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LB919
Vigbsa in a pediatric population: a novel tool for evaluating atopic dermatitis severity and responsiveness

M. Madani1, C. Gutierrez2, S. Bruckman1,3, B. Berg1,3, L. Paltiel1,3, M. B. Weksler1,3, E. Apgar1,3, and S. Y. Chau1,3
1 University of California Los Angeles, Los Angeles, California, United States, 2 Rady Children’s Hospital San Diego, San Diego, California, United States, 3 Rady Children’s Hospital, San Diego, California, United States

Assessing atopic dermatitis (AD) severity and responsiveness (ADER) plays a key role in determining treatment choice and therapy escalation, but there are currently few severity assessments practical for clinical use. The EASI is a comprehensive severity assessment utilized in clinical trials but is considered too cumbersome for routine use. The vIGAxBSA is a quick severity assessment for AD that fails to incorporate disease extent. A vIGAxBSA calculation has shown promise as a quick assessment which incorporates extent but has not been evaluated in a “real-world” non-clinical trial setting over time. We hypothesized that over time the vIGAxBSA would correlate better with the EASI score than vIGA or BS alone. We performed a pediatric observational study. We collected vIGA, BS, and EASI scores of 56 children with historically moderate to severe AD evaluated in a Multidisciplinary AD Clinic from July 2019 to January 2022. A Pearson’s r was performed to determine the strength of correlation of each outcome measure at individual visits and the correlation of change in outcome measures between initial and follow-up visits. At individual visits, EASI correlated more strongly with vIGAxBSA (r = 0.919, p < 0.001, n = 148) than BS (r = 0.929, p < 0.001, n = 147) or vIGA (r = 0.808, p < 0.001, n = 164). Comparing change in scores between initial and follow-up visits showed change in EASI correlated most strongly with the change in vIGAxBSA (r = 0.901, p < 0.001, n = 83) compared to change in BS (r = 0.891, p < 0.001, n = 84) or change in vIGA (r = 0.721, p < 0.001, n = 108). EASI correlated more strongly with vIGAxBSA and vIGA than BS. Our results show that vIGAxBSA correlates strongly with EASI at initial visit and over time. This presents a relatively simple method for clinicians to monitor AD severity over time and a practice-friendly alternative to the EASI score.

LB920
Alcohol consumption and melanoma risk: A prospective analysis from the nih-aarp diet and health study

A. Hwang1,2, B. WT. 1, L. Li3,4, A. Apgar1,3, and E. Cho1,2,3
1 Epidemiology, Brown University School of Public Health, Providence, Rhode Island, United States, 2 Dermatology, Brown University Warren Alpert Medical School, Providence, Rhode Island, United States, 3 Multidisciplinary Skin Cancer Center, Department of Surgery, Brown University, Providence, Rhode Island, United States, and 4 Health and Human Services, National Cancer Institute Division of Cancer Epidemiology and Genetics, Bethesda, Maryland, United States

There is a lack of consistent epidemiological research evaluating the association between alcohol consumption and melanoma risk. To date, few observational studies have found significant differences in melanoma risk based on alcoholic beverage type. In this prospective analysis, we investigated the associations of total alcohol consumption and different types of alcoholic beverages with risk of melanoma among 469,828 adults aged 50-71 who participated in the NIH-AARP Diet and Health Study. Alcohol consumption in the past year was assessed at baseline by questionnaire and defined as a categorical variable: non-drinker, >0-1 drink/day, >1-3 drinks/day, and >3 drinks/day. Multivariable-adjusted Cox proportional hazards regression models were used to evaluate associations between alcohol consumption and melanoma incidence. Overall, there was no evidence of a linear relationship between alcohol consumption and risk of melanoma. There was an increased risk of melanoma in participants who consumed >0-1 drink/day of beer, but the risk was reduced in participants who consumed >1-3 drinks/day. There was no evidence of a linear relationship between alcohol consumption and risk of melanoma.

LB921
Role of VivaScope ® 2500 in skin pathology: Advantages, limitations, and future prospects

S. Kar1, K. Oh2, S. Ouellette2, and B. R. Rao1,2,3
1 Rady Children’s Hospital, Boston, Massachusetts, United States, 2 Pathology, Mount Sinai Medical Center, Miami Beach, Florida, United States, and 3 Dermatology, Rutgers University New Brunswick, New Brunswick, New Jersey, United States

The purpose is to highlight the advantages, limitations, and future prospects of a novel cutaneous imaging device (VivaScope 2500) that was used in a clinical setting for 6 months. This device was used as an adjunct device in a dermatology clinic. The device was used to view margins of excised cutaneous cancers while performing Mohs surgeries; this device was also used to image many excisions that were performed in the clinic before sending them to the histology lab. The staining protocol that we used for freshly excised tissues included: 1) Dipping in 20% Acetic Acid for 30 secs, followed by 2) Dipping in 0.5 mM Acridine Orange solution for 30 secs, followed by 3) Dipping in Normal saline to remove excess dye. Ex Vivo Microscopy (EVM) allows the process to view tissue with high magnification in minutes to view the excised tissue under VivaScope as compared to frozen sectioning which takes 20 minutes on average. EVM is an ideal device to view margins of cutaneous tumors. This feature allows it to be an excellent adjunct tool to be used clinically to expedite Mohs surgeries. EVM can serve as an adjunct tool to confirm the diagnosis of clinically benign lesions. The use of ex vivo microscopy is not without limitation; compared to traditional formalin-fixed paraffin-embedded (FFPE) tissue sections, the image’s resolution is still incomparable. Despite good nuclear contrast, there is still a considerable gap in resolution for ex vivo imaging. In diagnostic pathology, a subtle change in the nucleus can be interpreted as mild dysplasia, which is evident in FFPE slides, not EVM images. (EVM images). There is great potential in this new ex vivo imaging tool. It allows real-time histologic microscopic visualization of melanoma with good correlation of excised cutaneous tissue and does not require traditional tissue embedding, processing and sectioning.

LB923
COVID-19 vaccine immunity in hidradenitis suppurativa patients receiving TNF-alpha inhibitors

A. Nosrat1, M. Torney2,3, K. Campton4, and C. Cohen5
1 Epidemiology, Brown University School of Public Health, Providence, Rhode Island, United States, 2 Albert Einstein College of Medicine, Bronx, New York, United States, 3 Rady Children’s Hospital, Boston, Massachusetts, United States, 4 Dermatology, Brigham and Women’s Hospital, Boston, Massachusetts, United States, and 5 Emory University School of Medicine, Atlanta, Georgia, United States

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease treated with a multi-tiered approach including TNF-alpha inhibitors (TNF-alpha i). We conducted an IRB-approved chart review at the Montefiore Medicine, Bronx, New York, United States. Patients with COVID-19 mRNA vaccines were included in the analysis. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i. We used an IRB-approved retrospective chart review at patients with COVID-19 mRNA vaccines and TNF-alpha i.

LB924
Ceftazidime-avibactam: A novel treatment for advanced hidradenitis suppurativa

M. Torney, A. Nosrat, K. Campton, and S. Cohen, Dermatology, Albert Einstein College of Medicine, Bronx, New York, United States

Introduction: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease manifested as painful, recurrent, abscess-forming skin lesions. Treatment options for HS are limited and include oral antibiotics, corticosteroids, minimally invasive surgery, and painful excisional surgery. There is a need for additional HS treatments that can facilitate quality of life.

Objectives: We aimed to evaluate the safety, tolerability, and efficacy of ceftazidime-avibactam (C/A) in patients with severe HS.

Methods: A multi-center, single-arm, open-label phase 2 study was conducted in the USA. Patients with severe HS were enrolled and received C/A (1-3 g IV Q8h) for 12 weeks. Patients were assessed prior to and at weeks 2, 4, 8 & 12 for clinical improvement based on a validated HS clinical score. Safety, tolerability, and tolerability were assessed at weeks 2, 4, 8 & 12.

Results: 26 patients were enrolled and treated with C/A. 21 patients completed the study and were assessable for safety and efficacy. Median age was 34.5 years (range 19-56) and 85.7% were female. Baseline median clinical score was 128 (range 71-190). 76.9% of patients experienced a ≥20% improvement in clinical score at week 12. At week 12, median change in clinical score was +4 (IQR -53 to 64). 31.5% of participants had ≥2 adverse events (AEs) and ≥2 serious AEs (SAEs) were reported. The most commonly reported AEs were headache (17.3%), nausea (11.5%), and vomiting (11.5%). 1 patient withdrew due to an SAE (headache).

Conclusions: C/A was shown to be safe and efficacious in patients with severe HS. Additional studies are needed to confirm these findings and evaluate the long-term safety and outcomes of C/A in patients with severe HS.

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