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Patterns and determinants of adult dermatologic care in the United States: An evaluation of the National Ambulatory Medical Care Survey

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Background: Dermatologists and other providers play an essential role in managing the dermatologic care of pediatric patients. Using a national database, we aim to describe the patterns of pediatric dermatology care in the United States and highlights health disparities in race and insurance status as African Americans and patients on Medicaid were less likely to be evaluated by dermatologists.

Methods: The National Ambulatory Medical Care Survey (NAMCS), a nationally representative sample of nonfederal outpatient-based physicians, was used to identify adult patients with dermatologic diagnoses from 2009 to 2015. Clinical and demographic information were evaluated, and visit diagnoses were stratified based on provider type (dermatologists vs. other providers). Multivariable logistic regression analysis was used to evaluate for determinants of visit evaluation by dermatologists compared with providers from other specialties.

Results: Of 13,412 adult patients with dermatologic diagnoses identified in the NAMCS, 9362 (69.8%) were seen by dermatologists, and 4050 (30.2%) were seen by other providers. On multivariable logistic regression, patients seen by dermatologists were older, were more likely to be Caucasian as opposed to African American, have residence in a metropolitan area compared with a rural area, have private insurance compared with Medicaid, have no chronic health conditions, and have longer wait times to be seen for an appointment.

Conclusions: Our study identifies factors shaping patterns of adult dermatologic care in the United States and highlights health disparities in race and insurance status as African Americans and patients on Medicaid were less likely to be evaluated by dermatologists.

Commercial Disclosure: None identified.

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Commercial Disclosure: None identified.

Performance of electrical impedance spectroscopy in patients with atypical mole syndrome (AMS)

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Background: Atypical mole syndrome (AMS) patients have an increased risk for developing nevi associated and de novo melanomas that are detected based on morphology and change relative to baseline images. Electrical impedance spectroscopy (EIS) has been shown to improve melanoma detection. It scores lesions from 1-10, with scores ≥4 indicating a progressively increased pre-test probability for melanoma. However, its utility in evaluating nevi in AMS patients requires further study.

Objective: To characterize the EIS scores and test-retest reliability of stable, clinically atypical, and nonatypical nevi in AMS patients.

Methods: A preliminary analysis of 16 AMS patients was conducted. Patients with total body photography images taken at least 3 years ago were enrolled. For each patient, we selected 3 stable large acquired nevi (>5 mm), 3 atypical nevi, and 3 nonatypical nevi for EIS analysis. An EIS score for each lesion was taken at enrollment and at a 26 week follow-up visit to evaluate test-retest reliability.

Results: 83.3% of lesions had an EIS score ≥4 (n = 144), indicating an increased pre-test probability for melanoma. EIS positivity among large acquired nevi, atypical nevi, and random nonatypical nevi was respectively 93.8%, 87.5%, and 68.8%. The concordance correlation coefficient evaluating test-retest reliability of individual lesions (n = 99) demonstrates modest agreement, ρc = 0.48 (95% CI 0.29-0.67).

Conclusions: Preliminary data suggests that EIS scores cannot be used in the evaluation of nevi in AMS patients without longitudinal clinical context, such as that given by total body photography or digital dermoscopy.

Commercial Disclosure: None identified.

Persistence and adherence to ixekizumab treatment in patients with moderate-to-severe psoriasis before and during COVID-19 pandemic: Results from the Canadian Patient Support Program

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Data on impact of COVID-19 pandemic on biologic medication patterns in psoriasis patients are limited. We assessed persistence and adherence to ixekizumab in moderate-to-severe psoriasis in Canadian Patient Support Program (PSP) before and during COVID-19 pandemic. Patients from Canadian PSP (May 2016-01 January 2021) aged ≥18 years who initiated ixekizumab for psoriasis treatment, enrolled ≥6 months, and provided consent were included (n = 2450). Based on ixekizumab initiation and pandemic lockdown beginning 15 March 2020, four exclusive study periods (SPs) were defined — SP1: initiated ≥2 years prior to lockdown ([≤ 15 March 2018, n = 963), SP2: 1-2 years prior (15 March 2018-15 March 2019; n = 635), SP3: 0-10 year prior (March 2019-15 March 2020); n = 659), and SP4: during pandemic (15 March 2020-01 July 2020; n = 195). Persistence (having ≥2 years prior to lockdown (95.2%) and during pandemic (94.4%) while lowest was in patients who initiated ixekizumab ≥1 year prior to lockdown (89.7%). Hazard ratios indicated non-persistence risk was not significantly different between SP4 and other SPs. In conclusion, among ixekizumab-treated psoriasis patients in Canada, 6-month persistence and adherence were unaffected by pandemic.

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