16055

Medical student survey of use of peer-assisted learning in dermatology medical education and confidence in meeting curriculum objectives before and after clinical placements in a UK medical school

Ashima Lowe, Singleton Hospital, Swansea, Wales; Dr.Avad Ahmed Mughal, Dermatology Department, Singleton Hospital

The use of peer-assisted learning (PAL) and its associated cognitive, pedagogical, attitudinal and socioeconomic benefits in education are well described. PAL can assist an institution to meet external expectations for medical graduates to achieve competencies in both teaching and assessment and instil a lifelong culture of teaching. We surveyed a group of 28 third-year medical students regarding confidence in meeting curriculum objectives before and after a week's clinical placement in dermatology using PAL as a learning technique. The placement comprised two students/week attending dermatology clinics, theatre and self-directed learning with a compulsory reading list provided. Students delivered a 30-minute lecture to their peers on various topics including eczema, psoriasis, skin cancer and emergency dermatology. A 5-point Likert scale was used to assess the degree of agreement students felt in their confidence in meeting learning objectives, ranging from 1 = strongly disagree to 5 = strongly agree. Student confidence in general understanding and across curriculum objectives including history taking, examination, diagnosis and management of inflammatory skin conditions; skin lesions and dermatologic surgery surveyed showed a range of modes between 2 and 3 pre-placement and 4 across all areas post-placement. Students agreed that PAL increased knowledge and understanding, improved teaching and presentation skills and they benefited from watching peers teach. Our survey is unique in investigating student's attitude to PAL in this speciality and suggests it can be a useful adjunct to clinical placements, introducing and fostering core teaching and presentation skills in the next generation of medical educators.

Commercial disclosure: None identified.

16058

Predictors of satisfaction among patients with psoriatic disease: An analysis and visualization of the 2016 and 2017 National Psoriasis Foundation Annual Survey

Clinton Enos, MD, MS, Arjun Dev Saini, Eastern Virginia Medical School; Hadiza Galadima, PhD, College of Health Sciences, Old Dominion University; Stacie Bell, PhD, National Psoriasis Foundation; Michael Siegel, PhD, Pediatric Dermatology Research Alliance; Abby S. van Voorhees, MD, Eastern Virginia Medical School

Introduction: Despite increased numbers of biologic therapies for the treatment of psoriasis, under treatment remains a concern in the United States. Under treatment of psoriasis has been associated with decreased patient satisfaction and increased morbidity. Here, we: 1) use geographic information systems (GIS) to identify counties with significant clustering of moderate to severe psoriasis and biologic use; and 2) identify predictors impacting satisfaction among patients treated for psoriasis.

Methods: Retrospective data analysis of the National Psoriasis Foundation Annual Surveys from 2016 and 2017. ArcGIS Pro software was utilized to generate maps and perform Hot Spot Analyses.

Results: The respondent data consisted of 427 subjects with psoriasis. Biologics were utilized inch 23%. Among respondents, significant clustering of moderate to severe psoriasis was seen in the Southeastern US. Biologic use for moderate to severe psoriasis clustered in Ohio, Michigan, and Texas. Predictors of satisfaction among respondents included: biologic use ($P < .0001$), severity of disease ($P = .0008$), insurance provider ($P = .0058$), and impact on quality of life ($P < .0001$).

Conclusions: In 2016 and 2017, the proportion of patients with psoriasis receiving biologic therapy remained small. Treatment with biologics correlated with less residual disease and increased satisfaction. Our study has identified areas with more moderate to severe psoriasis in the Southeastern US; however there is not a commensurate use of biologics in those areas. The use of GIS to analyze the use of biologics in psoriasis is an area for future research.

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16079

Alternate data presentation models in psoriasis: Exploring individualized approaches

Philip Surmanowicz, Division of Dermatology, University of Alberta, Edmonton; Amy X. Du, University of Alberta; Robert Gniadecki, MD, PhD, DMSci, Division of Dermatology, University of Alberta

Background: Modern patient care is built upon evidence-based medicine and relies on clinical trials to provide data to be analyzed and transformed into guidelines utilized by clinicians. There remains a need for clear and easily interpretable representations of study findings. Psoriasis clinical trials utilize a frequentist model (ie reporting statistical differences in the proportion of responders) and the PASI (psoriasis activity and severity index) score as their primary outcome measure. As a result, they lack reporting on individual patient data and cohort response distributions, both of which hamper the external clinical validity. This project aims to investigate the usage of more individualized and alternative data presentation models in psoriasis biologic clinical trials.

Hypothesis: Incorporating waterfall plots will prove valuable for illustrating individual patient responses and population response distributions, and could be utilized to improve clinical decision-making.

Methods: We reanalyzed raw psoriasis clinical trial data provided through the Yale University Open Data Access portal and generated waterfall plots illustrating PASI or DLQI improvements. We qualitatively discuss the conclusions and merit of these approaches.

Results: Graphs were generated illustrating patient PASI and DLQI changes over the course of treatment, with stratification based on biologic dosing, patient weight, and patient-perceived subjective DLQI outcome. Waterfall plots proved to be a feasible and efficacious medium to illustrate individualized patient data from psoriasis clinical trials.

Conclusions: The generated waterfall plots effectively illustrate individualized patient outcomes and prove to be a valuable addition for psoriasis clinical trial data presentation and for guiding improved clinical decision-making.

Commercial disclosure: None identified.

16089

Safety of ATI-502, a novel topical JAK1/3 inhibitor, in adults with moderate to severe atopic dermatitis: Results from a phase 2a open-label trial

Stacy Smith, MD, California Dermatology and Clinical Research Institute; Neal Bhatia, MD, Therapeutics Clinical Research; Stuart D. Shanler, Rebecca DeMoor, MS, Judith Schnyder, MBA, Aclaris Therapeutics

Background: AD has responded to treatment with oral and topical JAK inhibitors. Safety of ATI-502 Topical Solution was evaluated in subjects with moderate to severe AD.

Methods: Subjects ≥18 years old, with a clinical diagnosis of AD, moderate to severe Physician's Global Assessment (PGA) score, and 2%-20% body surface area involvement were enrolled. Subjects applied ATI-502 to affected areas BID for 4 weeks. Primary safety end points included: adverse event (AE) recording, vital signs (VS), physical exam (PE), laboratory tests, and ECGs. Secondary end points included: Eczema Area and Severity Index (EASI), PGA, and Subject's Pruritus Assessment (SPA).

Results: 22 subjects were dosed with ATI-502; 17 completed the trial. 7 subjects reported 16 AEs; all unrelated to ATI-502 with no diagnosis reported by more than 1 subject. One person discontinued due to an unrelated serious adverse event "bilateral lower extremity cellulitis" outside of lesional skin. No clinically significant changes occurred in VS, PEs, laboratory tests, or ECGs. Proportions of subjects with PGA of near clear with ≥2 grade improvement from baseline were 10.5%, 23.5%, 41.2% at weeks 1, 2, and 4. Percent change from baseline in EASI was 18%, 35%, 40% at weeks 1, 2, and 4. Mean baseline SPA was 6.6 (0 = no itch to 10 = worse possible itch). Percent change from baseline in SPA was 35%, 46% and 31% at weeks 1, 2, and 4.

Conclusions: ATI-502 Topical Solution was generally well tolerated. Improvements in EASI, SPA, and PGA were seen at week 1 and continued through week 4.

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