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Ixekizumab is superior to placebo for the treatment of nail, scalp, and palmoplantar psoriasis in pediatric patients with moderate to severe plaque psoriasis

Amy S. Paller, MD, Northwestern Medicine; Gabriel Alejandro Magariños, Andreas Pinter, Jennifer Cather, Stuart Keller, Claudia Rodriguez Capriles, Gaia Gallo, Emily Edson-Heredia, Lingnan Li, Kim Papp

Introduction: Ixekizumab is approved for moderate to severe plaque psoriasis in adults. We report efficacy of ixekizumab for nail, scalp, and palmoplantar psoriasis, and patient-reported psoriasis severity from IXORA-PEDS (NCT03073200), investigating efficacy and safety of ixekizumab in pediatric patients with moderate to severe plaque psoriasis.

Methods: Patients (n = 171, 6 to 50 kg) starting doses (based on body weight), then 20-mg, 40-mg, or 80-mg (respectively) every 4 weeks through week 12. Outcomes included proportion of patients (with presence at baseline) achieving resolution of nail (Nail Psoriasis Severity Index [NAPSI] = 0), scalp (Psoriasis Scalp Severity Index [PSSI] = 0), or palmoplantar (Palmoplantar Psoriasis Area and Severity Index [PPASI] 100) psoriasis, and Patient's Global Assessment of disease activity (PatGA) score 0 or 1 (0,1). Nonresponder imputation was used for missing data; treatment group comparisons were analyzed by Fisher exact test.

Results: At baseline, 46, 152, or 26 patients had nail (NAPSI > 0), scalp (PSSI >0), or palmoplantar psoriasis (PPASI >0), respectively; all 171 patients had PatGA ≥1. At week 12, NAPSI = 0 (18%, P =.317), PSSI = 0 (69%, P <.001), and PPASI 100 (47%, P = .098) responses were greater with ixekizumab than placebo (0%, 16%, and 11%, respectively). Significantly more patients receiving ixekizumab achieved PatGA 0,1 (79%, P <.001) versus placebo (16%) at week 12.

Conclusions: At week 12, ixekizumab was superior to placebo for patient-reported psoriasis severity and complete resolution of scalp psoriasis in pediatric patients. Numerically greater response was observed with ixekizumab for nail and palmoplantar psoriasis resolution.

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14173

Sun safety education practices in undergraduate teaching colleges

Michael Lehrer, MD, Mayo Clinic Arizona; Lauren Lo, BA, Creighton University School of Medicine; Nicholas A. Berry, BS, Jordan Montoya, BS, Yul W. Yang, MD, PhD, Mayo Clinic Alix School of Medicine; Aaron R. Mangold, MD, Mayo Clinic

Background: Early education programs play an important role in limiting UV exposure, yet sun safety is not commonly taught in US schools. Sun safety programs for undergraduate students pursuing careers in education have not been assessed.

Methods: A 14-item survey was sent to each of the two largest public universities in each state of the United States. Size was based on student enrollment. The dean of the college of education or their selected representative completed the survey.

Results: Thirty-seven percent of surveys were completed. Two respondents (5.6%) felt that teachers would not play an important role in skin cancer prevention of their students, yet only two programs (5.6%) had formal sun safety education in place. Competence in sun safety was assessed in only a single program (2.8%). Fourteen programs (37.8%) noted extra-curricular activities were available, with physical education teachers (16.7%) and primary school teachers (13.9%) most likely to participate. Of those with formal or informal education, the use of sunscreen (70%) and the development of regular sun safe habits (60.0%) were most commonly emphasized. Educational leadership cited a lack of time in curriculum (66.7%) and lack of skilled instructors (40.7%) as the largest barriers to implementing sun safety education.

Conclusions: Sun safety education is not routinely provided to undergraduate students pursuing careers in education. Lack of time in curriculum and lack of skilled instructors were found as the greatest barriers in learning.

Commercial disclosure: None identified.

14178

Prevention of melasma intensification with sunscreen combining protection against UV and short visible light

D. Moyal, PhD, Sophie Seite, PhD, L'Oreal

Introduction: Melasma is an acquired hyperpigmentation on sun-exposed areas. Multiple approaches are used to prevent and treat it, all including broad ultraviolet (UV) spectrum sunscreens. Short visible light can increase pigmentation on darker-skinned patients. The objective of the study was to assess the efficacy of a sunscreen with very high UVB and UVA protection that contains titanium dioxide and iron oxide pigments against visible light.

Methods: Fifty-five patients with moderate to severe melasma (epidermal, dermal or mixed) have been included and used the sunscreen over 8 weeks. At the inclusion, at 4 weeks and 8 weeks, they were assessed by a dermatologist using Melasma Area and Severity Index (MASI) and by colorimetric measurements (Luminance L* and ITA° parameters)

Results: Following the sunscreen use, there was no aggravation of the melasma as indicated by the MASI at 4 and 8 weeks. On the contrary, the subjects showed an improvement at 4 weeks and even more pronounced at 8 weeks. This visual evaluation was confirmed by the colorimetric measurements. A significant lightening of the skin was measured at 4 and 8 weeks (Increase of L* and ITA° parameters)

Conclusions: The sunscreen affording protection against UV radiation and short visible light was able to reduce the melasma intensity in real sun exposure conditions in patients with dark skin and having moderate to severe melasma.

Commercial disclosure: None identified.

14180

The impact of senile xerosis on daily life

J.D. Bouaziz, MD, PhD, Assistance Publique; Sophie Seite, PhD, L'Oreal

Introduction: Senile xerosis results from the alteration of the skin barrier with age.

Methods: This French multicenter, prospective, observational study included 81 patients with a diagnosis of senile xerosis, assessed by a dermatologist. Short-Form SF-12v2 Health Survey (SF12) and the Dermatology Life Quality Index (DLQI) were evaluated during outpatient dermatology consultations.

Results: 81 subjects were included: mean age 79 ± 11.7 [72.1-77.4]); sex ratio F/M 59%/41%. Among these patients, 83% reported sleep disturbance and 51% that senile xerosis impacted their sleep quality, 74% suffered from pruritus, associated with discomfort in most of the cases (95%). 63% reported a long history of pruritus (for 408 days on average) and 73% of patients acknowledged that pruritus was intermittent and associated with heat feeling (49%) and pain (16%). Almost 50% of patients stated that they had no more confidence in daily care, 56% hesitated to buy some therapies not covered by their health insurance and 51% considered that their skin dryness was responsible for high costs. 39% admitted that skin dryness impacted their daily lives. The mean total DLQI score was 4.1 and the mean SF12 scores for the physical dimension and the mental dimension were, respectively, 46 ± 9 [43.7-48.2] and 43.9 ± 9.9 [41.6-46.2]. This study confirms the major impact of senile xerosis on patients' daily life, being responsible for pruritus and sleep disturbance. Patients' quality of life evaluated by the SF12 is impaired in both its physical and psychological dimensions.

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