

This Month in *JAAD*—April 2021



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Key words: allergy; cancer; cardiovascular; hydroxychloroquine; melanoma; Merkel cell; nutrition.

In this issue of the *Journal of the American Academy of Dermatology*, Jaouen et al (page 921) present regression analysis of retrospective data suggesting that narrow resection margins (0.5–1 cm) are not associated with increased mortality or recurrence in patients with Merkel cell carcinoma in a cohort with mostly clear histologic margins who had postoperative radiation therapy. Among the 214 patients studied, 58 (27.1%) had undergone excision with margins between 0.5 and 1 cm, whereas 156 (72.9%) had been treated with margins of greater than 1 cm. During follow-up (median of 50.7 months), cancer-specific survival, overall survival, and recurrence-free survival did not differ significantly between the groups. Cancer-specific mortality was associated with positive margins (most commonly a positive deep surgical margin), American Joint Committee on Cancer stage III, male sex, and age. Important limitations include retrospective study design and heterogeneous baseline characteristics between the studied groups, but these findings support the use of narrower margins in conjunction with radiation therapy.

Also in this issue, Allais et al (page 1015) report on 5-year survival in patients with nodular and superficial spreading melanomas in the US population. They performed a population-based cross-sectional analysis to compare differences in 5-year survival in patients with nodular and superficial melanoma of the same Breslow depth and stage, and they showed that 5-year relative survival was lower in nodular melanoma. Survival differences remained significant after excluding patients with nodal or distant metastases. This report adds important clinical outcomes data to the growing body of molecular data that not all melanomas are created equal. The old adage that “a melanoma is a melanoma is a melanoma” does not

Abbreviation used:

LE: lupus erythematosus

appear to hold true. Subtypes of melanoma are driven by unique mutations that correlate with differences in clinical presentation, prognosis, and response to treatment.

Members of the North American Contact Dermatitis Group (page 965) provide data on contact allergy to preservatives and information on contact dermatitis affecting the scalp, eyelids, and hands. Two articles (pages 1042 and 1051) in this issue review the effects of dietary supplements on cutaneous disease, including evidence regarding zinc, biotin, vitamin D, nicotinamide, and polypodium and the effects of immunostimulatory herbal supplements on autoimmune skin diseases.

Haugaar et al (page 930) present data on the controversial topic of cardiovascular risk associated with hydroxychloroquine. Using Danish nationwide registers, they performed an observational cohort study of patients with a first-time diagnosis of cutaneous or systemic lupus erythematosus (LE) and applied Cox regression models comparing time on and off hydroxychloroquine. Their goal was to determine if hydroxychloroquine treatment is associated with major adverse cardiovascular events (myocardial infarction, ischemic stroke) or cardiovascular-associated death in this group of patients. Models were adjusted for age, sex, socioeconomic status, concomitant treatment, and cardiovascular risk factors. Roughly half of the 4587 patients with LE were treated with hydroxychloroquine during the study period, and the authors observed an inverse association between use of

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hydroxychloroquine and major cardiovascular events. Although the study was limited by lack of information on disease activity or severity, these findings are reassuring with regard to the risks associated with antimalarials and suggest an opportunity to improve outcomes by reducing the risk of

cardiovascular events in patients with LE through the use of hydroxychloroquine.

Conflicts of interest

None disclosed.