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Mycophenolate mofetil for lichen planopilaris: Systematic review and meta-analysis

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Background: Lichen planopilaris (LPP) is a type of primary cicatricial alopecia, a cutaneous disorder which selectively affects hair follicles via a lymphocytic inflammatory process. Although a rare condition, it is the most common form of adult primary scarring alopecia and has a significant detrimental impact on self-confidence and quality of life. Most patients are initially treated with hydroxychloroquine, however for those who fail this, there are currently few other options available. Mycophenolate mofetil (MMF) is an antimetabolite used in preventing organ transplant rejection and specifically inhibits activated lymphocytes.

Methods: A systematic review and meta-analysis was performed according to recommended PRISMA guidelines. Studies with ≥5 cases reporting the outcomes of MMF in LPP were pooled and a meta-analysis of proportion was performed. Case reports were excluded from analysis.

Results: A total of 6 studies were identified and included for meta-analysis, comprising 94 LPP patients. The pooled proportion of any good response (either partial or complete) was 70.1% (95% CI 45.7%-86.7%). The pooled proportion of complete response was 13.5% (95% CI 3.6%-39.2%). The pooled proportion of partial responses was 51.3% (95% CI 25.6%-76.4%). Side effects occurred in 32.9% (95% CI 19.9%-49.3%) of cases, which included elevated LFTs, edema, hyperlipidemia, anaemia, herpes zoster infection, photosensitivity, and urinary tract infection.

Conclusions: The current evidence for MMF remains limited. However, it appears to be a potential treatment option for patients with severe or recalcitrant LPP who have failed hydroxychloroquine and other immunosuppressants.

Commercial disclosure: None identified.

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Effect of gender on survival in patients who had undergone Mohs microscopic surgery for dermatofibrosarcoma protuberans

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Background: Dermatofibrosarcoma protuberans (DFSP) is a rare malignant tumor that can result in distant metastasis. Lately, Mohs microscopic surgery (MMS) has been widely used for DFSP as a replacement of wide local excision. In this study, we aim to look at the survival outcome of those who had undergone MMS for DFSP in particular in males as compared with females.

Methods: We retrieved the data of patients who had undergone MMS from the Surveillance, Epidemiology, and End Results (SEER) database. Kaplan-Meier analysis was used to create survival curves depending on gender. Univariate and multivariable Cox regression were used to investigate the role of gender on overall (OS) survival. Covariates included in the adjusted model were age at diagnosis, race, site, size, median household income, and treatment (MMS alone vs MMS and radiation).

Results: A number of 362 DFSP patients who had undergone MMS were retrieved, of which 221 were female, while 141 patients were males. Kaplan-Meier curve showed that being a female is associated with more survival than males ($P = .037$). Univariate and multivariable analysis did not show a significant effect of gender on survival (male vs female) with a hazard ratio of 7.096 (95% CI 0.827-60.865, $P = .074$) and 3.699 (95% CI 0.331-41.354, $P = .288$), respectively.

Conclusions: In patients who had undergone MMS for DFSP, survival did not differ significantly between males and females.

Commercial disclosure: None identified.

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The difference in the survival of lip squamous cell carcinoma patients between males and females

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Background: The lips are a not uncommon, but often overlooked, site for nonmelanoma skin cancers (NMSC). This includes the two most common skin cancers, basal and squamous cell carcinoma (BCC and SCC). Given their highly visible location, the majority of lip cancers are easily detectable. We aim to investigate the effect of gender on the survival of patients with lip SCC.

Methods: Data were retrieved from the Surveillance, Epidemiology, and End Results (SEER) database. To evaluate the effect of gender on overall (OS) and cancer-specific (CCS) survival, we used Kaplan-Meier curves, log-rank test and uni, and multivariable Cox regression. Moreover, we included the following covariates in the final model: age, race, ethnicity, site, grade, stage, median household income, surgery, and radiation.

Results: 5644 lip SCC patients were retrieved and included in the analysis. There were 1315 females compared with 4329 males. Males had a significantly better OS than females in the Kaplan-Meier curve and log-rank test. The CCS was not significantly different between the two groups. Multivariable analysis showed a significantly less OS in males as compared with females with an adjusted hazard ratio of 1.20 (95% CI 1.08-1.33, $P < .001$). However, none of the univariate or multivariable analysis showed a significant effect of gender (males vs females) on CCS with an adjusted HR of 1.17 (0.91-1.50, $P = .229$).

Conclusions: In patients with lip SCC, males had significantly lower OS than females, however, we could not find a significant effect of gender on CCS.

Commercial disclosure: None identified.

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Effect of site of malignant melanoma on brain metastasis and the survival of these patients

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Background: Metastasis to the brain is one of the common problems tackled by later stage or malignant melanoma patients, and that is associated with poor prognosis and death. We aim to investigate the association between site and brain metastasis in malignant melanoma patients and whether site has an effect on the survival of patients with melanoma brain metastasis.

Methods: The Surveillance, Epidemiology, and End Results (SEER) database was searched to retrieve data of malignant melanoma patients between 2010 and 2015. Patients with unknown brain metastasis status were excluded.Cox regression were utilized to evaluate the effect of site on overall (OS) and melanoma-specific (MSS) survival in melanoma brain metastasis patients.

Results: Data of 83494 malignant melanoma patients, of which 1034 had brain metastasis were identified. By using the multivariable logistic regression, overlapping, trunk, and skin NOS were more associated with brain metastasis than extremities with OR 6.23 (95% CI 1.46-26.61, $P = .013$), 1.65 (95% CI 1.23-2.22, $P = .001$), and 27.34 (95% CI 18.31-40.81, $P < .0001$), respectively. On the other hand, head/neck melanoma patients were not significantly associated with brain metastasis as compared with extremities with OR 1.02 (95% CI 0.71-1.46, $P = .916$). In addition, the site was not significantly associated with OS or MSS.

Conclusions: Site was significantly associated with brain metastasis in malignant melanoma patients. We could not detect any effect of site on OS or MSS in melanoma brain metastasis patients.

Commercial disclosure: None identified.