBP-201 is a fully human monoclonal antibody targeting IL-4Rα that blocks IL-4/IL-13 signaling.

Design: This was a single center, randomized, double-blind, placebo-controlled single ascending dose study to assess CBP-201's safety, tolerability, and PK/PD.

Methods: Five cohorts of 8 adults (18-65 y) were randomized 6:2 (CBP-201:placebo). All dose escalations were subject to Safety Review Committee blinded review. Cohorts 1-4 received SC dosing (75, 150, 300, and 600 mg, respectively); cohort 5 received 300 mg IV. After Screening and Baseline Visits, follow-up visits were day (D) 4, D8, D11, D15, D22, D29, D43, D57, and D85 with PK sampling throughout. Subjects remained in the center for 24 h after injection. Safety assessments included adverse event (AE) reporting, laboratory screening, examinations and ECGs. TARC (thymus and activation required chemokine) levels were used for PD assessments.

Results: Forty subjects (median 25.5 y, 26/40 female, mean 63.5 kg) were randomized. CBP-201 appeared safe and well tolerated at all SC doses (75-600 mg) and 300 mg IV with no SAEs, severe AEs or AEs causing discontinuation. Most AEs were mild (70/86, 81.4%) and most were unrelated with no evidence for a CBD-201 dose relationship. Injections site reactions were uncommon and all mild in severity. Median time to last detectable drug was 338 h (14 d) at 75 mg to 1345 h (56 d) at 600 mg. All CBP-201 doses significantly reduced TARC ($P < .001$).

Conclusions: CBP-201 has the potential to be a beneficial addition to AD treatments. Additional studies are ongoing.

Commercial disclosure: Connect Biopharmaceuticals (100%).

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The standardized extract of *Centella asiatica*, ECa 233, enhances post-laser resurfacing wound healing on the face: A split-face, double-blind, randomized, placebo-controlled trial

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Background: *Centella asiatica*, a medicinal plant, has been used traditionally to promote wound healing. Its efficacy on promoting post-laser resurfacing wound healing is lacking.

Methods: Thirty individuals with facial acne scars, underwent a treatment with 2940 nm Er:YAG laser. Half side of the face was randomized to receive 0.05% ECa 233 gel, a standardized extract of Centella asiatica, and the other half with placebo gel. The gels were applied four times daily for 7 days then twice daily for 3 months. Erythema (E) and texture index (TI) from Antera3D and skin biophysics were obtained at baseline, days 2, 4, and 7, then every two weeks for the first month and every month for three months. Three blinded dermatologists assessed the photographs and provided a grading scale of wound appearances.

Results: ECa 233 treated side exhibited significantly less EI at the overall follow-up period by 0.03 units (coefficient = −0.03 [95% CI 0.06 to −0.0006]; $P = .046$). In keeping with the physicians' assessment that showed significantly higher improvements in skin erythema at days 2, 4, and 7 ($P = .009$, 0.0061, 0.012), crusting at day 2 ($P = .02$) and general wound appearance at days 2, 4, and 7 ($P = .008$, 0.001, 0.044). TI showed a trend toward better outcome in the ECa 233 group. However, skin biophysics did not differ between the two.

Conclusions: ECa 233 might be an option for post-laser treatment to enhance wound healing process.

Commercial disclosure: None identified.