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33993

Oral difelikefalin improves itch and quality of life in subjects with itch-dominant atopic dermatitis: Subgroup analysis of a randomized, phase 2 study



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Background: In atopic dermatitis (AD), pruritus and lesional severity are not well correlated. Patients with limited body surface area (BSA) involvement may have intense pruritus not fully addressed by available therapies. Itch-dominant AD impairs quality of life (QoL). We report efficacy of oral difelikefalin (DFK), a kappa-opioid receptor agonist, for pruritus, QoL, and sleep disturbance in subjects with BSA <10% receiving DFK 0.5 mg or placebo (PBO) for 12 weeks.

Methods: Phase 2, randomized, PBO-controlled study (NCT04018027) in adults with AD (Investigator Global Assessment ≥ 2 , BSA $\leq 30\%$) and moderate-to-severe pruritus (Itch Numerical Rating Scale [I-NRS] ≥ 5.0) inadequately controlled by topical therapy.

Results: Subjects (DFK, n = 82; PBO, n = 79) had high disease burden (mean I-NRS, 7.7, 7.6, respectively; DLQI, 10.6, 12.0) despite limited Eczema Area and Severity Index (mean, 4.0, 3.7). At week 12, a significantly greater proportion of subjects receiving DFK achieved ≥ 4 -point I-NRS improvement versus PBO (33% vs 19%; $P < .05$; OR = 2.1). Greater proportions of subjects receiving DFK achieved responses at week 12 on the Patient Global Impression of Change ("much improved" or "very much improved": 50% vs 35%; OR = 1.8); Sleep NRS (≥ 3 -point improvement: 57% vs 47%; OR = 1.5); and Dermatology Life Quality Index (≥ 4 -point improvement: 62% vs 50%; OR = 1.6).

Conclusion: Itch-dominant AD is associated with impaired QoL despite mild-to-moderate lesional severity, suggesting that itch reduction should be a primary treatment goal in these patients. DFK showed clinically meaningful improvements in itch intensity, sleep, and QoL and may address the unmet need for a safe, effective antipruritic treatment in itch-dominant AD.

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33714

Palisaded neutrophilic and granulomatous dermatitis in the setting of SRSF2-mutated chronic myelomonocytic leukemia: Case report and review of the literature



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Palisaded neutrophilic and granulomatous dermatitis (PNGD) is a rare cutaneous histopathologic reaction pattern associated with several underlying disorders. Few cases of PNGD have been associated with hematologic malignancies, in particular with chronic myelomonocytic leukemia (CMML), a malignant hematopoietic disorder with features of myeloproliferative neoplasm and myelodysplastic syndrome. CMML is characterized by peripheral blood monocytosis and bone marrow dysplasia, and can be supported by an acquired clonal cytogenetic abnormality most commonly in TET2, SRSF2, ASXL1, RUNX1, NRAS, and CBL. We present a patient with a papulosquamous rash on the neck, chest, and shoulders with histomorphological features on the spectrum of PNGD. Subsequent lab workup demonstrated a persistent mild monocytosis, raising concern for CMML. The patient was referred to hematology-oncology for a bone marrow biopsy, which ultimately led to her diagnosis. Cytogenetic studies of the bone marrow biopsy demonstrated mutations in SRSF2, IDH2, and ASXL1, which were strongly supportive of this diagnosis. After discussion at a multidisciplinary tumor board, treatment directed at the skin eruption alone was recommended. She was started on prednisone taper and demonstrated marked clinical improvement. PNGD in the context of CMML has been scarcely reported, with only 4 prior reports in the literature. Our patient is the fifth reported case, and the fourth case with confirmed underlying SRSF2 mutation. This is likely a novel and reproducible clinical-histopathologic-molecular subtype of reactive granulomatous disease. The findings in this case strengthen the previously made association between PNGD and SRSF2-mutated CMML, and may help better define a unique recognizable subtype for dermatopathologists.

Commercial Disclosure: None identified.

34804

Patient attitudes toward digital surveillance research after Mohs micrographic surgery



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Postprocedural discharge instructions are often confusing for patients, leading to hazardous deviations from recommended care. Given the recent popularity of virtual assistants, patients may benefit from a digital program capable of guiding at-home wound care. We aim to assess attitudes towards such a device among patients undergoing Mohs micrographic surgery. A computer program read instructions for an 11-step dressing-change protocol to participants. Thirty-nine patients were asked to perform the steps on a simulated wound while a wearable device monitored their audio and motion. All patients approached for participation completed a survey asking why they chose to participate or not participate in the protocol. Twenty-eight patients agreed to participate in the protocol (72%). Ages of survey respondents ranged from 31 to >89 years old; 51% of respondents were male. The most common reason for participation was "I want to help future patients" (93%). The most common reasons for declining participation were "I am focused on my surgery today" (45%) and "I am unable to follow the study protocol" (36%). When corrected for age, sex, and previous research participation, binary logistic regression showed a statistically significant decrease in participation for non-smartphone users (n = 14, 29%) compared with smartphone users (n = 24, 13%, $P = .04$). While the overall differences between demographic factors were small, the data suggest that certain populations are hesitant toward digital assistance during wound care. Identifying barriers towards using these devices can ensure that all patients have access to tools that may improve the safety of at-home care.

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33734

Patient education as the main target in skin cancer prevention: Knowledge, attitudes, and practices toward sun exposure and use of sun protection



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Background: Skin cancer is a global public health problem. As the main risk factor is unprotected exposure to ultraviolet radiation (UVR), it is reasonable to develop methods and strategies based on education of the population regarding photoprotection.

Materials and methods: We conducted a cross-sectional study. Data were collected during August 2021 applying the "CHACES" questionnaire to patients from a dermatologic center in Bogota, Colombia. It collected demographic information, and data about knowledge, attitudes and practices regarding sun protection. Analysis was conducted using Epi-Info 7.

Results: Of 245 patients, 61.63% (n = 151) were women. Mean age was 46.81 years. It was found that 68.97% (n = 169) of the 121 reported regular use of sunscreen. Two thirds (67.34%) of the patients claimed to avoid sun exposure during midday hours (12:00-16:00). It was found that 85.71% (n = 210), 84.08% (n = 206) and 91.83% (n = 225) were concerned about sunburn, developing spots or wrinkles, and having skin cancer, respectively. Almost every individual (95.92%) considered it worthy to use sunscreen. Almost half of the sample (49.39%) recognized that dark-colored clothes protect more from UVR than light-colored clothes, and 79.18% believed it is necessary to take at least 1 hour of sun exposure to achieve adequate vitamin D levels.

Conclusions: Despite recognizing effective solar protection measures as prevention for skin cancer, people in countries with high UV indices encounter an evident lack of knowledge and misconceptions, highlighting the importance of public health policies focused on patient education and primary prevention of skin cancer.

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