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Melanomas arising in giant pigmented nevi: A National Cancer Institute database analysis of patient characteristics and survival



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Introduction: Malignant melanomas may arise in giant pigmented nevi. To the best of our knowledge, no previous study using the National Cancer Institute (NCI) Survival, Epidemiology, and End Results (SEER) database has focused on this type of melanoma. Our objective was to analyze patient characteristics and survival.

Methods: The SEER database was queried for all cases of malignant melanoma in giant pigmented nevi (SEER ICD code 8761) from 1975 to 2016. Patient characteristics were analyzed. Disease-specific survival (DSS) was assessed using Kaplan-Meier and Cox regression analyses.

Results: Of a total of 1133 cases, 608 patients (54%) were male, 1075 patients (95%) were white, and the majority (63%) were between the ages of 20 and 60. Nearly half of patients presented with Breslow thickness of 4.00-mm. Surgery was used as treatment in 1094 patients (97%). The five-year DSS was 94.2% (95% CI 92.6%–95.8%). Hazard ratios (HRs) were higher in males (HR 1.7, 95% CI 1.03–2.8), patients of other races (HR 3.8, CI 1.2–12.5), and patients who did not undergo surgery (HR 3.9, CI 1.5–10.1), when using female, white, and surgery baseline controls, respectively. Moreover, localized disease and a lower Breslow thickness were associated with better clinical outcomes.

Conclusions: Patients with malignant melanomas arising in giant pigmented nevi have excellent survival and do not often present with a high Breslow thickness. Favorable prognostic factors include female sex, white race, Breslow thickness <1 mm, localized stage, and surgical treatment.

Commercial disclosure: None identified.

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A case-control study evaluating impact on tumor response and survival outcomes of bullous pemphigoid following anti-PD-1 therapy



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Background: Bullous pemphigoid is an antibody-mediated subepidermal autoimmune blistering skin disorder. Despite its recognition as a dermatologic adverse event after immune checkpoint inhibitor therapy, it remains poorly characterized.

Methods: We performed a retrospective, matched, case-control study at Dana-Farber/Partners Cancer Care from 2013 to 2019. We identified 12 cases of bullous pemphigoid that developed as a result of anti-PD-1 therapy, and each case was matched with up to 5 controls based on age, sex, cancer type, and anti-PD-1 agent. We calculated best overall tumor response, overall response rate, and progression free survival for our case and control groups. We also collected clinical, diagnostic, and treatment data for patients who developed bullous pemphigoid following anti-PD-1 therapy.

Results: Overall tumor response rate was 0.75 (95% confidence interval [CI] 0.43–0.95) for cases and 0.39 (95% CI 0.27–0.53) for controls ($P = .03$). After excluding non-BP dAEs, hazard ratios for progression-free survival (PFS) and overall survival (OS) in a time-dependent Cox regression model were 0.53 (95% CI 0.19–1.54, $P = .2$) and 0.35 (95% CI 0.08–1.60, $P = .2$), respectively. Development of bullous pemphigoid led to interruption of anti-PD-1 therapy in 67% of patients. All patients received topical (83%) and/or systemic (83%) corticosteroids; 67% received steroid-sparing agent(s). Complete and partial response rates to bullous pemphigoid treatment were 0.67 and 0.33, respectively.

Limitations: This is a small retrospective study in a tertiary academic referral setting.

Conclusions: Development of bullous pemphigoid after anti-PD-1 therapy may be associated with improved tumor response. Further evaluation is required to determine impact on PFS and OS.

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The association between atopic dermatitis and hypertension: A systematic review and meta-analysis



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Introduction: Atopic dermatitis (AD) is a chronic skin disease associated with increased tobacco use, systemic inflammation, and significant physical and emotional disability. It is unclear whether this translates into increased occurrence of hypertension among AD patients.

Objective: To determine whether an association exists between AD and hypertension.

Methods: A systematic review was performed of all published studies in Medline, Embase, Scopus, Web of Science, and GREAT databases. All studies examining hypertension in AD patients were included. At least 2 reviewers conducted title/abstract, full-text review, and extraction. Pooled random-effects meta-analysis of the proportion of hypertension in patients with vs without AD was performed ($I^2 = 99.3\%$).

Results: Overall, 47 studies had sufficient data for meta-analysis and reported on prevalence of hypertension in AD and reference population, including 19 controlled studies. AD was associated with significantly higher odds of hypertension compared with healthy controls ($n = 9$ of 16 studies; prevalence = 18.1% vs 15.3%; pooled odds ratio [95% confidence interval] = 1.16 [1.04–1.30]; $P < .001$). However, AD was associated with significantly lower prevalence and odds of hypertension compared with psoriatic controls (6 of 8 studies; 15.4% vs 24.9%; pooled odds ratio [95% confidence interval] = 0.53 [0.37–0.76]; $P < .001$). In particular, moderate to severe and severe AD was associated with significant differences of hypertension (3 of 5 studies; 24.0% vs 13.9%; 2.46; [1.06–5.68]; $P < .001$), whereas mild AD was not associated with hypertension (0 of 3 studies; 17.9% vs 18.2%; 0.98 [0.83–1.15]; $P = .033$).

Conclusions: AD, particularly moderate to severe AD, is associated with increased prevalence of hypertension compared with healthy controls, but lower prevalence than psoriasis.

Commercial disclosure: None identified.

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Cutaneous manifestations of drug abuse



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Illicit drug use is considered a public health problem in many countries, with an estimated prevalence of 5% of the world's population. In addition to the risks with regard to mental and life health the skin as the largest organ of the human being is home to many processes arising from the use of these substances. Thus, the objective of the study was to report the mucosal cutaneous manifestations observed in illicit drug users attended by the UEPA Dermatology Service from November 2015 to January 2018. The sample consisted of records of 20 users of various drugs illicit. Epidemiologic data were collected, type of drug used, and all the information recorded in the protocol, as well as the dermatologic examination. It was observed that the most frequently used drugs were marijuana and cocaine. All patients used tobacco as a form of consumption and inhalation; and the main dermatologic conditions found were burns and ulcerations and scars in the digital pulps. Thus, it is imperative that these patients are submitted to dermatologic examination whenever possible and that dermatologists are aware of these changes to assist in the multidisciplinary care of these patients.

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