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Retrospective chart review of cutaneous adverse events associated with PI3K inhibitors in 15 patients



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Introduction: Phosphoinositide 3-kinase (PI3K) inhibitors are a new class of cancer therapy—the first FDA-approved PI3K inhibitor was idelalisib for chronic lymphocytic leukemia in July 2014. They inhibit one or more enzymes in the PI3K/AKT/mTOR pathway that ultimately leads to tumor growth suppression. Cutaneous adverse events (CAEs) appear as frequently as 10%-13% in patient receiving idelalisib with 2% of patients experiencing high grade rashes. Although higher grade CAEs have been described clinically, there is a lack of studies that further characterize CAEs, treatment impact, time to resolution, and response to dermatologic intervention.

Methods: A retrospective chart review of our institution's records between January 2015 and May 2019 was conducted; electronic medical records were queried using ICD 10 codes for patients on PI3K inhibitor therapy and experienced CAEs during therapy. These CAEs were characterized by a board-certified dermatologist.

Results: Fifteen patients were identified to have nineteen cumulative CAEs with a median rash onset of 34 days. Median time to improvement was 27 days. The most common were eczematous, morbilliform, psoriasiform, and uncharacterizable. Dermatologic intervention did not extend beyond topical steroids and oral antihistamines; however, there was high treatment impact. Two patients terminated their treatment due to severe CAEs; five patients delayed their treatment, and of the five, two decreased doses of PI3K inhibitor.

Conclusions: Although CAEs are infrequent, they have significant impact on compliance with cancer therapy, and the dermatologist's role in management can minimize interruption of therapy while maintaining quality of life.

Commercial disclosure: None identified.

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Modified transungual approach with nail preservation for subungual glomus tumor: A 13-year evaluation and experience in a medical center in Taiwan



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Background: Glomus tumors are benign neurovascular neoplasms, commonly in subungual region. The clinical presentation appears as intense pain, cold sensitivity, and severe tenderness of the involved digits or toes. The permanent nail deformity and recurrence is not uncommon after conventional surgery **Objective:** This study was designed to evaluate the long-term efficacy of the modified transungual approach with nail-preservation for removing subungual glomus tumors.

Methods: We retrospectively evaluated 46 patients with clinically diagnosed and histopathology proven glomus tumor in a medical center over a 13-year period (2006-2019). All patients were evaluated for the symptom relief, satisfaction, nail deformity, and recurrence rate.

Results: Among 46 subungual glomus tumors, 39 and 7 were located in fingers and toes, respectively. There was a female preponderance (31 cases). The average onset age was 48 years. The average time to diagnosis was 31 months. Patients experienced no or minimal pain after operation and the digits returned to normal function soon after stitches removal. All patients are symptom free and they were satisfied with the treatment outcome. The recurrence rate and nail deformity were very low.

Conclusions: The modified surgical approach for glomus tumor preserved the nail plate and has an excellent treatment outcome.

Commercial disclosure: None identified.

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Central centrifugal cicatricial alopecia: An outcomes study



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Introduction: Central centrifugal cicatricial alopecia (CCCA) classically affects African-American females and has been associated with premature desquamation of the inner root sheath histopathologically. There is a paucity of data explaining the etiopathogenesis of the condition and little data regarding treatment for this rare disease is available.

Methods: After receiving approval by the University of Connecticut Institutional Review Board, we performed a retrospective chart review of patients with clinicopathologic evidence of CCCA. Twenty-three patients were identified and included in our analysis.

Results: Analysis of demographic data showed a patient cohort consisting of 100% African-American females. Average age of onset of disease was 35.9 years old (SD = 14.7). In our cohort, 30% of patients experienced pruritus, 17% burning, and 13% scalp pain. For hair style practices, 56% had a history of traction hairstyles, 52% had a history of chemical straighteners, and 22% had history of locks. When patients were stratified according to response to treatment with intralesional Kenalog according to degree of severity of disease at presentation (4 cm scalp involvement), a generalized Fisher exact test was performed resulting in a *P* value of .07. **Discussion:** We wanted to evaluate factors in patients with CCCA that portends improved response to treatment. We hypothesized that degree of severity at presentation could impact treatment response. However, with intralesional Kenalog, no statistically significant difference was observed in outcomes among the stratified severity groups. These results are limited given our small *n* and requires further investigation for verification.

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The scope of primary care clinicians (PCPs) providing dermatologic care: Do PCPs mitigate geographic disparities?



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Background: Previous studies have demonstrated a national maldistribution of dermatologic care, particularly in rural areas. The disproportion has not been alleviated by the increase in residency positions nor the influx of advanced practice providers. Little is known regarding the role of primary care physicians (PCPs), in addressing these geographic disparities.

Methods: Retrospective analysis of the 2016 Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File. PCPs in family practice, general practice, geriatric medicine, internal medicine, osteopathic manipulative medicine, pediatrics, or preventive medicine and > 11 claims for dermatology-associated Healthcare Common Procedure Coding System codes were included. Dermatology procedures were defined as: destruction of premalignant lesions, skin biopsies, surgical repairs, shave removals, benign excisions, interpretation of pathologic analysis, malignant excisions, and flaps/grafts.

Results: A total of 188,151 PCPs billed Medicare \$45 million for 992,112 dermatologic procedures. The most common procedures included destruction of premalignant lesions by 6537 providers, biopsies by 1122 providers, and shave removals by 206 providers with a mean (SD) number of procedures per provider of 128 (668), 51 (139), and 88 (231), respectively. A total of 760,357 (76.6%) procedures were billed in counties with low dermatologist density (<30 per 100,000 population) and 172,405 (17.4%) in counties with no dermatologists.

Conclusions: PCPs performed a significant variety and volume of dermatologic procedures, particularly in areas with fewer dermatologists. PCPs may therefore alleviate some geographic disparities in dermatologic care. Further studies should aim to investigate the effectiveness of this care, particularly in underserved areas.

Commercial disclosure: None identified.