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34631 Do patients with vitiligo and health care professionals treating them recognize the burden in living with the disease in the United States? Findings from the VALIANT study

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33697

Diversity in makeup: How inclusive are beauty brands in the USA?

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Methods: 13 top makeup brands were selected for analysis. The hexadecimal color codes were recorded and used to represent all available shades specific to foundations. Using photoshop, the lightness values were extracted from each color and values were then plotted. The number of shades for each lightness range was counted and compared.

Results: The top 2 brands with the widest ranges of shades were Anastasia of Beverly Hills Luminous and Lancome Teint Indole. The top 2 brands with the greatest number of darker shades offered were Urban Decay Stay Naked Weightless and Anastasia Beverly Hills. When comparing BIPOC owned brands to white owned brands, 23% were BIPOC owned brands.

Conclusion: In conditions such as acne, scars, vitiligo, melasma, and postinflammatory hyperpigmentation, makeup has proven to serve as a beneficial camouflage, elevating one's self esteem and quality of life. Individuals with darker skin tones may not be able to successfully mask their condition, because those shades do not exist in most beauty brands. As our results highlight, a high number of shades does not always correlate to a brand's range and the inclusivity of all hues especially darker skin tones. On average, the inclusivity and range of shades were similar between BIPOC and white owned brands.

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34631

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Vitiligo is a chronic autoimmune disease characterized by the destruction of melanocytes, resulting in pale or white patches of skin. The population-based Vitiligo and Life Impact Among International Communities (VALIANT) study sought to understand the impact and burden of vitiligo on quality of life (QoL) from the patient and physician perspective from around the world. The VALIANT study recruited adult participants (aged ≥18 years who self-reported a vitiligo diagnosis) via an online panel. Participants were asked questions regarding their mental health, psychosocial burden, and behavior in professional and social situations. Separately, health care professionals (HCPs; physicians, nurse practitioners, or physician assistants) who treat patients with vitiligo completed an online-based questionnaire. In the United States, 608 patients and 250 HCPs (166 dermatologists and 84 primary care providers) participated in the survey. Confidence in the ability to improve QoL and long-term psychological outcomes of their patients with vitiligo was noted in 67% and 58% of HCPs, respectively. HCPs and patients were asked the same questions regarding avoidance/impact behaviors; concordance was achieved on items such as wearing certain clothing to cover vitiligo lesions and avoiding going to beach/pool/social events. However, HCPs often underestimated the impact of vitiligo compared with the patient's perspective in other areas, such as making career choices (33% vs 51%), managing other medical diseases (25% vs 49%), and obtaining other preventive care (20% vs 49%). In summary, increased understanding between HCPs and patients with vitiligo regarding a holistic understanding of the psychological burden and mental health of patients is needed.

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35336

Do dermatologists realize a reliable clinical diagnosis of melanocytic nevi?

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Background: The presence of melanocytic nevi (MN) is due to the accumulation of melanocytes in the epidermis, dermis or both. A clinical-histopathologic concordance was sought in a previous study, where MN and other dermatoses were included, finding a global concordance of 64%. There is no previous literature of clinical-histopathologic concordance of MN in our population.

Objective: To determine clinical-histopathologic concordance of MN, and to evaluate sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of clinical diagnosis of MN. Cross-sectional, observational and retrospective study from a registry of patients who requested medical care in an outpatient dermatology clinic. Patients who underwent biopsy during a 2-year period were included. We determined frequency and percentages of histopathologic findings from patients with a clinical diagnosis (by dermatologists) of MN. Sensitivity, specificity, PPV and NPV of clinical diagnosis was evaluated. Data were analyzed using the IBM SPSS Statistics program. From 102 biopsies, 41 were included; 68.3% of patients were women, mean age was 40.37 years, the most frequent topography was the head (82.9%). Diagnosis of MN was confirmed in 73.2% of biopsies. Lesions clinically confused with MN were mainly seborrheic keratoses (14.6%) and basal cell carcinomas (4.9%). Sensitivity of clinical diagnosis was 83.3%, specificity 83.3%, PPV 73% and NPV 90%.

Conclusion: diagnosis of MN was confirmed by histopathology in 73.2%, a higher percentage when compared with previous literature. The diagnosis most frequently confused with MN was seborrheic keratosis. Our findings highlight the importance of the clinical diagnosis made by the dermatologist, which reached a sensitivity and specificity of 83.3% in this study.

Commercial Disclosure: None identified.

33322

Dupilumab improves patient-reported outcomes among adults with moderate-to-severe atopic dermatitis (AD) in clinical practice: 30-36 month results from the RELIEVE-AD study

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Introduction: This analysis of RELIEVE-AD, a prospective, longitudinal survey in US adults with moderate-to-severe AD, evaluates the long-term impact of dupilumab therapy on patient-reported AD flares, skin symptoms, itch, and sleep.

Methods: Adults prescribed dupilumab and enrolled in the US dupilumab patient support program were invited to complete an online survey pre- (baseline) and post-dupilumab initiation at months 1, 2, 3, 6, 9, 12, and 30−36. Participants reported flares (increased itching/redness, new/spreading lesions) and sleep problems due to AD (4- and 1-week recall, respectively), skin symptoms (skin pain, burning, sensitivity; 1-week recall; range 0-10 [0 = no symptoms]), and change in itch from baseline.

Results: Of 698 patients completing the baseline survey, 425 (61.0%) responded at Month 30−36 (mean age, 46.8 years; 61% female; 72% White). No AD flares were reported by 33.8% of patients (Month 1) and 45.9% (Month 30−36) ($P < .001$ vs 3.0% at baseline). Symptom scores for skin pain, burning, and sensitivity significantly improved from 5.9, 5.2, and 5.5, respectively, at baseline to 2.7, 2.2, and 2.3 at Month 1 and 1.5, 1.2, and 1.2 at Month 30−36 (all $P < .001$ vs baseline). Change in itch from baseline prior to dupilumab initiation was reported to be "very much better" by 75.3% of patients at Month 30-36. AD-related sleep problems were significantly decreased to 27.1% (Month 1) and 13.4% (Month 30−36) (both $P < .001$ vs 77.5% at baseline).

Conclusions: Dupilumab treatment in real-world clinical practice provides rapid and sustained benefits for all patient-reported AD-related symptoms evaluated in RELIEVE-AD.

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