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Phototherapy treatment for dermatologic conditions often requires 2 or 3 treatment sessions weekly at designated facilities. Nonmedical costs, such as parking fees, are associated with discontinuation of phototherapy. This cross-sectional study assesses the association between parking fees, cost of living, and transit access at phototherapy sites across the United States. Phototherapy sites affiliated with dermatology residency programs were identified. The following information for each site was collected: address, transit score, cost of living score, online public transit information, parking rates, and validation. Mean, median, and range of each score were calculated. Of 345 phototherapy sites, 314 (91.5%) responded to information requests. Of participating sites, 69 (22.0%) did not offer phototherapy services. Parking fee information was obtained from 239 (70.0%) sites. 177 (74.1%) offered free or validated parking, and 78 (32.6%) (22.0%) did not offer phototherapy services. Parking fee information was obtained from 239 (70.0%) sites. 177 (74.1%) offered free or validated parking, and 78 (32.6%) displayed public transportation information on their website. Daily parking costs were positively correlated with cost of living ($r^2 = 0.102, P < .001$) and transit scores ($r^2 = 0.095, P < .001$). The average daily cost of parking was $3.29, amounting to $513.24 for patients completing 3 phototherapy sessions weekly per year. Parking fees represent a significant financial barrier to patients undergoing phototherapy treatment, especially if multiple times per week. Cities with a higher cost of living have less affordable parking, compounding financial barriers. With increased usage of phototherapy services among Medicare beneficiaries, it is important for clinicians to be aware of additional financial barriers, such as parking fees, that further contribute to health disparities in the population.

Commercial Disclosure: None identified.

Paternal safety of psoriasis treatment
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Background: Patients who are receiving psoriasis treatments are often at their reproductive age. There has been limited research, often with conflicting findings, conducted on the paternal safety of these agents. This study aims to review the potential adverse effects of infertility, sexual dysfunction and teratogenicity associated with psoriasis treatments in males, especially with those planning to conceive.

Methods: A systematic PubMed search from inception to April 22, 2021 was performed. In addition, a manual search from UpToDate, Micromedex, the Tenth Edition of Drugs in Pregnancy and Lactation as well as the institution’s clinical practice guidelines was conducted. The findings were then compiled and concluded by two authors independently. Any disagreement was resolved by discussion, and further issues were escalated to a third, independent reviewer.

Results: A total of 28 psoriasis medications were evaluated. Drugs that are associated with infertility and sexual dysfunction include acitretin, cyclosporine, methotrexate, psoralan, adalimumab, secukinumab, systemic corticosteroids, hydroxyurea and sulfasalazine. Drugs that are implicated with teratogenic concerns consist of acitretin, methotrexate, psoralan, hydroxyurea and mycophenolate mofetil.

Discussion and Conclusion: The sexual and teratogenic effects associated with paternal exposure to psoriasis treatment have been an underexplored aspect, resulting in limited data in literature. The clinical condition of the patient, extent of desire for children, data concluded in this review, the dose, route and duration of medication as well as the therapeutic and safety profile of the desired and alternative therapy has to be considered in totality when prescribing psoriasis medications in males who are planning to conceive.

Commercial Disclosure: None identified.