Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
34574
Systemic medication treatment patterns in adults with atopic dermatitis (AD): Results from the European Prospective Observational Study in Patients Eligible for Systemic Therapy for Atopic Dermatitis (EUROSTAD)
Marjolein de Bruin-Weller, MD, PhD, University Medical Center Utrecht, Utrecht, Netherlands; Annalisa Patrizi, MD, University of Bologna, Bologna, IRCCS S. Orsola-Malpighi Polyclinic, Bologna, Italy; Silvia Mariel Ferrucci, MD, Fondazione IRCCS Ca’ Granda Ospedale Maggiore Policlinico, Milan, Italy
Introduction: EUROSTAD (OBS14620) is an observational study of up to 60 months to characterize AD treatment in a real-world setting. Here, we describe systemic treatment-patterns in patients enrolled in EUROSTAD.
Methods: Individuals with AD, ≥18 years old and eligible for systemic treatment, were enrolled. Initial study period was 18 months but was amended to 60 months. Treatment was prescribed by study investigators as per clinical practice. Follow-up population is defined as all patients who have completed ≥1 follow-up visit. Reported data is descriptive from the full-analysis set at 24 months.
Results: 308 patients were enrolled (mean AD duration: 25.4 years). Most patients reported ≥1 systemic medication use at enrollment (92.5%). During follow-up (n = 295) most patients reported using either one (56.3%) or >1 (41.4%) systemic medication. Ciclosporin, dupilumab, corticosteroids and methotrexate were the most common systemic therapies. Most common reasons reported for treatment initiation were maintenance and exacerbation treatment (both 79.7%), while well-controlled disease (59.7%) and lack of efficacy (38.1%) were the most common reasons for discontinuation. Median duration of systemic treatment was between 1.1-13 months for the most common therapies (corticosteroids, 1.1 months [95% CI 1.0-1.5], ciclosporin, 5.4 months [4.2-6.6], methotrexate, 13.0 months [8.9-16.9]); median duration of dupilumab treatment was not reached because >50% of patients were still on dupilumab at 24 months.
Conclusion: AD therapy was started for exacerbation or maintenance treatment and discontinued mainly due to lack of efficacy or well-controlled disease. Patients who initiated dupilumab were more likely to remain on dupilumab compared with other systemic therapies.

Commercial Disclosure: Research sponsored by Sanofi and Regeneron Pharmaceuticals (OBS14620). Medical writing/editorial assistance was provided by Irene Escudero of Excerpta Medica, and was funded by Sanofi Genzyme and Regeneron Pharmaceuticals, Inc.

34650
Teledermatology visits favor specific diagnosis codes
Alexa Cohen, BS, Thomas Jefferson University; Alison Romisher, BS, Thomas Jefferson University; Elizabeth Jones, MD, Thomas Jefferson University
Background: The COVID-19 pandemic sparked increased utilization of telemedicine services, as telemedicine offers care at a safe distance. Dermatology is well-suited for telemedicine due to its visual nature; however, concerns regarding diagnostic accuracy limit its widespread use. Visits for certain types of concerns may be more conducive to virtual visits than others. Further study of teledermatology may reveal trends in visit types and influence future integration into practice.
Methods: Thomas Jefferson University analyzed aggregated, de-identified data from FAIR Health’s FH NPIC repository of privately insured medical claims, for telehealth services performed by dermatologists between 2019 and 2020 at urban and rural locations. Data was used to determine the percentage of teledermatology visits that used specific diagnosis codes relative to all teledermatology visits. Visits were also assessed for the following parameters: demographics, diagnosis codes, and procedure codes.
Results: Diagnosis codes L70.0 and L71.0, which primarily pertain to acne and rosacea, comprised 61% and 75% of Disorders of Skin Appendages teledermatology claims in 2019 and 2020 respectively. In 2019, teledermatology visits most often used diagnosis codes L60-75 in both urban and rural locations (35.7% and 31.9%, respectively). Moreover, from 2019 to 2020, the percentage of teledermatology visits that used codes L60-75 was 1.35 times greater in urban locations and 1.48 times greater in rural locations.
Conclusions: Teledermatology visits favored specific diagnoses, specifically pertaining to acne and rosacea. This suggests that these diagnoses may be more conducive to virtual visits relative to other diagnoses such as skin neoplasms or papulosquamous disorders, including psoriasis.

Commercial Disclosure: None identified.

33892
Telehealth use at a specialty hidradenitis suppurativa clinic during the COVID-19 pandemic
Diana S. Kim, BA, Tufts University School of Medicine and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARs), Beth Israel Deaconess Medical Center, Boston, MA; Alexa B. Kimball, MD, MPH, Department of Dermatology, Harvard Medical School and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARs), Beth Israel Deaconess Medical Center, Boston, MA; Martina L. Porter, MD, Department of Dermatology, Harvard Medical School and Clinical Laboratory for Epidemiology and Applied Research in Skin (CLEARs), Beth Israel Deaconess Medical Center, Boston, MA; Alejandro Duarte Ferrera, MD, Hospital Universitario Virgen Macarena; Teresa Ojeda Vila, Hospital Universitario Virgen Macarena; Irene Garcia Morales, Hospital Universitario Virgen Macarena
Background: Acne is one of the most common reasons for visiting a dermatologist, even though it is not a life-threatening disease, acne can have a significant impact on the quality of life of patients with this condition and can also lead to permanent scarring. Early treatment of moderate to severe acne is key. The objective of this study was to assess the feasibility of managing and controlling moderate to severe acne with isotretinoin through teledermatology.
Materials and methods: Prospective longitudinal study of patients with moderate-to-severe acne during the COVID-19 pandemic. A longitudinal prospective feasibility study - Telehealth use at a specialty hidradenitis suppurativa clinic during the COVID-19 pandemic.

33027
Telemedicine management of systemic therapy with isotretinoin of patients with moderate-to-severe acne during the COVID-19 pandemic: A longitudinal prospective feasibility study
Miguel Angel Duarte Ferrera, MD, Hospital Universitario Virgen Macarena; Teresa Ojeda Vila, Hospital Universitario Virgen Macarena; Irene Garcia Morales, Hospital Universitario Virgen Macarena
Background: Acne is one of the most common reasons for visiting a dermatologist, even though it is not a life-threatening disease, acne can have a significant impact on the quality of life of patients with this condition and can also lead to permanent scarring. Early treatment of moderate to severe acne is key. The objective of this study was to assess the feasibility of managing and controlling moderate to severe acne with isotretinoin through teledermatology.
Materials and methods: Prospective longitudinal study of patients with moderate-to-severe acne suitable for oral isotretinoin managed through store-and-forward teledermatology. Family physician were instructed in taking clinical pictures through digital cameras or cell-phones using an app linked to a teledermatology platform. Acne severity was assessed using the Global Acne Grading System (GAGS).
Results: Fifty-three patients composed the intention-to-treat sample, and a total of 46 patients completed the treatment. The average cumulative dose was 123.66 mg/kg COVID-19 has increased the patient burden on medical centers, resulting in a greater percentage of patients achieved an 80% reduction in the basal GAGS score, and 58.4% achieved a 100% reduction. Final GAGS score showed an 87.94% reduction. Fifty-percent of patients developed mild adverse effects.
Conclusions: Store-and-forward teledermatology has been suitable for the diagnosis and treatment of patients with moderate-to-severe acne with oral isotretinoin during the COVID-19 pandemic.