

13155

Reevaluating the ABCD criteria using a consecutive series of melanomas



Rebecca Liu, BS, University of Pittsburgh; Laura K. Ferris, MD, PhD, Department of Dermatology, University of Pittsburgh; Melissa Pugliano-Mauro, MD, University of Pittsburgh Medical Center; Timothy Patton, DO, Li Wang, Department of Dermatology, University of Pittsburgh; Nalyn Siripong, MSc, PhD, Clinical and Translational Science Institute, University of Pittsburgh

The ABCDs of melanoma were previously evaluated in studies that used lesion photographs taken due to a clinician's suspicion for melanoma, possibly excluding more clinically subtle lesions, including amelanotic melanomas. In addition, these criteria were defined prior to the widespread use of dermoscopy, and thus may reflect a different spectrum of lesions now detected by dermatologists. In our practice, physicians routinely photograph all lesions prior to biopsy, allowing us to evaluate the ABCD criteria using a consecutive series of images of melanoma. We retrospectively reviewed 290 consecutive cases of primary cutaneous melanomas diagnosed within the University of Pittsburgh dermatology department from 01/2014 to 07/2016. In a reader study, three independent dermatologists assessed photographs for ABCD criteria. Among our sample of melanomas, 159 (55%) were in situ and 131 (45%) were invasive, with a median Breslow thickness of 0.55 mm (0.35-0.95). The prevalence of each individual ABCD criterion was 85%, 86%, 71% and 60% respectively. Assigning one point per ABCD criterion, we found that most melanomas had a score of 3 (38%) or 4 (41%). Evaluating dermatologists clinically classified 13 (4.5%) lesions as amelanotic melanomas, 6 of which were invasive, with a median Breslow thickness of 1 (0.3-1.8). Amelanotic melanomas did not differ significantly in ABCD features compared with all other melanomas within our sample. Our study validates, in the post-dermoscopy era, the ABC clinical criteria while suggesting that the D criterion should not be relied upon as heavily as a tool for educating patients and physicians on melanoma detection.

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13286

A cross-sectional analysis of tanning habits among undergraduate students at the University of Michigan



Nyousha Yousefi, MD, University of Michigan Medical School, Yolanda Rosi Helfrich, MD, Department of Dermatology, University of Michigan; Thy Thy Do, MD,

American Cancer Society data show that skin cancer is the most common malignancy in the US, with the number of diagnosed melanoma cases on the rise. Ann Arbor faces a rising number of luxury off-campus student apartment complexes offering free access to tanning beds, which raises concern on its effect on the frequency of tanning bed use. An unvalidated 31-question cross-sectional survey was distributed to 125 registered undergraduate student organizations. Ninety-six individuals completed the survey. 47% actively seek out a tan outdoors, 94% tan during summer, 72% report using a sunblock while trying to get a tan outdoors, and 61% use SPF 15-45. Also, 6.5% reported currently using indoor tanning devices, 5.6% reported having access to free tanning beds, 4.48% as an "amenity" in their off-campus housing. 61% first started using indoor tanning during high school, followed by 28% in college. Interestingly, 14% of the first tanning experiences were through indoor tanning devices, which reduced to 6.5% in college. The main reason for tanning in 37% of respondents was to develop a base tan to prevent skin cancer/sunburn, while the second most common reason (30%) was appearance. 63% believed it is safer to tan outdoors. In summary, free access to tanning facilities in apartments is a new issue that we need to be aware of to prevent their rising popularity. Also, unenlightenment among college students puts them at higher risk for engaging in dangerous tanning behavior, and that's why education (eg animated videos) is vital in this population.

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13266

Targeting steroid phobia: A health services research and randomized controlled trial



Ellie Choi, MBBS, MMed (IM), National University Healthcare System; Tang Fengjie, Yong Loo Lin School of Medicine; Tan Ken Wei, MRCS, Saw Swee Hock School of Public Health; Nisha Suyien Chandran, MBBS, MRCP, Chris Tan, MBBS, FAMS, National University Hospital

Fear of side effects of topical steroids is common and results in non-compliance and poor control. This was a prospective, double blinded, randomized controlled trial. Participants in the intervention arm were shown an educational video targeting common misconceptions highlighted from our pilot data. Control patients received standard medical care. Steroid phobia was assessed with the TOPICOP score. Adherence was assessed using the ECOB score, and quality of life with the DLQI. 270 patients were randomised in a 1:1 ratio. Baseline demographics between groups were comparable. At 1 and 3-month follow up, mean TOPICOP score in the intervention arm decreased from 41.9 to 37.0, to 34.8, while in the control arm, the mean TOPICOP score was unchanged at 41.7 to 44.8, to 44.0. This was significant at both 1-month (Estimate -7.77 [CI -11.7 to -3.9], $P < .001$) and 3-month follow-up (Estimate -9.51 [CI -13.7 to -5.3], $P < .001$, repeated-measures mixed-effects model). There was no significant difference in ECOB and DLQI between both groups. The intervention was effective in reducing steroid phobia, with sustained benefits at 3 months despite the lack of repetition. It also requires minimal manpower to administer. There was no difference in secondary outcomes, which may relate to a relatively short follow up period for DLQI, and lack of sensitivity of the ECOB score which was not designed for topical steroid use. Better measures of compliance would be useful for future trials.

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13292

Skin of color representation in scientific sessions within the AAD annual meetings



Andrew Fortugno, Roya Brooke Mirhossaini, BA, University of Colorado School of Medicine; Chauncey Barbuлесcu, MD, University of Colorado; Robert P. Dellavalle, Cory A. Dunnick, MD, University of Colorado, Denver; Mona Sadeghpour, MD, Department of Dermatology, University of Colorado Anschutz Medical Campus, Aurora, Colorado

By 2060, it is projected that more than half of the US population will be individuals with skin of color (SOC). The increasing diversity of this population presents a unique challenge to dermatologists in being able to adequately diagnose and treat skin disease in people of color. A prior study evaluating teaching events at AAD annual meetings conducted between 1996 and 2005 found that only 2% of the events were focused on SOC. We gathered data from AAD annual meeting program guides from 2013 to 2019. The total number of events and sessions pertaining to SOC were counted. Criteria included select search terms and direct references to African, Asian, Hispanic/Latino, Native American populations, or countries from which these individuals originate. In addition, events were included if categorized under a SOC index or a disease of interest. For each annual meeting, the percentage of events dedicated to SOC was calculated. Between 2013 and 2019, the educational events devoted to SOC at the AAD annual meetings averaged 9.2% over the seven year period (range: 7.9-10.9). Of the 347 total educational sessions annually, approximately 32 were devoted to SOC at each meeting. Because there may be differences in the clinical presentation and management of dermatologic disease in SOC, it is therefore important for dermatologists to have access to SOC educational opportunities in proportion to the types of patients they will encounter. Our research demonstrates an improvement in SOC representation at AAD annual meetings since 1996-2005.

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