**18079**

**Low-cost treatments for advanced or severe photoaging and field cancerization: A Brazilian experience**

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Background: Cutaneous field cancerization is characterized by multiple actinic keratosis (AKs) due to chronic sun exposure. AKs are considered pre-neoplastic lesions with risk of evolution to squamous cell carcinoma. The aim of this study is to summarize the results of five strategies to treat field cancerization: 5% 5-fluorouracil (5-FU) cream versus 5-FU peel; 0.05% retinoic acid (RA) cream versus 5% RA peel or low-dose (10 mg/day) use of oral isotretinoin (ISO).

Methods: Four randomized and comparative clinical trials were conducted, including patients with severe photodamage and multiple AKs. Treatment duration varied from 1 to 6 months, with a 6-month follow up. Efficacy outcomes comprised: patients' opinion, standardized photos for clinical evaluation, quality of life by using Dermatology Life Quality Index (DLQI), histologic and immunohistochemical examinations of skin, at baseline and end of treatments.

Results: The study with ISO or RA showed significant reduction in the DLQI score. Also, other benefits observed were the reduction of the number of new AKs, corneal layer thickness, dermal elastosis, epidermal expression of p53 and Bax proteins; as well as increase in epithelium thickness, Bcl-2 expression and collagen I in superficial dermis. 5-FU cream and peel reduced the mean photoaging scores; increased corneal layer thickness, reduced dermal elastosis and increased procollagen I. RA cream or peel reduced the mean photoaging score and the mean AKs count.

Conclusions: Efficacy and safety of 0.05% (cream) or 5% (peel) retinoic acid, low-dose oral isotretinoin and 5% 5-fluorouracil (cream or peel) have been demonstrated to treat cutaneous field cancerization.

*Commercial disclosure: None identified.*

**18095**

**Factors influencing patient satisfaction in dermatology**

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Background: Patient satisfaction is a proxy for health care quality, with physicians evaluated and reimbursed based on patient satisfaction scores. Despite the growing influence of patient satisfaction, factors that impact patient satisfaction in dermatology remain unclear.

Methods: We analyzed 225 responses to a 50-question survey evaluating patient expectations, willingness, and satisfaction regarding dermatology appointments. Patient willingness and satisfaction were measured on a 1-5 Likert scale.

Results: Respondents were most willing to discuss their condition and to be examined with a dermatoscope. Respondents were least willing to wear a patient gown without underwear and to be photographed. Highly satisfying factors included a written treatment plan, provider medication recommendations, and use of gloves during physical exams. Highly dissatisfying factors included waiting 60 minutes, taking off underwear with a patient gown, and being photographed with a cellphone. Patient willingness and satisfaction differed significantly by gender and age. Male respondents reported less satisfaction than female respondents if a nurse explained the treatment plan. Older respondents were significantly more willing to change into a patient gown, to be photographed, to be examined with a dermatoscope, and to undergo a biopsy than younger respondents. Older and female respondents preferred written plans, while younger and male respondents preferred verbal plans. Younger respondents reported higher satisfaction with an email follow-up compared with older respondents, who preferred a phone call.

Conclusions: These findings may represent relatively easy ways to improve patient satisfaction scores. Further insight into factors affecting patient satisfaction may enhance patient experience and engagement, thereby improving clinical outcomes.

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**18101**

**A predictive model for likelihood of lower extremity cellulitis: Limitations of the current score threshold**

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ALT-70 is a predictive model to diagnose leg cellulitis by scoring clinical characteristics of asymmetry, leukocytosis, tachycardia, and age. It has not been validated outside of its original hospital. We applied the ALT-70 model to patients presenting to a large urban tertiary-care emergency department (ED) from 2012 to 2019 with suspected leg cellulitis to validate its use. Patients were randomized to receive ether dermatology consultation or ED care alone ("ED-only"). Medical records were reviewed, and ALT-70 scores calculated. Of 246 screened patients, 124 met inclusion criteria. Dermatology saw 94 cases, with 62% diagnostic concordance with the ED. A cutoff of $\geq 5$ captured 41% of patients diagnosed with cellulitis in the dermatology group and 37% in the ED-only group ($P = .67$). Assuming all of the ED-only cellulitis patients with a score $\geq 5$ were true cellulitis cases (calculated by the concordance rate), the model had a 58% predictive rate of cellulitis in the ED-only population. Within the dermatology group, a cutoff of $\geq 5$ had no significant difference in patients diagnosed with cellulitis vs pseudocellulitis ($P = .61$). Decreasing the threshold to $\geq 4$ yielded a significant difference between these groups ($P = .02$), with more patients accurately diagnosed with cellulitis, indicating utility in this group. Given the low predictive rate in the ED-only population, an ALT-70 cutoff of $\geq 5$ may be too stringent. A score of 4 would be the appropriate threshold to capture cases of true cellulitis. Overall, the model had a lower predictive utility than initially described. Further assessments are needed along with an objective diagnostic modality.

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**18104**

**Global provider specialty trends for genital extramammary Paget disease: A systematic review**

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Background: Multiple specialties care for genital extramammary Paget disease (gEMPD) due to anatomic location and widely ranging treatment modalities.

Objective: We sought to identify provider specialties involved in the care of gEMPD management globally, excluding the United States (US).

Methods: A systematic review was performed of all English language studies in Medline via PubMed, Embase, Cochrane Library, and Web of Science, that provided data on initial gEMPD treatment based on sex and provider specialty. Two reviewers performed title/abstract review and data extraction. We categorized treatments as total skinning procedure (total/radical vulvectomy/penectomy), partial skinning procedure (simple/partial/hemi vulvectomy/penectomy, wide local excision), Mohs micrographic surgery (MMS), or medical therapy. Chi-square tests were used for all comparisons.

Results: Overall, 141 studies spanning 5 continents and 28 countries met inclusion criteria, comprising 581 patients: 248 (42.7%) females and 333 (57.3%) males. Provider specialty data were available for 560 (96.3%) patients. The most common provider specialties were urology (43.9%), gynecology (30.2%), and dermatology (21.4%). Dermatology most commonly treated gEMPD with partial skinning procedures. For females, receiving care by gynecology was significantly associated with undergoing total skinning procedures ($P < .0001$). Interestingly, urologists recommended 5 of the total 6 MMS cases reported globally. Only 49 (8.7%) patients had more than one provider specialty involved in their care.

Conclusions: Despite being a disease of dermatologic origin, gEMPD is primarily treated by urology and gynecology globally. Future studies are needed to determine whether this pattern persists in the US and the impact of provider specialty on clinical outcomes.

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