

12834

Surgery alone versus radiation therapy alone for patients with low-stage lip squamous cell carcinoma

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Background: Lip squamous cell carcinoma (SCC) are malignant tumors that can be treated by surgery, radiation, or both. We aim to compare between the survival of surgery alone versus radiation therapy alone for low-stage (American Joint Committee on Cancer stage I-II) lip SCC.

Methods: We used the Surveillance, Epidemiology, and End Results (SEER) database between 2010 and 2014 to extract the data of lip SCC who had low AJCC of I and II and had undergone surgery or radiation. To compare between the two treatment modalities, we presented the overall (OS) and cancer-specific survival (CSS) by using Kaplan-Meier curves. We used univariate and multivariable Cox regression to test whether treatment is significantly associated with survival and which modality is superior.

Results: A total of 900 with low-stage lip SCC and had undergone surgery or radiation were included in the analysis. The number of patients who had surgery alone were 864, while there were 36 patients who had radiation alone. Patients who had surgery alone had more OS and CSS than radiation alone. None of the univariate nor the multivariable analysis found a significant effect of treatment modality on OS and CSS with an adjusted hazard ratio of 1.94 (95% CI 0.83-4.53, $P = .126$) and 1.04 (95% CI 0.07-15.55, $P = .976$) for radiation alone vs surgery alone.

Conclusions: In this study, we could not detect the effect of treatment on survival for low-stage lip SCC. Further studies are warranted to study that in further.

Commercial disclosure: None identified.



12892

A highly corrective cosmetic make-up significantly improves quality of life, as well as dryness and tautness of skin, for subjects with acne, melasma, rosacea, or other facial concerns that would benefit from corrective make-up

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Background: facial flaws from skin indications may affect quality of life (QoL). Specific high coverage cosmetics may improve QoL and skin quality.

Objective: To assess the impact of a corrective cosmetic (CC) on QoL, as well as on skin dryness and tautness.

Methods: An international observational study was conducted on subjects with visible facial flaws that would benefit from corrective makeup. Investigators collected data about demographics, QoL using the SKINDEX-16 scale, skin dryness and tautness, subject and investigator satisfaction, cosmetic acceptability and tolerance at baseline and after 4 to 6 weeks of daily use.

Results: 1840 subjects participated; mean age was 31.5 ± 11.1 and 95% were women. Acne accounted for 48.9% of skin conditions, followed by melasma (16.7%) and rosacea (15.3%), 81.3% of the subjects had at least 10% of their face affected, the condition was rated disfiguring by 45.3% of the subjects; 45.0% and 44.4%, respectively had neither taut nor dry skin on baseline. On a scale from 0 = never bothered to 6 = always bothered, baseline scores for symptoms, emotions, functioning and overall were 1.4 ± 1.3 , 3.5 ± 1.6 , 2.4 ± 1.8 , and 2.4 ± 1.3 , respectively. Compliance was $96.0 \pm 10.6\%$. SKINDEX-16 scores had significantly ($P < .0001$) improved for all parameters, so did skin dryness and tautness at the end of study. Subject and investigator satisfaction were high or very high; cosmetic acceptability was high or very high and local tolerance good or very good.

Conclusions: The tested highly corrective cosmetic make-up significantly improves QoL of subjects with significant facial flaws, improves skin tautness and dryness, and is well tolerated.

Commercial disclosure: None identified.



12835

Racial differences in the survival of patients with lip squamous cell carcinoma

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Background: It is estimated that ~25%-30% of oral cancers are squamous cell carcinoma (SCC). The objective of this study was to find the racial differences with regard to survival of lip SCC.

Methods: We extracted data for lip SCC patients from the Surveillance, Epidemiology, and End Results (SEER) database. We evaluated the effect of race on cancer-specific survival (CSS) by using Kaplan-Meier curves, and uni, and multivariable Cox regression. Variables included in the final model were age, sex, ethnicity, site, grade, stage, median household income, surgery, and radiation.

Results: 5644 lip SCC patients were extracted and analyzed. Out of these, there were 5534 white patients, 46 black patients, 43 Asian or Pacific Islander patients, and 21 American Indian/Alaska Native patients. Kaplan-Meier curve of CSS showed that Asian or Pacific Islander and black patients had significantly worse survival than white and American Indian/Alaska Native patients. Univariate and multivariable analysis showed that black and Asian or Pacific Islander patients were associated with worse CSS than white patients with an adjusted hazard ratio of 3.97 (95% CI 2.03-7.77, $P < .001$) and 3.14 (95% CI 1.62-6.09, $P < .001$), respectively. Moreover, American Indian/Alaska Native patients had insignificantly more CSS than white patients with an adjusted HR 0.66 (95% CI 0.09-4.69, $P = .675$).

Conclusions: Black and Asian or Pacific Islander patients had significantly worse survival than white patients in terms of lip SCC.

Commercial disclosure: None identified.



12928

The effect of combined therapy of topical anesthesia and capsaicin ointment in prurigo nodularis management

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Introduction: Prurigo nodularis is a pruritic skin disorder that requires multifaceted approach. Capsaicin ointment has been reported to play a role in eliminating the severe itching of prurigo by limiting neural transmission of TRPV1 (transient receptor potential vanilloid 1) over time despite its transit burning sensation.

Objective: In this study, we aimed to evaluate the effect of combined therapy of topical anesthesia with capsaicin ointment to reduce the side effect of capsaicin.

Methods: 10 patients received topical local anesthetic cream (mixture of two amide-type lidocaine and prilocaine) prior to capsaicin application. The concentration of capsaicin was gradually adjusted according to the patient's condition (0.025%-0.075%). Itching severity of prurigo was evaluated by visual analog scale (VAS, 0-10). Clinical evaluation was performed frequently over a period of 3 months.

Results: The initial mean VAS score was 7.8 ± 0.84 , whereas after 3 months of treatment, it was reduced to 4.8 ± 1.1 ($P < .005$). In addition, symptoms of burning sensation after capsaicin application, itching and size of nodules were reduced.

Conclusions: Combination of local anesthesia and capsaicin ointment reduced the symptoms of prurigo nodularis. In addition, the irritating sensation of capsaicin ointment was reduced, allowing the patients to complete the course of treatment. The result suggests better tolerability and improved outcomes using the combined therapy. Further clinical studies are needed to estimate the optimal concentration of both anesthetic and capsaicin.

Commercial disclosure: None identified.

